

**Santa Fe County
ASO MEDICAL RFP Questionnaires - MINIMUM REQUIREMENTS**

EXHIBIT 2A

INSTRUCTIONS: Please answer all of the following questions, or if a question is not applicable, please indicate " N/A " in the response column. Please do NOT provide any attachments, nor make reference to another document in lieu of providing a response. Please do not add, delete, or re-order any of the questions. If more space is needed to provide an appropriate response, you may add rows directly underneath the question being answered. RESPONSES MUST BE PROVIDED IN EXCEL.

WHEN RESPONDING TO THE MINIMUM REQUIREMENTS, PLEASE PLACE AN " X " IN THE APPLICABLE AGREE OR DISAGREE COLUMN FOR EACH REQUIREMENT

Enter Offeror Name	
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MINIMUM REQUIREMENTS			
MR #	Minimum Requirement	Agree	Disagree
1	Proposal is quoted on a FIRM basis with no caveats or conditions.		
2	Offeror has reviewed and accepts the Plan's eligibility provisions outlined in the RFP.		
3	Offeror must be licensed in New Mexico and have an established Medical provider network in New Mexico.		
4	ASO fees have been calculated NET of commissions.		
5	Renewal terms must be submitted by May 1st of the year prior to the contract renewal date.		
6	Offeror has matched requested plan designs and has included detailed plan summaries for all quoted plans. * NOTE ANY PLAN DESIGN DEVIATIONS AS INSTRUCTED BELOW.		
7	The offeror will be responsible for producing the Summary Plan Description (SPD). The client reserves the right to review/revise the SPD draft prior to finalization.		
8	Offeror agrees to provide the SPD draft within 60 days of the effective date.		
9	Offerors may be required to attend open enrollment meetings.		
10	Offeror agrees to provide all standard reports to the client and its consultant at no additional cost.		
11	The client and its consultant must be able to access reports online.		
12	Offeror is in compliance with all HIPAA Privacy, Electronic Data Interface (EDI) and Security requirements.		
13	Offeror contract must require no more than a 30-day notice of termination. Offeror contract cannot prohibit the group from terminating coverage at any time. There must be no penalties for late notification or for termination off anniversary.		
14	Offeror agrees to provide performance guarantees. Provide details within Offeror proposal.		
15	Offeror has completed and returned all questionnaires and exhibits in full and in the format requested.		
16	* If the proposal submitted by Offeror is subject to any caveats or conditions, or deviates in any respect from the benefits requested, limitations, exclusions, funding methods requested, contract conditions, or any other RFP specifications, Offeror has clearly described all such deviations within EXH. 2G. Offeror cannot disclose deviations by making a "general" reference to section(s) of the proposal. If Offeror does not submit a separate document that identifies deviations, it will be assumed that Offeror's proposal exactly matches all RFP requirements.		
17	Confirm your ability to interface / connect with the County's third-party PBM and Stop Loss carrier.		
18	Confirm you offer a website for the County's benefits and HR staff, and for plan participants		

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Enter Offeror Name: _____

GENERAL QUESTIONNAIRE

1	Please answer the following in regard to the core organization that will provide services requested:				Organizational Qualifications: 1 through 12
a	• Who is your parent company?				
b	• Date formed.				
c	• Number of years performing services requested.				
d	• Where is your corporate headquarters located?				
e	• Number of employees in your company.				
2	How many members are covered by your organization's plan(s)?				
a	• Nationally?				
b	• In New Mexico?				
3	Show the number of current employer groups you service in each of the size categories below:	Total #		Public Sector #	
a	• Under 500 employees				
b	• 500 to 1,500 employees				
c	• 1,500 to 2,500 employees				
d	• 2,500 or more employees				
4	• Are you currently involved in, or have you recently been involved in, any merger / acquisition affecting the staff or operational areas that will provide services to the client?	Yes		No	
5	Is your firm anticipating any major expansion or reorganization in the next year, including any merger / acquisition activity?	Yes		No	
7	Confirm you utilize a claims quality assurance or review process.	Confirmed		Not confirmed	
a	• Do you have reviews conducted by an outside agency?	Yes		No	
8	Do you offshore any services?	Yes		No	
a	• If yes, briefly describe services that are off-shored, and to what country(ies).				
9	Describe your security, backup and disaster recovery procedures.				
10	Attach a sample Medical ASO agreement, similar to the one that would be issued to the County. Indicate where the sample can be found in your proposal.				
11	Briefly describe your firm's financial strength / stability. If rated by the following agencies, provide rating, or indicate you are not rated by that agency.				
a	• If rated by A.M. Best, provide rating or indicate you are not rated by that agency.	RATING		NOT RATED	
b	• If rated by Moody's, provide rating or indicate you are not rated by that agency.	RATING		NOT RATED	
c	• If rated by Standard & Poor's, provide rating or indicate you are not rated by that agency.	RATING		NOT RATED	
12	Please provide five client references, preferably New Mexico, including three current and two former clients, who may be contacted. At least one of these references should be from a client of similar size and at least two should be governmental entities.				Client Service: 12 through 24
a	Name of current Client				
	Contact Name				
	Location				
	Email address				
	Telephone number				
	How long as a client?				
	Coverage(s) provided				
	Approximate number of employees covered				
b	Name of current Client				
	Contact Name				
	Location				
	Email address				
	Telephone number				

	How long as a client?	
	Coverage(s) provided	
	Approximate number of employees covered	
c	Name of current Client	
	Contact Name	
	Location	
	Email address	
	Telephone number	
	How long as a client?	
	Coverage(s) provided	
	Approximate number of employees covered	
d	Name of former Client	
	Contact Name	
	Location	
	Email address	
	Telephone number	
	How long as a client?	
	Coverage(s) provided	
	Approximate number of employees covered	
	Reason for termination?	
e	Name of former Client	
	Contact Name	
	Location	
	Email address	
	Telephone number	
	How long as a client?	
	Coverage(s) provided	
	Approximate number of employees covered	
	Reason for termination?	
13	Provide an organization chart of the team that will provide sales and service for the County. Indicate where in your proposal the organization chart can be found.	
14	Provide resumes for all account representative(s) who would be assigned to the County (Sales Representative, Account Manager, Client Service Representative, Underwriter, etc.). For each team member, include roles, responsibilities, years of experience in the industry, years with your firm, and public sector experience and include any professional certifications held. Identify local team members and confirm that a dedicated representative will be assigned. Indicate where resumes can be found in your proposal.	
15	What is (are) the location(s) of the Customer Service and Claim payment departments that will service the County?	
16	What are the hours of operation for the Customer Service unit that will service the County?	
17	Do you provide a toll-free telephone number for Customer Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Indicate all foreign languages offered by the Customer Service center that will be assigned to the County.	
19	On average, how many clients do you service from the Claims and Member Service site(s) that will be assigned to service the County's plan?	
20	Does the same person handle both claims processing and customer service functions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	How many trained claim processors do you employ?	
a	• What is their average length of experience?	
b	• What is the average volume of claims paid per day per processor?	
22	What is your average annual employee turnover in Claims and in Customer Service?	
23	What was your average turnaround time for paid claims for the last two years?	
a	2018	
b	2019	
24	Indicate your claims error rate for the last two years:	
a	2018	
b	2019	
25	Do you offer a website for the County's benefits and HR staff, and for plan participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, answer the following questions. If no, skip to Question # 33.		
26	Briefly describe the information and tools on your website that are available to County benefits and HR staff.	
27	Briefly describe the information and tools on your website that are available to plan participants.	

