



PREPARED FOR:

ABC Company

Medical TPA Request for Proposal
Due XXX XX, 201X @ 5:00 p.m. EDT

SUBMITTED BY:



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The information contained in this document and in all attachments included with our proposal submission is to allow the individuals/companies listed herein to evaluate Evolution’s ability to fulfill third party administration requirements. This document and in all attachments included with our proposal submission includes confidential and proprietary information and shall not be duplicated, used, or disclosed - in whole or part - for any purpose other than the evaluation of EVHC’s proposal.



Executive Summary

EVHC's partnership with Cigna, along with our comprehensive portfolio of service offerings, enable us to tailor the right solution to meet ABC Company healthcare administration requirements. EVHC is a customer centric organization with a deep understanding of customer needs. We have translated this understanding into the products, services, reporting and analytics we offer with a keen focus on delivering the right customer experience and driving high member engagement.

ABC Company mission is to maintain our hard-earned reputation as the premier snack food company in our expanding market area. As ABC Company benefits administration partner, we will support your mission through service excellence; member advocacy; and seamless integration.

In addition, the health care industry demands constant innovation and we utilize your feedback, requirements and market trends to address innovation in this dynamic industry. EVHC has implemented several financial wellness tools, digital solutions, and customizable reporting to enhance member engagement and provide overall service excellence.

Our experience has shown a successful benefits program encompasses a strong member services model, consistent, accurate, and timely information, and a team of professionals who can serve ABC Company in a consultative partnership. We focus on building long-term partnerships, and our client base reflects this. We have clients who have been with us over 30 years.

Why EVHC is your best partner?

Vendor Relationships- We are proposing the Cigna network for ABC Company, which offers regional strength along with reciprocity to Cigna's networks nationally. Our partnership with Cigna combines our strengths as a TPA with market-validated discounts, high quality outcomes and significant savings.

>Based on our analysis, 89.2 percent of employees will have access and a total estimated savings of 48.0 percent.

Member Advocacy- EVHC has long recognized the value of servicing customers with consistency, responsiveness and high quality service.

>**EVHC Connect:** We will streamline all services and programs through the availability of one toll-free telephone number for ABC Company under our EVHC Connect program.

>**MyNurse 24/7:** Registered Nurses screen, assess and direct participants to the appropriate resource by utilizing a variety of clinical guidelines and other resources to support health needs.

>**Teladoc:** EVHC offers the Teladoc service, which provides around the clock access to board-certified doctors and pediatricians by telephone or online video.

Member Engagement- To help ABC Company members realize the inherent value of health and wellness programs, we offer YourCare, our population health management program. YourCare's clinical outreach and engagement services are available to encourage the use of preventive benefits, identify and outreach to emerging high cost claimants, and provide coaching/advising assistance for members who want to make healthy lifestyle improvements.



EVHC's Proven Commitment

As a client, ABC Company will enjoy transactional performance standards that are second to none. These include claims financial accuracy of **99 percent** or higher, adjudication of at least **90 percent** of claims within 14 calendar days; an average speed to answer of less than 30 seconds, a call abandonment rate of under **3 percent**, etc.

Moreover, we back our claims accuracy, claims turnaround speed and call center responsiveness with performance guarantees tied with financial penalties should we not perform to the expectations. Plus, we are confident in our ability to meet and exceed your performance expectations. For example, in 2016, our average claims turnaround was **99 percent** within 30 business days and financial accuracy of **99.72 percent**.

Beyond administrative performance, we further underscore our customer commitment by maintaining URAC accreditation specific to our national call center/nurse line operations and our utilization management program. In addition, our online Health Risk Assessment complies with all required elements of the NCQA Member Connections standard pertaining to online HRAs.

An annual SSAE 16 audit validates our controls and processes for securing customer data along with the effectiveness of our operations. And we welcome the ability for clients or their designated representatives to audit our performance under the contract. In addition, EVHC successfully completed the Service Organization Controls (SOC) 2 Type I attestation report, an internal examination that indicates the operational processes, procedures and controls it has in place have been thoroughly tested and reviewed by an independent auditing firm. The attestation is another way we affirm our commitment to operational excellence, information security, and customer data protection.

