



BIDDER INSTRUCTIONS COVER PAGE

Solicitation#: 090000534

Solicitation Issue Date: 4/05/2022

DUE DATES AND TIME (CENTRAL STANDARD TIME):

Bid Response:
3:00 p.m. on 05/02/2022¹

Request for administrative review:
3:00 p.m. on 04/08/2022

Last Day to Submit Questions:
3:00 p.m. on 04/12/2022

CONTRACT TYPE:

Agency:

Statewide:

Agency Name/Number OMES EGID/09000

Contract Number _____

SOLICITATION TYPE:

Request for Proposal

Request for Quote

Invitation to Bid

Information technology Bidder Instructions are applicable:

Yes

No

Terms regarding sensitive data will be included in the Contract including, but not limited to:

HIPAA X

CJIS N/A

FERPA N/A

OTHER N/A

1075 N/A

RETURN SEALED BID TO:

OMESCPeBID@omes.ok.gov

CONTRACTING OFFICER:

Name: Darlene Saltzman

Email: Darlene.saltzman@omes.ok.gov

Phone No. (405) 694-7016

¹ Amendments may change the Bid Response Due Date (read "Amendments" in these Bidder Instructions)

Oklahoma Office of Management and Enterprise Services Bidder Instructions

Information related to the Bid submission process is contained in these Bidder Instructions. **Prospective Bidders are urged to read the documents provided by the State and these Bidder Instructions carefully. Failure to do so shall be at the Bidder's risk.**

A. DEFINITIONS

- A.1. **Alternate Bid** means a Bid which contains an intentional substantive variation to a basic provision, specification, term or condition.
- A.2. **Amendment** means a written change, addition, correction or revision to terms, conditions or requirements by the State agency issuing the Solicitation.
- A.3. **BAFO** means a best and final offer requested by the State agency issuing the Solicitation.
- A.4. **Bid** means an offer a Bidder submits in response to the Solicitation.
- A.5. **Bidder** means an individual or business entity that submits a Bid in response.
- A.6. **Bid Packet** means the order described in these Bidder Instructions in which all Bidders shall insert the relevant sections of a Bid and which shall be the format for all submitted Bids.
- A.7. **Business Associate** shall have the meaning given to Business Associate under the Privacy Rule, including, but not limited to, 45 CFR § 160.103.
- A.8. **Business Associate Agreement** is the contract between an entity covered under HIPAA and its Business Associate as required under the Privacy Rule, including (but not limited to) 45 CFR § 164.502(e)(2).
- A.9. **Contract** shall mean the definition of contract as defined in the State General Terms.
- A.10. **CMS** shall mean Centers for Medicare and Medicaid Services.
- A.11. **DCC** means EGID Director of Commercial Contracting.
- A.12. **EGID** means Employees Group Insurance Division of the Office of Management and Enterprise Services. It shall also have the meaning given to the term 'Covered Entity' under the Privacy Rule, including, but not limited to, 45 CFR § 160.103 for purposes of this Business Associate Agreement only and to the extent required by law.
- A.13. **HIPAA** refers to the Health Insurance Portability and Accountability Act of 1996 and includes any regulations promulgated pursuant thereto.
- A.14. **HMO** means Health Maintenance Organization.
- A.15. **MAPD** means Medicare Advantage Prescription Drug plan.
- A.16. **MSP** means Medicare Supplement Plan.
- A.17. **OAC** means the Oklahoma Administrative Code.
- A.18. **OEIBA** means the Oklahoma Employees Insurance and Benefits Act, 74 O. S. (2011) §1301, et seq.
- A.19. **OEIBA Program** means those benefits available to eligible participants through the OEIBA.
- A.20. **OEIBB** means the Oklahoma Employees Insurance and Benefits Board, established by the OEIBA.
- A.21. **OMES** means the Office of Management and Enterprise Services.
- A.22. **OMES/CP** means the Office of Management and Enterprise Services, Central Purchasing.
- A.23. **PCP** means Primary Care Physician.

- A.24. **PGP** means Pretty Good Privacy.
- A.25. **RFP** means Request for Proposal.
- A.26. **DPP** Diabetes Prevention Program.
- A.27. **Supplier** means Individual, company or corporation that supplies the expertise required in this solicitation.

B. INSTRUCTIONS COMPLIANCE

These Bidder Instructions are not part of the Contract; however, compliance with these Instructions is material to the determination of whether a Bid is responsive. Terms, requirements and specifications may be stated or phrased differently than in a previous solicitation irrespective of past interpretations, practices or customs. Bid requirements are altered only by written Amendment and verbal communications from any source whatsoever are of no effect. In no event shall the Bidder's failure to read and understand a term, condition or requirement in any of the documents provided by the State constitute grounds for a claim after award of the Contract.

C. COMMUNICATIONS AND QUESTIONS

The Contracting Officer listed on the Bidder Instructions Cover Page is the only individual the Bidder should contact, or communicate with, regarding any questions or issues with the Acquisition. Failure to comply with this requirement may result in the Bid being considered non-responsive or not considered for further evaluation.

C.1. General Questions

Questions should be concise, identify the relevant document, include specific section references and avoid use of tables or special formatting (use simple lists).

C.2. Information Technology/Non-Information Technology Bids

For all bids whether Information Technology or Non-Information Technology, Bidder may submit general questions concerning Contract or Bid specifications or requirements to the Contracting Officer's email address shown on the Bidder Instructions Cover Page. Questions received via any other means will not be addressed. Questions may be submitted as soon as the solicitation is posted. You are encouraged to submit your questions as soon as possible to allow adequate time for answers and any issues that may arise

C.3. Clarification Questions

The State reserves the right, at its sole discretion, to request clarifications of Bid information or to conduct discussions for the purpose of clarification with any or all Bidders. The purpose of any such discussion shall be to ensure full understanding of the Bid. If clarifications are made because of such discussion, the Bidder(s) shall submit such clarifications in writing to the Contracting Officer. Bidder answers that are outside scope of the clarification questions shall be disregarded. Oral explanations or instructions provided to a potential Bidder are not binding.

D. ADMINISTRATIVE REVIEW

- D.1. A Bidder that believes the Contract or Bid requirements or specifications, or Bid Response Due Date, are unnecessarily restrictive or limit competition may email a request for administrative review to the Contracting Officer. A request received via any other means will not be addressed. The State shall promptly respond in writing to each written administrative review request, and where appropriate, issue a revision, substitution or clarification through an Amendment. Requests for administrative review shall include the reason for the request, supported by information, and any proposed changes.
- D.2. If a Bidder fails to notify the Contracting Officer of an ambiguity, conflict, discrepancy, omission or other error in any of the documents provided by the State that is known to Bidder, or that reasonably should be known by Bidder, the Bidder accepts the risk of submitting a Bid and, if awarded the Contract, shall not be entitled to additional compensation, relief or time by reason of the error or its later correction.

E. AMENDMENTS

- E.1. Any Amendment shall be set forth at the same online link as the Solicitation.
- E.2. It is the Bidder's responsibility to check the State's website frequently for any possible Amendments that may be issued. The State is not responsible for the Bidder's failure to download any amendment documents required to complete a Bid.

F. CONFIDENTIALITY REQUEST

Unless otherwise specified in the Oklahoma Open Records Act, Central Purchasing Act, or other applicable law, documents and information a Bidder submits as part of or in connection with a Bid are public records and subject to disclosure after contract award pursuant to OAC 260:115-3-9². However, a public Bid opening does not make the Bid immediately accessible to the public. All material submitted by a Bidder becomes the property of the State. No portion of a Bid shall be considered confidential after award of the Contract except, pursuant to 74 O.S. §85.10, information in the Bid determined to be confidential by the State Purchasing Director or delegate. Typically, a properly submitted confidentiality claim of a potential awardee is reviewed and determined prior to award; a properly submitted confidentiality claim of a non-awarded Bidder is reviewed and determined only when responding to an open records request concerning the Bid. Additional information regarding information considered confidential by a Bidder is provided in Section K.14.3. below.

G. ACCEPTANCE OF CONTENT

Unless otherwise provided in Section Four of a Bidder's response, all Bids shall be firm representations that the responding Bidder has carefully investigated and will comply with all State terms and conditions relating to the Contract. Upon award of a contract, such terms and conditions, as may be amended by the Bid after negotiation, shall become contractual obligations between the parties.

H. IDENTIFICATION OF EGID

- H.1. EGID was established by, and operates pursuant to, the OEIBA.
- H.2. OMES has declared itself a HIPAA hybrid entity in accordance with 45 C.F.R. §§164.103 and 164.105, and EGID is a "covered component" subject to HIPAA.
- H.3. Pursuant to legislative authority, EGID adopts Rules that set forth the eligibility, type of participation and benefit guidelines for all participating employers. A copy of the official agency Rules is on file with the Office of the Secretary of State beginning at 260:45-1-1, or the Rules may be found on the OMES website at <https://oklahoma.gov/omes/pages/administrative-rules.html>.

I. IDENTIFICATION OF THE PROGRAM

EGID is responsible for administering the OEIBA and the benefit contracting elements of the Oklahoma State Employees Benefits Act. 74 O.S. § 1361 et seq. As such, EGID must provide for health benefit choices for the eligible participating population. Currently, there are approximately 900 participating employers, each with unique Section 125 plans.

J. IDENTIFICATION OF OEIBA PROGRAM PARTICIPANTS

- J.1. Health benefits are available to current and former state and education employees, employees of other state governmental entities and quasi-state governmental entities authorized by the OEIBA to participate in the OEIBA Program. For most employers, employee insurance coverage is optional. Current employees are permitted to waive health coverage.
- J.2. As of January 31, 2022, the OEIBA Program included:

Category	Total Lives	Primary	Dependents
Medicare	36,602	32,713	3,889

² OAC 260:115-3-9 is located at <http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75nm2shfcdnm8pb4dthj0chedppmcbq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00>

Current employees	173,617	109,388	64,229
Pre-Medicare former employees	6,826	5,358	1,468
Total Lives Overall	217,045	147,459	69,586

K. REQUIRED BID STRUCTURE

K.1. Preparation of Bid

K.1.1. The Bid is required to be structured into separate, labelled and easily identifiable sections using the Bid Packet format provided below. A Bid submitted using any other format may not be accepted. Except for items listed in Section K.14.3 (information requested to be held confidential), the Bid should not contain duplicative content. Any section of the Bid Packet that is not applicable to the Bid shall have a page inserted to denote the section is not applicable. For instance, if business references are not required, the Bid should contain a page after the “Business References” section heading that reads “Not Applicable”, “N/A” or some similar notation.

K.1.2. The Bid will be evaluated using a best value criterion, based on the following:

K.1.2.1. Mandatory Requirements

K.1.2.2. Response to Bidder Instructions requirements below, including required attachments

K.1.2.3. Price and cost, including required attached exhibits.

K.1.2.4. The Oklahoma State Employees Benefits Act, 74 O.S. § 1371(C) states that all HMO plans offered by Bidder(s) for current employees that meet the proposal requirements as determined by EGID shall be accepted. Bids involving current employee coverage may be rejected or enrollment restricted for which the benefit price is determined to be excessive. Standalone MAPD plans will be evaluated by Best Value evaluation criteria. If a Bidder submits an HMO and an MAPD plan, and the HMO plan is rejected, then the entire bid combination will be rejected. The determination of compliance with proposal requirements shall be made by OMES/CP and EGID. EGID shall be responsible and have the final decision regarding compliance with administrative rules and regulations.

K.2. Bidder shall offer only one of the following bid combinations:

K.2.1. HMO and Medicare Supplement

K.2.2. HMO and MAPD

K.2.3. HMO and Medicare Supplement and MAPD

K.2.4. Standalone national MAPD

K.3. Bidders with current contracts with the OEIBA Program are required to offer the current plan design for this solicitation. In addition, they may offer an alternative plan design. Only one plan design will be selected.

K.4. For all plans offered to pre-Medicare employees, excessive pricing shall result in rejection of the bid combination. A rejection of a Bidder’s HMO plan shall result in the elimination of the entire bid combination.

K.4.1. For purposes of evaluating “excessive pricing”, refer to Exhibit 39.

K.5. Bidder shall offer only one single bid combination. If a Bidder offers more than one bid combination for this Solicitation, all of the Bidder’s bid combinations will be automatically rejected.

K.6. To participate, Bidders must offer an HMO option meeting the Solicitation Specifications, unless the Bidder submits the bid as a standalone MAPD offer.

- K.7. Bidders may offer a commercial plan for current employees and a Medicare Advantage plan for retirees.
- K.8. Requirements and limitations on the plans to be offered under this solicitation include:**
- K.8.1. To participate, Bidders must offer an HMO option that meets the Solicitation Specifications unless the Bidder submits the bid as a standalone MAPD offer.
- K.8.2.** Bidders may offer a commercial plan for current employees and a Medicare Advantage Prescription Drug plan for retirees. Bidders shall not offer an HMO or a Medicare Supplement on a standalone basis for this RFP.
- K.8.3. MAPD plans must be qualified by the Centers for Medicaid Services, hereinafter “CMS” and must be qualified and accepted according to the OMES/EGID Supplier’s process to offer these services to eligible participants.
- K.8.4. Bidder may submit either an MAPD HMO or an MAPD PPO response to this RFP, but not both.
- K.8.5. In accordance with State law under 74 O.S. §1366.1, if the Bidder additionally offers a Medicare Supplement benefit to any population within the State of Oklahoma other than the one within the OEIBA Program, it must also offer a Medicare Supplement benefit within this Program in accordance with the Solicitation Specifications.
- K.9. As referenced in subsection K.15.8, please submit the following with the Bid:**
- K.9.1. Bidder must affirm their understanding of all contractual provisions and agree to those provisions for the duration of the contract.
- K.9.2. Bidder shall furnish evidence that it complies with all requirements imposed by the Oklahoma Insurance Department necessary for it to provide the services herein.
- K.9.2.1. Bidder Eligibility**
- a) Bidder must meet all legal requirements for doing business in the State of Oklahoma and all EGID requirements for a State defined Supplier as specified in the laws of Oklahoma and the rules of the Oklahoma Insurance Department. Provide a copy of the Bidder’s relevant licensure for the programs it intends to bid (Exhibit 18).
- K.9.3. A VPAT is required to be included in the Bid.**
- K.9.3.1. Bidder may provide a URL link for a website maintained by the Bidder or product manufacturer which provides VPAT’s for all products offered through the Contract.
- K.9.4. A Security Certification and Accreditation Assessment is required to be submitted with Bid.**
- K.9.4.1. A Security Certification and Accreditation Assessment is required for any entity or third-party Supplier hosting Oklahoma consumer data. Review Section C of the Attachment D – State of Oklahoma Technology Terms for additional information. (See also [Third-Party Risk Management Standard](#)).
- K.9.5. Fraud and Abuse Investigations.**
- K.9.5.1. Describe how the Bidder will accomplish monitoring for fraud and abuse and provide EGID with a quarterly report of fraud and fraud-prevention activities and discoveries relating to the OEIBA Program, as well as when any fraudulent or suspicious activity relating to the OEIBA Program whenever detected or brought to the Bidder’s attention by EGID or others.
- K.10. As referenced in subsection K.10.7., premium quotes shall be proposed using the following information.**

K.10.1.1. Pre-Medicare HMO Plans. The State of Oklahoma offers four (4) coverage tiers for both eligible current and eligible former employees and their eligible dependents. Rates must be quoted for all four (4) levels as specified below. Rate quotes for coverage levels other than the four (4) levels specified below shall not be considered. The Bidder will be required to describe the methodology for developing the rates. The four (4) levels of coverage are as follows:

- a) Employee Only
- b) Spouse
- c) One Child
- d) Two (2) or More Children

K.10.2. MAPDs and Medicare Supplement Plans. In accordance with federal requirements, these rates are based upon per-covered individual.

K.10.3. Family Units with combined Medicare/non-Medicare Coverage. Excluding the one national MAPD standalone plan, if a Bidder provides a Medicare plan, such Bidder must be able to provide service to members and dependents when the primary member is eligible for Medicare but the dependent is not. For example, if a member is pre-Medicare and the dependent is eligible for Medicare, EGID will bill the pre-Medicare rate for the primary member and the Medicare dependent rate for the dependent.

K.10.4. Risk Adjustments

K.10.4.1. In order to allocate the risk for all health care choices in an equitable manner, the State hereby prescribes the following risk adjustment factors to adjust premiums of all insured members including dependents (actives and non-Medicare retirees) affected by this RFP. These factors consider age and gender components to adjust the employee's premium rates contracted by all health care choices available to members affected by this RFP.

K.10.4.2. This risk adjustment will be calculated for each health care choice available to affected members based on the actual enrollment (actives and non-Medicare retirees) as of the first day of the contract year and will remain constant for the entire contract year.

K.10.4.3. To the extent that a health care choice enrollment reflects a lower average risk, an adjustment (reflecting the difference of the average risk values) will be deducted from the remitted premiums to the health care choice. Conversely, a health care choice with a higher average risk will receive a positive adjustment (reflecting the excess of the average risk value). There is no risk adjustment for Medicare primary participants.

K.10.4.4. The risk adjustment for each health care choice will be calculated using the demographic table (Chart 1) published in "Health Care Costs – From Birth to Death", June 2013, sponsored by the Society of Actuaries. Upon request, EGID will be available to discuss this methodology during the Best and Final Offer process if any a health care choice has any questions. (Refer to Exhibit 39.)

K.10.5. Administrative Assessment

K.10.5.1. The quoted rates shall include an administrative cost adjustment to reimburse EGID for administrative activities including, but not limited to, enrollment, record keeping, accounting, and employee communication functions. The amount of this adjustment for Plan Year 2023 shall be \$4.477 Per Member Per Month (PMPM) rate collected by EGID for each plan. This fee is determined annually by EGID and is subject to change either up or down in pricing.

K.10.6. Consolidated Omnibus Budget Reconciliation Act (COBRA)

K.10.6.1. The monthly rates which eligible participants under COBRA are charged for plan coverage will include the various loadings (e.g., administrative, reserves, etc.) also charged current employees as discussed in this RFP. COBRA premiums will be subject to a two percent (2.0%) administrative fee and as allowed by law retained by the State to offset the administrative costs. Based on CMS guidance, the two percent (2%) administrative fee will not be assessed on any PDP.

K.10.7. Premium Quotes

K.10.7.1. Each Bidder shall submit a specific schedule of premium rates in accordance with actuarial principles for all categories of participants and levels of coverage, as described herein.

K.10.7.2. Bidders must provide one state-wide premium quote for all service areas.

K.10.7.3. The premium rates shall not be excessive, inadequate or unfairly discriminatory.

K.10.7.4. The rate sheet must be accompanied by a signed statement by the Bidder's qualified actuary, certifying that the methodology used in developing these rates is sound according to accepted actuarial principles. A certification by a qualified actuary as to the appropriateness of the method, based on reasonable assumptions, shall accompany the proposals along with adequate supporting information. This documentation shall be attached to the rate sheet.

K.10.7.5. Bidders may provide an explanation of the service areas covered by the premium quote.

K.10.7.6. Bidders shall provide any other information as requested by EGID, including but not limited to confidential rate development methodology and plan design, as required for use by EGID during the procurement process.

K.10.7.7. Submission of confidential proposed rates must be handled in accordance with procedures stated in Section K.14.3 of this RFP.

K.10.7.8. Current employees and Non-Medicare Retiree Quotes

K.10.7.8.1. Each Bidder must bid on all categories, including both eligible current and eligible former employees and their eligible dependents.

K.10.7.8.2. The benefits shall be those specified in Exhibit 4.

K.10.7.8.3. In setting health insurance premiums for current employees and for retirees under sixty-five (65) years of age, the Bidders shall set the monthly premium for current employees to be equal to the premium for retirees under sixty-five (65) years of age.

K.10.7.8.4. For accounting purposes related to biweekly payrolls, any cents quoted in the Bidder's rates shall be divisible by two (2).

K.10.7.8.5. The rates shall be submitted in Exhibit 5.

a) Rates will be reviewed for excessive pricing per the OEIBB-010 Commercial Carrier Contracting Policy, Exhibit 39.

K.10.7.9. Medicare Supplement Quotes

K.10.7.9.1. The benefits shall be those specified in Exhibit 12.

K.10.7.9.2. The rate sheet shall include the plan name and the per-covered individual per month premium (Exhibit 13).

- K.10.7.9.3.** The MSP rates shall be on a per-covered individual per month basis for the Plan Year January 1, 2023, through December 31, 2023.
- K.10.7.9.4.** All rates set forth shall be for Medicare-eligible members only.
- K.10.7.9.5.** The rates shall be submitted in the in Exhibit 13. Submission of confidential proposed rates must be handled in accordance with procedures stated in Section K.14.3 of this RFP.

K.10.7.10. MAPD Quotes

- K.10.7.10.1.** The benefits shall be those specified in Exhibit 9.
- K.10.7.10.2.** The rate sheet shall include the plan name and the per-covered individual per month premium (Exhibit 10).
- K.10.7.10.3.** The MAPD shall submit rates on a per-covered individual per month basis for the Plan Year January 1, 2023, through December 31, 2023.
- K.10.7.10.4.** All rates set forth shall be for Medicare-eligible members only.
- K.10.7.10.5.** The rates shall be submitted in Exhibit 10. Submission of confidential proposed rates must be handled in accordance with procedures stated in Section K.14.3 of this RFP.

K.10.8. Financial Stability

- K.10.8.1.** EGID may reject a Bidder's proposal based upon the financial condition of the Bidder's company or organization as evidenced by any fact or statement of financial condition including, but not limited to, financial statements that raise doubt about the Bidder's ability to continue as a "going concern", or some similar concern or qualification. Bidder shall demonstrate its ability to be financially viable during the contract period
- K.10.8.2.** Provide copies of audited financial statements for the **Bidder's** last three (3) fiscal years immediately preceding the Plan Year to which the initial bid or renewal applies. The financial statements should include, but not limited to, Balance Sheet, Income Statement, Statement of Retained Earnings or Statement of Stockholders' Equity, Statement of Cash Flows, and additional notes to the Financial Statements. Refer to Exhibit 17.
- K.10.8.3.** Identify the Bidder's independent auditor.
- K.10.8.4.** Specify the name and address of any sponsoring or parent corporation or others who provide financial support to the Bidder or affirm there are none.
- K.10.8.5.** Describe any understandings, legal relationships or financial agreements with respect to sponsorship or other financial support of the Bidder with any other entity, i.e., guarantees, letters of credit, etc. What are maximum limits of additional financial support?
- K.10.8.6.** Provide a copy of the sponsoring organization's most recent audited financial statement, if applicable. The financial statements should include, but are not limited to, Balance Sheet, Income Statement, Statement of Retained Earnings or Statement of Stockholders' Equity, Statement of Cash Flows, and Notes to the Financial Statements. Refer to Exhibit 17.
- K.10.8.7.** Identify the independent auditor for the Bidder's sponsoring organization.

K.10.9. Financial Standing

- K.10.9.1.** Does the Bidder warrant and represent that it is in good financial standing, not in any form of bankruptcy or the zone of insolvency, and is current in the payment of all taxes and fees?

K.10.9.2. EGID may reject a Bidder's proposal based upon the financial condition of the Bidder's company or organization as evidenced by any fact or statement of financial condition including, but not limited to, financial statements that raise doubt about the Bidder's ability to continue as a "going concern", or some similar concern or qualification. The Bidder shall demonstrate its ability to be financially viable during the contract period.

K.11. As referenced in Attachment A, the following additional information is required to be included in the Bid:

K.11.1. Eligibility Transmission, Section B.1.2.

K.11.1.1. What is the Bidder's policy regarding retroactive changes/terminations/adds?

K.11.2. Network Changes, Section B.8.5.

K.11.2.1. Describe how Bidder will provide notification to members as required.

K.11.3. Internal Grievance Procedures. Section B.8.13.

K.11.3.1. Provide the third-party company information (i.e., name, location, contact information) that members appeal to for grievances, if applicable.

K.11.3.2. How many grievances has Bidder had regarding the network in the prior calendar year per 1,000 members?

K.11.4. Acquisitions and Mergers in Section B.3.

K.11.4.1. Are there any known or planned name change for the Bidder's company over the next twelve (12) to twenty-four (24) months?

K.11.4.2. Summarize any mergers with or acquisitions of other organizations completed in the past twenty-four (24) months and summarize how these actions directly impact this solicitation.

K.11.4.3. Describe, to the best of Bidder's knowledge, any acquisitions or mergers which Bidder is expected to be involved within the next twelve (12) months.

K.11.5. HMO Proposal (excluding Medicare Supplement or MAPD lines of business)

Bidder Identification. Provide a response to each requested item below:

K.11.5.1. Bidder's legal name.

K.11.5.2. Address (including city, state, and zip code).

K.11.5.3. Office location responsible for this account. If this office will be located outside of Oklahoma, explain the Bidder's plans to interact closely with EGID.

K.11.5.4. Trade name that the Bidder intends to use for marketing purposes.

K.11.5.5. Provide an electronic copy of the Bidder's brand logo that the Bidder intends to use for marketing purposes. This should be in a form of a vector graphic or a high-resolution JPG/PNG of at least 300 dpi (Exhibit 21).

K.11.5.6. Name and contact information (e.g., title, phone number(s), and email address) for Account Manager that will be assigned to the OEIBA Program.

K.11.5.6.1. Include years of experience, number of other clients, and the size and industry of clients.

K.11.5.7. Name and contact information (e.g., title, phone number(s), and email address) for highest ranking official with direct involvement with the OEIBA Program's account.

K.11.5.8. The name and contact information (e.g., title, phone number(s), and email address) for the Bidder's designated personnel authorized to enter into BAFO competitive negotiations.

K.11.5.9. Outline the account management team that will be assigned to EGID upon contract.

K.11.5.10. Are any services outsourced?

K.11.5.10.1. If so, provide name, location and function of the company.

K.11.5.11. Web Capabilities

K.11.5.11.1. What is the Bidder's web address?

K.11.5.11.2. How often is the Bidder's website updated?

K.11.5.11.3. How often does scheduled downtime occur?

K.11.5.11.4. Complete the below chart regarding capabilities for participants on the Bidder's website:

Service	Y/	Comments
Provider Locator		
Plan Benefit Information		
Out-of-Network Claim Form		
Print ID Cards Online		
Request additional replacement ID cards to be mailed		
Online Explanation of Benefits (EOBs)		
Claims History and Claims Status		
How long is claim history accessible online for a termed member, if applicable?		
Educational Information about HMO		
Cost estimation/budgeting tools		
Member Grievance Resolution		
Pharmacy Information		
Members can download and print forms		
Wellness program activities		
Is a mobile app available?		
Other (Describe)		

K.11.5.12. Bidder Operating Staff

K.11.5.12.1. The Bidder must have sufficient operating staff to comply with all requirements and standards described in this RFP. At a minimum, the Bidder must identify qualified staff in the following areas.

- a) Executive management with clear oversight authority for all other functions
- b) Medical director's office
- c) Accounting and budgeting function
- d) Member services function
- e) Provider services function
- f) Medical management function, including quality assurance and utilization review
- g) Internal complaint resolution function
- h) Claims processing function
- i) Management information system

- j) The Supplier may combine functions (e.g., Member services and internal complaint resolution) if it is able to demonstrate that all necessary tasks are being performed. The Supplier may also use management contractors or administrative service firms to perform any or all of the above functions.
- k) Attach a complete organizational chart for the Bidder, including all departments/functions listed in Bidder Operating Staff Section of Attachment A, as well as lines of authority, and relationships among the Bidder's Board of Directors, administration, medical services, and other functions (Exhibit 21). If expansions or changes are anticipated, show as much detail as possible reflecting the changes.

K.11.5.13. Bidder must meet all legal requirements for doing business in the State of Oklahoma and all EGID requirements for a State defined Supplier as specified in the laws of Oklahoma and the rules of the Oklahoma Insurance Department. (Provide a copy of the Bidder's relevant licensure for the programs it intends to bid; See Exhibit 18).

K.11.5.14. Bidder Profile. Provide a profile of the Bidder's HMO insurance business for each of the latest three calendar years (2020, 2021 and through March 2022):

	Calendar Year 2020	Calendar Year 2021	Calendar Year 2022 (As of March 1, 2022)
Total number of clients (employer groups, state programs, etc.)			
Total number of enrollees covered			
Number of public sector clients			
Average number of public sector enrollees			
Number of plans terminated			
Average number of members in terminated			

K.11.5.15. Member Services Telephone Assistance

- K.11.5.15.1.** Provide the hours that this service will be available.
- K.11.5.15.2.** How are after-hour phone calls handled?
- K.11.5.15.3.** How does the Bidder's Member Services (call center) accommodate non-English speaking and hearing-impaired callers?

K.11.5.16. Call Center Performance

- K.11.5.16.1.** Provide the standards that the HMO Member Services staff achieved during 2021 **in the following categories.**
 - a) Average telephone answer time in seconds (This is the amount of time it takes for a member to speak to a live customer service representative.)
 - b) Percentage of calls answered within 30 seconds or less.

- c) Total number of calls per month
- d) Total number of abandoned calls per month
- e) Average monthly abandonment rate for customer service calls.
- f) First Call Resolution Rate. (This is the percentage of telephone inquiries completely resolved within a “window period” of time. A call is considered “resolved” when the same participant or a family member under the same subscriber ID has not contacted the administrator's customer service facility again regarding the same issue within sixty (60) calendar days of the initial call.)

K.11.5.17. Member Satisfaction

K.11.5.17.1. Member Service Quality Assurance

- a) Describe the Bidder’s internal performance standards for accuracy, responsiveness and courtesy and how are they measured for each customer service representative. Describe any other measures and standards used in the Bidder’s Customer Service Representative Audit Scores at its customer service facility.
- b) What measures are taken for poor or unacceptable performance?
- c) What is the ratio of full-time customer service representatives to covered members?
- d) What number of customer service representatives has the Bidder dedicated to this contract?

K.11.5.17.2. Satisfaction Services

- a) Provide a copy of the Bidder’s customer satisfaction survey for year 2021. If the Bidder participated with the OEIBA program in 2021, the data should be specific to the OEIBA Program. Otherwise, the data should be for the book of business. Attach a copy of the most recent survey instrument completed and a summary of the results (Exhibit 22.)
- b) Describe the frequency and methodology of the Bidder’s member satisfaction surveys.
- c) What is the overall member satisfaction rate from the most recent survey?
- d) What are members least satisfied with?
- e) Provide a summary of the member survey methods .

K.11.5.18. Systems and Eligibility

- K.11.5.18.1.** Identify the systems the Bidder will use in the performance of this RFP. This includes, but is not limited to, eligibility and claims processing systems.
- K.11.5.18.2.** Describe how these systems will integrate to administer these services.
- K.11.5.18.3.** Identify any changes to systems that the Bidder will make to fulfill this RFP.
- K.11.5.18.4.** The Bidder must verify and commit that during the length of the contract, it shall provide no less than thirty (30) days’ notice to EGID prior to

performing changes, fixes, modifications and enhancements that may affect the exchange of eligibility or any other shared business process. The Bidder must also include a test plan and provide resources to EGID to verify changes are valid and will not disrupt business processes. Changes will not be implemented until all parties mutually agree the changes are ready to be put into production.

K.11.5.19. Benefit Plans for Participants Living Out of State

K.11.5.19.1. Describe in detail the zip code areas, provider networks and plan of benefits that would be available to participants who live outside the State of Oklahoma.

K.11.5.20. Section 125

K.11.5.20.1. Does the Bidder agree to provide information, where available, to assist in verifying purchases made through State sponsored FSAs?

K.11.5.21. Provider Network Requirements

K.11.5.21.1. List the Bidder's current ratio of PCPs to member in Exhibit 3

K.11.5.21.2. Complete the Detailed Network Reports in Exhibit 14.

K.11.5.22. Bidder's Provider Contracting

K.11.5.22.1. Identify the model or type of HMO: Staff, Group, Network, IPA, Other. If the HMO is a mixed model, describe and include percentage of participation in each type.

K.11.5.22.2. Identify any use of sub-contracted or "leased" network(s).

K.11.5.22.3. Briefly describe all service areas covered by the Bidder's response. Include a map showing boundaries of all service areas by zip code covered in this solicitation including areas available to participants that live outside the State of Oklahoma. Bidders may also elect to include separately any areas being considered for future expansion.

a) Provide an Excel list of every zip code that is part of Bidder's service area (Exhibit 1).

K.11.5.22.4. Provider Turnover

a) How many providers, by region and location, have been sanctioned and/or removed from Bidder's managed care networks within the last three (3) years?

b) Provide the percentage of Bidder's PCPs retained based on length of contract below:

K.11.5.22.4.b.1. Over 3 years (%)

K.11.5.22.4.b.2. 2 to 3 years (%)

K.11.5.22.4.b.3. Less than 2 Years (%)

c) How many PCPs and specialists have terminated contracts with the Bidder in the last calendar year at the physician's request? State the reason(s) for the termination.

d) What has been the turnover rate of PCPs in the Bidder's network during the last calendar year (due to all reasons)? Express as a

percent of total PCPs. Separate turnovers by voluntary and involuntary.

