

EXHIBIT H

(Part 3)

- xvi. Vendor will perform warm transfers to Plan vendors and/or Plan Partners who provide specific services and/or supports for Plan Members.

Confirm ☒Does Not Confirm ☐

5.2.6 Enrollment, EDI, and Data Management

5.2.6.1 Overview and Expectations

The Plan seeks a Vendor with a platform that can support the Plan's enrollment rules, as defined by North Carolina General Statutes Chapter 135, Article 3B. Vendor must also be able to support the Plan's Group set-up requirements which include setting up and maintaining over 400 Employing Units, the Retirement Group, and the other non-active Groups including the Direct Bill Group, the COBRA Group and the Sponsored Dependents Group. Vendor must also have extensive experience with Medicare eligibility as the Plan has both Medicare primary and Medicare secondary Members.

5.2.6.2 Services

- a. Vendor confirmed the following in the Minimum Requirements:
- i. Vendor will support the Plan's Group set-up structure which includes establishing, maintaining, and reporting on more than 400 individual Employing Units, the Retirement Systems Group, the Direct Bill Group, the Sponsored Dependent Group, and the COBRA Group. A list of the Plan's current Group structure, which includes Group and Entity identifiers, can be found in Exhibit 3, "Group Structure."
 - ii. Vendor will support the addition of new Groups throughout the year and assist with any Group name changes or reporting requirements, as needed.
 - iii. Vendor will have the capability to accept and at least 500,000 transactions in a single file transmission.
 - iv. Vendor will have the capability to extract and send up to 500,000 transactions to Plan vendors in a single file.
 - v. Vendor will accept and load a daily industry standard and/or custom data files from the Plan's EES vendor. The data file will be received between 5:00 – 9:00 p.m. ET each night and must be processed and loaded by Vendor by 8:00 a.m. ET the following State Business Day.
 - vi. Vendor will produce recurring outbound data files for Plan vendors, the Plan and/or Plan Partners. For inbound and outbound data flows, see Exhibit 4, "Vendor Data Feeds."
 - vii. Vendor's daily outbound data file to the Plan's EES vendor must be sent by 12:00 p.m. ET on the first day after the daily data file from the Plan's EES vendor is received.
 - viii. Vendor will support the receipt of monthly Audit Files from the Plan's EES vendor and work with the Plan and the EES vendor to review and correct discrepancies. Refer to Exhibit 5 "Monthly Audit & Reconciliation" for Vendor audit process.
 - ix. Vendor will agree to other enrollment audits, as requested by the Plan, to address specific issues.
 - x. Vendor will enroll and accurately process claims for both Medicare primary and Non-Medicare primary Members within the same Group and Plan Design.

Example: Employing Unit – Department of State Treasurer

Enhanced PPO Plan (80/20) includes:

- Non-Medicare primary Members
- Medicare primary Members

Base PPO Plan (70/30) includes:

- Non-Medicare primary Members
- Medicare primary Members

- xi. Vendor will serve as the Plan's RRE under Section 111 of MMSEA Expanded Reporting Option.
- xii. As an Expanded Reporter, Vendor will submit, at a minimum, a quarterly Query-Only File to CMS to obtain Part A, B, and C information on Plan Members and perform a quarterly Medicare Primacy audit with Plan Enrollment data in Vendor's system. Vendor shall utilize the results of the audit in conjunction with the Plan's Medicare rules, to determine which Plan Members' Medicare information requires updating.
- xiii. Vendor will update Vendor's system with the necessary updates from the Medicare audit and send Members' updated Medicare information to the Plan's EES vendor.
- xiv. Vendor will store and utilize the MBI, in addition to other Member identification numbers, such as SSN.
- xv. Vendor will maintain Medicare Eligibility effective and termination dates as well as Medicare Part A and Part B effective and termination dates.
- xvi. Vendor will maintain Medicare primacy effective and termination dates.
- xvii. Vendor will maintain multiple Medicare entitlement reasons.
- xviii. Vendor will collect, store, and utilize other commercial insurance information to coordinate benefits for Plan Members. The EES Vendor will only collect Medicare information. All other commercial insurance information will be managed by the TPA.
- xix. Vendor will enroll split-contracts where the family Members are split between Vendor and another carrier (i.e., Medicare primary Subscriber enrolled in a Medicare Advantage plan with another carrier and non-Medicare primary Dependents are enrolled on a Plan provided by Vendor).
- xx. Vendor will support enrollments where one or more family Members are enrolled in one Plan Design as Medicare primary and other family Member(s) are enrolled in another Plan Design as Non-Medicare primary, or vice versa.
- xxi. Vendor will provide a PCP selection tool that can be integrated with the Plan's EES vendor's enrollment portal to facilitate the Members' PCP elections. See Exhibit 6, "PCP Selection Tool and Maintenance," for PCP selection overview.
- xxii. Vendor will routinely perform provider maintenance of PCP data to ensure that the PCP selection tool contains the most current PCP data and that only valid PCPs may be elected. See Exhibit 6, "PCP Selection Tool and Maintenance" for high level overview of PCP maintenance requirements.
- xxiii. Vendor will implement workflows that support the maintenance of the PCPs which may require that Vendor notify Members if their elected PCP is no longer in network and notify the EES vendor, via the daily return file to the EES vendor, if any PCP code information, including provider termination, has occurred. The Member communication should include instructions for electing a

