

Attachment A
Contractor Requirements Matrix
Request for Proposal Number 5956 Z1

Bidder Name: _____

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

CONTRACT ADMINISTRATION	
1.	Be 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.	A commitment to work cooperatively with the State of Nebraska and provide with at least one day-to-day contact person for account management of the STD and LTD contract. Response:
3.	There will be no restrictions or benefit limitations for pre-existing conditions applied to any employee under the plan. Response:
4.	Accept 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.	Draft, revise, and finalize the policy and benefit summaries (Summary Plan Descriptions (SPD)/booklets) for review by the State before February 12 of each calendar 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.	<p>State staff portal for eligibility updates, eligibility validation, uploading documentation, pulling management reports, etc.</p> <p>Response:</p>
10.	<p>Employee/claimant portal for monitoring claim status, communications, uploading documentation, etc.</p> <p>Response:</p>
11.	<p>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.</p> <p>Describe your customer service process, including the hours of operation and methods of contact.</p> <p>Response:</p>
12.	<p>Initial claim intake, validation of initial and continuing disability.</p> <p>Response:</p>
13.	<p>Provide routine underwriting and actuarial services.</p> <p>Response:</p>
14.	<p>Make determinations with respect to submitted claims, including claim investigation and analysis prior to payment.</p> <p>Response:</p>
15.	<p>Maintain claim files to support payment, denials and appeals. Documentation must be legally acceptable and readily accessible.</p> <p>Response:</p>
16.	<p>Medical review and integration with medical administrator for co-management of claim.</p> <p>Response:</p>
17.	<p>Evaluate and recommend Return to Work options and accommodations.</p> <p>Response:</p>
18.	<p>Transition from STD to LTD, when applicable.</p>

	Response:
	Fraud monitoring and detection.
19.	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. This includes newsletters and publications to agents, brokers and consultants. Response:
22.	Design, submit for approval, and print enrollment 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 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:
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 Contractor.
	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.	Monthly, quarterly, semi-annual, and annual reporting including but not limited to: Utilization, approvals/denials of coverage, etc.
	Response:
32.	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.	Do you have a formal performance guarantee program? If so, please provide a copy.
	Response:
BILLING	
35.	Attach a description of premium billing procedures.

	Response:
	Maintains a process for the correction of under and over payments.
36.	Response:
	Withhold Medicare taxes from the disabled employee's disability benefits and remits them to the federal government.
37.	Response:
	Remits the State's portion of Medicare tax (from a State Medicare matching Fund) to the federal government.
38.	Response: