TECHNICAL QUESTIONNAIRE – MEDICAL PLANS FOR RETIRED EMPLOYEES

1. Organizational History, Structure and References
2. Provide the following information for your company:

|  |  |
| --- | --- |
| Vendor Brand Name |  |
| Parent Co. Legal Entity Name |  |
| d/b/a (Name in Marketplace)  |  |
| Year Established/Incorporated  |  |
| NAIC Code  |  |
| Industry Classification  |  |
| Stock Ticker #  |  |
| FEIN (Federal Employer Identification Number)  |  |
| Tax Status  |  |
| Public or Privately Held  |  |

1. Provide a short description of your organization’s ownership/controlling interest structure (i.e., operating companies, wholly-or partially owned subsidiaries, etc.). Provide information on all organizations with more than a 7.5% stake in your firm, including legal and financial arrangements with these organizations.
2. Provide a short description of your organization, the businesses in which it engages and the services it provides.
3. Provide the name, title, address, telephone, e-mail, and fax numbers of the contact person or persons from your company whom we may contact with questions regarding your response. These individuals must be authorized to negotiate contracts regarding the scope, terms and pricing outlined in the proposal.
4. How many people does your company presently employ on a full-time basis? Part-time? How many people does your company presently employ in the division or organizational unit responsible for administering health insurance plans on a full-time basis? Part-time?
5. Provide a brief overview of your organization and a general description of your health plan services, specifically those you provide for self-insured plan sponsors. Ensure your summary covers the following:
6. Describe the health plan services provided by your organization for self-insured plan sponsors on an ASO basis.
7. For how many years has your organization provided these services?
8. By what other names has your organization been known?
9. Have you acquired another organization/been acquired in the last five years or merged with another organization in the last five years? If so, please provide a brief summary of the transaction.
10. Has your firm entered into any alliances in the last five years? If so, please provide a brief summary of the relationship.
11. Has your company undergone a change in senior management in the last five years? Describe the changes in detail.
12. Describe any pending agreements to merge or sell your firm.
13. Identify any subcontractors that would provide services to FCG. Identify if any are small, minority-owned, or women-owned business enterprises. Confirm that FCG may approve any assigned personnel and subcontractors.
14. Indicate your total ASO health plan client statistics by number of participants, as of September 30, 2019:

| **Number of Participants in Plan** | **Total No. of Plans** | **Total No. of Public Sector Plans** |
| --- | --- | --- |
| Under 1,000 |  |  |
| 1,000 to 5,000 |  |  |
| 5,001 to 10,000 |  |  |
| 10,001 to 25,000 |  |  |
| More than 25,000 |  |  |
| **Total** |  |  |