new PCP. The final workflows will be defined during Contract implementation. See Exhibit 6, "PCP Selection Tool and Maintenance" for high level overview of PCP synchronization requirements.

- xxiv. Vendor will customize ID cards with all data elements requested by the Plan, including, but not limited to, each of the following: (See Exhibit 7, "Sample ID Cards," for examples of the Plan's current ID card.)
- 1) Plan's logo.
 - 2) Plan's messaging.
 - 3) Plan's network (if applicable).
 - 4) Out-of-NC network.
 - 5) Member out-of-pockets.
 - 6) Plan's Rx BIN and PBM information.
 - 7) Group Name (e.g., Wake County Schools, University of North Carolina, Department of Transportation).
 - 8) Member's unique ID number.
 - 9) Member's selected PCP.
- xxv. Vendor will meet all Plan, Federal, and State mandated Plan enrollment communication and/or reporting requirements such as, but not limited to, the production of CCC and reporting needs under sections 6055 and 6056 of the IRS code.
- xxvi. Vendor will provide a custom claims data files to the Plan on a monthly basis, or more frequently, if requested by the Plan. The file requirements will be documented in a BRD during implementation and may be updated from time to time throughout the lifetime of the Contract, as requested by the Plan.
- xxvii. Vendor will provide a custom provider data file(s) to the Plan on a bi-weekly basis. The file(s) requirements will be documented in a BRD during implementation and may be updated from time to time throughout the lifetime of the Contract, as requested by the Plan.
- xxviii. Vendor will provide other, ad hoc data files, as requested by the Plan. The specifics of the data file requests will be outlined in an ADM and/or BRD.
- xxix. Vendor will implement a process with the Plan to respond to DQ issues with any files provided to the Plan. The specifics of the DQ checks will be developed during implementation and may be amended throughout the lifetime of the Contract, as requested by the Plan.
- xxx. Vendor will release data to the Plan as described in state and federal law.
- xxxi. Vendor will not place limitations on the Plan's use of data that are more restrictive than described in state and federal law.
- b. Vendor shall additionally confirm each of the following:
- i. Vendor will support Plan eligibility as defined by North Carolina General Statutes Chapter 135, Article 3B, Part 4.
Confirm ☒ Does Not Confirm ☐
 - ii. Vendor will accept industry standard and/or custom data files from Plan vendors and/or Plan Partners, as requested by the Plan, which includes but is not limited to:
 - 1) ASC X12 EDI transaction sets.
 - 2) XML files.

- 3) Flat/ Fixed Files.
4) APIs.
Confirm ☒ Does Not Confirm ☐
- iii. Vendor will accept and process multiple data files within the same day.
Confirm ☒ Does Not Confirm ☐
- iv. Vendor will accept and process multiple concurrent file transmissions.
Confirm ☒ Does Not Confirm ☐
- v. Vendor will process “change” records as either terminated or added records.
Confirm ☒ Does Not Confirm ☐
- vi. Vendor will load and process “terminated” and “add” transactions for the same Members within the same day.
Confirm ☒ Does Not Confirm ☐
- vii. Vendor will exchange the enrollment and eligibility data using secure protocols.
Confirm ☒ Does Not Confirm ☐
- viii. Vendor will provide a copy of outbound files delivered to other Plan vendors to the Plan via SFTP or SharePoint based on instructions from the Plan.
Confirm ☒ Does Not Confirm ☐
- ix. Vendor will re-use business rules for processing inbound files from the Plan or Plan vendors for consistent data quality.
Confirm ☒ Does Not Confirm ☐
- x. Vendor will configure thresholds to reject an entire file based on how many records successfully passed business edits. Thresholds will be determined during implementation.
Confirm ☒ Does Not Confirm ☐
- xi. Vendor will have a Load-Rate of at least 98% on accurate transactions received via EDI from the Plan’s EES vendor.
Confirm ☒ Does Not Confirm ☐
- xii. In addition to accepting and processing daily enrollment data file from the Plan’s EES vendor, Vendor will manually load any data that cannot be processed automatically within three (3) State Business Days.
Confirm ☒ Does Not Confirm ☐
- xiii. Vendor will process enrollment updates manually for Members requiring immediate enrollment and benefits. The request to load manually may come from the Plan or the Plan’s EES vendor.
Confirm ☒ Does Not Confirm ☐

- xiv. Vendor will notify the Plan immediately when any event or condition is discovered that adversely affects Members.