K.11.5.22.5. Network Reimbursement

- a) Describe the Bidder's pharmacy retail network capabilities in all service areas proposed, including point-of-service capabilities, mail order, and/or delivery methods used.
- b) Describe in detail the Bidder's pharmacy network arrangements. If the Bidder subcontracts these services, provide complete information about the pharmacy benefit manager including name, contractual relationship, ownership interest (if applicable), etc.
- c) Describe in detail the retail network (number of pharmacies) and provide a directory of pharmacies as of January 1, 2022. Also provide the location of the customer service center and toll-free number for member inquiries.

K.11.5.22.6. Pharmacy

- a) Describe the Bidder's pharmacy retail network capabilities in all service areas proposed, including point-of-service capabilities, mail order, and/or delivery methods used.
- b) Describe in detail the Bidder's pharmacy network arrangements. If the Bidder subcontracts these services, provide complete information about the pharmacy benefit manager including name, contractual relationship, ownership interest (if applicable), etc.
- c) Describe in detail the retail network (number of pharmacies) and provide a directory of pharmacies as of January 1, 2022. Also provide the location of the customer service center and toll-free number for member inquiries
- d) Describe in detail the mail order pharmacy program, including location of mail order prescription fill center(s), and customer service center, with toll-free number for member inquiries. Also provide information on methods of requesting refills (i.e., telephone, internet, mail, etc.).
- e) Describe in detail any pharmacy health care management programs, outreach, consumer education, and health promotion programs that apply to the membership covered by this RFP. Describe specialty pharmacy program details separately.

K.11.5.22.7. Identify each provider who is a part of the Bidder's centers of excellence program, the nature of illnesses/conditions treated, and the criteria used in selecting these facilities.

K.11.5.22.8. Provide details of services, i.e., location, limitations, etc. pertaining to offering eligible services outside the State of Oklahoma to eligible dependents residing at an address different from the employee's address.

K.11.5.22.9. What is the Bidder's standard advanced notice time before terminating a network location (facility) or a provider?

K.11.5.22.10. What changes have been made in the Bidder's service area in the past year? Include a map showing the changes.

K.11.5.22.11. Complete the provider spreadsheets in Exhibit 14 in an Excel workbook format. Each spreadsheet must be completed exactly as it appears on the template. Any deviation from this format may result in the Bidder's disqualification.

K.11.5.22.12. Match employee data to providers and present the results in a map and in numerical format (by service area, county, and zip code). The census report (Exhibit 24) is to be used for mapping.

K.11.5.22.13. Describe any financial incentive programs (such as bonuses, penalties, or other) for PCPs.

K.11.5.23. Provider Satisfaction Surveys

K.11.5.23.1. Provide a copy of the most recent **provider** satisfaction survey (Exhibit 22). Include details on percentage of providers surveyed. If the Bidder participated with the OEIBA Program in plan year 2021, the data should be specific to the OEIBA Program. Otherwise, the data should be for the book of business.

K.11.5.24. Standardized Service Areas and Access Standards

K.11.5.24.1. The Bidder shall provide a Geo-Access report to show the network access strength. (Exhibit 2.) Access standards require a minimum of one (1) provider within 25-mile radius for each of the following:

- a) PCPs.
- b) Specialty physicians.
- c) Pharmacies,
- d) Urgent care.
- e) Hospitals.

K.11.5.24.2. Geo-Access report should include a minimum of the following:

- a) Oklahoma counties (all 77).
- b) City.
- c) Zip code.
- d) Number of providers (separate PCPs, specialty physicians, pharmacies, urgent care, and hospitals).

K.11.5.25. Claims Administration

K.11.5.25.1. Is the Bidder's managed medical care claims system fully integrated and automated for in-network and out-of-network claims processing? Does it have procedures that prevent direct member billing (balanced billing)? If so, describe the procedures. If not, how will the HMO ensure members are not billed inappropriately for covered services?

K.11.5.25.2. Describe in detail the Bidder's claim cost-control program. How are overcharges detected for medically unnecessary care or provider abuses? What program(s) has the Bidder developed to address special areas of concern? Who performs these functions?

K.11.5.25.3. Describe in detail the HMO's fraud prevention capabilities/ claims auditing.

K.11.5.25.4. Does the HMO routinely send out EOBs or only upon member request?

K.11.5.25.5. Does the HMO track member out-of-pocket maximums or is this the member to notify the HMO when the maximum is met?

K.11.5.25.6. Claims Processing. Provide the following information for the most recent Plan Year:

- a) Turnaround time - Turnaround time is measured from the date a paper claim, or an electronic claim submission is received by the administrator, or by a subcontracted Supplier responsible for the initial receipt of claims, to the date the claims are resolved).
- b) Financial accuracy rate - Financial Accuracy is the absolute dollar value of all claim payment errors in an audit sample, subtracted from the total benefits paid in the same audit sample. The result is then divided by the total medical benefits paid in the audit sample.
- c) Overall accuracy - Overall Accuracy is the total number of claims within an audit sample processed without any type of error, divided by the total number of claims within the audit sample.

K.11.5.26. Contingency Plan. Provide a general summary of the Bidder's contingency plans that illustrate its ability to respond to the following items. Do not provide sensitive or confidential company information.

K.11.5.26.1. Rapid increase in enrollment.

K.11.5.26.2. Rapid decrease in enrollment.

K.11.5.26.3. Loss of one or more facilities.

K.11.5.26.4. Voluntary provider termination.

K.11.5.26.5. Work stoppage.

K.11.5.26.6. Financial insolvency.

K.11.5.26.7. Loss of license or contract revocation.

K.11.5.26.8. Pandemic Health Emergency.

K.11.5.27. Disaster Recovery Plan. Provide a general summary of the Bidder's disaster recovery plans that illustrate its ability to respond to the following items. Do not provide sensitive or confidential company information.

K.11.5.27.1. Describe the disaster recovery protocols, procedures and backup systems in place, including the ability to rapidly shift phone service and claims processing to alternative sites.

K.11.5.27.2. Provide frequency of disaster recover testing.

K.11.5.28. Credentialing and Peer Review. Identify which physician credentialing criteria the Bidder actively monitors on an ongoing basis and provide frequency that the Bidder re-credentials providers.

K.11.5.28.1. State Licensure

K.11.5.28.2. Board Certification

K.11.5.28.3. DEA License

K.11.5.28.4. Verification of Medical Education and Training

K.11.5.28.5. Admitting Privileges at Network Hospitals

K.11.5.28.6. Office Hours

- K.11.5.28.7. Proof of Malpractice Insurance
- K.11.5.28.8. Reputation
- K.11.5.28.9. Malpractice History
- K.11.5.28.10. History of litigations/disciplinary action
- K.11.5.28.11. Fraud and/or felony convictions
- K.11.5.28.12. Other- Describe

K.11.5.29. Medical Management

- K.11.5.29.1. Describe the Bidder's procedures to ensure that every member has a PCP and that the PCP coordinates all of the member's medical care.
- K.11.5.29.2. Describe in detail the HMO's procedures for after-hours care and emergencies in the service area and outside the service area.
- K.11.5.29.3. Provide the following HMO contact person for the State's Employee Assistance Program: name, address, telephone number, email address, and brief clinical/professional description.
- K.11.5.29.4. Describe in detail the care management initiatives the HMO will be administering in the contract year. This pertains to a program of proactive outreach to all members to ensure that appropriate detection, prevention, acute, and chronic care is delivered.
- K.11.5.29.5. Describe in detail how the Bidder will educate members about their health and actively involve them in treatment decisions.
- K.11.5.29.6. Does the Bidder offer a 24-hour Nurse Line service? If so, describe the program and utilization results.
- K.11.5.29.7. Provide the following statistics for the Bidder's utilization management programs for 2021. If the Bidder participated with the OEIBA program in 2021, the data should be specific to the OEIBA Program. Otherwise, the data should be for the book of business.
 - a) Number of admission requests.
 - b) Number of denials.
 - c) Admission denial rate.
 - d) Admissions per 1,000 covered lives.
 - e) Average length of stay (days).
 - f) Inpatient days per 1,000 covered lives.

K.11.5.30. Medical Quality Assurance

- K.11.5.30.1. Describe in detail the Bidder's quality assurance program and address the following component activities:
 - a) Chart review.
 - b) Focused studies.
 - c) Facility inspection.
 - d) Social service intervention.
 - e) Discharge planning.

- f) Frequency of QA activities (e.g., how often QA committee meets, number and frequency of focused studies, etc.).
- K.11.5.30.2.** Does the Bidder maintain a Quality Assurance Committee? If so, include the names and credentials of those involved and describe the programs used to monitor, evaluate, and emphasize quality health care.
- K.11.5.30.3.** Describe in detail the systems in place to ensure follow-up and correction of identified problem areas found as a result of the QA activities.
- K.11.5.30.4.** Describe in detail how the Bidder monitors and detects underutilization or overutilization of services by providers, including follow-up actions.
- K.11.5.30.5.** Describe in detail the utilization review programs the Bidder uses. If the Bidder does not utilize these programs, explain reasoning. Address: peer review, pre-admission certification, second surgical opinion, concurrent review, discharge planning, standards of care/profile analysis, quality review, mental health/substance abuse utilization review, and other.
- K.11.5.30.6.** Describe in detail any quality assurance (QA)/utilization review (UR) service and identify each subcontractor and describe its services.
- K.11.5.30.7.** Describe in detail the internal grievance procedure for members and providers.
- K.11.5.30.8.** What continuous quality improvement process is the Bidder utilizing in enrollment procedures, appointment scheduling, and other member services operations?
- K.11.5.30.9.** What type of care management initiatives does the Bidder intend to implement in the contract year? This pertains to a program of pro-active outreach to all members to ensure that appropriate detection, prevention, acute, and chronic care is delivered.
- K.11.5.30.10.** What percent of a network provider's case volume is reviewed for quality and appropriateness each year?
- K.11.5.31. Service Enhancements.** Bidders may offer enhancements in an effort to make their plans more attractive and competitive. The enhancements must be clearly identified and consolidated into one page in the Bidder's response to this RFP and in any material submitted to EGID to be disseminated to members, including, but not limited to: 24-Hour Toll-Free Nurse Line; Well Woman Self-Referral; Wellness/Health Education; Health and Fitness Discounts; Healthy Pregnancy Program; Dental; or Vision.
- K.11.5.31.1.** Describe in detail the service enhancements to be offered by the Bidder or affirm that there are none.
- K.11.5.32. Compliance and Privacy Procedures and Standards.** The Bidder shall describe its compliance procedures in general. Specifically explain how it will comply with the privacy and security standards and describe how the Bidder will electronically and operationally interface with its business associates according to HIPAA security and X12 standards for electronic transmissions. The Bidder shall describe how it will interface with EGID as a Plan Sponsor and maintain confidentiality/privacy of members' health information.
- K.11.5.33. Member Education.** Describe in detail the methods which will be used by the Bidder to educate and communicate the proper use of the plan to members. Describe all that apply, including:
- K.11.5.33.1.** Enrollment Meetings

K.11.5.33.2. Mass Mailings

K.11.5.33.3. Mass media

K.11.5.33.4. Provider Directories

K.11.5.33.5. Interactive Phone

K.11.5.33.6. Marketing Brochures

K.11.5.33.7. Website and/or mobile app

K.11.5.33.8. Welcome calls (or other communication method) to new members

K.11.5.33.9. Other

K.11.5.34. Member Materials

K.11.5.34.1. Furnish copies of the membership I.D. Card (Exhibit 20).

