

**WEST VIRGINIA
PUBLIC EMPLOYEES INSURANCE AGENCY**

Data Integration Software

Request for Proposals

October 4, 2013

Agency Overviews

PEIA

The Public Employees Insurance Agency (PEIA) is the agency of the State of West Virginia that is charged with the administration of the health, prescription drug and life insurance benefits to all State and local government employees, retired employees, and their eligible dependents, surviving dependents and COBRA participants. All benefits are self-insured with the exception of managed care members and Medicare primary members in the Centers for Medicare and Medicaid Services Medicare Advantage Prescription Drug (MAPD) plan.

Preferred Provider Benefit (PPB) health plans, including prescription drugs, are offered to all eligible participants statewide, and are administered by Third Party Administrators (TPAs). Health and prescription drug claims are adjudicated and paid by HealthSmart Benefit Solutions and Express Scripts, respectively. PEIA also offers a managed care plan option (MCO) statewide, The Health Plan of the Upper Ohio Valley (Health Plan). Currently, approximately 15,000 members are enrolled in the Health Plan, 163,000 are enrolled in the PPB plan and 42,000 are enrolled in the MAPD. Total enrollment, including dependents, is approximately 220,000.

Eligibility and enrollment, along with premium billing, is maintained by PEIA on a custom designed software system called the Benefits Administration System (BAS). COBRA eligibility and premium billing is administered by the medical claims TPA, HealthSmart Benefit Solutions.

By law, all providers in West Virginia who treat PPB Plan members must accept assignment of benefits, and cannot bill PPB Plan patients for any amount by which their charges exceed the maximum fees established by PEIA for each service.

Benefits and premiums are set annually by the PEIA Finance Board, as recommended by the plan's actuary, based upon anticipated utilization and participation. Open enrollment is held each spring. The plan year coincides with PEIA's fiscal year, which runs July 1 through June 30 for non-Medicare members. Medicare primary members' plan year runs on a calendar year with open enrollment in the fall.

State, higher education, and some public school employees participating in PEIA have the ability to pay medical and life premiums on a pretax basis via a premium conversion plan, which is a United States Internal Revenue Service-approved Section 125 Plan.

WVCHIP

Additionally, the WVCHIP will be a participant in the resulting contract. WVCHIP is a public insurance program jointly funded by the State and federal governments that provides comprehensive coverage (including dental, vision and mental health services) for children from birth up to age 19 in families with incomes too high to qualify for Medicaid up to 300% of the Federal Poverty Level (FPL). To be eligible, children must have no access to other insurance coverage.

WVCHIP provides coverage to approximately 25,000 children per month, and around 39,000 children per year. Enrollment is a continuous monthly process. Once determined eligible, children are enrolled into one of three enrollment groups based on the required level of cost-sharing (copayments and premiums). Cost-share must not exceed 5% of families' annual incomes, with very limited cost-sharing for children in families below 150% FPL.

WVCHIP partners with the PEIA for third-party administration contracts and other contracts as appropriate. However, it can enter into separate contractual relationships as necessary and beneficial to the program. WVCHIP reports to its own public board that approves its annual financial plan.

The following booklets describe PEIA's benefits, as well as health care and life insurance options and premiums.

- PEIA's Plan Year 2014 Summary Plan Description booklet: http://www.peia.wv.gov/forms-and-downloads/Documents/summary_plan_descriptions/Summary_Plan_Description_Plan_Year_2014.pdfhttp://www.peia.wv.gov/forms-and-downloads/Documents/summary_plan_descriptions/Summary_Plan_Description_Plan_Year_2014.pdf.
- PEIA's Plan Year 2014 Health Care Plan Shopper's Guide: http://www.peia.wv.gov/forms-and-downloads/Documents/shopper%27s_guides/Shopper%27s_Guide_Plan_Year_2014.pdf.

The following booklet describes WVCHIP's benefits, as well as copayments and premiums.

- WVCHIP's Plan Year 2014 Summary Plan Description booklet: <http://www.chip.wv.gov/sitecollectiondocuments/summaryplandescription.pdf>.

Objective of This Request For Proposal

The objective of this Request For Proposal (RFP) is to acquire a system that will allow for the accumulation of all PEIA/WVCHIP eligibility and claim data from disparate systems into a flexible, user friendly, centralized system capable of providing any possible scenario of data for analysis by the participating agencies. PEIA/WVCHIP intends to purchase or lease software and or services for the management and interpretation of all or most of its benefit plans. The warehouse will provide PEIA/WVCHIP a tool that is useful in assessing provider reimbursement, provider histories, provider performance, loss ratios, member histories, premiums billed, utilization, wellness initiatives, disease state management, trend, etc. The system **shall** afford the user the ability to pare down any query result to investigate the minutest detail possibly affecting the result. In summary, the system chosen will provide PEIA/WVCHIP a robust and flexible data warehouse capable of answering virtually any question the participating agencies may have.

Specific System Expectations and Requirements

PEIA/WVCHIP's current system is utilized in a number of different ways within the participating agencies. These range from eligibility analysis to claims analysis and financial analysis due to users of the data integration system coming from various functional areas within PEIA/WVCHIP. Although not all inclusive, the following list entails general system expectations and some specific issues that it will be expected to provide assistance to the participating agencies by reporting information in a timely, consistent and reliable manner. The system design should be kept intuitive. A written detailed user manual **shall** be maintained. All data fields and tables **shall** be clearly defined. All data, databases and related files developed on behalf of and for PEIA/WVCHIP using PEIA/WVCHIP data **shall** become the property of PEIA/WVCHIP.

General

- Integrate a broad range of data sources requiring the appropriate mapping of data from PEIA/WVCHIP's benefit vendors, TPAs and eligibility systems into the proper database field.
- Be highly cost effective and provide PEIA/WVCHIP with predictable fixed costs, monthly maintenance and database updates.
- Be backed up with strong technical support that includes help with periodic strategic assessment, and ad hoc report creation.
- Evaluate the interrelationships of established programs (e.g., impact of wellness and disease management programs on chronic conditions, and impact of pharmacy on medical).
- Meet the confidentiality and security requirements of the Health Insurance Portability and Accountability Act (HIPAA) and PEIA/WVCHIP.

Required Reporting

WVCHIP

- Annual HEDIS and CMS defined measure reporting for West Virginia Legislature and CMS
- Provide supporting data such as claims detail for regular audits such as PERM

PEIA

- Monthly paid claims reporting by provider type and place of service with drill down capability
- Provide supporting data such as claims detail for regular audits such as Legislative Audits or the annual financial audit report of independent auditor

Financial/Actuarial - System should allow PEIA staff to:

- Analyze PEIA PPB plans, managed care and MAPD claims producing loss ratio analysis, and benefit, risk and case mix adjusted plan cost comparison analysis
- Evaluate network discounting, capitation and utilization controls

- Possess normalization functionality including age/sex adjustments, case mix, benefits, and member risk
- Evaluate health plan efficiency
- Develop "Efficiency Factors" by geographic market and health plan that are not solely based on Plan's claim costs
- Aid Actuarial and Underwriting Efforts Modification of plan design setting of risk targets adjusted for selection
- Provide access of normative data (e.g., HEDIS/NCQA, M&R guidelines, etc.)
- Data mine for health care fraud; the system should have full export capability and compatibility with Microsoft Excel and Access

Clinical/Quality Assurance

- Track performance-standard metrics for best practice plans according to PEIA/WVCHIP requirements
- Provide geographic epidemiology analysis and identification of wellness/disease management opportunities
- Evaluate effectiveness of wellness programs
- Evaluate disability and Workers' Compensation
- Linkage of specific PEIA/WVCHIP disabilities to lifestyle factors (i.e., smoking and high blood pressure)
- Support PEIA/WVCHIP claim departments in tracking employee data
- Identification of Medicare primary and other COB opportunity (medical and prescription drug)

Disability Management and Wellness Management

- Disability data (short-term and long-term)
- Wellness results
- Case management identification opportunity
- Identification and monitoring of disease states for PEIA/WVCHIP members to assist in implementation of appropriate intervention strategies for target populations

Carrier Evaluation

- Claims and demographic reporting including case mix indexing and member risk
- Medical loss ratio calculations

Provider Evaluation and Capitated Reimbursement Programs

- Development of a physician performance reporting program utilizing standardized report cards per nationally accepted criteria or PEIA/WVCHIP specific parameters indicating physician versus peers or specialty
- Ability to develop standardized reporting for capitated providers identifying performance based on program guidelines
- Ability to develop standardized reporting for various quality indicators, capitation payment analysis per provider and member specific disease state profiles

- Provider network and hospital cost comparison analysis utilizing normalization factors and episode of care development for appropriate comparative analysis

Customer/User Reporting Tools and Functionality

- Require a minimum of user training and be user-friendly; provide clear written documentation and clear identification of databases
- Allow PEIA/WVCHIP to utilize the system and internal financial/clinical expertise and keep ad hoc consulting fees to a minimum
- Provide a user manual with a detailed data dictionary for all database elements, explanation of database query tools and system navigation allowing for customer generated query development
- System must allow for the development of project specific standardized data sets providing the user an intuitive tool for project analysis

System Accessibility and User Training Requirements

At this time, PEIA/WVCHIP intends to utilize this software on 15 work-stations in its Charleston office. The vendor will be required to provide reasonable assurance regarding reliable access to their system with detailed backup plans in the event of any unforeseen issues regarding connectivity.

It is PEIA/WVCHIP's intention to contract with a vendor that would allow the vast majority of analytical work to be undertaken by agency staff. Due to this, mandatory training sessions will be provided as requested. These sessions shall be user specific as determined by PEIA/WVCHIP users. However, the selected vendor's assistance and consultation may be required during the transition phase, in strategic planning, report generation and in ensuring the value maximization of the software.

PEIA/WVCHIP would also like to explore the option of hosting the data system with remote access provided to the successful vendor. Please provide a summary level schematic and workflow of this data warehouse scenario.

System Documentation Requirements

The successful vendor **will be required** to provide detailed documentation in some medium defining all attributes within the system for knowledgeable self-service query production by PEIA/WVCHIP. All data sets of various time periods, TPAs and Pharmacy Benefits Managers (PBM) **shall** have this available. Preferably, the system **will** have user friendly help keys available that will allow the user to type in key words or acronyms to determine how it is accounted for in the data set being queried. For example, if the user is trying to assess the members' share of payment for prescription drugs in multiple fiscal periods with multiple PBMs, and the user is unsure of the location of prescription drug co-pays within the data set, the user can select the help key to ascertain where the co-pay is located in the queried section.

Technical Overview

PEIA and WVCHIP’s current data warehouse maintains both eligibility and claims data. PEIA’s eligibility data is updated monthly using PEIA’s billing file from the BAS. The BAS is a COBOL program running on an IBM mainframe. PEIA users operate on current Windows desktop systems connected via a virtual local area network on a 1 gigabyte “Suddenlink” circuit shared with two other agencies. WVCHIP users operate on current Windows desktop systems connected via bonded, 2 clear channel T1’s with total wide area network of 3 megabytes.

WVCHIP’s eligibility is updated monthly and is a COBOL program housed on an IBM mainframe. Current warehouse access is gained via internet using WVNET operated by the West Virginia Office of Technology (OOT). There are currently 6 users of the warehouse within PEIA/WVCHIP. PEIA/WVCHIP currently retains information in its data warehouse back to 1994. The following table outlines information currently loaded into PEIA/WVCHIP’s data warehouse.

PEIA/WVCHIP DATA WAREHOUSE					
Data	Source	Medium	Avg. File Size	Avg. Number of Records	Frequency
PEIA Health Claims	HealthSmart Benefit Solutions	FTP	700MB	599,629	Monthly
PEIA/WVCHIP Rx Claims	ESI	NCPDP D.0 HIPAA FTP	1700 Bytes	63,000 Claims	Weekly
PEIA Eligibility	PEIA BAS (4 files)	FTP	1 GB 25 MB 150 KB 130 KB	4,000,000 476,000 900 4,700	Monthly
WVCHIP Health Claims	HealthSmart Benefit Solutions	FTP	89MB	44,376	Monthly
WVCHIP Eligibility	WVCHIP/ Mainframe	FTP	60 MB	75,000	Monthly
Humana Rx Claims Data	Humana	FTP	600 Bytes	200,000	Monthly
Humana Medical Claims Data	Humana	FTP	650 Bytes	300,000	Monthly
The Health Plan Claims Data	The Health Plan	FTP	4MB	60,000	Monthly
PEIA COBRA Eligibility	HealthSmart Benefit Solutions	FTP	9,000k	14,000 lines	Daily

Issuing Agent and Contacts

The issuing agent for this RFP is Jason Haught of PEIA. All communication, inquiries, and final proposals regarding this RFP **must** be submitted in writing to the following individual:

Jason A. Haught, Chief Financial Officer
West Virginia Public Employees Insurance Agency
601 57th Street, S.E., Suite 2
Charleston, West Virginia 25304-2345
Telephone: (304) 558-7850, Ext. 52642
Email: jason.a.haught@wv.gov

All correspondence must be clearly marked “PEIA/WVCHIP – Data Integration Software Request for Proposal”.

An Optional Bidder’s Conference will be held on October 15, 2013, at 3:00 p.m., EDT, at PEIA at 601 57th Street, SE, Suite 2, Charleston, WV 25304-2345. *Attendance may be in person or via conference call by calling 1-866-206-0240 (Participant PIN: 367013#).* This conference will provide an opportunity for potential bidders to submit questions. Confirmed vendors having submitted a formal interest to bid will receive all copies of inquiries and responses. **Proposals are due no later than 4:00 p.m., EST, November 20, 2013.**

→ **Time Requirements** ←

RFP Issued	October 4, 2013
Optional Bidder's Conference	October 15, 2013 (3:00 p.m., EDT)
Question Submission Deadline	October 16, 2013 (4:00 p.m., EDT)
Notification of Interest to Bid	October 21, 2013 (4:00 p.m., EDT)
Proposals Due	November 20, 2013 (4:00 p.m., EST)

An **original and five (5) copies** of your company’s proposal and **all** accompanying material must be enclosed in a sealed package plainly marked **“PEIA/WVCHIP – Data Integration Software Request for Proposals”**. An electronic version of the full proposal is also required.

Proposals **must** be received no later than **4:00 p.m., EST, November 20, 2013**, at the **WVPEIA, 601 57th Street, SE, Suite 2, Charleston, West Virginia 25304-2345**. **No bids will be considered if received after this date and time.**

Contract Period

The contract period will be for one calendar year with renewal options. The options will be negotiated at a later date to the mutual agreement of the parties.

Confidentiality/Public Record

PEIA requests that all information provided to prospective firms as part of this RFP, as well as all subsequent evaluations and discussions be used exclusively for purposes of responding to the RFP and any subsequent discussions related thereto.

News releases pertaining to this RFP, or contract resulting therefrom, will not be made without prior approval of the State of West Virginia, and then only in coordination with PEIA.

Ownership of all data, materials and documentation originated and prepared for PEIA pursuant to the RFP shall belong exclusively to the State.

Vendor shall have access to private and confidential data maintained by the participating agencies to the extent required for the Vendor to carry out the duties and responsibilities defined in this contract. Vendor agrees to maintain confidentiality and security of the data made available, shall comply with all applicable confidentiality laws or regulations, including HIPAA, and shall indemnify and hold harmless the State and the participating agencies against any and all claims brought by any party attributed to actions of breach of confidentiality by the Vendor, subcontractors, or individuals permitted access by the Vendor.

Vendor agrees to the terms of the West Virginia State Government Covered Entity HIPAA Business Associate Addendum. (See Exhibit A.)

Submissions Are Public Record

All documents submitted that are related to purchase orders or contracts are considered public records. All bids, proposals, or offers submitted by bidders shall become public information and are available for inspection during official, normal business hours in the PEIA offices.

Written Release of Information

All public information may be released with or without a Freedom of Information Act request; however, only a written request will be acted upon with duplication fees paid in advance. Duplication fees shall apply to all requests for copies of any document. Currently the fees are \$1.00 per page, or a minimum of \$10.00 per request, whichever is greater.

Risk of Disclosure

The only exemptions from disclosure of information are listed in West Virginia Code §29B-1-4. Primarily, trade secrets as submitted by a bidder are the only exemption from public disclosure. The submission of any information to the State by a vendor puts the risk of disclosure on the vendor. The State will make a reasonable effort not to disclose information that is legitimately within the guidelines of §29B-1-4 and is properly, and in good faith, labeled "proprietary information not for public disclosure." The State does not guarantee non-disclosure of any information to the public. Designation of an entire proposal or excessive portions of the proposal as "proprietary" is not considered to be in good faith and will be disregarded.

Incurred Costs

The State of West Virginia and PEIA are not liable for any expense incurred in the preparation, submission, or presentation of proposals.

Status as Registered Vendor

All vendors must be registered with the State of West Virginia **prior** to the award of an actual purchase order or contract. The vendor must complete a Vendor Registration and Disclosure Statement, Form WV-1, and remit the required annual registration fee. Please go to the State of

West Virginia's Purchasing Division website at <http://www.state.wv.us/admin/purchase/> for complete information and related form.

Vendors must also be registered with the West Virginia Secretary of State (SOS) to do business in West Virginia. Please contact the SOS at 304-558-6000 for further details.

Terms of Contract

The performance of the contract awarded pursuant to this document is contingent upon adequate funding being appropriated by the West Virginia Legislature for such purposes. In the event the Legislature fails to appropriate sufficient funds for the continuation of the contract, then the contract will be canceled without penalty at the end of the fiscal year.

The terms of the contract must be consistent with the following:

- a. *Arbitration* – Any references to arbitration contained in the agreement are unacceptable. The vendor shall present disputes arising out of the agreement to the West Virginia Court of Claims.
- b. *Hold Harmless* – Any clause requiring the participating agencies to indemnify or hold harmless any party is unacceptable. The vendor must hold harmless the participating agencies from any liability arising from the vendor's performance of services.
- c. *Governing Law* – The agreement shall be governed by the laws of the State of West Virginia.
- d. *Taxes* – Provisions in the agreement requiring the participating agencies to pay taxes are unacceptable. As State entities, the participating agencies are exempt from federal, state, and local taxes and will not pay taxes for any vendor, including individuals, and will not file any tax returns or reports on behalf of vendor or any other party.
- e. *Payment* – Any references to prepayment are unacceptable. Payment will be in arrears.
- f. *Interest* – Should the agreement include a provision for interest on late payments, the participating agencies agree to pay the maximum legal rate under West Virginia law. All other references to interest or late charges are unacceptable.
- g. *Recoupment* – Any language in the agreement waiving the participating agencies' rights to set-off, counterclaim, recoupment, or other defense is unacceptable.
- h. *Statute of Limitation* – Any clauses limiting the time in which the participating agencies may bring suit against the vendor, lessor, individual, or any other party are unacceptable.
- i. *Similar Services* – Any provisions limiting the participating agencies' rights to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are unacceptable.

- j. *Attorney Fees* – The participating agencies recognize an obligation to pay attorney’s fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.
- k. *Assignment* – Notwithstanding any clause to the contrary, the participating agencies reserve the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the vendor and vendor shall obtain the written consent of the participating agencies prior to assigning the agreement.
- l. *Limitation of Liability* – The participating agencies, as State entities, cannot agree to assume the potential liability of a vendor. Accordingly, any provision limiting the Vendor’s liability for direct damages or limiting the vendor’s liability under a warranty to a certain dollar amount or to the amount of the agreement is unacceptable. In addition, any limitation is unacceptable to the extent that it precludes any action for injury to persons or for damages to personal property.
- m. *Right to Terminate* – The participating agencies shall have the right to terminate the agreement upon thirty (30) days written notice to the vendor.
- n. *Termination Charges* – Any provision requiring the participating agencies to pay a fixed amount or liquidated damages upon termination of the agreement is unacceptable. The participating agencies may only agree to reimburse a vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the participating agencies prior to the end of any current agreement term.
- o. *Renewal* – Any reference to automatic renewal is unacceptable. The agreement may be renewed only upon mutual written agreement of the parties.
- p. *Insurance* – Any provision requiring the participating agencies to insure equipment or property of any kind and name the vendor as beneficiary or as an additional insured is unacceptable.
- q. *Right to Notice* – Any provision for repossession of equipment without notice is unacceptable. However, the participating agencies do recognize a right of repossession with notice.
- r. *Acceleration* – Any references to acceleration of payments in the event of default or non-funding is unacceptable.
- s. *Amendments* – All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by the parties.
- t. *Indemnification* – The vendor agrees to indemnify, defend and hold harmless the State and the participating agencies, its officers and employees from and against any and all claims arising from the vendors acts or failure to act, including but not limited to: (1) Any claims or losses for services rendered by any subcontractor, person or firm performing or supplying services, materials or supplies in connection with the performance of the contract; (2) Any claims or losses resulting to any person or entity injured or damaged by

the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use or disposition of any data used under the contract in a manner not authorized by the contract, or by Federal or State statutes or regulations; (3) Any failure of the Vendor, its officers, employees or subcontractors to observe State and federal laws, including but not limited to labor and wage laws.

Right to Reject

The State reserves the right to reject any and all proposals submitted and to request additional information from all bidders or to withdraw the RFP if in the best interest of the participating agencies.

