

**Attachment A  
Bidder Questionnaire  
RFP 6171 Z1**

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

**Bidder should complete all questions in Attachment A.**

<b>CORPORATE OVERVIEW</b>	
<b>1.01</b>	<p><b>BIDDER IDENTIFICATION AND INFORMATION</b></p> <p>Provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business, whether the name and form of organization has changed since first organized, and Federal Employer Identification Number.</p>
<b>Response:</b>	
<b>1.02</b>	<p><b>FINANCIAL STATEMENTS AND INFORMATION</b></p> <p>Provide financial statements applicable to the firm. Provide a copy of the bidder's most recent annual report. If publicly held, provide a copy of the corporation's most recent two (2) years of audited financial reports and statements, and the name, address and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.</p> <p>If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information must be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm must provide a banking reference.</p> <p>The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.</p> <p>The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.</p> <p>Indicate the most recent Financial Rating, Financial Rating Modifiers and the Financial Rating Effective Date that have been received by the following organizations. Indicate all changes that have occurred in the last twelve (12) months for each of these ratings.</p> <ul style="list-style-type: none"> <li>a. A.M.Best</li> <li>b. Standard and Poors</li> <li>c. Moody's</li> <li>d. Fitch</li> </ul>
<b>Response:</b>	

1.03	<p><b>CHANGE OF OWNERSHIP</b></p> <p>If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded Contractor will require notification to the State.</p> <p>Describe any parent/subsidiary relationship.</p>
Response:	
1.04	<p><b>OFFICE LOCATION</b></p> <p>The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska must be identified.</p>
Response:	
1.05	<p><b>RELATIONSHIPS WITH THE STATE</b></p> <p>The bidder describe any dealings with the State over the previous twelve (12) months. If the organization, its predecessor, or any party named in the bidder's proposal response has contracted with the State, identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.</p>
Response:	
1.06	<p><b>BIDDER'S EMPLOYEE RELATIONS TO STATE</b></p> <p>If any party named in the bidder's proposal response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.</p> <p>If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.</p>
Response:	

<b>1.07</b>	<p><b>CONTRACT PERFORMANCE</b></p> <p>If the bidder or any proposed subcontractor has had a contract terminated for default during the past three (3) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default. Bidder must provide information on administrative and/or litigation within the past three (3) years, include current/pending cases, expected litigation, judgments, awards, and settlements (both in and out of court) or other real or potential financial reversals, including any bankruptcy proceedings whether voluntary or involuntary, which might materially affect the viability or stability of the bidder.</p> <p>It is mandatory that the bidder submit full details of all termination for default experienced during the past three (3) years, including the other party's name, address and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past three (3) years, so declare.</p> <p>If at any time during the past three (3) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting party.</p>
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**Response:**

<b>1.08</b>	<p><b>SUMMARY OF BIDDER'S CORPORATE EXPERIENCE</b></p> <p>Provide a summary matrix listing the bidder's previous projects similar to this Request for Proposal in size, scope and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.</p> <p>The bidder must address the following:</p> <p style="padding-left: 40px;">Provide three narrative descriptions <b>for Flexible Spending Account services</b> to highlight the similarities between previous experience and this Request for Proposal. These descriptions must include:</p> <ol style="list-style-type: none"> <li>a. The time period of the projects;</li> <li>b. The scheduled and actual completion dates;</li> <li>c. The Contractor's responsibilities;</li> <li>d. The number of contracts and the number of covered members for each project;</li> <li>e. for reference purposes, three customer names (including the names of a contact person, current telephone numbers, facsimile numbers and e-mail addresses); and</li> <li>f. Each project description shall identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion dates and budget, as well as the actual (or currently planned) completion dates and actual (or currently planned) budget.</li> </ol> <p>Contractor and subcontractor(s) experience for each set of requested services must be listed separately. Narrative descriptions submitted for subcontractors must be specifically identified as subcontractor projects.</p> <p>If the work was performed as a subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.</p>
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	<ul style="list-style-type: none"> <li>a. Is this an exclusive relationship?</li> <li>b. Effective date of Subcontract?</li> </ul>
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**Response:**

<b>1.09</b>	<p>Provide three narrative descriptions <b>for COBRA Administration services</b> to highlight the similarities between previous experience and this Request for Proposal. These descriptions must include:</p> <ul style="list-style-type: none"> <li>a. The time period of the projects;</li> <li>b. The scheduled and actual completion dates;</li> <li>c. The Contractor's responsibilities;</li> <li>d. The number of contracts and the number of covered members for each project;</li> <li>e. for reference purposes, three customer names (including the names of a contact person, current telephone numbers, facsimile numbers and e-mail addresses); and</li> </ul> <p>Each project description shall identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion dates and budget, as well as the actual (or currently planned) completion dates and actual (or currently planned) budget.</p> <p>Contractor and subcontractor(s) experience for each set of requested services must be listed separately. Narrative descriptions submitted for subcontractors must be specifically identified as subcontractor projects.</p> <p>If the work was performed as a subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.</p> <ul style="list-style-type: none"> <li>a. Is this an exclusive relationship?</li> <li>b. Effective date of Subcontract?</li> </ul>
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**Response:**