Confirm ☒ Does Not Confirm ☐

- xv. Vendor will accept and store multiple Member ID numbers from the Plan's EES vendor such as a unique member ID created by the EES vendor and MBI and/or the Member SSN.

Confirm ☒ Does Not Confirm ☐

- xvi. Vendor will use the unique Member ID number provided by the EES vendor as the primary Member ID for claims processing, customer services and other operational purposes; therefore, the unique Member ID number provided by the EES vendor will be the sole Member ID on the ID Card.

Confirm ☐ Does Not Confirm ☒

- xvii. Vendor will send the unique Member ID number provided by the EES vendor to other Plan vendors.

Confirm ☒ Does Not Confirm ☐

- xviii. Vendor will accept and load Member enrollment with retroactive effective dates that may cross multiple Plan Years. Vendor will not receive enrollment effective dates prior to January 1, 2025.

Example: June 2026, Vendor receives enrollment with a February 1, 2025 effective date. Vendor updates Member with appropriate 2026 and 2025 coverage.

Confirm ☒ Does Not Confirm ☐

- xix. Vendor will adjust enrollment effective or termination dates retroactively that may cross Plan Years.

Confirm ☒ Does Not Confirm ☐

- xx. Vendor will meet with the Plan and other Plan vendors on a weekly basis, or as requested by the Plan.

Confirm ☒ Does Not Confirm ☐

- xxi. Vendor will display the appropriate Group name on Member ID cards, the secure Member portal and reports. Examples of Group Names:

- 1) Department of State Treasurer
- 2) Charlotte Mecklenburg Schools
- 3) Retirement Systems

Confirm ☒ Does Not Confirm ☐

- xxii. Vendor will store a Member's PCP election, including the PCP election effective and termination dates to facilitate the PCP copay incentives outlined in Section 5.2.4, Product and Plan Design Management.

Confirm ☒ Does Not Confirm ☐

xxiii. Vendor will notify providers that they have been selected as a Member's PCP.

Confirm ☒ Does Not Confirm ☐

xxiv. Vendor will support an Open Enrollment (OE) period that generally last two (2) to four (4) weeks and during a time period chosen by the Plan.

Confirm ☒ Does Not Confirm ☐

xxv. Vendor will support multiple OEs in one Plan year, if requested by the Plan.

Confirm ☒ Does Not Confirm ☐

xxvi. Vendor will vary the OE periods by Group and/or Product, if requested by the Plan.

Confirm ☒ Does Not Confirm ☐

xxvii. Vendor will, upon request, receive Member enrollments from the Plan's EES vendor prior to OE that have been "Mapped" to a specific Plan Design for the next Plan Year. The "Mapping" of Members will occur over several weeks prior to the beginning of OE. These "Mapped" Members may be included in the daily EDI Change Files received from the Plan's EES vendor or in a Full File, if chosen by the Plan.

Confirm ☒ Does Not Confirm ☐

xxviii. Vendor will receive and process Member elections from the Plan's EES vendor after OE using a Full File or via daily Change Files that come during OE. The type of file will be determined by the Plan during the initial implementation and will be re-evaluated annually as part of OE planning.

Confirm ☒ Does Not Confirm ☐

xxix. Vendor will produce and distribute ID cards for over 500,000 Members after OE so that Members receive their ID cards prior to the new Plan Year.

Confirm ☒ Does Not Confirm ☐

xxx. Vendor will produce and mail CCCs to Members whose coverage terminates, as required by law.

Confirm ☒ Does Not Confirm ☐

xxxi. Vendor will produce CCCs for Members who reside in states that require annual CCCs.

Confirm ☒ Does Not Confirm ☐

xxxii. Vendor will produce and mail or email CCCs on demand, for Members who request new copies of CCCs.

Confirm ☒ Does Not Confirm ☐

xxxiii. Vendor will produce and mail the 1095-B forms, if requested by the Plan.

