

EXHIBIT H
(Part 2)

ix. Vendor has a provider credentialing team that could be utilized to credential potential network providers if the Plan were to develop a network solution that may include providers that are not currently enrolled in Vendor's other networks.

Confirm Does Not Confirm

x. Vendor has the ability to communicate directly with providers and will communicate Plan specific information to providers, as requested by the Plan.

Confirm Does Not Confirm

xi. Vendor will work with the Plan to develop and implement reimbursement strategies to reduce costs for specific services such as, but not limited to, specialty pharmacy.

Confirm Does Not Confirm

xii. Vendor has experience with each of the following alternative models of care or clinically integrated systems and will work with the Plan to deploy Vendor's solution or develop a similar custom solution for the Plan. Vendor shall confirm it has experience with each alternative payment model listed below:

1) Patient-Centered Medical Homes.

Confirm Does Not Confirm

2) Hospital At Home Programs.

Confirm Does Not Confirm

3) Accountable Care Organizations.

Confirm Does Not Confirm

4) Community Care Organizations.

Confirm Does Not Confirm

5) Integrated Delivery Networks.

Confirm Does Not Confirm

6) Shared Risk/Savings.

Confirm Does Not Confirm

7) Pay-for-Performance.

Confirm Does Not Confirm

8) Global Payment/Capitation.

Confirm Does Not Confirm

9) Primary Care Incentives.

Confirm Does Not Confirm

xiii. Vendor will support the integration and ongoing operations of any of the aforementioned alternative payment models or clinically integrated systems that may be designed and managed by other Plan vendors.

Confirm Does Not Confirm

xiv. Vendor has the system capability to support capitated payments.

Confirm Does Not Confirm

xv. Vendor has the capability to manage two-sided risk and upon request will implement a custom risk arrangement for the Plan.

Confirm Does Not Confirm

xvi. If the Plan deploys a custom network or reimbursement models, Vendor's provider portal will allow Providers to submit claims, access policies, receive announcements, and perform other functions necessary for proper participation in the Plan's custom network.

Confirm Does Not Confirm

xvii. If the Plan deploys a custom network, Vendor will administer Plan specific provider contract documents which may include, but is not limited to, network participation agreements (NPA), reimbursement exhibits, pricing policies, fee schedules, and pricing development and maintenance policies.

Confirm Does Not Confirm

xviii. Vendor acknowledges any NPA developed to support a custom network for the Plan is not subject to review by DOI since the Plan is self-funded and not subject to DOI regulations except for those specifically noted in Chapters 58 and 135 of the North Carolina General Statutes.

Confirm Does Not Confirm

xix. Vendor will develop, maintain, and administer medical and payment policies with input as desired by the Plan to support any custom alternative payment models or networks implemented for the Plan.

Confirm Does Not Confirm

xx. Vendor will provide a dedicated provider call center, with a Plan specific phone number and greeting if the Plan implements a full, custom provider network.

Confirm Does Not Confirm

5.2.4 Product and Plan Design Management

5.2.4.1 Overview and Expectations

The Plan seeks a Vendor that offers innovation in both Product and Plan Designs. Vendor should have an efficient business rules-based claims system that can not only support state, federal, and other custom benefits but also accommodate unique medical and claims processing policies. Vendor should be nimble in its approach to piloting new programs and demonstrate "speed to market" when rolling out new Products, Plan Designs, and benefit features to meet the challenges facing state government health plans.

5.2.4.2 Services

- a. Vendor confirmed the following in the Minimum Requirements:
 - i. Vendor will administer the covered benefits and exclusions as outlined in the Enhanced PPO Plan (80/20), Base PPO Plan (70/30) and HDHP benefit booklets. The Plan understands that utilization and Medical Management programs as well as out-of-network processes may vary from the Plan’s current programs.
 - 1) Enhanced PPO Plan (80/20): <https://www.shpnc.org/media/2583/download?attachment>
 - 2) Base PPO Plan (70/30): <https://www.shpnc.org/media/2582/download?attachment>
 - 3) HDHP: <https://www.shpnc.org/media/2584/open>
 - ii. Vendor will administer a tiered copay program that will reduce a copay when the Member visits the PCP listed on his or her ID card or another PCP in the same practice, regardless of practice location. See grid in Exhibit 2, “PCP Copay Incentive Scenarios,” for more detailed information about the current program.
 - iii. Vendor will customize its current value-based and incentive Plan Design features and/or implement new, customized ones, if requested by the Plan.
 - iv. Vendor will integrate real-time or near real-time deductible and/or OOP accumulators with the Plan’s PBM to support a combined Medical/Rx deductible and OOP maximums.
 - v. Vendor will administer all benefits as required by Article 3B of Chapter 135 and, to the extent applicable, Chapter 58 of the North Carolina General Statutes and as may be amended from time to time.
 - vi. Vendor will administer benefits in accordance with all Federal and State requirements and notify the Plan of new mandates, or other requirements, that will require benefit changes to maintain compliance.
 - vii. Vendor will partner with the Plan to design custom benefits and/or Plan Design features, as requested by the Plan and provide associated financial/actuarial impact analysis.
- b. Vendor shall additionally confirm each of the following:
 - i. Vendor’s systems will support each of the following Plan Design features. Vendor shall confirm each Plan design feature below:
 - 1) Applying a copay and a deductible to the same service.
 Confirm Does Not Confirm
 - 2) Applying a copay based on the providers network tier.
 Confirm Does Not Confirm
 - 3) Waiving the emergency room copay when the Member is admitted for an inpatient stay and/or an observation stay.
 Confirm Does Not Confirm
 - 4) Applying a different cost-sharing arrangement (deductible, copay, coinsurance, etc.) for each of the following:
 - a) PCP.
 Confirm Does Not Confirm