<p>1.10</p>	<p>Provide three narrative descriptions <b>for Retiree Administration services</b> to highlight the similarities between previous experience and this Request for Proposal. These descriptions must include:</p> <ul style="list-style-type: none"> <li>a. The time period of the projects;</li> <li>b. The scheduled and actual completion dates;</li> <li>c. The Contractor's responsibilities;</li> <li>d. The number of contracts and the number of covered members for each project;</li> <li>e. for reference purposes, three customer names (including the names of a contact person, current telephone numbers, facsimile numbers and e-mail addresses); and</li> </ul> <p>Each project description shall identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion dates and budget, as well as the actual (or currently planned) completion dates and actual (or currently planned) budget.</p> <p>Contractor and subcontractor(s) experience for each set of requested services must be listed separately. Narrative descriptions submitted for subcontractors must be specifically identified as subcontractor projects.</p> <p>If the work was performed as a subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.</p> <ul style="list-style-type: none"> <li>a. Is this an exclusive relationship?</li> <li>b. Effective date of Subcontract?</li> </ul>
<p><b>Response:</b></p>	
<p>1.11</p>	<p>Indicate years of service providing and administering the coverage(s) related to this RFP. Describe abilities to administer such plans including:</p> <ul style="list-style-type: none"> <li>a. Flexible Spending Accounts (Medical)</li> <li>b. Dependent Care Spending Accounts</li> <li>c. COBRA administration and billing</li> <li>d. Retiree administration and billing</li> </ul>
<p><b>Response:</b></p>	
<p>1.12</p>	<p>For the entire book of business <b>for Flexible Spending Account services</b>, provide the total year-end national group membership (number of contracts) that receives medical administration services and indicate how many of these are in Nebraska. Provide statistics for Public Sector clients</p>

			National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives	
		2016					
		2017					
		2018					
		2019					

Response:

1.13	For the entire book of business for <b>COBRA Administration services</b> , provide the total year-end national group membership (number of contracts) that receives medical administration services and indicate how many of these are in Nebraska. Provide statistics for Public Sector clients						
		National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives		
	2016						
	2017						
		2018					
		2019					

Response:

<b>1.14</b>	<p>For the entire book of business <b>for Retiree Administration services</b>, provide the total year-end national group membership (number of contracts) that receives medical administration services and indicate how many of these are in Nebraska. Provide statistics for Public Sector clients</p>				
		National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives
	<b>2016</b>				
	<b>2017</b>				
	<b>2018</b>				
<b>2019</b>					

**Response:**

<b>1.15</b>	<p>What percentage of the 2018 total group membership renewed for the 2019 plan year for FSA, COBRA and/or Retiree Administration services?</p>
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**Response:**

<p><b>1.16</b></p>	<p><b>SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH</b></p> <p>The bidder must present a detailed description of its proposed approach to the management of the project.</p> <p>The bidder must identify the specific professionals who will work on the State's project if the company is awarded the contract resulting from this Request for Proposal. The names and titles of the team proposed for assignment to the State project shall be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified. If the teams are different for each product (i.e. FSA is different from COBRA), indicate as such. The team shall include, but not be limited, to the following roles:</p> <ul style="list-style-type: none"> <li>a. Implementation Manager</li> <li>b. Account Executive</li> <li>c. Member Services Manager</li> </ul> <p>Designated alternate Account Executive would be expected to be familiar with all aspects of the State's business as it relates to the State's Health Plan. The designated alternate Account Executive is not subject to the location requirements, but must be available via a conference call.</p> <p>Provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Request for Proposal in addition to assessing the experience of specific individuals.</p> <p>Resumes must not be longer than three (3) pages. Resumes shall include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.</p>
	<p><b>Response:</b></p>
<p><b>1.17</b></p>	<p><b>SUBCONTRACTORS</b></p> <p>If the bidder intends to subcontract any part of its performance hereunder, the bidder must provide:</p> <ul style="list-style-type: none"> <li>a. name, address and telephone number of the subcontractor(s);</li> <li>b. specific tasks for each subcontractor(s);</li> <li>c. advise if exclusive relationship for each subcontractor;</li> <li>d. Indicate effective date and expiration date of each Subcontract agreement; and</li> <li>e. Describe the management of suppliers/subcontractors to ensure delivery is effectively provided to the State of Nebraska and its employees.</li> </ul>
	<p><b>Response:</b></p>