**Organizational Qualifications:
25 through 41**

	Are participants able to access any of the same information and tools via mobile app?		Yes		No
28	Can participants email questions to your customer service department via the website?		Yes		No
	Are participants able to contact customer service via mobile app?		Yes		No
29	Can your customer service representatives respond to member inquiries via the website?		Yes		No
30	Are there any significant changes or enhancements being planned for your website in the next two years?		Yes		No
a	• If yes, describe briefly.				
31	Which of the following tasks can members and plan sponsor representatives perform online? Check all that apply.	Members		Plan Sponsors	
a	Ø Enrollment (New Hires and Open Enrollment)				
b	Ø Changes in Status				
c	Ø Billing (Plan Administrators only)	N/A			
d	Ø Claim inquiry				
e	Ø Physician / provider cost and quality comparison				
f	Ø ID card request				
g	Ø Terminations				
	Are any of the member functions available online also accessible via mobile app?		Yes		No
32	Do you offer online eligibility maintenance for <i>all</i> clients?		Yes		No
33	What mediums do you accept for plan enrollment? Santa Fe County currently works with BenTek for benefit administration services. Do you currently work with BenTek and if not, is there reason that you are unable to do so?				
34	What is the normal lead-time required to implement a group?				
35	Provide a detailed implementation plan and timeline for the services requested in this RFP, including any specific transition issues. The implementation plan must identify the required involvement of County personnel. Also provide an organization chart of all personnel to be involved in the implementation. Indicate where this information can be found in your proposal.				
36	Briefly describe controls in place to maintain a secure environment for communicating and transacting business with plan members, providers, and County benefits and HR staff.				
37	Are you able to provide data that benchmarks the client's experience against the following :				
a	• Your book of business		Yes		No
b	• National norms		Yes		No
c	• Similar sized clients		Yes		No
d	• Similar industry clients		Yes		No
38	Provide a list of all standard reports available to self funded plans: (List below. Insert lines if needed):	Frequency	Indicate any cost for report	Indicate any limitation on availability due to size of client	
39	What is the lag time on when reports are provided?				
40	Are your reports based on claim INCURRED date, or claim PAID date?		Incurred		Paid
41	What claims adjudication system do you use? (If proprietary, describe the staffing and client response capabilities of your IT staff.)				
a	• Is your system leased/owned?		Own		Lease
b	• When was the system last updated?				
c	• Concisely identify and comment on any major claim / eligibility / reporting system changes or upgrades planned in the next 12 to 24 months, along with the intended outcome.				
42	Additional Costs: If there is additional cost for services listed below, the cost must be reflected on RFP Cost Response Exhibits (Offerors may add lines at the bottom of Cost Response Exhibits if necessary).				Cost
a	• Is there an additional cost for online / website services and tools?		Yes		No

b	• Is there an additional cost for online eligibility use and maintenance?		Yes		No	
c	• Is there an additional charge for hard-copy eligibility / enrollment forms?		Yes		No	
Organizational Qualifications						
43	Do you as the claims administrator agree that the claims and accompanying eligibility data produced in connection with all the claim payment activities on behalf of the client is and will be the property of the client? And, that the client retains the right to request the full and complete data in electronic format with proper notice and at no additional cost.		Agree		Disagree	Organizational Qualifications: 43 through 49b
44	You must provide access to all files on request (e.g., a claims audit) and not to assess any fee for such access.		Agree		Disagree	
45	Describe the banking process required for payment of claims and fees.					
46	Do you maintain separate bank accounts for each client?		Yes		No	
47	Do you maintain a record for all checks issued, but not cashed?		Yes		No	
a	• How often will you provide this record to the client (monthly, quarterly, annually)?					
b	• Who is responsible for follow-up of uncashed checks?					
48	If you are responsible for reconciliation of the Plan's bank account, do you complete the final reconciliation in the event of termination, including finalizing any uncashed/unclaimed checks?		Yes		No	
a	• If yes, please describe your process for finalizing uncashed / unclaimed checks.					
49	Are you willing to agree that you are a fiduciary as defined by ERISA with respect to the services provided under the Agreement?		Yes		No	
a	• What type of limitations would be imposed on the employer's decision-making process through such an arrangement?					
b	• If you are unwilling to serve as fiduciary, please describe why you would be unwilling to make this representation.					
c	• Is there an additional fee for Fiduciary services? If yes, the cost must be reflected on RFP Cost Response Exhibits (Offerors may add lines at the bottom of Cost Response Exhibits if necessary).		Yes		No	Cost

ASO MEDICAL RFP Questionnaires - MEDICAL COVERAGE AND SERVICES QUESTIONNAIRE

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Enter Offeror Name:

GENERAL QUESTIONS

1	How long has your company been administering medical claims?				Organizational Qualifications - 1 through 14
2	Do you carry an Errors & Omissions policy?	Yes		No	
	What is the coverage amount?				
3	Do you carry a comprehensive general liability policy?	Yes		No	
	What is the coverage amount?				
4	Does your company carry a fidelity bond?	Yes		No	
	What is the coverage amount?				
5	List the major functions your claim system automatically performs.				
6	Describe your system edits for identification of fraudulent claims.				
7	Describe the types of physician and hospital fee discount arrangements your claims system can accommodate.				
8	What method does your firm utilize to determine Usual and Customary (HIAA, company profile, network contracted rates, RVS, etc.)?				
	HIAA, or related data base (identify if not HIAA):				
	Other (identify other methods):				
	Percentage used?				
	Can the client select a different level?	Yes		No	
	How often are allowances revised? Check the appropriate response.	Monthly			
		Quarterly			
		Semi-annually			
		Other (Describe)			
9	What percentage of claims is currently auto-adjudicated through your system?				
10	Can your system accept electronic claims submission?	Yes		No	
	On average, what % of claims are submitted electronically?				
11	During each of the last two years, what percentage of claims processed by your organization was for services provided by a network provider?				
	2018				

	2019					
12	Can your system track utilization by CPT code for preventive care claims?		Yes		No	
13	Can your system detect unbundling of services?		Yes		No	
14	Can your system detect "code creeping"?		Yes		No	
	If yes, what action do you take upon discovery?					
15	For services not covered or not eligible for reimbursement, describe any discounts that members are eligible to receive (e.g. discounted health club membership).					Cost -15
	Indicate any specific steps necessary on behalf of members to secure these discounts.					
16	Describe how your adjudication procedures ensure that claims are paid in accordance with provider network timely payment requirements to ensure that no network discounts are lost.					Organization Qualifications - 16 through 22
17	If you fail to meet timely payment requirements for in-network providers, will patients and/or the Plan be liable?		Yes		No	
18	Explain your procedures for identification and recovery of third party liability and coordination of benefits claims.					
	Do you outsource this service?		Yes		No	
	Does your claim system readily identify potential possible subrogation/COB opportunities prior to claim payment?		Yes		No	
	Do you pend and pursue, or pay and pursue, these types of claims?		Pend & Pursue		Pay & Pursue	
19	Describe your claims quality assurance or review process.					
20	Please answer the following regarding Audits:					
	What is the frequency of your internal audits?					
	What is the frequency of your external audits?					
	Who performs the external audits?					
	Would you agree to allow Gallagher to perform independent audits in early 2022 for 2021 claims, and early 2024 for 2023 claims and sponsor the associated costs up to \$50,000?		Yes		No	
	At what "trigger point" do you conduct/require a hospital claim audit?					
	Who performs hospital audits?					
	Are hospital audits included in your ASO fees?		Yes		No	
	If not, what is the additional charge?					
21	How do you define a "Paid" claim?					
22	When a participating provider terminates from your network and a member is in mid-treatment, how is ongoing treatment handled (e.g. maternity, cancer treatment)?					
ASO / TPA CLAIMS ADMINISTRATION QUESTIONS						
23	Do ASO fees paid while the contract is active cover the cost of run-out administration, or are additional fees due during run-out administration?		Covered by fee paid when contract is active.		Additional fees are due during run-out administration.	Cost

