

**Response Template**  
**High Risk Insurance Pool Program**  
**Pennsylvania Insurance Department Procurement**

The Pennsylvania Insurance Department (PID) is issuing this solicitation to insurance carriers to operate a temporary health insurance program (Program) for eligible individuals. The contract(s) is for a Third Party Administrator (TPA)/Administrative Services Only (ASO) arrangement for payment of claims and for administration the Program.

Please provide original and 8 copies of your response to this solicitation. Only one copy of the cost portion of this response is required. The Cost portion must be placed in a separate sealed envelope marked with the Offeror's name and identified as "Cost Information." Cost information should not appear any other place in the Offeror's response. This is the format required for response to the Pennsylvania Insurance Department (PID) Procurement of Third Party Administrator (TPA)/Administrative Services Only (ASO) arrangement for administration of the High Risk Insurance Pool Program. Please format your response as follows:

**Part I. Mandatory Requirements and Eligibility**

1. Is the Offeror licensed by PID? Please state type of license, number of years Offeror has held license.
2. Does the Offeror possess or have access to adequate provider networks statewide or if the Offeror is offering to supply and deliver services in one or more counties, in those counties for which a bid is submitted? Offeror must attest that it has the ability to put in place a Pennsylvania Department of Health (DOH) licensed provider network capable of providing a full range of high-quality and accessible health care to Program members throughout the state or the counties in which it is bidding to offer services.
3. Does Offeror have five (5) years of experience in providing TPA/ASO services? Offeror must provide document of this experience.
4. Offeror must list three (3) client references for which it has provided TPA/ASO services within most recent 3-year period. For each reference please provide: Company name; Contact person; Contact address and telephone number.
5. Is the Offeror ready to begin all TPA/ASO functions promptly after the award of contract?
6. Does the Offeror have the capacity to provide reports on membership, claims and utilization data as may be required by the PID and the US Department of Health and Human Services (HHS), including the capacity to establish the accounting and fund controls needed to permit timely tracking of claims

payments under the Program? (PID and HHS requirements can be found in Special Terms and Conditions and its incorporated documents).

7. Does the Offeror have the capacity to monitor and report to PID and HHS information related to misconduct that takes place in the marketplace, including allegations relating to health insurance issuers and employment-based health plans discouraging individuals from remaining enrolled in prior coverage based on an individual's health status, as well as allegations related to fraud and abuse within the Program?

## **Part II. Service Area**

An Offeror may offer to supply and deliver services statewide, or to one or more counties.

1. Please state whether the Offeror will supply services, consistent with Part I, paragraph 2, statewide, to one or more counties or both. Please identify the counties by name.

## **Part III. Additional Factors to be Considered**

PID will consider factors beyond price, including but not limited to: years of experience; prior experience with risk pools or guaranteed issue products; demonstrated expertise handling insurance, insurance claims or discounted services; and financial capability.

1. State relevant years of experience in the insurance industry.
2. State prior experience with risk pools or guaranteed issue products.
3. List and demonstrate experience in handling insurance, insurance claims or discounted services, including commitment to follow Act 68 of 1998 and its regulations (40 P.S. §§ 991.2101-991.2194; 28 Pa Code Ch. 9; 31 Pa.Code CH. 154) complaint and grievance procedures.
4. Provide documentation or statement of financial capability to perform under terms of contract statewide or for counties listed.
5. Provide any additional relevant information and documentation concerning Offeror's expertise or capability to provide these services.

## **Part IV. Costs.**

1. Only one copy of the cost portion of this response is required. The Cost portion must be placed in a separate sealed envelop marked with the

bidders name and identifies as “Cost Information.” Cost information should not appear any other place in the Offeror’s response.

2. State cost of the TPA/ASO services on a per member per month basis. Payment will be made per member for each month of actual coverage. No payments will be made for months when a member does not have coverage even though claims for a member dating from the member’s period of coverage may be paid after the member’s coverage ceases. In addition to submitting costs on per member per month basis, bidders may submit alternative costs based on volume of members per month.
3. State any anticipated start-up costs to be charged under the contract. Start-up costs will only be considered as a one-time fee for calendar year 2010.

The Contractor(s) shall use policies that satisfy all rating, pricing and coverage requirements specified in section 1101 of the federal Patient Protection and Affordable Care Act (“Federal Act”), P.L. 111-148, 124 Stat. 119.

PID reserves the right to make such investigations as it may deem necessary to establish the competency and financial capability of any Insurance Carrier to perform. If, after the investigation, the evidence of competency and financial capability of an Offeror is not satisfactory as determined only by PID, PID reserves the right to reject the Offeror’s bid response.

**Part VI. Additional Submissions.**

The attached Non-Collusion Affidavit and Domestic Workforce Utilization Certificate must be completed and provided with the Bidder’s response to this solicitation.

Attachments