**TECHNICAL APPROACH**

<b>1.18</b>	Describe the administration of FSA benefits, including health care and dependent care reimbursement accounts, as well as whether these services are outsourced with another vendor.
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**Response:**

<b>1.19</b>	Describe how COBRA continuation of coverage can be administered, or if this service is outsourced with another vendor.
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**Response:**

<b>1.20</b>	Describe how Retiree health premium billing can be administered, or if this service is outsourced with another vendor.
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**Response:**

**GENERAL PLAN INFORMATION AND REQUIREMENTS**

<b>1.21</b>	Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months.
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**Response:**

**MEMBER SERVICES**

**1.22** The State requires the minimum hours for claims administration operation to be Monday through Friday, 8:00 a.m. to 6:00 p.m. Central Time. Describe if any additional hours are available beyond the core hours.

**Response:**

**1.23** Describe the process for handling calls "after hours" of operation? Is there a voicemail system or capability for caller to leave messages after normal business hours?

**Response:**

**1.24** Describe how members reach a live representative or an interactive voice response (IVR) unit when calling Member Services.

**Response:**

**1.25** Describe the system by which the Customer Service unit tracks and documents calls. Describe the process to review the findings of the call tracking and documentation process with the State.

**Response:**

**1.26** Describe how members can electronically access reimbursement information and the Member Services group. Describe the internet, i.e. web chat, or email services offered.

**Response:**

**1.27** Describe the escalation process for Member Services satisfaction and complaints.

**Response:**

**1.28** Contractor will not render or administer services offshore, and all work performed will be in the contiguous United States. Describe where the Customer Service unit will be located.

**Response:**

**FSA PLAN ADMINISTRATION AND ADJUDICATION**

<b>1.29</b>	Regarding the claim office that will service the State, provide the following: <ul style="list-style-type: none"> <li>a. Annual claim volume;</li> <li>b. Percentage of claims that are auto-adjudicated;</li> <li>c. Percentage of claims that require substantiation; and</li> <li>d. Average time to reimburse the member from receipt of a "clean claim".</li> </ul>
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**Response:**

<b>1.30</b>	Describe the substantiation process that insures all medical expenses are valid IRS Section 213(d) expenses.
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**Response:**

<b>1.31</b>	Describe the claims payment process for reimbursement of claims that do not require substantiation.
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**Response:**

<b>1.32</b>	Describe the communication process and procedures for additional substantiation requirements for a claim to be reimbursed, including if a member is unresponsive to the first request for substantiation documentation.
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**Response:**

<b>1.33</b>	Describe the process and procedures in place to address a situation when a member does not submit the requested substantiation to have a claim reimbursed (e.g., claim is not reimbursed, account is locked/frozen, etc.?)
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**Response:**

<b>1.34</b>	If an account is locked/frozen due to lack of response to requests for substantiation, what is the process to notify the member of the account status? What is the process for unlocking the account?
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**Response:**

<b>1.35</b>	Describe the process for handling exceptions.
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**Response:**

<b>1.36</b>	Describe the claims adjudication process from submission of a health care FSA claim to reimbursement.
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**Response:**

<b>1.37</b>	Describe the methods by which members are able to file claims (i.e. electronic, paper submission, etc.).
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**Response:**

**1.38** Describe the schedule for FSA reimbursements to the member.

**Response:**

**1.39** Describe minimum claim amount requirement for reimbursement.

**Response:**

**1.40** Describe the methods of reimbursement of FSA claims that are available to the member (i.e. electronic deposit, paper check).

**Response:**

**1.41** Describe the process for reimbursement of health care FSA contributions from terminated employees on COBRA?

**Response:**

**1.42** Describe performance standards with respect to:

- a. Adherence to implementation/annual enrollment timeline
- b. Readiness of claims adjudication and reimbursement and customer service systems
- c. Readiness of eligibility system
- d. Completion of plan documents

**Response**

Provide actual (achieved) performance measurements for an account size comparable to the State of Nebraska for 2017 and 2018 as well as the 2017 and 2018 performance standards targets for the claims office that will handle the State account.

<b>1.43</b>	<b>Performance Measure</b>	<b>2017 Performance Targets</b>	<b>2017 Performance Actuals</b>	<b>2018 Performance Targets</b>	<b>2018 Performance Actuals</b>	<b>PG Measurement Utilized</b>
	Member Satisfaction Survey (% satisfied)					
	Reimbursement turnaround time (xx.xx% within xx business days) for a claim filed electronically					
	Reimbursement turnaround time ( xx.xx% within xx business days) for a paper claim					

	Financial Accuracy (percentage of all claims paid)					
	Payment Accuracy (percentage of all claims paid)					
	<b>Customer Service</b>					
	Telephone call response time (seconds)					
	First call resolution rate (percentage)					
	Closure time for open inquiries (number of days)					

**Response:**

**ELIGIBILITY AND DATA INTEGRATION**

**1.44** Describe the process for data integration with the State's eligibility systems.

**Response:**

**1.45** Describe the process for integration with the State's eligibility system.

**Response:**

**1.46** Describe the process for accepting electronic transfer of eligibility data in a format indicated by the State and acknowledgement receipt of the file.

