

EXHIBIT H

(Part 4)

viii. Vendor will provide reports, based on call reason type, to the Plan upon request.

Confirm ☒

Does Not Confirm ☐

ix. Vendor will provide an escalation team to respond and resolve inquiries from the Plan.

Confirm ☒

Does Not Confirm ☐

x. When appropriate, Vendor will mail apology letters to Plan Members who have been impacted by a Vendor error.

Confirm ☒

Does Not Confirm ☐

xi. Vendor will provide a secure Member web portal that is available 24/7, excluding periodic scheduled maintenance.

Confirm ☒

Does Not Confirm ☐

xii. Vendor will support single sign-on to and from the Plan's PBM customer portal, the Plan's EES vendor and other Plan vendor sites, as requested by the Plan.

Confirm ☒

Does Not Confirm ☐

xiii. Vendor will customize the materials available to Plan Members via the secure Member portal.

Confirm ☒

Does Not Confirm ☐

xiv. In addition to displaying the Plan's branding, Vendor will display the name of the Member's Employing Unit (e.g., Department of State Treasurer, Retirement System, Wake County Schools, etc.) once the Member has logged into the secure member site.

Confirm ☒

Does Not Confirm ☐

xv. Vendor will, upon request, segregate and provide secure Member portal access to a Dependent, or a Dependent's designee, in a court-ordered scenario such as a Medical Support Notice.

Confirm ☒

Does Not Confirm ☐

xvi. Vendor's secure member portal will capture Plan Members' preferences for communication.

Confirm ☒

Does Not Confirm ☐

xvii. Vendor's secure portal will allow a Plan Member to print a temporary ID card that include the Plan's PBM information and custom ID card elements.

Confirm ☒

Does Not Confirm ☐

xviii. Vendor's mobile application and secure portal will allow Members to order a new ID card.

Confirm ☒

Does Not Confirm ☐

xix. Vendor will provide a mobile application that includes a virtual ID card for Members who prefer to use mobile technology.

Confirm ☒

Does Not Confirm ☐

- xx. Vendor's portal will provide health/condition-specific resources to Members, such as educational videos, recipes, digital coaching modules, webinars, links to Plan approved/promoted websites, evidenced-based articles, and tools for self-management.

Confirm ☒Does Not Confirm ☐

- xxi. Vendor's member portal will provide and moderate online forums and live chat groups.

Confirm ☒Does Not Confirm ☐

- xxii. Vendor's member portal will receive and display timely data from various providers such as, but not limited to, lab results from large independent labs, prescriptions from pharmacies, and other data from physicians' offices. This information could be used by Plan Members to gather information necessary to complete annual Health Assessment or validate Member actions to earn incentives.

Confirm ☒Does Not Confirm ☐

- xxiii. Vendor's member portal will allow Members to:

- 1) View claims and claim payment status.

Confirm ☒Does Not Confirm ☐

- 2) View and print EOBs.

Confirm ☒Does Not Confirm ☐

- 3) View deductible and OOP accumulations.

Confirm ☒Does Not Confirm ☐

- 4) Single-Sign-On (SSO) to the HSA vendor, if applicable.

Confirm ☒Does Not Confirm ☐

- 5) View HRA claims, if applicable.

Confirm ☒Does Not Confirm ☐

- 6) View HRA Balances, if applicable, including, but not limited to:

- a) Initial HRA Funding.

- b) Rollover Funds.

- c) Incentive Funds.

Confirm ☒Does Not Confirm ☐

- 7) Order new HRA or HSA debit cards, if applicable.

Confirm ☒Does Not Confirm ☐

- 8) Track incentive programs and benefit designs (e.g., cash rewards, health reimbursement account contributions) and administer the reward for participation, as defined by the Plan.