Joint Effort Proposals

Joint effort proposals **will not** be considered.

Proposal Included as Part of Agreement

PEIA anticipates making this RFP and bidder's proposal part of the actual contractual agreement by reference.

Acceptance of Terms

Submission of a proposal indicates acceptance by the firm of the conditions contained in this RFP, unless clearly and specifically noted in the proposal submitted and confirmed in the contract between PEIA/WVCHIP and the firm selected.

Litigation Bond

Each bidder responding to this RFP is required to submit a litigation bond in the amount of 5% of submitted bid made payable to the State of West Virginia Public Employees Insurance Agency. A surety company licensed to do business in the State of West Virginia with the West Virginia Insurance Commission, on a form acceptable to the State, and countersigned by a West Virginia Resident Agent must issue this bond. The only acceptable alternate forms of the bond are (1) company certified check (not an individual), and (2) a cashier's check.

The purpose of the litigation bond is to discourage unwarranted or frivolous lawsuits pertaining to the award of a contract from this RFP. Secondly, the bond provides a mechanism for the State of West Virginia, the participating agencies, and its officers, employees, or agents thereof to recover damages, including (but not limited to) attorney fees, loss of revenue, loss of grants or portions thereof, penalties imposed by the federal government and travel expenses which may result from any such litigation. A claim against the bond will be made if the bidder contests the award in a court of competent jurisdiction and the grounds are found to be unwarranted or frivolous based on the facts of the award or applicable law as determined by the court. The bond or alternate form must remain in effect for two years from the proposal submission date. After six (6) months, each bidder may request, and the State anticipates granting, a release of the litigation bond. However, the bidder will be required to provide a release (signed and notarized

in a form that is acceptable to the State) prior to release of the bond which states that the bidder will not sue.

The PEIA **will** waive the litigation bond if the bidder submits in writing on a form acceptable to the PEIA a complete waiver of any rights to challenge the bidder award in any jurisdiction or venue. The only acceptable alternative to the litigation bond is the submission of this signed “Bidder’s Total Waiver of Legal Challenge” form included with the vendor’s bid. (See Exhibit B.)

Failure to submit an appropriate bond, alternate bond, or signed waiver form with the proposal at the time of bid opening will result in automatic disqualification of the vendor’s proposal and the proposal will be considered non-responsive.

Purchasing Affidavit

It is required that all vendors submit a Purchasing Affidavit which certifies that there are no outstanding obligations or debts owing the State of West Virginia. The Purchasing Affidavit **must** be completed, signed and returned **with** the vendor’s proposal. (See Exhibit C.)

Insurance Requirements

The vendor must possess and maintain Professional Liability Insurance in a form acceptable to the participating agencies, which shall cover the vendor, its officers, employees, and agents for any actual or alleged breach of duty, neglect, error, misstatement, misleading statement, or omission committed by the vendor in the performance of its duties and responsibilities as the administrator under this contract, including any hold harmless and/or indemnification agreement. The Professional Liability Insurance shall be maintained from the inception of the vendor’s service under the contract until at least three (3) years after completion of all services required under the contract. The required Professional Liability Insurance shall have a limit of liability of at least \$1,000,000 for each occurrence.

Specific Instructions for Responding to This RFP

In order to simplify the review process and to obtain maximum comparability, the proposals should be organized in the manner specified below:

- a. An introductory section should include the proposal subject, name, address, and telephone and fax numbers of the firm; name, telephone number and e-mail address of the contact person; and the date of submission of the proposal. Your proposal must be signed by an individual who is capable of legally binding your firm.
- b. Please answer all the questions in the same order they are asked. The answers should be as concise as possible. If you would like to provide additional information beyond what is asked, please provide that at the end of your proposal.
- c. An affirmative statement should be included, which states that the work will be performed within the time specified.

Failure on the part of the vendor to respond to specific requirements detailed in the RFP may be a basis for disqualification of the proposal.

Responses to the following sections are mandatory. Failure to adequately respond to any of the following questions will result in a reduction in the corresponding technical scoring category.

- **Company Background/General**

1. Provide a profile of your organization, including organization chart. Specifically, provide the titles, resumes, addresses and phone numbers of those who will be assigned to work with PEIA/WVCHIP. Indicate the main contact.
2. Provide summary financial information on your company.
3. How many of your clients for this product have over 20,000 employees?
4. How long have you been marketing this product to employer groups?
5. Advise of your new product releases and feature development record over the last three years. Please be specific as to timeliness and customer satisfaction.
 - What was the nature of these releases, (i.e., enhancements or "fixes")?
 - What product and service development is planned for the future?
6. Beyond data management and analytical services, what other services and products does your company provide?