K.11.5.34.2. Describe the process that providers and the HMO call center staff utilize to determine member eligibility when a member calls for information or to make an appointment.

K.11.5.35. Rate Quotes and Claims Experience

K.11.5.35.1. The State of Oklahoma offers four (4) coverage tiers for both eligible current and eligible former employees and dependents. Bidder must provide rates for each classification independently of the other classifications; for example, the rate quoted for the spouse should not include the rate quoted for the employee. Rate quotes for coverage levels other than the four (4) levels specified as member, spouse, child, and children will not be considered. (Exhibit 5.)

K.11.5.35.2. Claims Experience. Bidders who are currently under contract with the State for Plan Year 2022 must complete Exhibits 6-8 and Exhibit 16. Bidders who are not under contract with the State for Plan Year 2022 must provide the information contained in Exhibit 15 for their Oklahoma book of business. Compliance with this shall be strictly enforced. Proposals that fail to provide the information requested shall be deemed non-responsive and the Bidder shall be ineligible to bid on this RFP.

K.11.6. Medicare Supplement Plan Proposal

K.11.6.1. Medicare Supplement Plan (MSP) Requirements

K.11.6.1.1. An MSP is required to have a level of benefits that is equivalent to or exceeds in total Medicare Plan G. It must also include a pharmacy component which is actuarially equivalent to the HealthChoice SilverScript High Option Medicare Supplement Plan, which is an Employer Group Waiver Plan (EGWP) with a Wrap setup. In addition, the HealthChoice Medicare Supplement Plan has two enhancements, which are coverage for Hospice Care and Foreign Travel.

The Bidder must confirm that the benefits listed in Exhibit 12 contains benefits actuarially equivalent to Medicare G with pharmacy benefits actuarially equivalent to the HealthChoice SilverScript High Option

K.11.6.2. Does the Bidder have a Medicare Supplement Plan within Oklahoma outside of the OEIBA Program? If so, the Bidder must:

K.11.6.2.1. Complete a copy of Exhibit 12 listing the benefits provided under this plan.

K.11.6.2.2. Complete Exhibit 13 Medicare Supplement premium quotes table.

K.11.6.2.3. Identify any networks that may be involved (Medicare Select).

K.11.6.2.4. Does the MSP require members to have a PCP? If so, complete Exhibit 3.

K.11.6.3. Bidder Identification. Provide a response to each requested item below:

K.11.6.3.1. Bidder's legal name.

K.11.6.3.2. Address (including city, state, and zip code).

K.11.6.3.3. Office location responsible for this account. If this office will be located outside of Oklahoma, explain the Bidder's plans to interact closely with EGID.

K.11.6.3.4. Trade name that the Bidder intends to use for marketing purposes.

K.11.6.3.5. Provide an electronic copy of the Bidder's brand logo that the Bidder intends to use for marketing purposes. This should be in a form of a vector graphic or a high-resolution JPG/PNG of at least 300 dpi (Exhibit 21).

K.11.6.3.6. Name and contact information (e.g., title, phone number(s), and email address) for Account Manager that will be assigned to the OEIBA Program.

K.11.6.3.7. Include years of experience, number of other clients, and the size and industry of clients.

K.11.6.3.8. Name and contact information (e.g., title, phone number(s), and email address) for highest ranking official with direct involvement with the OEIBA Program's account.

K.11.6.3.9. The name and contact information (e.g., title, phone number(s), and email address) for the Bidder's designated personnel authorized to enter into BAFO competitive negotiations. In the event the Bidder's designated personnel changes, the Bidder shall notify OMES/CP immediately in writing.

K.11.6.3.10. Outline the account management team that will be assigned to EGID upon contract.

K.11.6.3.11. Attach a complete organizational chart for the Bidder, including all departments/functions listed above, as well as lines of authority, and relationships among the Bidder's Board of Directors, administration, medical services, and other functions (Exhibit 21). If expansions or changes are anticipated, show as much detail as possible reflecting the changes.

K.11.6.3.12. Are any services outsourced? If so, provide name, location and function of the company.

K.11.6.4. Member Materials

K.11.6.4.1. Membership I.D. Card. Does Bidder provide membership I.D. cards? If so, furnish a copy of the membership I.D. Card (Exhibit 20).

K.11.6.4.2. Describe the process that providers and the MSP call center staff utilize to determine member eligibility when a member calls for information or to make an appointment.

K.11.7. MAPD Proposal

K.11.7.1. The Bidder shall complete Exhibit 9 that indicates the level of benefits that the MAPD will be providing under this Contract. For benefits requiring a mixture of fixed dollar

and percentage copayments, indicate the fixed dollar amounts first. All maximums should clearly specify if they are based on copayments or on benefit charges.

K.11.7.2. Bidder Identification. Provide a response to each item listed below.

- K.11.7.2.1. Bidder’s legal name.
- K.11.7.2.2. Address (including city, state, and zip code).
- K.11.7.2.3. Office location responsible for this account, if different than above. If this office will be located outside of Oklahoma, explain the Bidder’s plans to interact closely with EGID.
- K.11.7.2.4. Trade name that the Bidder intends to use for marketing purposes.
- K.11.7.2.5. Provide an electronic copy of the Bidder’s brand logo that the Bidder intends to use for marketing purposes. This should be in a form of a vector graphic or a high-resolution JPG/PNG of at least 300 dpi (Exhibit 21).
- K.11.7.2.6. Name and contact information (e.g., title, phone number(s), and email address) for Account Manager that will be assigned to the OEIBA Program.
- K.11.7.2.7. Include years of experience, number of other clients, and the size and industry of clients.
- K.11.7.2.8. Name and contact information (e.g., title, phone number(s), and email address) for highest ranking official with direct involvement with the OEIBA Program’s account.
- K.11.7.2.9. The name and contact information (e.g., title, phone number(s), and email address) for the Bidder’s designated personnel authorized to enter into BAFO competitive negotiations. In the event the Bidder’s designated personnel changes, the Bidder’s shall notify OMES/CP immediately in writing.
- K.11.7.2.10. Outline the account management team that will be assigned to EGID upon contract.
- K.11.7.2.11. Are any services outsourced? If so, provide name, location and function of the company.

K.11.7.3. Web Capabilities

- K.11.7.3.1. What is the Bidder’s web address?
- K.11.7.3.2. How often is the Bidder’s website updated?
- K.11.7.3.3. How often does scheduled downtime occur?
- K.11.7.3.4. Complete the attached chart regarding capabilities for participants on the Bidder’s website:

Service	Y/N	Comments
Provider Locator		
Plan Benefit Information		
Out-of-Network Claim Form		
Print ID Cards Online		
Request additional replacement ID cards to be mailed		
Online Explanation of Benefits (EOBs)		
Claims History and Claims Status		
How long is claim history accessible online for a termed		
Educational Information about MAPD		

Cost estimation/budgeting tools		
Member Grievance Resolution		
Pharmacy Information		
Members can download and print forms		
Wellness program activities		
Is a mobile app available?		
Other (Describe)		

K.11.7.4. Bidder Eligibility

K.11.7.4.1. The Bidder must be a registered Supplier with OMES/CP and must meet all legal requirements for doing business in the State of Oklahoma and all EGID requirements for a State defined Supplier as specified in the laws of Oklahoma and the rules of the Oklahoma Insurance Department. In addition, a MAPD must be qualified by the Centers for Medicare and Medicaid Services, hereinafter “CMS”. Provide a copy of the Bidder’s relevant licensure for the programs it intends to bid (Exhibit 18).

K.11.7.5. Bidder Operating Staff

K.11.7.5.1. The Bidder must have sufficient operating staff to comply with all requirements and standards described in this RFP. At a minimum, the Bidder must identify qualified staff in the following areas:

- a) Executive management with clear oversight authority for all other functions
- b) Medical director’s office
- c) Accounting and budgeting function
- d) Member services function
- e) Provider services function
- f) Medical management function, including quality assurance and utilization review
- g) Internal complaint resolution function
- h) Claims processing function
- i) Management information system
- j) The Supplier may combine functions (e.g., Member services and internal complaint resolution) as long as it is able to demonstrate that all necessary tasks are being performed. The Supplier may also use management contractors or administrative service firms to perform any or all of the above functions
- k) Attach a complete organizational chart for the Bidder, including all departments/functions listed above, as well as lines of authority, and relationships among the Bidder’s Board of Directors, administration, medical services, and other functions (Exhibit 21). If expansions or changes are anticipated, show as much detail as possible reflecting the changes.

K.11.7.6. MAPD Networks

K.11.7.6.1. Identify any use of subcontracted or “leased” network(s).

- K.11.7.6.2.** Does the MAPD require members to have a PCP? If so, complete Exhibit 3.
- K.11.7.6.3.** How many providers, by region and location, have been sanctioned and/or removed from the MAPD's managed care networks within the last three (3) years?
- K.11.7.6.4.** List the MAPD's current ratio of PCPs to members:
- a) Tulsa
 - K.11.7.6.4.a.1.** Number of PCPs
 - K.11.7.6.4.a.2.** Number of Members
 - K.11.7.6.4.a.3.** Ratio
 - b) Oklahoma City
 - K.11.7.6.4.b.1.** Number of PCPs
 - K.11.7.6.4.b.2.** Number of Members
 - K.11.7.6.4.b.3.** Ratio
 - c) All Other/Rural
 - K.11.7.6.4.c.1.** Number of PCPs
 - K.11.7.6.4.c.2.** Number of Members
 - K.11.7.6.4.c.3.** Ratio
- K.11.7.6.5.** Provide the percentage of MAPD's PCPs retained based on length of contract.
- a) Over 5 Years (%)
 - b) 3 to 5 Years (%)
 - c) 2 to 3 Years (%)
 - d) Less than 2 Years (%)
- K.11.7.6.6.** How many PCPs and Specialists have terminated contracts with the MAPD in the last two (2) years (at the physician's request)?
- K.11.7.6.7.** What has been the turnover rate of PCPs in the MAPD network during the last two (2) years (due to all reasons)? Express as a percent of total PCPs.
- K.11.7.6.8.** Describe the termination procedures contained in the MAPD's provider contracts, including the length of notice a PCP must give to terminate its contract with the MAPD. Attach a sample copy (or copies, if more than one form is used) of the MAPD's contracts with its PCPs.
- K.11.7.6.9.** Describe any financial incentive programs (such as bonuses, penalties, or other) for PCPs. Specify between individual and group incentives and address the MAPD's experience and use of withholds and risk pools. Risk adjustments will not apply to Medicare Advantage.
- K.11.7.6.10.** Describe the MAPD's pharmacy retail network capabilities in all service areas proposed, including point- of-service capabilities, mail order, and/or delivery methods used. Describe the pharmacy program that will be offered to the members, specifically the actuarial equivalence and CMS certification of a Medicare Part D Prescription Drug Plan offered to Medicare eligible members. Actuarial equivalence is defined as (Total

Pharmacy Allowed – Member Pharmacy Cost Sharing)/Total Pharmacy Allowed. Federal reinsurance, Low Income Cost Sharing, Coverage Gap Discount, and Rebates should not be reflected in the actuarial equivalence calculation. As a point of comparison, the estimated 2022 actuarial equivalence for the HealthChoice SilverScript High Option Medicare Supplement plan benefits is approximately 87%.