Confirm ☒ Does Not Confirm ☐

xxxiv. Vendor will provide call center support to respond to both HBRs and Member inquiries about 1095-B forms, if requested by the Plan.

Confirm ☒ Does Not Confirm ☐

xxxv. Vendor will file 1094-B and 1095-B forms electronically, if requested by the Plan.

Confirm ☒

Does Not Confirm ☐

xxxvi. Vendor will continue filing 1095-B corrections to the IRS throughout the year, if requested by the Plan.

Confirm ☒

Does Not Confirm ☐

xxxvii. Upon notification by the Plan's COBRA Administration and Billing (CABS) vendor, Vendor will hold claims for individual Groups that have not paid their premium bill.

Confirm ☒

Does Not Confirm ☐

xxxviii. Vendor will confirm that the monthly, custom claims data file that will be provided to the Plan can be sent as a Full File or Change File. The specific requirements will be developed during the implementation.

Confirm ☒

Does Not Confirm ☐

xxxix. Vendor will confirm that it will provide reference tables and data dictionaries, with thorough field descriptions, to support the monthly, custom claims data files and that the reference tables and data dictionaries will be updated as needed and sent to the Plan within three (3) State Business Days of any change.

Confirm ☒

Does Not Confirm ☐

xxxx. Vendor will conduct a Medicare repricing exercise to benchmark Vendor's network rates against Medicare reimbursement rates. The details of the repricing exercise shall be formalized in an ADM and memorialized via an Amendment to the Contract, as needed.

Confirm ☒

Does Not Confirm ☐

5.2.7 Customer Experience

5.2.7.1 Overview and Expectations

A top priority for the Plan is ensuring a superior Customer Experience with all customer-facing resources and tools. Vendor must show a dedication to constant Customer Experience improvements and be an innovator in Member engagement. Engagement includes web based and mobile technology, transparency tools, and provider search functions that clearly identify low-cost, high-quality providers by specialty. If Plan-specific networks are utilized, these tools must display the Plan-specific information.

5.2.7.2 Services

a. Vendor confirmed the following in the Minimum Requirements:

- i. Vendor will provide a dedicated customer call center with hours of operation from at least 8:00 a.m. to 5:00 p.m. ET, each State Business Day, to respond to Member inquiries.
- ii. Vendor will have a dedicated toll-free number for Plan Members.
- iii. Vendor will answer the phones with a greeting that identifies the call center as a representative for the Plan.

- iv. Vendor will customize its IVR script with a Plan-specific greeting and prompts, and transfers to other Plan vendors.
 - v. Vendor will make and receive warm and cold transfers to/from other Plan vendors who may be required to resolve the Members' issues.
 - vi. Vendor will record and track all Member calls including date of initial call, inquiry closed, representative who handled the call, call status, if and where the call was referred for handling, reason for call (issue), and what was communicated to the Member.
 - vii. Vendor will allow the Plan to include customized inserts or messaging in ID Cards and EOB mailings as well as offer customization of the EOB and ID Cards as directed by the Plan. Refer to Exhibit 7, "Sample ID Cards" and Exhibit 8, "Sample EOB."
 - viii. Vendor will customize the content of any and all letters or other materials Vendor will send and/or display to Members.
 - ix. Vendor will co-brand letters or other materials Vendor sends to Members.
 - x. Vendor will customize the portal with the Plan's branding (logo).
 - xi. Vendor will provide an employer portal to be utilized by Plan staff to view real-time individual Member enrollment and claim information.
- b. Vendor shall additionally confirm each of the following:
- i. Vendor will receive emails from Plan Members and respond to their inquiries.
Confirm ☒ Does Not Confirm ☐
 - ii. Upon request, Vendor will provide expanded hours of operation during the OE period at no additional cost to the Plan. The Plan's enrollment and eligibility call center is generally open on Saturdays during OE.
Confirm ☒ Does Not Confirm ☐
 - iii. Vendor will provide non-English speaking services for callers who may need assistance in other languages.
Confirm ☒ Does Not Confirm ☐
 - iv. Vendor will offer Telecommunications Device for Deaf (TTY) services for Plan Members who need them.
Confirm ☒ Does Not Confirm ☐
 - v. Vendor will provide copies of recorded calls to the Plan within two (2) State Business Days of the request.
Confirm ☒ Does Not Confirm ☐
 - vi. Vendor will provide detailed copies of all call notes to the Plan within two (2) State Business Days of the request.
Confirm ☒ Does Not Confirm ☐
 - vii. Vendor will provide copies of call notes to Members upon request.
Confirm ☒ Does Not Confirm ☐