- **Data Collection/Consolidation/Accessibility**

7. What is your experience with claims level data from PEIA/WVCHIP health care partners noted earlier (e.g., The Health Plan, HealthSmart Benefit Solutions, Humana and Express Scripts)?
8. Describe, in detail, your experience in standardizing and integrating data from multiple sources. Please specifically address those previously listed.
9. Please confirm that you can update data monthly for the data sources listed above. Are there any exceptions (e.g., quarterly/annual updates)? How soon after the close of a month is monthly data available?
10. Describe, in detail, how the databases are integrated.
11. How will your system be able to integrate eligibility and premium data with claims data for all available plans?
12. How easily can your system handle changes in eligibility, enrollment, and employee specific characteristics (health risk appraisal results, smoker vs. non-smoker, fitness club member, etc.)?
13. How easily can your system handle changes in third party administrators or pharmacy benefits managers?
14. How much detail can your system provide on subgroups of populations?
15. Describe a user's accessibility to data.
16. Current access is bogged down sometimes due to it being through the State's congested internet. This can create query failures due to time-outs. What would you recommend to avert this problem in accessing your system?
17. Describe the database update process.
18. How many months of data are typically maintained on the database on a mature basis (e.g., previous five years' data available)?

- **Technology**

19. How do you ensure the confidentiality and security of member information and data?

20. Describe the process for creating algorithms for masking data.
21. Who in your firm would have access to sensitive employee data?
22. Describe your system's software and hardware. Where are the data housed (e.g., mainframe, client server)?
23. Describe your disaster recovery/backup plan, (i.e., time frame of lost data recreation).
24. How flexible is your system architecture?
25. What types of technologies are applied in data processing and data management?
26. Is your system in-house or out-sourced?
27. Would you object to the system being housed in PEIA/WVCHIP systems (i.e., State Mainframe and/or Local Server) on-site at PEIA/WVCHIP? If not, how would you accommodate this?

- **Reporting Capabilities**

28. Please provide specific examples of reporting capabilities that are already built into your computer system.
29. What is your current ability to provide reports that are available on a regularly-scheduled basis and for downloading to a local workstation?
30. How many types of standard reports are available in each coverage line? Please provide samples of all standard reports that the system produces.
31. How able are you to support us in our need to customize reports?
32. What is your ability to provide ad hoc reports?
33. There are periods such as the Legislative Session or projects requiring new reimbursement model testing that require a high level of responsiveness (24 hour or less). What is your firm's process to assure these reporting deadlines can be met and the data is accurate?
34. What is your system's ability to generate non-standard reports per PEIA/WVCHIP requirements?
35. What types of outcome measurements are utilized in your reporting?
36. How are industry clinical codes updated (e.g., ICD9-CM, CPT-4 and DRG)?
37. Describe how medical claim data is mapped into diagnostic categories. Please provide your plan to convert to IDC-10.

- **Health Care Analysis Products and Services**

38. Please provide specific examples of deliverables in the areas of managed care data analysis, Workers' Compensation, disability, quality of care and outcomes.
39. What types of products and services do you provide with respect to health plan evaluation services using HEDIS based information?
40. Please provide 2 ROI examples of recent client work in different types of projects (i.e., provider reimbursement change evaluation, disease management, etc.).
41. How do you monitor and communicate best practices regarding benefits, reimbursement, and emerging technologies across your base of clients?

- **Evaluation Services**

42. Describe the construction of inpatient and outpatient episodes of care.
43. Describe your system's normative and benchmarking capabilities and how adjustments are made for age, sex, case-mix and geographic region.

- a. What are your company's benchmarking capabilities and sources in regard to normative data?
 - 44. Describe your system's capabilities to track individuals across inpatient and outpatient settings and across databases.
 - 45. Describe your software developments to track the cost and effectiveness of various wellness or disease management programs.
 - 46. Describe your systems capability for assessing effectiveness of medical homes and the members they service.
 - 47. Describe your system's capability for assessing effectiveness of capitated reimbursement programs and the members they service.
- **Fraud Identification and Data Mining**
 - 48. Please describe your system's capabilities for data mining for health care fraud and its ability to apply these processes over multiple providers.
- **Modeling Capabilities**
 - 49. Does your system have the capability of modeling the effects of changing the following?
 - a. provider networks/contracts,
 - b. provider reimbursement methodology,
 - c. benefit adjustments, and
 - d. policy changes;

Please describe these capabilities in detail.
- **Quality Assurance**
 - 50. How would you ensure PEIA/WVCHIP the delivery of value and results through the purchase and use of your product? Detailed, independently substantiated measurements must be provided (i.e., query failure minimums, downtime minimum guarantees).
 - a. What guarantees are offered regarding system reliability?
 - b. What guarantees are offered regarding system accessibility?
 - 51. Describe your internal processes to assure data quality.
 - 52. Do you have a benchmark level for "clean" data before the data is loaded into the databases? Please provide a sample of these levels for each PEIA/WVCHIP carrier you have available.
 - 53. By what process do you balance your database detail to your clients' official records (i.e., claims paid, enrollment counts, premiums billed)?
- **General**
 - 54. Explain your system's capabilities regarding compliance with the Health Insurance Portability and Accountability Act (HIPAA).
 - 55. Is your company willing to assign a representative to the PEIA/WVCHIP account that will assist with both the technical and functional aspects of services requested in this solicitation?

- **References**

56. Please provide three references of clients who are similar to PEIA/WVCHIP in complexity and data integration needs.

Evaluation Criteria

Firms submitting proposals will be selected based on the following criteria:

- Qualifications of staff assigned to the PEIA/WVCHIP, as determined by resumes submitted and the overall management and supervision to be exercised.
- The firm's capacity to administer the work to be performed.
- The firm's technological capability.
- Prior experience of the assigned personnel with similar government programs and insurance carriers.
- Proposed cost for the services.

Evaluation Process

The sum of the scores of each of criteria will constitute 70% of the overall evaluation criteria, based on a total available score of 100 points. Each proposal will be independently evaluated on each criterion by two or more qualified individuals. Their raw scores will be averaged to obtain a composite score. Any proposal with less than 50 of the potential 70 points for technical ability will be disqualified.

The price criteria will be evaluated in terms of absolute dollars and will constitute 30% of the overall evaluation criteria. Each proposed contract price will be evaluated by use of the following formula:

Lowest price of all proposals / Price of proposal being evaluated X 30 = Price Score

After the technical and price evaluations have been performed, the two scores will be added together to constitute the final score for each proposal.

Technical Score: _____ + **Price Score:** _____ = **Total Score:** _____

Qualifications of staff to be assigned work	Maximum points possible 20
The firm's capacity	Maximum points possible 10
The firm's technology	Maximum points possible 20
Prior experience of the bidder with government programs and insurance carriers	Maximum points possible 20
Cost	<u>Maximum points possible 30</u>
	Total points possible 100

PEIA/WVCHIP reserves the right to retain all proposals submitted and the use of any idea in a proposal regardless of whether that proposal is selected. During the evaluation process, the selection committee and PEIA/WVCHIP reserves the right, where it may serve PEIA/WVCHIP's best interest, to request additional information or clarifications from bidders, or to allow corrections of errors or omissions. At the discretion of the selection committee and PEIA/WVCHIP, bidders may be requested to make oral presentations as part of the evaluation process.

Cost Proposal

In a **separately sealed envelope** clearly marked "**Cost Proposal**", the proposing firm should include an all-inclusive price. The firm should also include hourly rates for its personnel in the event that services outside the scope of this proposal are needed by PEIA/WVCHIP. This hourly rate shall include travel costs.

All fees must be unbundled and will be considered all-inclusive for the service/product indicated unless otherwise noted. A full description of the service/product provided must accompany each fee quoted.

The fees quoted must be firm for the duration of the resulting agreement.

In providing pricing information, please be very clear as to what assumptions you are making in regards to PEIA/WVCHIP's supply of resources for both people and hardware.

Bidders are encouraged to be innovative in pricing, considering among other approaches, putting fees at risk based upon performance.

You are required to complete the Pricing Summary Grid. (See Exhibit D.) Please include on the grid any additional information required to complete the picture of all costs to be incurred by PEIA/WVCHIP in the purchase or lease, maintenance and use of your data management software, including the possible use of consultants.

Any proposal submitted which is **insufficient** in this regard **will be disqualified and excluded** from the evaluation.