- K.11.7.6.11.** Provide the name, address and contact name for the Pharmacy Benefit Manager (PBM) who handles the MAPD's pharmacy plan of benefits.
- K.11.7.6.12.** Describe the MAPD's procedures to ensure that every member has a PCP and that he/she coordinates all of the member's medical care.
- K.11.7.6.13.** Briefly describe all service areas covered by the Bidder's response. Include a map showing boundaries of all service areas by zip code covered in this solicitation including areas available to participants that live outside the State of Oklahoma. Bidders may also elect to include separately any areas being considered for future expansion.
 - K.11.7.6.14.** Provide an Excel list of every zip code that is part of Bidder's service area (Exhibit 1).
- K.11.7.6.15.** What changes have been made in the Bidder's service area in the past year? Include a map showing the changes.
- K.11.7.6.16.** What are the MAPD Bidder's procedures for after-hours care and emergencies in the service area and outside the service area?
- K.11.7.6.17.** Based upon the OK Medicare retiree census data (Exhibit 24), identify any counties of the state in which the Bidder is filed to operate where its provider network may not have adequate capacity to meet the potential Oklahoma demand.
- K.11.7.6.18.** Does the Bidder foresee any significant provider contracts coming up for negotiation in the next three (3) years based on the Oklahoma Retirees locations?
- K.11.7.6.19.** Provide a listing of all acute care Oklahoma hospitals that are considered out-of-network hospitals in the Bidder's Medicare Advantage plans.
- K.11.7.6.20.** Describe the Bidder's MA network growth and development plans.
- K.11.7.6.21.** Describe the Bidder's approach for selecting and recruiting providers to participate in its MA networks.
- K.11.7.6.22.** Describe the Bidder's process for collaborating with employers and key providers to address provider acceptance issues that may surface over time.
- K.11.7.6.23.** Complete a pharmacy disruption of the top utilized Oklahoma pharmacies. List the pharmacies utilized for the OEIBA Program during 2021 and provide the number of utilizers, the number of prescriptions, and the plan paid dollar amounts. If the Bidder was not a participant in 2021, then the report should be for its book of business specific to Oklahoma.

K.11.7.7. Medicare Experience

- K.11.7.7.1.** Bidder is to provide its total Medicare enrollment for 2020 and 2021.
- K.11.7.7.2.** Describe the Bidder's experience participating in Medicare as a private plan option. Include the number of years that Bidder has participated in

Medicare and a brief history of key developments over this time, such as when Bidder's first group Medicare plan was offered.

K.11.7.7.3. Has Bidder been sanctioned by CMS in the past five (5) years?

K.11.7.7.4. Describe the Bidder's strategy and key initiatives to assure that Medicare Advantage will offer the Plan a sustainable value proposition.

K.11.7.8. Member Services Telephone Assistance

K.11.7.8.1. Provide the hours that customer service representatives regarding plan benefits and network service problem resolution will be available for telephone assistance.

K.11.7.8.2. How are after-hours phone calls handled?

K.11.7.8.3. How does the Bidder's Member Services (call center) accommodate non-English speaking and hearing-impaired callers?

K.11.7.9. Call Center Performance:

K.11.7.9.1. Provide the standards that the MAPD Member Services staff achieved during Plan Year 2021 in the following categories

a) Average telephone answer time in seconds (This is the amount of time it takes for a member to speak to a live customer service representative.

b) Percentage of calls answered within 30 seconds or less.

c) Total number of calls per month.

d) Total number of abandoned calls per month

e) First call resolution rate. (This is the percentage of telephone inquiries completely resolved within a "window period" of time. A call is considered "resolved" when the same participant or a family member under the same subscriber ID has not contacted the administrator's customer service facility again regarding the same issue within sixty (60) calendar days of the initial call.)

K.11.7.10. Member Service Quality Assurance

K.11.7.10.1. What is the Bidder's internal performance standards for accuracy, responsiveness and courtesy and how are they measured for each customer service representative? Describe any other measures and standards used in the Bidder's Customer Service Representative Audit Scores at its customer service facility.

K.11.7.10.2. What measures are taken for poor or unacceptable performance?

K.11.7.10.3. What is the ratio of full-time customer service representatives to covered members?

K.11.7.10.4. What number of customer service representatives has the Bidder dedicated to this contract?

K.11.7.11. Member Materials

K.11.7.11.1. Does Bidder provide membership I.D. cards? If so, furnish a copy of the membership I.D. Card (Exhibit 20).

- K.11.7.11.2. Describe the process that providers and the MAPD call center staff utilize to determine member eligibility when a member calls for information or to make an appointment.

K.11.7.12. Medical Management/Staff

- K.11.7.12.1. Does the Medicare Advantage include a 24-hour Nurse Line that would be available to members under this contract?
- K.11.7.12.2. Provide details on which medical management programs in place now (either retiree or eligible current employee population) that would be most effective for a retiree-only population.
- K.11.7.12.3. Describe the Bidder's medical management experience with groups that have significant retiree population.
- K.11.7.12.4. Describe how the Bidder's medical management program design enhances quality of care, including improvements in health status and clinical outcomes.
- K.11.7.12.5. How does the Bidder's approach differ in its MA products vs. its commercial plans?

- K.11.7.13. MAPD CAHPS Survey Results.** Provide annual CAHPS results for 2021 (Exhibit 23). If Bidder is unable to provide CAHPS, annual submission of HEDIS results may be used in place of this requirement.

K.11.7.14. CMS Stars Quality

- K.11.7.14.1. Describe the Bidder's commitment to the Stars quality rating program.
- K.11.7.14.2. Briefly describe the Bidder's CMS Stars quality rating, enhancement strategy and timeline. Describe the continuous quality improvement initiatives in this strategy.
- K.11.7.14.3. Describe how the Bidder's Stars enhancement strategy fits with its overall Medicare Advantage strategy.
- K.11.7.14.4. Provide the Bidder's previous three (3) years CMS Stars quality ratings.

K.11.7.15. Customer Service Experience

- K.11.7.15.1. What methods/service support does the Bidder have in place to ensure consistency of experience for retirees?
- K.11.7.15.2. Describe required CSR training, with emphasis on any retiree-sensitivity training.
- K.11.7.15.3. Provide any additional customer service differentiators for the Bidder's proposed MA plans.
- K.11.7.15.4. Describe how the Bidder differentiates its service from its competitors.
- K.11.7.15.5. On an ongoing basis, what are the Bidder's standards in assuring transition of care for new members to the Bidder's Medicare Advantage PPO?

K.11.7.16. Pharmacy

- K.11.7.16.1. Does the Bidder's Medicare Advantage PPO plan utilize a drug formulary beyond the drugs covered and reimbursed under traditional Medicare?
- K.11.7.16.2. Describe under what circumstances prior authorization of a drug is required.

K.11.7.16.3. For MAPD plan, will the Bidder issue a combined ID card for medical care and PBM services?

K.11.7.17. Organizational Infrastructure. Describe the organizational infrastructure responsible for administering a Group Medicare Advantage program.

K.11.7.17.1. MAPD Monthly Premium. All rates set forth shall be for Medicare-eligible members only.

a) Complete the rate sheet and supporting data (Exhibit 10 and 11) for January 1 through December 31.

K.11.8. Implementation

K.11.8.1. New Supplier Transition Process. Provide the following information:

K.11.8.1.1. Provide the Transition Manager name and contact information.

K.11.8.1.2. How many other implementation projects will the Transition Manager work on in addition to this contract?

K.11.8.1.3. Provide a copy of a typical implementation project plan.

K.11.9. Premium Calculation

K.11.9.1. Describe the methodology used for developing the rates being proposed.

K.11.10. License

K.11.10.1. To be eligible to submit a proposal under this RFP, an organization must meet all legal requirements for doing business in the State of Oklahoma. The Bidder must provide a copy of its license issued by the Insurance Commissioner for the State of Oklahoma.

K.11.11. Actuary Certification

K.11.11.1. Bidders are required to submit a statement from a qualified actuary certifying that the Bidder's information submitted in response to Exhibits 6-9 and Exhibits 15 and 16 are true, complete, and accurately reflects the experience of this account. The qualified actuary certification shall be submitted as part of the Bidder's response to this RFP (Exhibit 19). A "qualified actuary" as used herein shall be a person recognized by either the American Academy of Actuaries or the Society of Actuaries as being qualified for such actuarial evaluation and certification. Proposals received without the required signed actuary certification for each proposed plan will not be accepted and the Bidder shall be ineligible for award of contract.

K.11.12. Lawsuits and Litigation

K.11.12.1. Disclose, unless prohibited by securities law, any prior lawsuits and litigation involving alleged or actual violations of administrative rules and hearings, or any lawsuits, litigation, or administrative proceedings, threatened or pending, involving the Bidder and any person or entity, the State of Oklahoma or any political subdivisions, and/or any state officer and/or any state employee acting in the capacity of a state employee arising from services rendered that are the same or similar to the work defined in the Solicitation Specifications in this RFP, and any settlements, compromises (if confidential, a statement of that fact) or Judgments of Record resulting from the foregoing described litigation or administrative proceedings for the past five (5) years preceding the Plan Year or affirm there are none.

K.11.12.2. List and disclose Contract cancellations or negligent causes of action that arose from work performed that is the same or similar to work identified in the Solicitation Specifications in this RFP that was initiated by persons or entities against the Bidder

that resulted in a settlement with or judgment against the Bidder in any jurisdiction in the United States in an amount of One Hundred Thousand Dollars (\$100,000.00) or more within the previous five (5) years or affirm there are none.

K.11.12.3. Disclose any data security breaches and specifically HIPAA security breaches that required notification to affected persons or a regulatory authority.

K.11.12.4. List and describe any current malpractice suits filed against the Bidder or a provider in the network.

K.11.13. P-Cards

K.11.13.1. The State of Oklahoma has issued payment cards to most State agencies. The current P-Card contract holder utilizes VISA. If awarded a contract, will your company accept the State of Oklahoma approved purchase card? Indicate whether "Yes" or "No."

K.11.14. Electronic Funds Transfer (EFT)

K.11.14.1. The State of Oklahoma passed legislation in 2012 requiring funds disbursed from the State Treasury be sent electronically. If awarded a contract will your company accept payment for invoices from the State by EFT? Indicate whether "Yes" or "No."

K.11.15. Reporting

K.11.15.1. The statistical information contained throughout this RFP is believed to be accurate for the date specified but is not intended as, and must not be considered, an express or implied warranty by EGID. EGID and the State shall not be liable for any damages resulting from inaccuracies contained in statistical information.

K.11.15.2. The Supplier shall deliver all reports listed in Exhibit 27 in the exact format, frequency, timeframe and to the intended recipient noted in the list or as otherwise instructed by EGID. The reports shall include subgroups, which at a minimum are current employees, COBRA, retirees not eligible for Medicare, and retirees eligible for Medicare. A verification procedure will be used for compliance

K.11.15.3. The OEIBB is interested in increased OEIBA Program transparency to the public. Indicate (by report number in Exhibit 27) which of the reports the Supplier already makes public in some form. Supplier must also agree to allow the OEIBB to make HMO and Medicare **aggregate summary** claims data public at its quarterly Board meetings. This informational is not identifiable by Supplier.

