**REVISED Attachment A**

**Contractor Requirements Matrix**

**Request for Proposal Number 5953 Z1**

**Bidder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Bidders should provide a response to each of the following Contractor requirements below**.**

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| **CONTRACT ADMINISTRATION** |
| 1. | Contractor must include a Waiver of Premium provision for employees becoming disabled on or after the program effective date of July 1, 2019.  |
| Response:  |
| 2. | Provide the Schedule of Life Insurance Benefits including all options (.5x, 1x, 1.5x, 2x, 3x, 4x and 5x annual salary) and the Basic and Supplemental Aggregate Maximum and Minimum coverage. State if you allow exceptions in excess of the maximum amount of 5x. Example: An employee may elect 5x their salary which exceeds the maximum coverage. |
| Response: |
| 3.  | Provide coverage on a discontinuance and replacement basis (no loss, no gain) for eligible employees participating in the current plans on the effective date of the new coverage.  |
| Response: |
| 4. | Adhere to the inclusion of provisions to protect the State from multiple deaths in a single occurrence. |
| Response: |
| 5. | Refrain from issuing any external communications material that mentions the State's benefit plans without written approval from the State. This includes newsletters and publications to agents, brokers and consultants. |
| Response: |
| 6. | 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: |
| 7. | Accept the current enrollment and beneficiary designations for the State’s employees.  |
| Response: |
| 8. | Describe proof of loss required before a life or AD&D claim is filed. |
| Response: |
| 9. | Maintain an internal audit program and provide the State with a copy of the most recent internal audit report upon request. |
| Response: |
| 10. | Review all plans, draft plan abstracts, and confirm plan provisions with the State. |
| Response: |
| 11. | Draft, revise, and finalize the policy and benefit summaries (Summary Plan Descriptions (SPB)/booklets) for review by the State before February 12 of each calendar year. |
| Response: |
| 12. | Provide SPDs in an electronic format for access via internet or intranet. |
| Response: |
| 13. | Provide one claim office with a dedicated unit and an assigned account executive to assist the State in the ongoing administration of the program. |
| Response: |
| 14. | Design, submit for approval, and print enrollment forms with the State's logo for use by plan participants to enroll, designate beneficiaries, and change their coverages, in accordance with plan provisions. |
| Response:  |
| 15.  | When customized printing is requested by the State, present a complete draft and subsequent proof to the State for sign-off. The Contractor must ensure that logo placement and color requirements are met. Contractor will be responsible for costs of printing booklets, certificates, or SPDs as required.  |
| Response: |
| 16. | Provide routine underwriting and actuarial services. |
| Response: |
| 17. | 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: |
| 18. | Provide employer portal to monitor the status of claims, EOI, etc |
| Response: |
| 19. | Communications (phone calls, emails) should be responded to within 24 hours. Describe your customer service process, including the hours of operation and methods of contact. |
| Response: |
| 20. | Maintain claim files to support payment, denials and appeals. Documentation must be legally acceptable and readily accessible.  |
| Response: |
| 21. | Indicate settlement processes and options available to beneficiaries. Specify the interest credit on claims from the date of death or proof of death until payment to beneficiary. |
| Response: |
| 22. | Make determinations with respect to submitted claims, including claim investigation and analysis prior to payment.  |
| Response: |
| 23. | 100% of life claims will be processed within 15 business days of the receipt of required documentation. |
| Response: |
| 24. | Contractor must have a process for finding missing beneficiaries.  |
| Response: |
| 25. | Provide the exact same current plan to the NDOL employees due to NDOL employees being grandfathered into the Plan.  |
| 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. | Load, audit and insure clean eligibility data a minimum of 30 days prior to program effective date of July 1, 2019. |
| Response: |
| 28. | Identify any programs, systems, or administrative opportunities that your organization can provide during the implementation process that would be beneficial to the State. |
| Response: |
| 29. | Attach a description of your conversion process and include a copy of your conversion request form, if applicable. |
| Response: |
| **REPORTING** |
| 30. | Monthly and quarterly claims paid/denied reports must be available no later than the end of the month following the close of the period in question. |
| Response: |
| 31. | A year-end financial accounting for the program within 60 days of the contract anniversary date. |
| Response: |
| 32. | Annual generation of eligibility listing in hard copy or online reporting. Describe your online reporting function(s). |
| Response: |
| **PERFORMANCE GUARANTEES** |
| 33. | Do you have a formal performance guarantee program? If so, please provide a copy. |
| Response: |
| **BILLING** |
| 34. | Attach a description of premium billing procedures. Include information on the timing of billing, billing-payment reconciliations, and ability to provide for client self-billing.  |
| Response: |