- b) Specialist.
Confirm Does Not Confirm
- c) Urgent Care.
Confirm Does Not Confirm
- d) Emergency Room (ER).
Confirm Does Not Confirm
- e) Physical Therapy.
Confirm Does Not Confirm
- f) Occupational Therapy.
Confirm Does Not Confirm
- g) Speech and Hearing Therapy.
Confirm Does Not Confirm
- h) Outpatient Behavioral Health.
Confirm Does Not Confirm
- i) Per Inpatient Confinement.
Confirm Does Not Confirm
- 5) Setting benefit limits by age.
Confirm Does Not Confirm
- 6) Setting benefit limits by frequency of service.
Confirm Does Not Confirm
- 7) Setting benefit limits by confinement.
Confirm Does Not Confirm
- 8) Cross-accumulate out-of-network OOP with in-network OOP, but not the in-network OOP to the out-of-network OOP.
Confirm Does Not Confirm
- ii. Upon request, Vendor will customize and support medical policies according to Plan needs and requirements.
Confirm Does Not Confirm
- iii. Vendor will, upon request, administer a four-level PPO benefit with a Tier 1 network benefit, a Tier 2 network benefit, an out-of-area (OOA) benefit, and a non-network benefit.
Confirm Does Not Confirm

iv. Vendor will, upon request, administer a three-level PPO benefit with a Tier 1 network benefit, a Tier 2 network benefit, and a non-network benefit.

Confirm Does Not Confirm

v. Vendor will, upon request, administer a three-level PPO benefit with a Tier 1 network benefit, an OOA benefit, and a non-network benefit.

Confirm Does Not Confirm

vi. Vendor will administer member cost-sharing (co-pay, deductible, coinsurance) for a specific service based on place of service.

Confirm Does Not Confirm

vii. Vendor will implement incentive programs where Plan Members are given gift cards, or other incentives, for seeing certain providers and/or completing certain tasks.

Confirm Does Not Confirm

viii. Vendor will, upon request, integrate with other Plan vendors or Partners to deliver value-based and/or incentive benefits.

Confirm Does Not Confirm

ix. Vendor will, upon request, implement a Health Reimbursement Account (HRA) for Plan Members with each of the following features. Vendor shall confirm each HRA feature below:

1) HRA annual balances based on the number of family Members enrolled.

Example:

Subscriber only = \$600 starting balance.

Subscriber + one (1) Dependent = \$1200 starting balance.

Subscriber + two (2) or more Dependents = \$1800 starting balance.

Confirm Does Not Confirm

2) Virtual funding that meets all the banking and financial reporting requirements that are outlined in Section 5.2.2.

Confirm Does Not Confirm

3) HRA account reconciliation services to support the Plan's banking and financial reporting requirements.

Confirm Does Not Confirm

4) Proration that reduces the starting HRA amount for Members who enroll after the beginning of the Benefit Year.

Confirm Does Not Confirm

5) Ability to add funds to Members' HRA accounts throughout the year based on incentives earned through programs offered by Vendor and by other Plan vendors.