1. Provide at least three active and three terminated references (with 10,000 or more covered lives, minimum one public sector client for each) for the ASO programs being proposed. Include the name of the key client contact, address, telephone number, email address, number of covered employees, and type of relationship (e.g. insurer, administrator, etc.). (Note: Offeror’s response to this request officially authorizes FCG to contact these employers to discuss the services which Offeror has provided and authorizes the employers to provide such information to FCG.)
2. Business Strategy
3. Describe your organization’s commitment to the health plan sector of your book of business. Please include:
4. Details on the percentage of your total revenues contributed by your fully insured health plan operations for 2016, 2017 and 2018;
5. Details on the percentage of your total revenues contributed by your ASO health plan operations for 2016, 2017 and 2018;
6. Details on your organization’s investment in health plan administration technology;
7. Your strategy for building your health plan offerings; and
8. At least three (3) factors or qualities you believe differentiate your organization from competitors in the health plan vendor marketplace.
9. Describe what your company does to keep staff current with changes, innovations, legislation and technology in the retiree benefits space. Include internal company resources such as databases, meetings, conferences and other external training sources. How will your company train staff regarding the FCG plan?
10. Describe any imminent plans to change your existing medical management services.
11. Contractual Issues, Ratings and Financial Solvency
12. When was your last audit completed? What areas were reviewed, and what were the findings?
13. Please provide copy of latest SAS-70 report as described under special provisions. This report will be required annually if contract is awarded.
14. Provide a copy of your company’s latest annual report, and most recent audited financial statement.
15. Provide information on any accreditations held by your organization, including current status and expiration, such as the following:
16. NCQA (National Committee for Quality Assurance)
17. URAC (Utilization Review Accreditation Commission)
18. JCAHO (Joint Commission on Accreditation of Health Organizations)
19. Has the Examiner Team for the National Association of Insurance Commissioners (NAIC) designated your company as a first or second priority company in any of the last three (3) calendar years?
20. Include a copy of your firm’s most recent NAIC annual statement.
21. Please describe in detail the fiduciary responsibilities your firm is assuming under the proposed service agreement.
22. Provide your most recent financial ratings from all applicable ratings companies. Your rating must reflect an A. M. Best or Standard & Poor insurance rating of no less than A-.
23. Have there been any changes in your ratings in the last 2 years? If so, detail the changes and explain.
24. Provide a copy of any documents or licenses issued by the Commonwealth of Virginia demonstrating your firm is qualified to provide health insurance coverage in Virginia.
25. Provide information on litigation experience during the past three years, including pending cases, awards and settlements (both in and out of court.)
26. Has your company had a contract terminated for cause or non-renewed in the last five years? If so, by whom, and for what circumstances? Provide the name and telephone number of any clients that have terminated your company for cause in the last five years.
27. Describe the following as maintained by your organization:
28. Fidelity Bonds;
29. Other coverage to meet federal, state, local or industry bonding requirements; and
30. Professional Liability Insurance.
31. Does any liability coverage held by your organization, including amounts and coverage areas, such as:
32. Medical management decisions;
33. Professional malpractice; and
34. Provider contracting.
35. Plan Design
36. Provide a summary of the basic plan designs your company can offer (i.e., HMO, POS, OAP, PPO, HDHP, etc.). Also include any Medigap or Medicare Advantage plans you can offer.
37. Can your firm administer FCG’s current plan designs?
38. Using your own products, provide a plan line-up that corresponds as closely as possible to the current three (3) self-insured plans offered by FCG, including those offered to Retirees under 65. Review and detail deviations from the basic plan design components.
39. Using your own products, provide a plan line-up that corresponds as closely as possible to the desired Medicare Advantage Plan design. Review and detail deviations from the basic plan design components. Provide plan designs that include a Medicare Part D Prescription Plan and plan design options that have a Medicare Part D Prescription Plan carved out.
40. Include a concise description of how your health plan covers transitional continuation of care conditions, if a new participant is receiving treatment from a non-participating provider.
41. Please provide two or more alternative plan designs which you can support that are similar to the current plan designs but exhibit innovative ideas for participant health and wellness, service and/or cost containment.
42. For those retirees outside of your service area or in an area with an inadequate number of participating providers/facilities, provide a proposed out-of-area plan design or other alternatives for those participants to receive care.
43. Describe your ability to integrate Rx data from a) your PBM or b) an outside PBM.
44. How do you administer coverage for the following types of “alternative” treatment (acupuncture, chiropractic care, osteopathy, etc.?) How prevalent is coverage of this type in your book of business?
45. How do you coordinate claims with Medicare? Specifically, the administration of Medicare cross-over (who will request the data from the retiree?)
46. What coverage alternatives or plans do you offer clients who cover large retiree populations? Differentiate between programs that cover pre-Medicare retiree populations, Medicare-eligible populations or both categories.
47. Describe your offerings in the Medicare Supplement market?
48. Describe your offerings in the Medicare Advantage market?
49. Do you participate in any private health insurance exchanges? If so, provide descriptions.
50. Provide a summary of steps you are taking to assist your clients in dealing with the evolving retiree medical marketplace and regulatory environment.
51. Confirm the ability to identify and notify FCG if Medicare payment information is received for a retiree not in the Medicare group.
52. Confirm that you can provide Medicare with any required information (i.e. birthdates, claim information, etc.). Confirm you are the responsible party for resolving Medicare Secondary Payor issues.
53. Managed Behavioral Health
54. Describe your approach to providing Managed Behavioral Health Services.
55. Who provides Managed Behavioral Health Services for your organization? How long has this entity provided such services?
56. Do you have ownership interests in any facility or program providers of behavioral health care: If so, please describe these relationships and attach the organization's audited financial statements and annual report for 2018.

1. Describe the behavioral health triage system in place? Is it operational 24-hours/7-days a week and staffed by behavioral health professionals with at least a master's degree, to direct members to appropriate levels of mental health or substance abuse care?