24	If additional fees are due during run-out administration, precisely identify how run out fees will be calculated, and for what time period fees will be charged.					Cost
25	How long after contract termination will you perform claim run-out administration?					Organizational Qualifications
26	Will you administer run-out longer than your standard time, if requested by the client?		Yes		No	Organizational Qualifications
27	At termination, after the run-out period, how will you handle the following claims incurred prior to termination date:					Organizational Qualifications
	• Claims in house before end of run-out period, but not processed?					
	• Claims submitted after the run-out period?					
28	Please briefly describe how claims incurred outside of the U.S. are processed.					Organizational Qualifications
	• Is any type of pre-authorization required for non-emergency services occurring outside of the U.S.?		Yes		No	
PROVIDER NETWORK QUESTIONS						

29	Do you own your provider network, or do you lease an outside network(s)?		Own		Lease	Network Accessibility - 29 through 45
	If you lease your network(s), list the rental networks used.					
30	Do you own the provider network you offer out of state?		Yes		No	
	If you rent any out of state provider network(s), list the rental networks used, by location.					
31	How are network physicians reimbursed? Check all that apply and indicate relative percentages of each.					
	Salary					
	Per Capita					
	Discounted Fee for Service					
	Other? (describe)					
32	How are network hospitals reimbursed? Check all that apply and indicate relative percentages of each.					
	Salary					
	Per Capita					
	Discounted Fee for Service					
	Other? (describe)					
33	Do you offer a separate, narrow "high value" provider network (HPN)? If no, skip to question #36. If yes, please answer the following, or indicate "N/A" if not applicable:		Yes		No	
	• Is participation optional for the client?		Yes		No	
	• Do you have the ability to administer a 3-tier network plan (tier 1 as primary network (HPN), tier 2 as secondary network (Broad network), and tier 3 is out-of-network)?		Yes		No	
	• Are you able to offer your HPN along side your broad network?		Yes		No	
	If so, please identify any plan design requirements/restrictions, etc. (e.g., can identical plans be offered with the difference being purely choice of networks?)					

	<ul style="list-style-type: none"> How does narrow network achieve its value compared to the broad network (e.g., improved unit cost, better results, etc.)? Identify below percentage anticipated financial improvement from broad network in total and by major cost category 			
	Overall - _____% improvement			
	Inpatient facility - _____% improvement			
	Outpatient facility - _____% improvement			
	Professional - _____% improvement			
	<ul style="list-style-type: none"> What financial guarantees are you willing to offer to assure improved network performance? 			
	<ul style="list-style-type: none"> What are the PMPM care coordination / attribution fees, and how are they calculated? 			
	<ul style="list-style-type: none"> What is the average amount of Shared Savings payments, and how will they be calculated? 			
	<ul style="list-style-type: none"> What reports will be provided to the client and consultant to substantiate the calculation of Care Coordination and Shared Savings fees and bonuses? When, and how frequently, will such reports be provided? 			
	<ul style="list-style-type: none"> How will a self-funded client's share of costs for any shared savings bonuses be calculated? 			
	<ul style="list-style-type: none"> What mechanism will be used for self-funded clients to pay monthly coordination / attribution fees, and their share of any Shared Savings bonuses? 			
	Separate bill?			
	Billed as a claim charge?			
	Other? (describe)			
	<ul style="list-style-type: none"> When will Shared Savings charges be assessed to the client? 			
	<ul style="list-style-type: none"> Are provider bonuses calculated on the performance of the individual group, or are they based on a "pooled" book of business? 	The individual group		Pooled book of business
	<ul style="list-style-type: none"> Identify performance metrics used to measure provider success. 			
34	<p>How are physicians who are part of your "high value" network reimbursed? Check all that apply.</p> <p>Salary</p> <p>Per Capita</p> <p>Discounted Fee for Service</p> <p>Other? (describe)</p>			
35	Do you currently offer Accountable Care Organizations / Patient Centered Medical Homes?	Yes		No
	If yes, how is patient data captured and shared between providers participating in the ACO / Patient Centered Medical Home?			
36	Does your network have current NCQA accreditation?	Yes		No
37	Does your network have current URAC accreditation?	Yes		No
38	Does your network have any other accreditation?	Yes		No
	If yes, identify.			
39	When the patient is referred outside of your provider network, are claims paid at In-Network or Out-of-Network levels?	Yes		No
40	Do you anticipate network expansion or contraction to occur in 2021?	Yes		No
	<ul style="list-style-type: none"> If yes, briefly describe. 			
41	Are Centers of Excellence offered by your plan?	Yes		No
	If yes, do you own or lease the Centers of Excellence network?	Own		Lease
42	When a participating provider terminates from your network, what steps do you take, if any, to notify members and plan sponsors of such terminations?			