**Response:**

**1.47** Describe the process for eligibility updates to be made within 24 hours of receipt.

**Response:**

**1.48** Describe procedures in place to maintain eligibility records for all participants.

**Response:**

**1.49** Describe procedures in place to maintain eligibility reconciliations between Contractor files and the State's eligibility files.

**Response:**

**1.50** Members currently enroll in the flex plan of choice during an online Open Enrollment period prior to the beginning of each plan year. Describe procedures in place to electronically accept and process the file sent by the State annually, including but not limited to any conflict or error report to be sent back to the State for resolution.

**Response:**

<b>1.51</b>	Describe the procedures in place to electronically accept and process the weekly file sent by the State containing new hires, terms & life event changes, including but not limited to any conflict or error report to be sent back to the State for resolution.
<b>Response:</b>	
<b>1.52</b>	Describe the data feeds (ex. eligibility file) to the State's vendor partners as requested.
<b>Response:</b>	

## REPORTING

<b>1.53</b>	Provide a sample of standard utilization and reimbursement reports for the FSA program.
<b>Response:</b>	
<b>1.54</b>	Describe the minimum standard reporting provided to the State on a monthly basis, to include but not limited to: <ul style="list-style-type: none"> <li>a. Account Balance Detail Report: Each participant's election, claims paid, deposits, and available balance;</li> <li>b. Enrollment Report: Participants' annual elections; and</li> <li>c. Customer Service Report: Operational statistics for Member Services call center and the types of topics members call in to address.</li> </ul>
<b>Response:</b>	
<b>1.55</b>	Describe Ad Hoc Reporting Capability both online and paper formats.
<b>Response:</b>	
<b>1.56</b>	Describe the reimbursement reports and documentation that will be emailed to the State on a daily basis, including but not limited to: <ul style="list-style-type: none"> <li>a. The date the payments are processed and the plan year in which payments are processed;</li> <li>b. A separate dollar amount for the Health Care FSA and the Dependent Care FSA reimbursement account;</li> <li>c. An invoice number; and</li> <li>d. A remittance address.</li> </ul>
<b>Response:</b>	
<b>1.57</b>	Describe the backup reports and documentation to support the daily reimbursement requests, including but not limited to: <ul style="list-style-type: none"> <li>a. Employee name;</li> <li>b. SS#;</li> <li>c. Date of the reimbursement;</li> <li>d. Dollar amount of the reimbursement; and</li> <li>e. Whether the reimbursement was for the Health Care FSA or the Dependent Care FSA reimbursement account.</li> </ul>
<b>Response:</b>	
<b>1.58</b>	Describe the process for posting the FSA Fee Invoice and backup reports to an online portal for access by the State.

Response:

**IMPLEMENTATION AND COMMUNICATIONS**

1.59

Provide an implementation plan detailing the implementation timeline with a July 1, 2020 effective date. At a minimum, the Implementation Project Plan must provide specific details on the following:

- a. Identification and timing of significant responsibilities and tasks
- b. Names, titles, and implementation experience of key implementation staff and time dedicated to the State during implementation
- c. Identification and timing of the State's responsibilities
- d. Transition requirements with the incumbent Contractors
- e. Staff assigned to attend and present (if required) at Open Enrollment
- f. Data and timing requirements from current Contractors to ensure transition of care and prior-authorization data is appropriately transferred

Response:

1.60

Provide detailed information on communication to the members and how the contractor will collaborate with the State to design these materials. Provide sample communication and educational materials such as employee brochures, letters, posters, videos, etc.

Response:

1.61

Provide detailed information on how long it will take to print and distribute benefits literature.

Response:

1.62

Describe the level of support that will be provided in assisting members in understanding how FSAs work to increase utilization of the benefit.

Response:

**COBRA AND RETIREE BILLING ADMINISTRATION**

1.63

Describe in detail what kinds of reports are available regarding COBRA and Retiree Billing administration, including the ability to customize reports.

Response:



1.64	Describe the process for members to pay monthly bills online and/or via credit card.
<b>Response:</b>	
1.65	Describe the process applied to members for non-payment.
<b>Response:</b>	
1.66	Describe the process for sending members delinquent letters, including the timing for said letters.
<b>Response:</b>	
1.67	Describe the process if a member makes a payment for the current month and the two months following, how the payment will be reflected on the report as each month paid goes by.
<b>Response:</b>	