1. Describe the range of alternative behavioral health services provided by your program, including, residential treatment, partial hospitalization, halfway houses, intensive outpatient care, and home therapy.
2. Provide a description of how behavioral health practitioners are paid and all financial risk arrangements with providers. This would include the level of risk involved, the size of the organization accepting the financial risk and the minimum and maximum amounts or percentages at risk.
3. Describe the network composition of behavioral health providers. Is there a multidisciplinary mixture of board-certified psychiatrists, independently licensed doctoral psychologists, and master's-level clinicians? Does your network offer providers who specialize in working with first responders? Describe providers who specialize in conditions like PTSD?
4. Describe your standards for the number and geographic distribution of behavioral healthcare practitioners; including, psychiatrists, psychologists, clinical social workers, psychiatric nurses, and other behavioral healthcare specialists.
5. Describe your standards for timeliness of routine and urgent care, behavioral healthcare appointments, and access to after-hours care.
6. How is the responsiveness of member services or appointment telephone lines monitored?
7. Describe the protocols in place to handle emergency calls.
8. How does your organization coordinate care with primary care physicians (PCPs) or referring physicians, including:
9. Providing information on diagnosis, treatment, and referral of behavioral healthcare disorders commonly seen in primary care.
10. Care coordination when there is a mixed diagnosis (i.e., medical component and behavioral health component).
11. Efforts to curb the inappropriate use of psychopharmacological medications and identification and management of adverse drug reactions?
12. How does your organization insure quality improvement in your Managed Behavioral Health Program? Include a description of the QI work plan, schedule of activities, etc.
13. Describe your organization’s approach to preventive behavioral health care services?
14. Describe the utilization management programs in use for behavioral health care services. Include process for utilization management decision making and frequency of review, notification process for participants and providers, etc.
15. Describe your credentialing criteria and process.
16. How is satisfaction with providers monitored in your program? How are results disseminated?
17. Case Management
18. What percentage of the populations covered by your current book of business is managed under case management?
19. Describe your criteria for case management including your case management trigger list, if any, and processes for proactively identifying candidates for the program. Include all potential sources of referral into case management. What percentage of your potential case management cases come from each source?
20. Describe your organization’s data-driven medical risk identification and stratification tools and process. If a predictive modeling tool is used, include data elements utilized and threshold.
21. How often is the data in your predictive modeling tool updated (weekly, monthly, and quarterly)? How is the information presented to the nurses for outreach?
22. Can the predictive modeling threshold for case management be adjusted to be more specific for FCG’s population? (i.e., identify a predetermined percentage of FCG’s participants to be included in case management)
23. What percentage of the potential case management cases are actively managed in case management? Please detail your methodology in determining this metric. Please discuss why potential cases do not end up with active case management.
24. What is the average RN caseload for case management?
25. Do you provide a Specialty Case Management program (i.e., catastrophic case management, rare disease case management, HIV, oncology case management)?
26. If yes, how is it administered? Are the staffing ratios and credentials different from the standard Case Management program? Please explain.
27. What percentage of the population is managed under your specialty case management programs (specify by program)?
28. Describe your process around the identification and management of participants with End Stage Renal Disease. Include how you manage the appropriate use of Epogen, Procrit, and other medications.
29. How do you monitor the duration of dialysis to determine Medicare eligibility?
30. How do you measure the effectiveness of the case management program? Describe your savings calculation methodology in detail. What cost/savings ratio (i.e., savings per dollar spent) do you typically achieve?
31. Provide case management reporting capabilities. Include examples of process including satisfaction, utilization, clinical, and financial.
32. Describe the role of your medical director with regard to case review and peer-to-peer outreach. Provide the criteria for cases to be reviewed by the Medical Director.
33. Does your case management department conduct grand rounds on complex cases? If so, describe the process and frequency.
34. Describe the IT system and clinical integration between the utilization management area and case management area.
35. Do you conduct pre- and post-admission counseling calls as part of your standard care management program? If so, provide the list of diagnosis/procedures and details around number of attempts.
36. How do you coordinate and integrate your case management functions with other vendor partners (including Behavioral Health/Chemical Dependency, disease management and PBM)? Describe your experience with similar coordination and integration efforts in previous situations.
37. Do you have a Centers of Excellence program? If so, provide details of the program.
38. Do you offer a high-value network within your offered network? Do you offer an embedded network built around a concentration of local, value-based providers committed to delivering quality care at a lower cost that are evaluated and incentivized on their ability to meet quality standards, help improve health outcomes and lower costs?
39. Disease Management
40. Describe your approach to managing chronic disease.
41. List all disease management programs that you offer.
42. Are the programs administered in-house or outsourced? If outsourced, to whom?
43. For each disease management program currently available, provide a brief description and expected ROI.
44. Describe the methodology used to calculate ROI. Is ROI calculated based upon your book of business or is it client specific? Plan specific?
45. Are you willing to guarantee ROI for each disease management program offered?
46. What data do you analyze to identify participants who are eligible for specific disease management programs? How frequently is this done?
47. How is outreach to identified participants handled?
48. How do you measure engagement in disease management programs? What actions do you recommend to increase engagement?
49. Medical and Utilization Management
50. Describe your experience providing Medical Management services.
51. Using the table below, indicate which of the following care management components are offered by your organization as "included" in the core program, "included for an additional fee" or "not available". Please add any additional offerings not included in this listing.