Confirm ☒Does Not Confirm ☐

- 9) Complete a Health Assessment that could be customized by the Plan.
Confirm ☒ Does Not Confirm ☐
- xxiv. Vendor's member portal will accept and display Member-specific information from the other systems and Vendor's health team, including each of the following. Vendor shall confirm each below:
- 1) Electronic medical and health records.
Confirm ☐ Does Not Confirm ☒
- 2) Disease Management Nurse notes.
Confirm ☐ Does Not Confirm ☒
- 3) Case Management notes.
Confirm ☐ Does Not Confirm ☒
- 4) Health Coach notes.
Confirm ☐ Does Not Confirm ☒
- 5) Vendor analytical system alerts, such as gaps in care.
Confirm ☒ Does Not Confirm ☐
- 6) Progress towards Incentives earned, if applicable.
Confirm ☒ Does Not Confirm ☐
- xxv. Vendor will provide the following services whether the Member is logged into the secure member portal or accessing Vendor's external site:
- 1) Search for providers by specialty.
Confirm ☒ Does Not Confirm ☐
- 2) Search for procedure/service cost.
Confirm ☒ Does Not Confirm ☐
- xxvi. Vendor will participate in routine joint Plan vendor and Partner calls to discuss Plan initiative, upcoming Plan mailers and/or events, and develop and implement process improvements between the Plan vendors and Partners.
Confirm ☒ Does Not Confirm ☐
- xxvii. Vendor, if instructed by the Plan, will conduct an annual Member Satisfaction Survey for all Plan Members, including Members who are not enrolled in plans administered by Vendor. The Plan will be responsible for communicating the survey to Plan Members and may provide a link to the survey on the Plan's website. Vendor will be responsible for developing the custom survey, as directed by the Plan, hosting the survey, and providing a summary of results.
Confirm ☒ Does Not Confirm ☐

xxviii. Vendor will conduct other surveys, as requested by the Plan.

Confirm ☒

Does Not Confirm ☐

xxix. Vendor will attend Plan-hosted OE events to educate members on Plan options. The Plan representatives are generally on the road across the State or hosting online webinars during most of September and October promoting OE. Representatives from the TPA and Medicare Advantage carriers generally attend and may provide presentations to Members, primarily retirees.

Confirm ☒

Does Not Confirm ☐

xxx. Vendor will assist with web-based training or meetings hosted by the Plan to educate Members and/or HBRs on Plan benefits.

Confirm ☒

Does Not Confirm ☐

xxxi. Vendor will attend Wellness Fairs and other promotional events around the State, as requested by the Plan.

Confirm ☒

Does Not Confirm ☐

xxxii. Upon request, Vendor will provide resources to conduct biometric screenings at wellness events. If requested, Vendor shall have the ability to send the biometric results to the Members' PCPs.

Confirm ☒

Does Not Confirm ☐

xxxiii. Vendor will provide language interpreters, including sign language, at events as requested by the Plan.

Confirm ☒

Does Not Confirm ☐

xxxiv. Vendor will, upon request, provide Marketing and Communication resources to the Plan to develop materials.

Confirm ☒

Does Not Confirm ☐

xxxv. Vendor will assist with the Plan's benefit booklet review and/or provide guidance regarding the Plan's benefit booklets which includes individual books for each plan offered.

Confirm ☒

Does Not Confirm ☐

xxxvi. Vendor will develop and implement new letters and/or communication materials for Members and/or Providers to support any programs implemented for the Plan.

Confirm ☒

Does Not Confirm ☐

xxxvii. Vendor will include non-discrimination notices on all significant publications and communications as required by Section 1557 of PPACA.

Confirm ☒

Does Not Confirm ☐

xxxviii. Vendor will suppress specific Member communications, upon request from the Plan.

Confirm ☒

Does Not Confirm ☐

5.2.8 Claims Processing and Appeals Management

5.2.8.1 Overview and Expectations

The Plan seeks a Vendor with an efficient business rules-based claims system that can support required state, federal, and other custom benefits.

5.2.8.2 Services

- a. Vendor confirmed the following in the Minimum Requirements:
- i. Vendor will comply with all requirements set forth in Article 29B of Chapter 90 of the North Carolina General Statutes. As required, Vendor will validate provider enrollment in North Carolina's Health Information Exchange (NC HealthConnex) prior to paying Plan Member claims. If prohibited by the Statewide Health Information Exchange Act, Vendor must deny any claims received from providers that are not in compliance on the date of service.
 - ii. Vendor will process all claims, including claims that are Medicare primary and Medicare secondary, from the same claims processing platform.
 - iii. Vendor will administer the appeals process required by Chapters 58 and 135 of the North Carolina General Statutes, including appeals for the Plan's PBM. Refer to Benefits Booklets and N.C.G.S. § 135-48.24.
 - iv. Vendor will customize any appeals letters, as requested by the Plan.
 - v. Vendor will work with the Plan to resolve and respond to any inquiries from the North Carolina Department of Insurance's Smart NC Program.
 - vi. Vendor will support the Plan's methodology for coordinating with Medicare Members who have not elected Medicare Part A and/or B. As required by state law, the Plan coordinates claims for Members who do not elect Medicare Parts A and/or B as if they had elected them. (a.k.a. Phantom Processing) See Exhibit 9, "Claims Processing Phantom Plan – Medicare Part B."
 - vii. Vendor will reimburse the Plan on a weekly basis for any prompt pay penalties included in the weekly claims disbursement for that week as the Plan will pay no prompt-pay penalties for claims that are paid outside of the prompt-pay guidelines as a result of Vendor's action, inaction, or system failure.
 - viii. Vendor will customize EOBs with the Plan's logo and if applicable, custom network and other information as illustrated in Exhibit 8, "Sample EOB."
- b. Vendor shall additionally confirm each of the following:
- i. Vendor will maintain and make accessible to the Plan at least 10 years of claims history.
Confirm ☒ Does Not Confirm ☐
 - ii. Vendor will work with the Plan's internal legal counsel and the North Carolina Attorney General's Office, as appropriate, throughout the appeals process; and Vendor will make available its subject matter experts to testify during hearings when requested.
Confirm ☒ Does Not Confirm ☐
 - iii. Vendor will process all claims in accordance with state and federal laws including the Plan's 18 month timely filing rules set forth in N.C.G.S. § 135-48.52(6).
Confirm ☒ Does Not Confirm ☐

- iv. Vendor will provide the Plan with any information requested regarding its pre-pay claims edits and will add edits at the Plan's request.

Confirm ☒ Does Not Confirm ☐

- v. Upon request, Vendor will pay all claims, including non-network claims, based on assignment of benefits.

Confirm ☐ Does Not Confirm ☒

- vi. Vendor will provide a weekly summary of any claims totaling \geq \$100,000.00 to the Plan's Contract Administrator for day to day activities. The summary shall include the total charge, total allowed amount, Member cost share, and a short description of circumstance of the claim, including a status of the Member's condition.

Confirm ☒ Does Not Confirm ☐

- vii. Vendor will support Medicare direct claims by interfacing with Medicare crossover vendors and CMS.

Confirm ☒ Does Not Confirm ☐

- viii. Vendor will coordinate benefits with other commercial payors.

Confirm ☒ Does Not Confirm ☐

- ix. Vendor will support all future state and federal requirements at no additional cost to the Plan.

Confirm ☒ Does Not Confirm ☐

- x. Vendor will produce EOBs that meet all Federal requirements.

Confirm ☒ Does Not Confirm ☐

- xi. Vendor will prevent Subscribers from having access to the Dependents EOBs when the Subscriber does not have custodial rights.

Confirm ☒ Does Not Confirm ☐

- xii. Vendor will mail EOBs directly to Dependents 18 years of age or older without a copy to the Subscriber.

Confirm ☒ Does Not Confirm ☐

- xiii. Vendors will mail a Dependent's EOB to a different address if a different address exists in the Dependent's demographic record.

Confirm ☒ Does Not Confirm ☐

- xiv. Vendor will support Members' election of electronic EOBs in lieu of paper EOBs.

Confirm ☒ Does Not Confirm ☐

- xv. Vendor will provide a single, combined Medical and HRA EOB, as requested by the Plan.

Confirm ☒ Does Not Confirm ☐

xvi. Vendor will implement PCP “gate-keeper” rules, as requested by the Plan.

Confirm ☒

Does Not Confirm ☐

5.2.9 Claims Audit, Recovery, and Investigation

5.2.9.1 Overview and Expectations

The Plan seeks a Vendor that places great value on the accuracy of its deliverables. Vendor must be open to audits by the Plan’s Auditors as well as audits performed by and for the North Carolina Office of the State Auditor. The Plan expects Vendor to be time sensitive to all audit requests and be prepared to support multiple audits simultaneously. The Plan, at its discretion, may use its own vendors to seek recoveries; therefore, Vendor must support the Plan’s recovery vendors by providing claims data, adjusting claims, and posting payments. Vendor must also demonstrate a dedication to the detection and reduction of fraud, waste, and abuse. This includes the recovery of fraud dollars and a willingness to assist in the prosecution of those who commit fraud.

Notice: The Plan is not assigning its right to pursue recoveries on its own behalf or through another vendor.