K.11.15.4. The Supplier shall deliver Exhibit 37B upon request for individual employer data requests, on an incurred basis. Data will be provided to the employer in aggregate so the individual health plan will not be identified. The template represents the maximum amount of information that will be requested. In all cases, the Supplier will only be asked for the minimum amount of data necessary to meet the employer's request. Often, this will be no more than the "Medical and Pharmacy" section of the tab labeled "Experience" along with the same year section of the tab labeled "Request #1a".

K.11.16. Failure to Abide by Reporting Guidelines.

K.11.16.1. Suppliers meeting the requirements outlined in 36 O.S. 6901 et seq. are required to submit the minimum reporting requirements as specified within this RFP (Exhibit 27). The specification made in prior years shall not serve as precedent for specifications that may be specified in this RFP. Failure to abide by reporting guidelines may result in one or more of the following consequences.

- a) The Supplier being barred from accepting new enrollees for the balance of this contract.
- b) The Supplier being barred from accepting new enrollees for the contract immediately succeeding this contract.
- c) The Supplier being deemed ineligible from bidding in subsequent RFPs for the OEIBA Program.

K.11.16.2. In addition to the benefits specified within this RFP, Suppliers must provide any benefits and reporting otherwise required by state or federal law.

K.11.17. Bid Exhibit Listing:

- K.11.17.1.** Exhibit 1: Standardized Service Areas
- K.11.17.2.** Exhibit 2: Geo-Access Report
- K.11.17.3.** Exhibit 3: Ratio of PCPs to Members
- K.11.17.4.** Exhibit 4: HMO Plan Design
- K.11.17.5.** Exhibit 5: HMO Premium Quote
- K.11.17.6.** Exhibit 6: HMO Rate Development
- K.11.17.7.** Exhibit 7: Rate Development Supporting Data – Active Employees
- K.11.17.8.** Exhibit 8: Rate Development Supporting Data – Early Retiree Employees
- K.11.17.9.** Exhibit 9: MAPD Benefit Summary
- K.11.17.10.** Exhibit 10: MAPD Premium Rate and LIS Quote
- K.11.17.11.** Exhibit 11: MAPD Rate Setting
- K.11.17.12.** Exhibit 12: MSP Benefit Summary
- K.11.17.13.** Exhibit 13: MSP Premium Rate
- K.11.17.14.** Exhibit 14: Network Detailed Reports
- K.11.17.15.** Exhibit 15: New Vendor Only – Aggregate Utilization Experience Data
- K.11.17.16.** Exhibit 16: Large Claims Report for 2020 and 2021
- K.11.17.17.** Exhibit 17: Audited Financial Statements
- K.11.17.18.** Exhibit 18: License(s)
- K.11.17.19.** Exhibit 19: Actuary Certification
- K.11.17.20.** Exhibit 20 Member I.D Card Example
- K.11.17.21.** Exhibit 21 Organizational Chart and Brand Logo
- K.11.17.22.** Exhibit 22: Satisfaction Surveys
- K.11.17.23.** Exhibit 23: CAHPS Survey (MAPD)
- K.11.17.24.** Exhibit 24: OIEBA Program Census Data
- K.11.17.25.** Exhibit 25: Carrier Eligibility Export
- K.11.17.26.** Exhibit 26: Section 125 Debit Card File Layout
- K.11.17.27.** Exhibit 27: Minimum Required Reporting List
- K.11.17.28.** Exhibit 28: MAPD File and Changes Reports

- K.11.17.29.** Exhibit 29: Premium Discrepancy Reports
- K.11.17.30.** Exhibit 30: Member Services Reports
- K.11.17.31.** Exhibit 31: HIPAA, FWA, and Grievance Reports
- K.11.17.32.** Exhibit 32: HMO Utilization Reports
- K.11.17.33.** Exhibit 33: Network Changes Summary
- K.11.17.34.** Exhibit 34: Network Detailed Reports
- K.11.17.35.** Exhibit 35: HMO Detailed Utilization Reports
- K.11.17.36.** Exhibit 36: MAPD Detailed Utilization Reports
- K.11.17.37.** Exhibit 37 A and B: Individual Employer Experience Instructions & Report
- K.11.17.38.** Exhibit 38: Advertising Approval Request Form
- K.11.17.39.** Exhibit 39: OEIBB-003 Commercial Carrier Contracting Policy
- K.11.17.40.** Exhibit 40: Security Certification & Accreditation Assessment

K.12. Minor Deficiencies

- K.12.1.** The State purchasing Director has the right to waive minor deficiencies or informalities in a proposal provided that the best interest of the State would be served without prejudice to the rights of the other Bidders.

K.13. Cancellation of Procurement

- K.13.1.** EGID reserves the right to cancel this procurement activity at any time and for any reason as determined to be in the best interest of the State.

K.14. Bid Packet Format

K.14.1. Section One: Cover Page

- K.14.1.1.** Provide a dated cover page or transmittal letter that identifies the Solicitation and the Bidder and provides Bidder contact information.

K.14.2. Section Two: Required Forms, Certifications and Disclosures

- K.14.2.1.** Completed "Responding Bidder Information" form set forth and accompanying required documentation.

- K.14.2.2.** Completed "Certification for Competitive Bid and Contract" form.

- K.14.2.3.** Bidder shall additionally provide in this section of its Bid, disclosure of (1) any public contract terminated by a governmental entity or suits or claims against the Bidder for failure to perform in connection with a public contract (including any company which a Bidder has merged with or acquired that will be performing services or providing products if awarded the Contract); (2) any contractual relationship or any other relevant contact with any State personnel or another Bidder or Supplier involved in the development of a Bidder's response to the Solicitation; (3) the name of any officer, director or agent of the Bidder who is also an employee of the State or any of its agencies; (4) the name of any state employee who owns, directly or indirectly, an interest of five percent (5%) or more in the Bidder firm or any of its branches and (5) any activity or interest that conflicts or may conflict with the best interest of the State, including but not limited to any person or entity currently under contract with or seeking to do business with the State, its employees or any other third-party individual or entity awarded a contract with the State. Any conflict of interest shall, in the sole discretion

of the State, be grounds for rejection of the Bid or partial or whole termination of the Contract.

K.14.2.4. Certificate of Insurance and Workers' Compensation form.

K.14.2.5. Completed Vendor Payee form.

K.14.2.6. Any information requested in connection with subcontractors a Bidder proposes to use in performance of the resulting contract.

K.14.2.7. Signed Amendment(s), if any, located at the same online link as the Solicitation.
The Bidder shall acknowledge agreement with each Amendment, if any, by inserting the Amendment in this section, signed by or on behalf of the Bidder.

K.14.3. Section Three: Bid Portions Requested to be Held Confidential

K.14.3.1. Any portion of the Bid that the Bidder requests be held confidential shall be listed in this section for independent review regarding confidentiality. For example: "Exhibit 22 Satisfaction Survey;" however, the Bid should not be broken apart such that the information requested to be held confidential is only found in this section; rather, such content should be included in the Bid in applicable sections, for efficient evaluation.

K.14.3.2. For each portion of the Bid listed as considered confidential, the Bidder must identify the specific information considered confidential and fully comply with OAC 260:115-3-9³ which additionally requires a Bidder to enumerate the specific grounds, based on applicable laws which support treatment of the information as exempt from disclosure and explain why disclosure is not in the best interest of the public.

K.14.3.3. A Bid marked in total, as proprietary and/or confidential shall not be considered confidential. Likewise, unless specifically referenced otherwise, resumes, pricing, marketing materials, business references, Voluntary Product Accessibility Templates, additional terms proposed by a Bidder and subcontractor information are not confidential and are not exempt from disclosure under the Oklahoma Open Records Act. The foregoing list is intended to address information often marked confidential that is not exempt from disclosure and is not an exhaustive list.

K.14.3.4. ANY INFORMATION MARKED AS CONFIDENTIAL AND EMBODIED ELSEWHERE IN A BID RATHER THAN LISTED IN THIS SECTION OF THE BID PACKET WILL NOT BE CONSIDERED CONFIDENTIAL AND WILL BE SUBJECT TO DISCLOSURE WITHOUT FURTHER REVIEW. THE STATE HAS NO RESPONSIBILITY TO INDEPENDENTLY REVIEW AN ENTIRE BID FOR A CONFIDENTIALITY CLAIM. LIKEWISE, CONFIDENTIALITY CLAIMS OF A BIDDER WILL NOT BE CONSIDERED IF A BID DOES NOT COMPLY WITH REQUIREMENTS OF OAC 260:115-3-9 AND THE INFORMATION WILL BE SUBJECT TO DISCLOSURE PURSUANT TO STATE LAW.

K.14.4. Section Four: Requested Exceptions to Terms

K.14.4.1. Any requested exception or revision to terms or conditions provided by the State shall be inserted in this section using the table provided at the end of these Bidder Instructions. If no exceptions or revisions are requested, the Bid should reflect that by either submitting the table with no additions to it or by inserting a page to denote this section is not applicable. Each requested exception or revision shall identify (i) the document and section reference of the specific affected term and (ii) either that the term is inapplicable and should be intentionally omitted or offer alternative language if

³ OAC 260:115-3-9 is located at http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=_75tnm2shfcdnm8pb4dthj0chedppmcbq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00

the Bidder is requesting revision of the term. Some examples are provided on the table for illustrative purposes only and, if not deleted in a submitted Bid, will be disregarded.

- K.14.4.2.** Use tracked changes to propose alternative language, added language or other revision. Requests not shown as tracked changes may be returned to the Bidder for compliance with this requirement and review will be delayed as a result.
- K.14.4.3.** Each entry on the exceptions table must reference only one subsection or section (if there are no subsections). Including multiple subsections in one entry may result in the table being returned to the Bidder for compliance with this requirement and review will be delayed as a result.
- K.14.4.4.** A clarification question is not an exception and any clarification included in this section will be disregarded.
- K.14.4.5.** If the Bid contains a copy of **master** terms between the Bidder and the State that the Bidder believes are applicable to the Acquisition, the Bidder need not take exceptions to the General Terms; however, the remainder of terms and contents of a document provided by the State including, without limitation, all attachments, appendices and exhibits remain applicable and are not supplanted by such master terms. Therefore, any exception to terms in the Solicitation or any other document related to the Acquisition, other than General Terms, must be included in this section as an exception.
- K.14.4.6.** **THE STATE HAS NO RESPONSIBILITY TO INDEPENDENTLY REVIEW AN ENTIRE BID FOR EXCEPTIONS AND ANY EXCEPTION EMBODIED IN ANOTHER SECTION OF THE BID OR IN A FORMAT OTHER THAN THE PROVIDED TABLE WILL NOT BE CONSIDERED. LIKEWISE, AN EXCEPTION EXPRESSING ONLY GENERAL DISAGREEMENT WITH A TERM OR A GENERAL EXCEPTION TO ANY STATE TERMS OR CONDITIONS, WITHOUT SUGGESTED ALTERNATIVE WORDING OR IDENTIFYING THAT THE TERM SHOULD BE INTENTIONALLY OMITTED, WILL NOT BE**

K.14.5. Section Five: Additional Bidder Terms

Any additional terms that the Bidder requests be applicable to the Contract shall be inserted in this section and shall be provided in Word format. **THE STATE HAS NO RESPONSIBILITY TO INDEPENDENTLY REVIEW AN ENTIRE BID FOR ADDITIONAL TERMS AND ANY SUCH TERMS NOT SUBMITTED IN THIS SECTION OF THE BID SHALL NOT BE CONSIDERED.** Should a Bidder be awarded a Contract, neither the State nor a customer shall be required to execute additional documents not included in a Bid.