|  |  | **Included** | **Included @ additional fee** | **Not Available** |
| --- | --- | --- | --- | --- |
| a. | Pre-admission review/authorization |  |  |  |
| b. | Pre-admission outreach |  |  |  |
| c. | Inpatient admission/ concurrent review |  |  |  |
| d. | Discharge planning |  |  |  |
| e. | Post discharge outreach |  |  |  |
| f. | Retrospective review |  |  |  |
| g. | Outpatient review/ prior authorization |  |  |  |
| h. | Home health care/ durable medical equipment review |  |  |  |
| i. | Predictive technology |  |  |  |
| j. | High-risk outreach |  |  |  |
| k. | Episodic case management |  |  |  |
| l. | Complex case management |  |  |  |
| m. | Demand management/ nurse triage |  |  |  |
| n. | Specialty care programs |  |  |  |
|  | * Transplant case management
 |  |  |  |
|  | * High-risk maternity
 |  |  |  |
|  | * NICU
 |  |  |  |
|  | * Cancer
 |  |  |  |
|  | * End-Stage Renal Disease
 |  |  |  |
|  | * Other(list)
 |  |  |  |

1. Using the table below, indicate those services that require pre-certification review. Describe additional services not listed below that would require pre-certification review.

|  |  |  |
| --- | --- | --- |
| **Service** | **Yes** | **No** |
| Elective inpatient admissions/procedures |  |  |
| Outpatient procedures |  |  |
| Advanced Imaging (Scans including: PET, CT, MRI, etc.) |  |  |
| Diagnostic procedures  |  |  |
| Home health care |  |  |
| Durable medical equipment |  |  |
| Infusion Therapy |  |  |

1. Are there any other services for which you recommend a requirement for pre-certification or prior notification?
2. How do you determine if a procedure, service, drug, etc. should be included in your pre-certification/notification process?
3. Are services that require pre-certification review used to identify participants for referral to case or disease management programs?
4. Please provide the following information as it relates to the medical programs proposed for FCG, including a description of how clinical information is integrated into determinations made by your staff and the sources of clinical information used in the utilization management process. Please describe each process below.
5. Pre-certification/pre-notification/medical necessity review (inpatient and outpatient)
6. Concurrent inpatient review
7. Retrospective reviews
8. Discharge planning/coordination of services and post discharge follow up
9. Appeals process (Please specify your denial rates by service category and results of appeals including overturned denial rate.)
10. What criteria are used to assign an initial length of stay for an inpatient admission (i.e., Milliman Care Guidelines, Interqual, proprietary guidelines, etc.)?
11. Discuss your ability to coordinate the prior authorization with required or recommended decision support programs
12. Describe the medical denial process. How do you communicate with the treating physician? Member? Is there peer review by the Medical Director?
13. Describe your process for identifying inpatient admissions for discharge planning. What is included in the discharge plan?
14. Describe your system’s capabilities in supporting your medical management activities. If there is a separate medical management system, is there a real-time link between it and the claims processing system? If not, describe how the systems interface and how often data is transmitted between the two systems.
15. Describe how you integrate utilization management functions and data sets with case management, disease management and other health management initiatives.
16. Provide the staffing ratio for Medical Directors/Physician Reviewers/RN’s as it relates to your utilization management program. Express the ratio as number of physicians/number of enrollees.
17. For inpatient admissions, what criteria are used to determine when a clinical review by a nurse is indicated (i.e., diagnosis, length of stay, facility, readmissions, etc.)
18. What is the frequency of contact with the hospital for concurrent stay review? Describe your use of on-site utilization management nurses.
19. Do participants receive outreach calls from a nurse during their hospital stay?
20. Describe your process for post-discharge outreach to patients.
21. Do you currently offer a program to review the utilization of specific high-cost and high frequency radiology and diagnostic procedures? If so:
22. What procedures do you include in your radiology utilization management process? Describe the process.
23. What are the frequency per 1,000 (before utilization management), average cost and average disapproval rate of each of these procedures?
24. What is the appeal rate and rate of denial overturn?
25. Who performs these services?
26. Participant Services

Onsite Support:

1. Are you willing to provide an on-site account management/claims administration resource to be located at FCG’s Government Center offices at no additional cost to FCG? (Note: FCG may choose to continue this service for the life of the contract or a lesser time period based on need.) If so, detail the duties, capabilities and system access this person would have?

Service Center:

1. Provide the location, hours of operation, and time zone of the office(s) that will provide participant services for FCG’s account.
2. Please provide the following statistics for the Customer Service Center you are proposing for FCG:

|  |  |  |
| --- | --- | --- |
|  | **2017** | **2018** |
| Ratio of representatives to participants |  |  |
| Abandonment rate (%) |  |  |
| Average speed to answer (seconds) |  |  |
| Average time to resolve participant issues |  |  |

1. How do you define and measure First Call Resolution? Are you able to provide results on a customer specific level?
2. Approximately what percentage of claim inquiries can you completely resolve during a first call? Within 72 hours after the first call?
3. Provide details on the following:
	1. Software in place to track calls
	2. Silent call monitoring
	3. Taping of phone calls
	4. Recorded retrievable calls
	5. Long term storage of taped calls
4. Do you provide customer service or printed materials in languages other than English? If so, please explain how (e.g., onsite bilingual staff, AT&T language line, etc.) and for which languages?

Web Tools and Mobile Apps:

1. Please describe any additional customer service features offered through your website to aide in customer service (i.e., live chat.)? Describe similar features available on your mobile app.
2. What information will a participant be able to access using your website and mobile app? Are al tools available on both platforms, if not please specify.
3. What modeling tools do you make available on your website and mobile app?
4. What pricing tools do you make available on your website and mobile app?
5. What other tools do you use or make available to manage health care expenditures?
6. What information is available regarding provider quality indicators? Can this information be found on both your website and your mobile app?

1. What health information resources are made available? How do you decide what information is available to participants?
2. Describe your plan comparison tool to be used at open enrollment for employees/retirees to determine which plan design is best for each employee/retiree. Are there any limitations to this tool (include details on plans for which it is not available, modeling parameters, etc.). Are these tools available with your mobile app?
3. Is your website customizable for FCG participants? Is your mobile app customizable? Provide details on the degree of customization available (i.e., branding, custom messaging, etc.)
4. Describe any additional mobile applications (i.e., smartphones, tablet, etc.) your organization can provide to participants.
5. Describe how participant claim and coverage data can be displayed (i.e. sorted by claim date, family members, provider, cost, etc.)

General:

1. How do you measure participant satisfaction with customer services provided? If you have completed regular analyses of participant satisfaction, provide the results for 2017 and 2018.
2. Please provide a sample of your ID card. What features of the ID card are customizable to FCG?
3. Can employees communicate with the following via e-mail? Instant or Direct online messaging?
4. Customer Service
5. Claims Office
6. Appeals Officers
7. Other
8. Plan Sponsor Services
9. Detail the key roles within your organization that will have responsibility for the FCG account, including (but not limited to) relationship management, day-to-day operations lead, compliance, communications, systems, appeals, medical oversight, wellness, etc.
10. Provide the following information on each of your proposed key account resources:

|  |  |
| --- | --- |
| Name |  |
| Office Location |  |
| Years of Service with Your Organization |  |
| Number of Accounts |  |
| Number of Accounts with 10,000+ employees |  |
| Percentage of time to be dedicated to FCG |  |