Service Excellence

Our claims analysts and customer service representatives are held to a high standard of service and they consistently meet or beat their defined service goals. Recent results show we have a less than three percent call abandon rate and all calls are answered within 30 seconds or less. EVHC staff are seasoned professionals who have experience with researching and processing all kinds of claims (fully insured, self-funded dental, ancillary, unreimbursed trauma care, and retiree claims).

Choosing EVHC is easy, but after the choice is made, ensuring ABC Company experiences a worry-free transition is the true test. The foundation of our implementation strategy is careful planning and clear communication. We will assign an Implementation Manager (IM) dedicated to ABC Company implementation.

Our approach is to collaborate with you closely to develop a servicing plan during implementation, which outlines your healthcare and financial objectives for the plan year, identifies reporting needs, and establishes a reporting schedule. Our goal is to provide you with the best account management team experience available in our industry. By assigning you a client manager (CM) and a client coordinator (CC), you and your adviser will have immediate access to staff dedicated to researching and providing answers. Responsiveness is crucial. Not only can you direct inquiries through your CM team, but you can also contact subject matter experts (SMEs) directly.

Our philosophy is to align our resources with the needs and requirements of you and your advisor. Our experience has demonstrated the most successful service model is one that includes everyone impacted working collaboratively to define, track, measure, and report on the healthcare objectives established for the program.



Member Advocacy

EVHC Connect

EVHC Connect provides members with access to a live individual to help with questions or concerns at any time day or night. Members can ask about Evolution claims or eligibility, benefits, or nurse/health guidance (service is integrated with MyNurse 24/7). Additionally, the Connect representative will warm transfer to any other benefit vendor that may be part of ABC Company plan. If the query relates to a complex claim or complex eligibility matter, the caller is routed to ABC Company dedicated regional claims and customer service unit. For more information, please see this short video presentation:

Telemedicine

EVHC offers the Teladoc service, which provides 24/7 access to board-certified doctors and pediatricians. With Teladoc, members are able to:

- > Resolve many types of medical matters – Board-certified doctors diagnose, recommend treatment, and prescribe medications, if appropriate
 - > Access economical and convenient solutions when there is a health concern
 - > Speak with a doctor via phone or using online video, which combines the personal comfort of seeing the doctor
 - > Upon request, information regarding their consultation is sent to the individual's primary care physician
- 24/7 Nurseline

Our nurse line service, called MyNurse 24/7, includes:

- > Access to nurses 24 hours a day, 7 days a week, 365 days a year
- > Access to more than 200 languages
- > Secure live chat with nurses (24/7/365)
- > Healthwise educational tools
- > Assistance with complementary care and alternative treatment options
- > Follow-up calls
- > Digital recording of all calls

Industry Innovation

Our corporate philosophy and culture revolves around the belief that better health and greater financial security increase overall well-being. And greater well-being leads to more confident, productive employees and stronger, more competitive businesses. As such, we help ABC Company and your employees thrive.

We support individuals to achieve greater financial security through our Simplicity and PayActiv programs. This includes two Simplicity programs that are currently exclusive to EVHC and a new award-winning program through PayActiv. The programs are made available at no additional cost to ABC Company.

Technology Solutions

With all of our programs, we are committed to increasing and sustaining member engagement. Our current efforts are focused on enhancing our digital strategy to ensure we are delivering a personal, flexible and trusted customer experience. Through this technology members can sign into our member portal or mobile app to view information of importance to them.



MyEVHCWire

Toward that goal, EVHC launched the EVHCWire in 2017. Members may opt in to receive important messages from EVHC through text sent directly to their mobile device. This is a simple process; a member calls a toll-free number and follows prompts to enroll. The messages will be relevant to members' unique experiences and designed to engage them in their healthcare and save money. The mobile service will alert members to important information about their plan options and quick links to view claims. Depending on their plan options, members may also receive text message reminders to make appointments or follow-up with routine monitoring of certain conditions.

Members will receive general messages and, depending on ABC Company service selections, personalized messages could include:

- > Preventive care reminders
- > Seasonal healthcare tips
- > Getting to know your plan benefits and networks
- > Information to help members understand their health spending account
- > Using benefits wisely for both health and wallet

Mobile Application

We continuously strive to leverage technology to support customer convenience and flexibility and as part of that effort, we provide employees access to our mobile application, Access on the Go.

The mobile application provides a convenient and easy way to:

- > View claims status
- > Show the ID card to a provider
- > See accrued deductibles and maximums
- > Access other important benefits information
- > Contact EVHC

myEVHC.com

Our website and health portal were designed for ease of use and comprehensiveness to serve as the central hub for ABC Company employees to conveniently and thoroughly manage and monitor all of their healthcare needs from one location. With streamlined navigation, intuitiveness and flexible search criteria, as well as single sign-on functionality, the design of our portal helps individuals quickly hone in on the information they need, when they need it. We provide quick, direct access to customer service along with robust functionality for retrieving plan information and claims along with resources and interactive tools that encourage and support healthy behaviors through our HealthCenter.

Healthcare Bluebook

- > Using our optional Healthcare Bluebook we offer you the ability to empower your employees with Fair Price transparency. You control your healthcare spending because your employees save at the doctor's office, hospital or when lab tests are needed.
- > Bluebook is data-driven and incorporates cost data derived from actual paid claims. And Bluebook's quality data comes from the most reliable sources available. It is an online and mobile tool that quickly locates cost.
- > Through Healthcare Bluebook, the optional Go Green to Get Green rewards program is designed to reward employees each time they select a provider based on Fair Price transparency. Go Green to Get Green incorporates a cash reward for employees who select a provider identified as being a Fair Price provider for a procedure.



Financial Security Solutions

A way in which we are helping individuals achieve greater financial security is through our Simplicity and PayActiv programs. We offer two versions of Simplicity:

- > **Online Payment Manager (OPM)** – The OPM is a convenient payment tool that allows members to see all their medical expenses in one place and select the bills they wish to pay when they are ready to fulfill cost sharing obligations. The OPM allows the member to add the bills he/she wants to pay to a shopping cart, similar to a retail online buying experience. It also serves as a tracking tool for members to see at a quick glance the payments they have made and those still left to pay.
- > **PayActiv**– The PayActiv program is another financial wellness program that is designed to help employees avoid falling into fee-debt traps for occasional financial shortfalls. PayActiv allows employees to access a portion of their earned but unpaid wages between pay periods in real time. PayActiv will be offered as a no-cost wellness benefit included in EVHC's health plans. No cost means no implementation fees, and no ongoing administration fees. Moreover, PayActiv funds the transactions and indemnifies the employer against any financial risk.

Reporting Capabilities

Our experience as benefits administrator has enabled us to provide flexible designs, scalable solutions, excellent service, and standard and ad hoc reporting that will enable ABC Company and Simmons Insurance to make fact-based, financially sound decisions. Evolution has a history of offering forward thinking, development, and execution of creative strategies to address challenges. Our accrual of best practices over time can help overcome our clients' healthcare administration challenges. We have introduced services to quickly provide meaningful information.

CoreReports

- > Verscend's (formerly Verisk Health) data transformation and warehousing processes are designed to be rapid and full-featured with quality control checks throughout the process to ensure the desired outcome. Reporting and analysis starts with quality data, which is a critical and foundational requirement for obtaining meaningful and actionable information to make the best decision related to your plan.
- > Our CoreReports is a web reporting package that promotes intelligent health plan decision-making while keeping medical plan costs in check. CoreReports is provided monthly and aggregate claims and eligibility data while transforming data into actionable, easy-to-understand reports for:
 - > Discovering key drivers by employer group, division or plan
 - > Examining up to **24 months** of historical data
 - > Benchmarking plan utilization against an extensive database comprised of **9.91 million** member lives

CoreInsights

Another tool for clients and brokers is CoreInsights, which is also available via our website. CoreInsights is an interactive reporting dashboard tool that complements our other reporting solutions. CoreInsights presents information via easy-to-read, interactive dashboards. The dashboards are based on all medical and pharmacy claims, member eligibility and coverage levels, and, if applicable, health risk assessment responses and biometric screening results. ABC Company and Keller Benefit Services can use the tool to drill down and analyze demographics, risks, financials, quality measures, clinical outcomes, utilization statistics, and plan performance compared with EVHC's book of business and industry norms. The dashboards are downloadable into Excel or PowerPoint.



Medical Network Solution

EVHC is able to closely replicate the physician network coverage currently in place for ABC Company to minimize any disruption in network services. We are proposing Cigna as a viable network alternative.

- > Network comprised of more than 1.1 million participating physicians and ancillary providers, including 8,400 hospitals and 90 percent of the network is directly contracted.
- > Cigna is National Committee for Quality Assurance (NCQA) accredited.
- > Network includes use of Institutes of Excellence (IOE) and Institutes of Quality (IOQ) programs. IOE is a designation for health care facilities that offer highly specialized clinical services to members with complex or rare conditions. Cigna select hospitals that have met extensive quality and cost-effectiveness criteria to participate in the IOE transplant facilities for solid organ transplants, bone marrow transplants, and pediatric congenital heart surgeries. IOQ is a designation for health care providers who offer clinical services for prevalent health conditions to members served through integrated clinical management at the regional level.

PBM Integration

ABC Company currently has a direct contract with Express Scripts as their PBM partner. EVHC will integrate services with Express Scripts. Our integration covers sending eligibility routinely to the PBM and accepting pharmacy claims into our data warehouse for consolidated, analytical reporting and for use in our population health management model called *YourCare*, when applicable. We administer pharmacy claims for Rx administered or dispensed in physician's office and facility on our PowerSTEPP medical claims system. Claims run through the medical network for discounts and then processed. We can process invoices for retail/mail order claims through the claim system when clients have requested this setup. We also import retail and mail claims data into our data warehouse to enable deductible/out of pocket integration, stop loss reporting, and data analytics reporting for our clients.

With *YourCare*, pharmacy claims are also downloaded into our HealthCenter. As part of our traditional healthcare management services, our nurses refer patients to the freestanding prescription drug program to obtain medications when a patient is identified during the utilization and case management processes as requiring prescription medications following discharge from a hospital.

HealthCare Management

With the Cigna network option, EVHC will handle both the case management and utilization management.

EVHC Case Management

Our CM program excels, in part, due to the caliber of our clinical staff. Nurse Case Managers (NCMs) are RNs with a valid nursing license and a minimum of three years clinical and/or managed care experience. All NCMs are also Certified Case Managers (CCMs). Many of our Case Managers have Masters Degrees and other certifications. On average, NCMs have over 12.5 years of clinical experience. The average tenure of employment with EVHC is over 5.5 years. The primary factor in assigning a patient to a NCM is matching of the patient's condition with the clinical specialty of the nurse. Another important quality of our staff is they understand the concept of self-funded benefit plans. As a result, they steer patients to appropriate network providers, transplant centers of excellence, and disease management programs. NCMs creatively manage cases and use care calls with patients, families, and physicians to ensure the patient receives the right care at the right time in the right setting. Our approach provides support for individuals with complex and/or long-term healthcare needs.



EVHC Utilization Management

EVHC's Utilization Management (UM) program is Utilization Review Accreditation Commission (URAC) accredited and is delivered by EVHC nurses. The program is focused on medical necessity. Because the program is URAC-accredited, we use evidence-based guidelines when assessing the medical necessity and appropriateness of care. Our program is designed to monitor all levels of inpatient and home healthcare to optimize medical and financial alternatives. UM includes:

- > Precertification of inpatient services
- > Concurrent review
- > Peer review
- > Discharge planning
- > Retrospective review

Health and Wellness Programs

When it comes to managing the population health needs of ABC Company membership, we offer strategies for tackling the health risks of members with chronic conditions plus encourage healthy behaviors for all members.