K.14.6. Section Six: Master Terms between Bidder and State

A copy of any master terms, mutually executed by the Bidder and the State, that the Bidder believes are applicable to the Acquisition shall be inserted in this section. Any master terms not submitted in this section of the Bid shall not be considered.

K.14.7. Section Eight: Response to Specifications and Requirements

K.14.7.1. If an information technology VPAT is required, the URL link to the Bidder's VPAT shall be inserted in this section at a Bid Packet page referencing the VPAT.

K.14.7.2. An information technology Security Certification and Accreditation Assessment is required, and the Assessment is located in Exhibit 40.

L. SUBMISSION OF BID

- L.1. IT IS THE BIDDER'S SOLE RESPONSIBILITY TO SUBMIT INFORMATION IN THE BID AS REQUESTED AND IN COMPLIANCE WITH THE OKLAHOMA CENTRAL PURCHASING ACT**

AND ASSOCIATED OAC TITLE 260 RULES⁴ INCLUDING WITHOUT LIMITATION OAC 260:115-3-7 AND 260:115-3-11⁵. A submitted Bid is rendered as a legal offer and is required to be in strict conformity with these Bidder Instructions.

- L.2. A Bid shall be submitted via email solely to OMESCPeBID@omes.ok.gov. Please note that it is possible a Bidder's email system may have limitations on the size of outgoing email attachments and plan accordingly for the entire Bid to be received by the Bid Response Due Date and Time. A Bid emailed directly to or cc'd to the Contracting Officer will not be reviewed by the Contracting Officer. In person, commercial carrier or facsimile submittals shall not be accepted. The subject line of the email Bid shall contain the following: Attention: [insert Contracting Officer name]; Solicitation Number and Bid Response Due Date and Time. The State is not responsible for incorrect link information or its inability to access a submitted Bid. Receipt of a Bid will generate an automatic notice that the Bid is received; if a Bidder believes a Bid has been sent but has not received a notice of receipt, the Bidder should contact the Contracting Officer at the email or phone number shown on the Bidder Instructions Cover Page. Receipt of the Bid by the State is the responsibility of the Bidder.
- L.3. Reference to literature submitted with a previous Bid shall not satisfy a specification or requirement associated with the present Bid. Any previous solicitation or resultant contract shall not be depended upon, perceived or interpreted to have any relevance to the present Bid.
- L.4. Bids shall remain a firm offer for a minimum of one hundred twenty (120) days after the Bid Response Due Date. Any usage amounts provided by the State are estimates and are not guaranteed to be purchased.
- L.5. All costs incurred by the Bidder for Bid preparation and participation shall be the sole responsibility of the Bidder and the Bidder shall not be reimbursed for any such costs. By submitting a Bid, Bidder agrees not to make any claims for damages or have any rights to damages in connection with the Bid.
- L.6. For consistency of contract structure, certain State terms may be marked "Intentionally Omitted". If so, no response is expected.
- L.7. After review of a Bidder's submitted documents and information, the State may require additional terms for an Acquisition in which State or citizen data will be accessed, processed, stored or transmitted by a Supplier.
- L.8. Each Bid is required to include relevant information for a designated contact to receive notice, approvals and requests.

M. BID WITHDRAWAL, BID CHANGE AND ALTERNATE BID

- M.1. Except as authorized by the State Purchasing Director after proof by the Bidder that a significant error by the Bidder exists in the Bid, a Bid may not be withdrawn after the Bid Response Due Date and Time. If the Bidder wishes to withdraw a Bid prior to the Bid Response Due Date and Time, the Bidder shall submit a written withdrawal request to the State Purchasing Director in accordance with OAC 260:115-3-11⁶ at the email address listed in Section I above.
- M.2. Except as requested by the State, a Bid may not be changed after the Bid Response Due Date and Time. If the Bidder needs to change a submitted Bid prior to the Bid Response Due Date and Time,

⁴ Oklahoma Administrative Code Title 260, Chapter 115 is located at <http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75tnm2shfcdnm8pb4dthj0chedppmcbq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00>.

⁵ OAC 260:115-3-7 and OAC 260:115-3-11 are located at <http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75tnm2shfcdnm8pb4dthj0chedppmcbq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00>.

⁶ OAC 260:115-3-11 is located at [Oklahoma Rules](http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75tnm2shfcdnm8pb4dthj0chedppmcbq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00) <http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75tnm2shfcdnm8pb4dthj0chedppmcbq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00>.

the Bidder shall withdraw the originally submitted Bid and a new Bid shall be submitted to the State by the Bid Response Due Date and Time in accordance with Section I and include the following statement on the superseding Bid cover page: **“THIS BID SUPERSEDES THE BID PREVIOUSLY SUBMITTED” AND “SUPERSEDING BID” MUST APPEAR IN THE SUBJECT LINE OF THE EMAIL.**

- M.3.** A Bidder may submit one or more Alternate Bids. Any Alternate Bid submitted shall be a complete Bid and shall be clearly identified as an Alternate Bid in the subject line of the email. If more than one Alternate Bid is submitted, the identification in the email subject line shall refer to Alternate Bid 1, Alternate Bid 2, etc.

N. BID REJECTION

- N.1.** The Bidder’s failure to submit required information may cause its Bid to be rejected. Additionally, a Bid received after the Bid Response Due Date and Time **SHALL BE DEEMED NON-RESPONSIVE AND SHALL NOT BE CONSIDERED unless the State Purchasing Director has authorized acceptance of Bids due to a significant error or incident that occurred which affected the receipt of a Bid**⁷. Failure to comply with these Bidder Instructions may result in the Bid being disqualified from evaluation.
- N.2.** A Bid may be rejected when the Bidder imposes terms or conditions that would modify requirements. Other possible reasons for rejection of Bids are listed in OAC 260:115-3-5 and 260:115-7-32(h)⁸.
- N.3.** Attempts to impose unacceptable conditions on the State or impose alternative terms not in the best interest of the State may result in rejection of the Bid even if initially determined to be responsive or the State may cease any negotiations regarding the Bid.
- N.4.** Whenever the terms “shall”, “must”, “will”, or “is required” are used, the specification being referred to is a mandatory specification. Failure to meet any mandatory specification may cause rejection of a Bid.
- N.5.** Whenever the terms “can”, “may”, or “should” are used, the specification being referred to is a desirable item and failure to provide any item so termed shall not be cause for rejection of a Bid.

O. BID PUBLIC OPENING

There will be no physical Bid openings. A public Bid opening, which will disclose the name of each Bidder and no further information, will be conducted on a per request basis via Microsoft Teams provided the Contracting Officer receives a written request no later than forty-eight (48) hours prior to the Bid Response Due Date and Time. Microsoft Teams information will be provided to anyone requesting a public Bid Opening.

P. EVALUATION

- P.1.** A responsive Bid will proceed to the evaluation process. Unless the Solicitation specifies that “best value” criteria will be used to determine award, Bids shall be evaluated on “lowest and best” criteria.
- P.2.** Pursuant to OAC 260:115-7-32, Bidder past performance as a Supplier may be considered when evaluating a Bid.
- P.3.** The State reserves the right to require demonstrations, clarifications and additional documentation from any or all responding Bidders. Each Bidder should be prepared to participate in oral presentations and demonstrations to define the Bid, to introduce the Bidder’s team and to respond to questions regarding the Bid prior to award.

Q. COMPETITIVE NEGOTIATIONS OF OFFERS

⁷ OAC 260:115-3-11

⁸ OAC 260:115-3-5 and 260:115-7-32 is located at:
<http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75tnm2shfcdnm8pb4dthj0chedppmcbq8dtmmak31ctijurgcln50ob7ckj42tbkdt374obdcli00>

- Q.1.** The State reserves the right to negotiate with none or one or more Bidders responding to the Solicitation and may negotiate any or all content of the Bid to obtain the best value for the State. Negotiations may be conducted in person, in writing or by electronic means and shall only be conducted with potentially acceptable Bids.
- Q.2.** Negotiations could entail discussions on benefits or rates or any other issue material to an award decision or that may mitigate the State's risks. The State shall consider all issues arising from the Bid to be negotiable and will not be artificially constrained by Bidder internal corporate policies. Firms that contend a lack of flexibility because of corporate policy on a particular negotiation item shall face a significant disadvantage and may not be considered.
- Q.3.** In the event of prolonged contract negotiations due to the number and/or significance of exceptions taken, lack of Bidder responsiveness or other failure to close contract negotiations, the State may, in its discretion, offer a successful Bidder a shorter contract term.
- Q.4.** Terms, conditions, prices, methodology, or other features of the Bid may be subject to negotiations and subsequent revision. As part of the negotiations, the Bidder may be required to submit supporting financial, pricing, and other data to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the Bid.
- Q.5.** Requirements and any terms marked as non-negotiable after the section title shall not be negotiable and shall remain unchanged unless the State determines that a change in such requirements or terms is in the best interest of the State.
- Q.6.** The State shall request a BAFO and shall determine the scope and subject of any BAFO request. However, the Bidder should not expect an opportunity to otherwise strengthen its Bid and should submit its best Bid based on requirements herein. Any information offered outside the scope of the BAFO request will be disregarded.

R. AWARD OF CONTRACT

- R.1.** In order to receive an award or payments from the State, a Bidder must be registered as both a Bidder and as a Supplier and must maintain the registration prior to any Contract renewal term. The registration process may be completed electronically at the following link: <https://omes.ok.gov/services/purchasing/vendor-registration>.
- R.2.** Pursuant to Oklahoma Attorney General Opinion No. 06-23, any Bidder that has assisted in preparing the Solicitation or developing the procurement terms, either directly or indirectly, is precluded from being awarded the Contract or from securing a sub-contractor that has provided such services.
- R.3.** A notice of award may be in the form of a purchase order or other payment mechanism or in the form of a mutually executed contract.

**BID PACKET SECTION FOUR: REQUESTED EXCEPTIONS TO TERMS
SOLICITATION NO. 0900000534**

Term & Section	Language
<p>General Terms, Pricing (Section 5.2, pg. 7) EXAMPLE</p>	<p>Section 5.2 is deleted in its entirety and replaced with the following: Pursuant to 74 O.S. §85.40, all travel expenses of Supplier must be included in the total Acquisition price. Travel expenses include, but are not limited to, lodging, transportation and meal expenses. EXAMPLE</p>
<p>Information Technology Terms, Appendix 1, Data Security (Section B.2, pg. 12) EXAMPLE</p>	<p>Section B.2 shall be modified to add the following: Customer is responsible for Personal Data encryption when solely in the Customer's possession. EXAMPLE</p>
<p>Information Technology Terms, Source Code Escrow (Section 9, pg. 5) EXAMPLE</p>	<p>Section 9 is deleted in its entirety. EXAMPLE</p>