5.2.9.2 Services

a. Vendor confirmed the following in the Minimum Requirements:

- i. Vendor will support ongoing quarterly claims accuracy audits, or Standard Audits, performed on a statistically valid random claims sample selected by the Plan’s audit vendor which will be used to measure claims accuracy for Performance Guarantees on a quarterly basis. Vendor will share provider contracts and system pricing with the Plan’s auditors for review and audit. The audit will also include a targeted sample selected from a comprehensive analysis of all claims by the Plan’s audit vendor.

An audit plan will be provided prior to the initial quarterly audit that will define the ongoing Standard Audit timelines. Both the random claims sample and the targeted sample will be used to identify overpayments owed to the Plan. For purposes of Standard Audits, claims accuracy will be measured based on the following criteria:

- 1) Financial Accuracy: Total dollar amount processed accurately divided by the total dollar amount processed in the audit sample. The total dollar amount processed accurately is calculated by subtracting the absolute values of the dollars processed in error from the total dollars processed. Underpayments and overpayments are not offset by one another.
- 2) Payment Accuracy: The number of claims with the correct benefit dollars paid divided by the total number of claims paid in the audit sample.
- 3) Processing Accuracy: The number of claims processed with no procedural errors divided by the total number of claims processed.

For purposes of the above definitions, if Vendor has identified and recovered an overpayment or processed an underpayment prior to the audit, it is not an error. If Vendor has identified but not recovered the overpayment or processed the underpayment, it is an error.

- ii. Vendor will, in addition to supporting ongoing quarterly claims accuracy audits, support Focus Audits, such as, but not limited to, COB audits, duplicate claims audits, eligibility audits, and comprehensive electronic Audits conducted by the Plan’s auditor vendor on an as needed basis. All the rules outlined in Section 5.2.9.2.a.i above will apply to these audits.

- iii. Vendor's recovery processes will follow all deposit and financial reporting requirements outlined in Section 5.2.2, Finance and Banking.
 - iv. Vendor will recover any overpayments to Providers by offsetting future payments or by demand without any limitation as to time since the Plan as a government payor is not subject to the two-year limitation established in N.C.G.S. § 58-3-225(h).
 - v. Vendor will support the Plan's participation in the North Carolina Debt Setoff Program (North Carolina General Statutes Chapter 105A, Article 1), the Retirement/Disability Offset Program (N.C.G.S. §§ 135-9(b), 128-31, 120-4.29), Wage Garnishment (N.C.G.S. § 135-48.37A), and Credit Card Intercepts (N.C.G.S. § 1-359) and implement an accounts receivable collection process as outlined under the North Carolina Office of State Controller, Statewide Accounts Receivable Program. Refer to Exhibit 10, "State Health Plan Recovery Workflows."
 - vi. Vendor will ensure the Plan's compliance with all federal and state regulations not otherwise stated previously (i.e., prompt pay, mental health parity, disclosures, reporting, etc.).
 - vii. Vendor has an investigation or similar unit to investigate possible fraud and abuse and will share details about specific investigations that impact the Plan, including the names of the providers involved.
- b. Vendor shall additionally confirm each of the following:
- i. Vendor will support any other audit requested by the NC OSA.
Confirm ☒ Does Not Confirm ☐
 - ii. Vendor will support multiple audits simultaneously. Although the Plan will work with Vendor to manage the scope, duration, number, and timing of audits whenever possible, audits may occur simultaneously and for extended periods of time.
Confirm ☒ Does Not Confirm ☐
 - iii. Vendor will provide the Plan's Auditors access to all necessary data, systems, and any other materials needed to successfully perform the audits including remote, view only access to view the claims adjudication system used by Vendor to process the Plan's claims.
Confirm ☒ Does Not Confirm ☐
 - iv. Vendor will provide on-site office space at Vendor's facilities that are actually processing Plan claims, including system access for the Plan's Auditors, the Plan, or the NC OSA.
Confirm ☒ Does Not Confirm ☐
 - v. Vendor will customize any standard audit reports to meet the Plan's specific audit needs.
Confirm ☒ Does Not Confirm ☐
 - vi. Vendor will provide claims files to the Plan's Auditors on a monthly basis.
Confirm ☒ Does Not Confirm ☐
 - vii. Vendor will provide feedback on all site visit claims within two (2) weeks of the end of the on-site visit. Vendor will also respond to any findings in the draft audit report within two (2) weeks of receipt.
Confirm ☒ Does Not Confirm ☐