We find and proactively engage the population identified as being at the highest risk for incurring large future claim expenses; encourage and close gaps in care for members with costly chronic conditions; and identify via our Health Risk Assessment the risks associated with smoking, poor nutrition, lack of exercise, stress, etc. for targeted outreach and engagement.

Driven by a proprietary population health and wellness model that currently serves 1 in 5 Fortune 100 companies, ABC Company will receive a carefully planned health and wellness program designed to deliver long-term savings by offering interventions designed to improve the health of the plan population:

- > Chronic condition management using recommended care guidelines to identify and close gaps in care, improve health and lower costs
- > Member alerts when an individual is overdue for an important preventive health test or screening
- > Various methods for learning about health and obtaining support to make real personalized changes
- > Promotion of doctor-patient relationship via shared communications
- > Tracking support for value-based plan designs

Targeting Members Costing the Plan the Most

YourCare Focused Disease Management expands the scope of traditional Case Management to identify members enrolled in the plan who are at the highest risk for incurring substantial future costs. It helps members with chronic conditions receive the right care, at the right time and at the right cost to your plan plus keeps them on track with managing their conditions to avoid costly hospitalizations.

We use the Medical Intelligence Adjusted Risk and Care Gap Model to identify members who would benefit from Focused Disease Management. Rules based algorithms calculate risk indices for each member using 24 months of medical and pharmacy data. As part of the analysis, we examine a Care Gap Index, the patient's age and paid claims over a two year period. The Care Gap Index or CGI is a number derived from the gaps a member has tied to his/her conditions and/or age gender specific screenings. The more gaps identified; the higher the CGI.

The Adjusted Risk Index is the sum of the member's Risk Index and the CGI. The Risk Index is an indicator of the individual's disease burden – a high Risk Index score is typically associated with a member diagnosed with multiple conditions.

Our four YourCare program levels vary according to the intensity of the promotional and engagement strategies.

All levels of YourCare provide preventive reminders, chronic condition monitoring, outreach to high-risk members, some form of incentive tracking, and health advising with health coaching guidance. These levels offer your plan a clear migratory approach.



COBRA Administration

EVHC offers complete COBRA administration using a fully automated system designed to specifically handle COBRA requirements. The system has the flexibility needed to respond to individual client needs and to quickly adapt to changing COBRA regulations. In administering COBRA, we handle various COBRA rates for bundled and unbundled plans. We will produce COBRA rates in tiers specified by ABC Company. With system support, we provide COBRA-eligible members with:

- Timely notification of COBRA rights
- Expedient processing of COBRA acceptances
- Distribution of monthly payment coupons
- Generation of COBRA termination notices
- Premium payment tracking

You are at the Center of Everything We Do

Our EVHC values are more than just corporate-speak – we deliver Personal, Flexible, and Trusted services that our clients and brokers value.

ABC Company and Keller Benefit Services are seeking a collaborative, reliable, flexible, and responsive partner and Evolution Healthcare is the superior choice. We are not your typical TPA. We take the time to thoroughly understand all of ABC Company and Keller Benefit Services transition to a successful health benefits management program. We draw on previous experiences to develop viable approaches and we will work closely with ABC Company and Keller Benefit Services to ensure a smooth transition. Our goal is to eliminate any hassle for ABC Company and Keller Benefit Services.

Our philosophy of service puts ABC Company, its members, and Keller Benefit Services at the center of all we do, and that is why EVHC continues to demonstrate value and enjoy success in the market. We present a wide array of products and services to control rising plan costs and promote utilization. Then, we work with ABC Company and Keller Benefit Services to apply our expertise in defining and adapting our services to a customized model. Please take the opportunity to review this proposal and I will reach out to you in the next several days to discuss and answer any questions regarding our presentation.



Section I – Medical TPA Questionnaire

Evolution Healthcare has provided in the embedded file below, a copy of the Medical TPA questionnaire for your review.



Section II – Attachments

1. Name of Attachment
2. Name of Attachment