Confirm Does Not Confirm

- 6) Automatic claims reimbursement functionality from the HRA.
Confirm Does Not Confirm
- 7) Ability to integrate with the Plan's PBM so that pharmacy claims can be processed by the Members' HRA.
Confirm Does Not Confirm
- 8) Annual HRA rollover functionality.
Confirm Does Not Confirm
- 9) Ability to customize the HRA Member portal, as requested by the Plan.
Confirm Does Not Confirm
- 10) Ability to customize the HRA Member materials, including system generated letters, as requested by the Plan.
Confirm Does Not Confirm
- 11) HRA Administrative Portal that can be accessed by the Plan to run ad hoc reports and review Member level data.
Confirm Does Not Confirm
- 12) HRA Debit Card.
Confirm Does Not Confirm
- 13) Ability to integrate with Plan's Vendor(s) to receive Member level information via ongoing EDI files to apply virtual HRA incentive funds to Member HRA accounts.
Confirm Does Not Confirm
- 14) Ability to provide an HRA on a copay-based plan like the Enhanced PPO Plan (80/20).
Confirm Does Not Confirm
- 15) Ability to customize HRA reports, as requested by the Plan.
Confirm Does Not Confirm
- x. Vendor offers Health Savings Account (HSA) administration and/or will integrate with an HSA administrator preferred by the Plan.
Confirm Does Not Confirm
- xi. Upon request, Vendor will administer a self-funded Group Medicare Supplement Plan.
Confirm Does Not Confirm

- xii. Vendor will work with the Plan to implement benefits that may not be finalized and/or approved until close to the effective date. While it is the Plan’s preference to have all benefits approved by the Board more than six (6) months in advance, there are dependencies, such as final budget approval by the North Carolina General Assembly or simply reaching final Board consensus that may impact the timing of final benefit approval.

Confirm Does Not Confirm

5.2.5 Medical Management Programs

5.2.5.1 Overview and Expectations

The Plan seeks a Vendor that demonstrates versatility and innovation in managing the complex medical environment. Vendor should provide high quality, evidence-based, member centric, cost-efficient clinical management programs that support Members with the most appropriate, effective, and high-value benefits to improve their health while fostering an optimum Member experience.

5.2.5.2 Services

- a. Vendor confirmed the following in the Minimum Requirements:
 - i. Vendor will pass 100% of specialty pharmacy Rebates to the Plan.
 - ii. Vendor will carve-out PBM services from this Contract.
 - iii. Vendor will customize any of the Medical Management programs, if requested by the Plan.

- b. Vendor shall additionally confirm each of the following:
 - i. Vendor will customize any medical policy, if requested by the Plan.

Confirm Does Not Confirm

- ii. Vendor will provide comprehensive, holistic, evidence-based medical policies and Medical Management of Members’ physical and behavioral health, including substance misuses, which focus on quality, positive Member outcomes, and cost efficiencies.

Confirm Does Not Confirm

- iii. Vendor will partner with the Plan on Medical Management initiatives and provide relevant clinical and financial outcome data to support project implementation and evaluation, if requested by the Plan.

Confirm Does Not Confirm

- iv. Vendor will keep the Plan apprised of disease trends within the population and provide reporting that summarizes overall Plan health.

Confirm Does Not Confirm

- v. Vendor will appropriately identify and engage Members in each of the following types of programs:

- 1) Transition of Care (TOC) programs;

Confirm Does Not Confirm

- 2) High utilizer outreach and management programs; and,
Confirm Does Not Confirm
- 3) Complex case management programs.
Confirm Does Not Confirm
- vi. Vendor will provide "Hospital at Home" and/or other programs to promote transition from inpatient-hospital to home setting when appropriate.
Confirm Does Not Confirm
- vii. Vendor will offer wellness and prevention programs to support Plan Members.
Confirm Does Not Confirm
- viii. Vendor will integrate with other Plan vendors and/or Partners to deliver a care management program for Plan Members, if requested by the Plan.
Confirm Does Not Confirm
- ix. Vendor will work with the Plan to define all new care management, or other programs, in Business Requirement Documents which will be approved by the Plan, Vendor, and any other Plan vendors or Plan Partners involved in the program administration.
Confirm Does Not Confirm
- x. Vendor will provide disease management Health Coaching Services.
Confirm Does Not Confirm
- xi. Vendor will transition specific specialty pharmacy medication coverage to the Plan's PBM, if requested by the Plan.
Confirm Does Not Confirm
- xii. Vendor will provide claims and analytical data to support the transition of specific specialty medications to the Plan's PBM.
Confirm Does Not Confirm
- xiii. Vendor will provide specific claims data or other clinical data, as requested by the Plan to support benefits that may be administered by the Plan's PBM.
Confirm Does Not Confirm
- xiv. Vendor will integrate data from the Plan's PBM or other Plan vendors to administer benefits on Vendor's platform. Any such plan design will be implemented after Business Requirements and an Implementation Plan are completed and if required, an amendment is executed.
Confirm Does Not Confirm
- xv. Vendor will meet with the Plan and the Plan's PBM to coordinate medical and pharmacy management programs.
Confirm Does Not Confirm