43	Do your HMO / EPO / POS / PPO / CDHP networks include the same providers and hospitals, or does each network include different provider and hospitals?		Network of Providers and hospitals is the same for all		Network of Providers and hospitals are different	
44	Briefly describe the minimum criteria for providers and hospitals to be selected as network providers.					
45	Are you willing to add providers that are specifically requested by the client?		Yes		No	
46	Briefly describe the processes / procedures you have in place to communicate with your network providers and hospitals.					Organizational Qualifications
47	Briefly described how you monitor provider compliance with policies and protocols.					Organizational Qualifications
48	Are provider network discounts applied to all portions of a claim that are the member's responsibility (deductible and coinsurance)?		Yes		No	Cost
49	During each of the last two years, what was your provider retention rate?					Network Accessibility - 29 through 45
	2018					
	2019					
50	How many providers were added to your network in each of the following time periods?					Network Accessibility - 29 through 45
	2018					
	2019					

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Enter Offeror Name:

1	Does your organization offer DM (disease management) programs? If no, you may skip the rest of the questionnaire.		Yes		No	
2	Is your DM program administered internally, or is it provided through an outside vendor?		Internal		Outside vendor	Organizational Qualifications
	If offered by outside vendor, identify vendor.					
3	Are your services local, national or international? (check any that apply)					Organizational Qualifications
			Local			
			National, some states			
			National, all states			
			National, all states + international			
	- From what location(s) are services provided?					
4	Do your self funded ASO fees automatically include some level of DM program, or is DM always optional at an additional cost?		Always included		Always optional at additional cost	Cost
	If automatically included in self funded ASO fees, does the client have the option to <u>not</u> include any DM program?		Yes		No	
	If yes, what is the effect on ASO fees if the client elects not to include DM?					
			Fees are increased			
			Fees are decreased			
			No change to fees			
5	Does your DM program have accreditation separate from your provider network? If yes, check all that apply, and include expiration date of each accreditation.		Yes		No	Organizational Qualifications
					Accreditation Expiration Date?	
			URAC			
			NCQA			
			Other (describe)			
6	If your DM program is not accredited, are steps being taken to obtain accreditation?		Yes		No	Organizational Qualifications
7	Briefly describe how you identify potential DM candidates, including sources of data used.					Organizational Qualifications
8	How are candidates stratified to determine priorities?					Organizational Qualifications
			By disease			
			By utilization of resources?			
			By readiness to change?			
			Other? (describe briefly)			

