

Exhibit I – Provider Network & Access (210 total maximum points)

Mandatory Scored (unless otherwise specified)

***Note this version is for Bidders submitting a proposal for Regional PPO coverage.**

1. Provider Network Management & Access (140 maximum points)

Please limit response to ten (10) pages, excluding any requested flow charts, examples, etc. Describe the Bidder's:

- 1.1. Process to establish who is in the Bidder's network, including selection of specialty providers, skilled nursing facilities, and home health agencies (as applicable). Describe qualifications for contracting with each of these provider types, including quality standards/requirements and regular in-person quality assessments.
- 1.2. Process for removing providers from the Bidder's network, and communications with Members when providers are no longer in-network.
- 1.3. Current actions for controlling facility fees through network contracts, and describe how the Bidder will maintain current provider network discounts during the term of the Contract.
- 1.4. Approach to network adequacy for limited access provider types, including:
 - 1.4.1. Behavioral health (mental health and substance use disorder) providers to diagnose and treat Members for all covered services for conditions used in the current version of the ICD-10-CM and DSM 5 Diagnostic Guides.
 - 1.4.2. Applied Behavioral Analysis (ABA) providers.
 - 1.4.3. Skilled nursing and home health providers (as applicable).
- 1.5. Capability to contract with providers who are authorized under the Drug Addiction and Treatment Act (DATA) 2000 to prescribe Medication Assisted Treatment (MAT) to patients for the treatment of opioid use disorder to ensure all Members who need this treatment have access (see <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/increase-patient-limits>).
- 1.6. Abilities and methods of expanding the provider network as needed if the Medicare-eligible Retiree population increases significantly (such as more than 10% growth annually) in future years.
- 1.7. Process to identify gaps in care and disparities in clinical outcomes for providers within Bidder's network, and strategies the Bidder has undertaken to address them.
- 1.8. Use of a tiered provider network. If the Bidder does have a tiered provider network, describe the different coverage levels.
- 1.9. Network adequacy (according to CMS network adequacy regulations for Medicare Advantage Organizations) in Washington.

- 1.10. Out-of-state provider network and coverage that is currently in place.
 - 1.10.1. If the Bidder has out-of-state coverage, please describe what types of services are covered (i.e., emergency care only, urgent care, etc.)
 - 1.10.2. Is the out-of-state network owned and managed by the Bidder, subcontracted, or provided under another arrangement? If subcontracted or provided under another arrangement, identify:
 - 1.10.2.1. The responsible party and the relationship between the Bidder and responsible party, and
 - 1.10.2.2. How long the contract has been in place.
- 1.11. Policy on paying for emergency care Claims outside of the Health Plan's network of emergency care providers; include coverage outside of the United States and coverage in the event of a regional or statewide emergency response (e.g., natural disaster).
- 1.12. Policy on paying for urgent care Claims outside of the Health Plan's network of urgent care providers; include coverage outside of the United States.
- 1.13. Out-of-network waivers policy, if applicable. How are they granted and processed?
- 1.14. Transition of care standards between providers, including guidelines and processes that are in place and how they will be used for Members.
- 1.15. Policy for contracting with providers for a defined set of services (i.e., a subset of services covered by the Bidder's PEBB MA-PD Health Plan), and how Members are notified (as applicable).
2. Describe the Bidder's process to reimburse for health care services provided through telemedicine or store and forward technology. Include a description of the following in Bidder's response:
 - 2.1. A description of the services offered and their accessibility for Members, including the percentage of providers in the Bidder's network who currently provide or are willing to provide care through Telehealth/Telemedicine.
 - 2.2. Delivery system and technology requirements.
 - 2.3. Procedures on how to escalate patient issues/needs.
 - 2.4. Plans to expand Telehealth/Telemedicine covered services and providers.

2. Pharmacy Network Management & Access (70 maximum points)

Please limit response to five (5) pages, excluding any requested flow charts, examples, etc.

- 2.1. Describe Bidder's specialty pharmacy.
 - 2.1.1. Does the Bidder have any requirements relating to mandatory mail order prescription services?
 - 2.1.2. Is specialty pharmacy managed in-house, through a subsidiary subcontract, or an external subcontract?

- 2.1.2.1. If subcontracted, with whom? Where are the vendors located?
 - 2.1.2.2. If subcontracted, what is the Per Member Per Month (PMPM) rate impact of the service itself?
 - 2.1.2.3. Who is the Bidder's preferred specialty pharmacy?
 - 2.1.3. How do Members access specialty pharmacy services?
 - 2.1.4. What is the Bidder's mail order access for specialty medications for Members within and outside of Washington State?
 - 2.1.5. How does Bidder's specialty pharmacy ensure safe and timely transport and delivery of specialty drugs?
 - 2.1.6. Describe how Members access limited distribution drugs not available at preferred network pharmacies.
 - 2.1.7. Has Bidder's preferred specialty pharmacy received accreditation through a national organization?
 - 2.1.7.1. If yes, when was accreditation received?
 - 2.1.7.2. If no, explain.
- 2.2. Describe Bidder's mail order pharmacy.
 - 2.2.1. Is mail order pharmacy managed in-house, through a subsidiary subcontract, or an external subcontract?
 - 2.2.1.1. If subcontracted, with whom?
 - 2.2.1.2. If subcontracted, what is the PMPM rate impact of the service itself?
 - 2.2.1.3. Where are the vendors located?
 - 2.2.2. Does the Bidder use a preferred mail order pharmacy? Please include the name of the pharmacy in the response.
 - 2.2.3. How do Members access mail order pharmacy services?
 - 2.2.4. What is the Bidder's mail order access for Members within and outside of Washington State?
 - 2.2.5. How quickly can Members get their overnight mail order prescriptions filled in and out of network?
 - 2.2.6. Does the Bidder have any requirements relating to mandatory mail order prescription services?
- 2.3. Describe Bidder's Retail Pharmacy.
 - 2.3.1. What percentage of pharmacies in Washington State are included in the Bidder's pharmacy network?
 - 2.3.1.1. Provide a geographic breakdown of network pharmacies in Washington State. **(The response to this question is exempt from the category's page limit)**
 - 2.3.2. Which local and national pharmacy chains (10 or more locations) are not included in the

Bidder's pharmacy network?

2.3.3. Does Bidder have plans to expand their pharmacy network in Washington?

2.3.4. Is Bidder willing and able to outreach to independent pharmacies that are not registered with CMS to provide prescriptions to Members? Describe how the Bidder would perform this outreach, and what assistance it would offer these pharmacies.

2.3.4.1. Include impact on PMPM rates, if any.

2.4. Describe Bidder's long-term care pharmacy access, including:

2.4.1. How the Bidder covers pharmacy benefits for Members residing in long-term care facilities.

2.4.2. Whether the Bidder use a separate long-term care pharmacy.

2.5. Describe the Bidder's approach to prescription drug access in the event of an emergency (e.g. natural disaster), including the Bidder's policy and process to allow for emergency refills in specific geographic areas during natural disasters.