

**State of Nebraska  
Request for Proposal  
COBRA and Retiree Administration and Direct Billing**

**Vendor Name:**

Administrative Activities	Sample Response	Vendor Explanation
<b>Communication &amp; Reporting</b>		
Contractor will adhere and comply with all Federal COBRA polices and guidelines	Yes / No and Description of Service	
New COBRA Contractor Announcement Letter (provide a sample)	Yes / No and Description of Service	
Initial COBRA General Notice for New Hires (employee and spouse when required and provide a sample)	Yes / No and Description of Service	
State Notifies Contractor of Qualifying Event (provide a sample)	Yes / No and Description of Service	
Contractor Sends Out Notice and Election Form (provide a sample)	Yes / No and Description of Service	
Contractor Sends Certificate of Coverage/HIPAA Notice (provide a sample)	Yes / No and Description of Service	
Contractor Sends Notice of Unavailability of Continuation Coverage (provide a sample)	Yes / No and Description of Service	
Contractor Sends Notice of Termination of Continuation Coverage (provide a sample)	Yes / No and Description of Service	
Contractor sends monthly billing reminders and or payment coupons to Qualified Beneficiaries (provide a sample)	Yes / No and Description of Service	
Contractor sends late payment reminders to Qualified Beneficiaries (provide a sample)	Yes / No and Description of Service	
<b>Premium collection</b>		
Contractor Collects Monthly Payments. Identify methods for premium collections.	Yes / No and Description of Service	
<p>You can adhere to the current premium collection process that the State follows:</p> <ul style="list-style-type: none"> <li>• Premiums are due by the first of the month in which coverage exists.</li> <li>• Envelope must be postmarked on or prior to the last day of the current month for the next month of coverage.</li> <li>• If premium is not collected by the first working day of the month, coverage is suspended. Immediately notify the State when coverage suspension is required.</li> <li>• If a premium is collected at any time during the month of suspension, coverage is reinstated for that month. Immediately notify the State when coverage reinstatement is required.</li> <li>• If no premium is collected by the end of that month, coverage is permanently terminated. Immediately notify the State when coverage termination is required.</li> <li>• Written notices must be sent for each action taken.</li> </ul>	Yes / No and Description of Service	
Contractor returns all payments that do not match the required monthly premium amount. If bidder has another method, please describe.	Yes / No and Description of Service	
Contractor Remits Payment to State broken down by plan with a detailed reconciliation by individual	Yes / No and Description of Service	

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Contractor will issue all notices to the participants via first class mail with proof of mailing	Yes / No and Description of Service	
Contractor maintains proof of mailings	Yes / No and Description of Service	
<b>Direct Billing Services (COBRA &amp; Retirees)</b>		
Contractor will handle direct billing administration for all COBRA and Retirees	Yes / No and Description of Service	
Please indicate the integration capabilities of the direct billing services with COBRA and Retiree administration services	Yes / No and Description of Service	
State notifies Contractor of qualifying event. Please identify all notification options accepted by the Contractor	Yes / No and Description of Service	
Please describe how premium payments can be remitted to Contractor	Yes / No and Description of Service	
Contractor will communicate eligibility changes and collect all documents of the qualified change as they occur	Yes / No and Description of Service	
<b>Interface &amp; Communications</b>		
Contractor Manages Open Enrollment Communications & Process for COBRA Participants (mail letters, update elections, Contractor notifications, send new coupons/invoices)	Yes / No and Description of Service	
Contractor Sends COBRA Letters to Terminated Employees with Health Care Flexible Spending Accounts and/or Employee Assistance Program	Yes / No and Description of Service	
Contractor will provide a weekly file to all related benefit State Contractors of eligible Qualified Beneficiaries	Yes / No and Description of Service	
Contractor Sends Medicare Eligibility Notifications	Yes / No and Description of Service	
<b>Tools &amp; Service</b>		
Provide On-Line New Hire , Termination & Qualified Beneficiary Entry by State	Yes / No and Description of Service	
Provide On-Line Inquiry of Qualified Beneficiary Status	Yes / No and Description of Service	
Provide Customer Service call center (Identify hours of service).	Yes / No and Description of Service	
Provide Toll-Free Number to call center	Yes / No and Description of Service	
Provide monthly management reports (provide sample)	Yes / No and Description of Service	
Provide Records Retention ( identify length of time)	Yes / No and Description of Service	
<b>Implementation</b>		
Provide an implementation time line	Yes / No and Description of Service - detail time frame needed to implement with an 7/1 effective date	