9	Do you proactively contact potential DM candidates without waiting for them to contact you?		Yes		No	Organizational Qualifications
	If so, by: (check all that apply)		Telephone			
			Email			
			Letter			
			Text			
10	Briefly describe what tools and methods you use to maximum the member's engagement in your DM program.					Client Service
11	What DM interventions does your organization propose to provide (check all that apply)?					Organizational Qualifications
			Written Communication			
			Group Education			
			One-on-One interventions			
			Telephone monitoring			
			Clinical Interventions			
			Other (describe)			
12	How will outcomes be measured and reported for each intervention?					Organizational Qualifications
13	What is the frequency of your program reports?					Organizational Qualifications
			Monthly			
			Quarterly			
			Semi-annually			
			Annually			
			Other (describe)			
14	Are the following DM reports available at no additional cost to the client? If so, indicate frequency next to your response.					Costs
	Cost savings reports:		Yes		No	
	Frequency provided?					
	Utilization Reports:		Yes		No	
	Frequency provided?					
15	Has your DM program been audited by any outside firm for effectiveness?		Yes		No	Organizational Qualifications
	If yes, by whom and what date?					
16	How do you measure the cost-effectiveness of your DM program?					Organizational Qualifications
17	Are you willing to guarantee ROI (Return on Investment) for your DM program?		Yes		No	Costs
	If yes, describe.					
18	Briefly describe your process for managing co-morbidities					Organizational Qualifications
19	Briefly describe how you interact / coordinate with the member's physician(s) in order to maximize the effectiveness of the DM program.					Organizational Qualifications
20	Do your DM efforts include monitoring the appropriate use of applicable prescription drugs?		Yes		No	Organizational Qualifications
	If yes, describe how you would interface with an ASO client's third-party Prescription Benefit Manager (PBM).					

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Enter Offeror Name:

1.	Are your Medical Management / UM services local, national or international? (check any that apply)					Organizational Qualifications - all questions
			Local			
			National, some states			
			National, all states			
			National, all states + international			
	- From what location(s) are services provided?					
2.	Does your UM management program have accreditation separate from your provider network?		Yes		No	
3.	Does your UM program have NCQA accreditation?		Yes		No	
4.	Does your UM program have URAC accreditation?		Yes		No	
5.	Does your UM program have any other accreditation?		Yes		No	
	If yes, identify.					
6.	Do you have a standard pre-certification requirement for any of the following? (check all that apply)					
			Hospitalizations			
			Outpatient Surgery			
			Durable Medical Equipment			
			Corrective Appliances /Prosthetics			
			Skilled Nursing Facility			
			Home Health Care			
			Hospice Facility			
			Medical Services (e.g., physical therapy)			
			Inpatient Mental Health / Substance Abuse			
			Outpatient Mental Health / Substance Abuse			
7.	Please list all Diagnostic procedures requiring pre-certification.					
8.	Please list any other Outpatient procedures requiring pre-certification that are not listed above.					
9.	Assuming you have a standard pre-certification requirement, can the client customize the list of procedures requiring pre-certification, if desired?		Yes		No	

10	Does your firm perform concurrent review services?		Yes		No
11	Regarding staff who perform concurrent review, are they employees of your firm, or do you subcontract to an outside firm?		Employees		Subcontract to outside firm
12	Within the past twelve months, in what % of all precertification cases did you issue a letter of noncertification (denial), due to lack of Medical Necessity/Appropriateness for the procedure/service requested?				
			Less than 1%		
			1 to 2%		
			3 to 4%		
			5 to 6%		
			7 to 8%		
			More than 8%		
			Not applicable		
13	Indicate the types of staff who are allowed to make final <u>disapproval</u> of a pre-service request (check all that apply):				
			Clerical		
			LPN / LVN		
			RN		
			Physician		
14	On average, what % of all pre-service reviews require your physician advisor to review for final decision?				
			Less than 1%		
			1-10%		
			11-19%		
			12-30%		
			31-40%		
			41 to 50%		
			Greater than 50%		
15	Indicate your standard method of reporting savings from the review of INPATIENT hospitalization.				
			IP hospital savings reports not available		
			Basically as the difference between days requested and days approved/certified		
			Basically as a comparison of days or LOS utilized vs. normative or case mix adjusted days or LOS		
			Other (describe)		
16	Indicate your standard method of reporting savings from the review of OUTPATIENT surgery.				
			OP surgical review not available		
			OP surgical available but specific reporting not delineated		
			\$ value times the # of cases determined not to be medically necessary		
			Other (describe)		

Case Management

17	Do you subcontract catastrophic case management services?		Yes		No
	• If yes, identify vendor.				
18	During case management, does your staff negotiate fee reductions with providers and vendors?		Yes		No
19	Describe your system and capabilities with respect to claims and case management, including information input tracked and collected.				

