**Attachment A**

**Vendor Requirements Matrix**

|  |  |  |
| --- | --- | --- |
| **CONTRACT ADMINISTRATION** | | |
| 1. | Provide documentation that bidder is licensed to conduct business in the State of Nebraska and be responsible for administering the State’s STD plan and LTD plan in accordance with all applicable laws, regulations, IRS requirements, and State of Nebraska requirements. |
| Response: |
| 2. | Describe commitment to work cooperatively with the State of Nebraska and provide at least one day-to-day contact person for account management of the STD and LTD contract. |
| Response: |
| 3. | Provide information regarding restrictions or benefit limitations for pre-existing conditions applied to any employee under the plan. |
| Response: |
| 4. | Indicate Acceptance of the current enrollment files for the State’s employees. |
| Response: |
| 5. | Review all plans, draft plan abstracts, and confirm plan provisions with the State. |
| Response: |
| 6. | Describe the draft, revision, and finalization of the policy and benefit summaries (Summary Plan Descriptions (SPD)/booklets) for review by the State by the 10th business day of February each calendar year for the July 1st plan year. |
| Response: |
| 7. | Provide SPDs in an electronic format for access via internet or intranet. |
| Response: |
| 8. | Deliver an Administration Manual containing all user guidelines on such matters as eligibility, reports, plan summaries and procedures 60 days prior to plan year. |
| Response: |
| 9. | Describe the State staff portal for eligibility updates, eligibility validation, uploading documentation, pulling management reports, etc. |
| Response: |
| 10. | Describe the employee/claimant portal for monitoring claim status, communications, uploading documentation, etc. |
| Response: |
| 11. | Communications (phone calls, emails) should be responded to within 24 hours. The customer service department shall provide telephone support to members via a toll-free number and maintain telephone technology for the hearing and visually impaired.  Describe your customer service process, including the hours of operation and methods of contact. |
| Response: |
| 12. | Describe the process for initial claim intake, validation of initial and continuing disability. |
| Response: |
| 13. | Provide routine underwriting and actuarial services. |
| Response: |
| 14. | Make determinations with respect to submitted claims, including claim investigation and analysis prior to payment. |
| Response: |
| 15. | Maintain claim files to support payment, denials and appeals. Documentation must be legally acceptable and readily accessible. |
| Response: |
| 16. | Explain the medical review and integration with medical administrator for co-management of claim. |
| Response: |
| 17. | Describe the process to evaluate and recommend Return to Work options and accommodations. |
| Response: |
| 18. | Describe bidder’s transition from STD to LTD, when applicable. |
| Response: |
| 19. | Describe bidder’s fraud monitoring and detection. |
| Response: |
| 20. | Provide ongoing assistance in administration, claim adjudication, and general problem solving. Periodic account servicing meetings will be held with the account manager and claims support group. |
| Response: |
| 21. | Refrain from issuing any external communications material that mentions the State's benefit plans without written approval from the State. To include, but not limited to, newsletters and publications to agents, brokers and consultants. |
| Response: |
| 22. | Design and submit for approval electronically, the EOI forms with the State's logo for use by plan participants to enroll, and change their coverages, in accordance with plan provisions. |
| Response: |
| 23. | When customized printing is requested by the State, present a complete draft and subsequent proof to the State for sign-off. The vendor must ensure that logo placement and color requirements are met. Vendor will be responsible for costs of printing booklets, certificates, or SPDs as required. |
| Response: |
| 24. | Handles problems and complaints initially and pursues all other inquiries in a timely fashion and advises State of NE of escalated issues and recurring patterns. |
| Response: |
| 25. | Develops enrollment materials. Provide an example of an employee enrollment kit. |
| Response: |
| **IMPLEMENTATION** | | |
| 26. | Provide a detailed timeline and implementation plan including deadlines set forth in this RFP including State resources and personnel required. |
| Response: |
| 27. | No statement of health or medical evidence will be imposed upon the initial group of covered employees. |
| Response: |
| 28. | Provide coverage to all present participants enrolled on the program effective date. No active employees or disabled employees shall lose coverage as a result of a change in the vendor. |
| Response: |
| 29. | Any "actively at work" requirements will be waived for current covered employees. |
| Response: |
| 30. | Identify any programs, systems, or administrative opportunities that your organization can provide during the implementation process that would be beneficial to the State. |
| Response: |
| **REPORTING** | | |
| 31. | Describe monthly, quarterly, semi-annual, and annual reporting to include but not limited to: Utilization, approvals/denials of coverage, etc. |
| Response: |
| 32. | Provide a year-end financial accounting for the program within 60 days of the contract anniversary date. |
| Response: |
| 33. | Maintain an internal audit program and provide the State with a copy of the most recent internal audit report upon request. |
| Response: |
| **PERFORMANCE GUARANTEES** | | |
| 34. | Explain bidder’s formal performance guarantee program and provide a copy. |
| Response: |
| **BILLING** | | |
| 35. | Provide a description of premium billing procedures. |
| Response: |
| 36**.** | Explain how bidder will maintain a process for the correction of under and over payments. |
| Response: |
| 37. | Withhold Medicare taxes from the disabled employee’s disability benefits and remit them to the federal government. |
| Response: |
| 38. | Remit the State’s portion of Medicare tax (from a State Medicare matching Fund) to the federal government. |
| Response: |