INSTRUCTIONS: Please answer all of the following questions, or if a question is not applicable, please indicate " N/A " in the response column. Please do NOT provide any attachments, nor make reference to another document in lieu of providing a response. Please do not add, delete, or re-order any of the questions. If more space is needed to provide an appropriate response, you may add rows directly underneath the question being answered. **RESPONSES MUST BE PROVIDED IN EXCEL.**

WHEN RESPONDING TO QUESTIONS THAT REQUIRE YOU TO SELECT FROM THE RESPONSES ALREADY PROVIDED, PLEASE PLACE AN " X " IN FRONT OF THE APPLICABLE ANSWER.

Enter Offeror Name:					
1	Do your self funded ASO fees automatically include some level of wellness program, or is wellness always optional at an additional cost?	Always included	Always optional at additional cost	Organizational Qualifications	
	If automatically included in self funded ASO fees, does the client have the option to <u>not</u> include any wellness program?	Yes	No		
	If yes, what is the effect on ASO fees if the client elects not to include wellness?				
		Fees are increased			Cost
		Fees are decreased			Cost
		No change to fees			Cost
2	Is your wellness program administered internally, or is it provided through an outside vendor?	Internal	Outside vendor	Organizational Qualifications: 2 through 10	
	If offered by outside vendor, identify vendor.				
3	List any accreditations or certifications that your wellness program currently has.				
4	If your program offers biometric screenings, are you able to aggregate data and provide consolidated reports to clients that include results of tests administered by both your firm and any outside contractors hired by your firm?	Yes	No		
5	Is any onsite biometric screening done by an outside vendor?	Yes	No		
	If yes, please identify the vendor.				
6	Please indicate if your Biometric Screening Services include the following:				
	Onsite Screening Events	Yes	No		
	Clinical and Educational Staff	Yes	No		
	All Travel Considerations & Costs	Yes	No		
	Educational Materials and Resources	Yes	No		
	All Reports and Data	Yes	No		
	Integrates with Coaching and HRA	Yes	No		
	Measures taken include Cholesterol, Blood Glucose, Blood Pressure, Body Fat and Tobacco Use	Yes	No		
7	List all foreign languages that your wellness program and materials are offered in.				
8	Do you have wellness program participation requirements?	Yes	No		
	If yes, what are they?				
9	What methods do you employ to encourage and maximize participation in the wellness program? Provide details.				
10	Are you able to provide the following program measurement and reporting metrics?				

	Ongoing participant tracking		Yes		No
	Utilization metrics		Yes		No
	Clinical outcome measurements		Yes		No
	Risk stratification		Yes		No
	Executive analysis and recommendations		Yes		No
	Self-administered prevention and maintenance programs (e.g. smoking cessation)		Yes		No
	Quantifiable ROI analysis		Yes		No
	Ad-hoc / customized "drill down" capabilities		Yes		No
11	If reports can be customized, what are the options and associated costs?				Cost
	If there are additional fees, are the fees generated on a fixed cost per report or billed on an hourly basis?				Cost
12	What is the lag time on reports from your firm?				Organizational Qualifications

Santa Fe County
Deviations From Current Benefits and deviations from proposal

EXHIBIT 2G

INSTRUCTIONS: Please identify any deviations from current benefits below.

INSTRUCTIONS: Please identify any deviations from proposal below.