1. Provide a copy of your company’s standard forms that FCG will be required to sign prior to or as a result of the award notice (e.g. HIPAA, Business Associate Agreement). Along with the forms, please include the specific law or regulation that mandates the form.
2. Describe your plan for managing the FCG account, including periodic reviews of cost and utilization and recommendations for plan design changes with FCG representatives.
3. Provide a description of the consulting capabilities you can provide your clients in dealing with:
4. Plan design;
5. Competitive benchmarking;
6. General compliance;
7. Specific compliance issues surrounding Healthcare Reform;
8. Other regulatory changes; and
9. Other (please provide detail.)
10. Are these consulting capabilities provided at no charge? (If there is a charge for services, provide detail in the Cost Proposal section of your proposal.)
11. Provide a copy of the Summary of Benefit Coverage statement for each of the plans proposed.
12. Quality Control and Performance Guarantees
13. Describe the quality control process within your organization.
14. Describe the disaster recovery plan in effect for your eligibility and claims systems.
15. FCG intends to negotiate performance standards with the selected vendor. These are intended to encourage the vendor to perform at a high quality level in specific operational and administrative areas, relative to mutually agreed-upon performance norms. The vendor’s inability to meet mutually agreed-upon performance norms would result in a financial penalty. Confirm that you are willing to put fees at risk to guarantee performance.
16. Propose your performance guarantees for this contract? Do not include amounts at risk in this Technical proposal. Specify how performance guarantee statistics will be measured (e.g., client specific, office level, stratified sample, random sample, etc.)
17. Implementation
18. Provide a detailed project plan for the implementation process, assuming a January 1, 2021 effective date and open enrollment in the fall of 2020. Indicate target dates for plan design, completing any required programming interfaces, communications efforts with employees and retirees, training of your customer service staff, etc.
19. Describe any experience interfacing with the Human Capital Module of the SAP ERP system.
20. Enrollment, Eligibility and Data Transfers
21. Do you have the capability to produce unique IDs in lieu of social security numbers?
22. Will your organization accept a standard 834 file with enrollment data produced by SAP?
23. What medium does your plan use to accept eligibility files (FTP, Internet, – email- encrypted, physical, modem transfer, or other)? Please explain how this process works for your organization.
24. Do you have any restrictions on the frequency of files sent for loading eligibility data?
25. How quickly is eligibility updated after it is received from FCG? Can you commit to updating eligibility within one (1) business day of file receipt? If no, specify timing.
26. Describe the process for resolving discrepancies with the eligibility file. How are discrepancies communicated to the county.
27. How do you handle manual eligibility exception processes?
28. How long are detailed eligibility activity records for each participant is maintained online? How long are they stored in other media?
29. Do you offer services to verify dependent eligibility? Is there a cost associated with these services? (Do not provide specific costs for this service in this Technical Proposal.)
30. Do you have the ability to send claims directly to an outside flexible spending account vendor to initiate a distribution from an employee's flexible spending account?
31. Do you have the ability to send claims directly to an outside health savings account vendor to initiate a distribution from an employee's health savings account?
32. Are you able and willing to send and receive claims data feeds to support medical management to/from other pharmacy, vision, dental and FSA vendors? Confirm that this service is included in your quoted fees.
33. Describe your ability to provide monthly electronic data feeds to other health plan vendors and to our claims analysis vendor. Each data feed could be unique in nature and would range from real time to weekly to quarterly transmission intervals. Is there a cost to these feeds?
34. Communication and Education
35. Provide a detailed communications plan for rolling out your program to FCG employees and retirees.
36. How do you measure the effectiveness of your communications campaigns?
37. Please provide samples of communication materials to be used with the plan.
38. Confirm that FCG will have input to the design and content of any forms or communications, and that FCG will have final approval authority on all materials used in support of the programs.
39. Describe any educational programs you would be willing to offer employees and/or retirees on a periodic basis. (Include information on topics, frequency and delivery method.)
40. Confirm that your firm will provide support for FCG’s Open Enrollment period (typically held in the fall of each year.) Describe the scope of this support.
41. Provide a description of a communications campaign you have used to successfully roll out a CDHP option with an HRA/HSA component. Include samples of communication pieces.
42. Describe how you currently use social media to communicate with participants and plan sponsors. How do you see your use of social media evolving over the next five (5) years?
43. Claims Administration
44. What is the proposed location of the office that will process claims for FCG claims?
45. For any months in 2018 and YTD 2019 that this location did not meet your organization’s internal service benchmarks, please provide data explaining which benchmarks were not met, in what month, why benchmarks were not met, and what actions were taken to address and improve in these areas?
46. Will you provide a dedicated or designated team of claim examiners to handle the FCG account? If designated, how many other clients (and their size) will be handled by the team you are proposing for FCG?
47. What claims processing system(s) will be used to administer FCG’s claims? Is the system proprietary? How long has this system been operational? When was the last upgrade to this system?
48. Are you planning any major initiatives such as a system conversion in the next three years? If yes, please provide details.
49. Describe your capabilities around collecting information from prior carriers, such as pre-authorizations.
50. Complete the following table for the office that will be used to pay FCG’s claims:

|  | **2018** | **YTD 2019** |
| --- | --- | --- |
|  | **Location Proposed** | **Company Standard** | **Location Proposed** | **Company Standard** |
| **Financial Accuracy:**Total dollar amount of claims paid correctly divided by total dollars paid in sample |  |  |  |  |
| **Payment Accuracy:**Total number of claims paid correctly without a financial error divided by total number of claims in sample |  |  |  |  |
| **Non-financial Accuracy:**Total number of claims processed without a non-financial error divided by total number of claims processed |  |  |  |  |
| **Coding Accuracy:**Total number of correct lines reviewed divided by total number of lines of entry reviewed |  |  |  |  |
| **Claim Turnaround Time:**Measured from date claim received to date benefits paid, denial letter is sent or claim is set aside pending additional information; express as % of claims processed within 10 and within 15 business days of receipt |  |  |  |  |
| **Pend Ratio:**% of claims received that get pended for additional information |  |  |  |  |
| **Unforced Error Adjustments:**% of claims requiring adjustment as result of unforced error |  |  |  |  |
| **EDI:**% of total claims received electronically; includes claims converted to electronic media by scanning, optical character recognition, or intelligent character recognition |  |  |  |  |
| **Auto-adjudication:**% auto-adjudication |  |  |  |  |

1. Provide a sample Explanation of Benefits (EOB). Do you have the capability to print customized messages on EOBs? Is there a charge to add communication messages? Do you have a “green” process for electronic EOBs?
2. Provide a copy of the procedures used for correcting underpayments.
3. Describe your process and procedures for recouping claim (provider and participant) overpayments recovered by the plan. Is this function outsourced? If so, to whom? What amount of the recovery is retained by the entity performing this function and/or your firm? How quickly are overpayments received?
4. How do you determine the reasonable and customary expense allowance you will use for out-of-network claims?
5. Please describe your subrogation right of recovery procedures. Is this function outsourced? If so, to whom? Is FCG able to modify this process?
6. Do you report performance statistics on a client-specific basis? If not, please explain. Are you willing to provide this for FCG?
7. Do you allow independent claim audits annually at no cost? How many claims will you allow at no cost? If you only allow a limited number, what is the additional cost to add claims?
8. Describe your quality assurance programs for claims processing
9. At what threshold do you conduct pre-disbursement audits on claims (e.g., all claims over $5,000, etc.)?
10. Provide a copy of your standard appeal and grievance process and procedures.
11. Reporting
12. Describe the reports available to FCG on a periodic basis.
13. Do you provide a web-based reporting tool that allows for standard reporting by FCG? Ad hoc reporting?
14. What aggregate data is available online?
15. Specify server, workstation and network requirements for the proposed software.
16. What types of training are available for your reporting tool?
17. Provide sample management report(s), utilization report(s), medical management report(s), etc. that would be prepared for FCG.
18. Provide one sample of all standard clinical/ Medical Management reports that would be provided to FCG.
19. Are the reports available in real-time and on-line via the Internet?
20. Can these reports be customized to further meet the county's needs? If so, is there an additional charge for customized reports?
21. Can separate reports be provided for each of the county’s strategic business units or agencies, for each plan type, if requested?
22. Confirm that standard reports will be available to FCG no later than 15 days after the end of the reporting period.
23. Using the following table, confirm that the information below is available at the frequency noted through your reports package. If not available, note whether you are willing to design a custom report at no charge that would provide the requested data.

|  | **Yes** | **No** | **Available in Customized Report** |
| --- | --- | --- | --- |
| **Monthly Reports** |
| Paid Claims-separated by actives, pre-Medicare and post-Medicare retirees and by plan type |  |  |  |
| Administrative/Network Fees (if applicable) |  |  |  |
| Monthly Enrollment Counts--separated by actives and retirees (pre and post Medicare), by tier and by plan type |  |  |  |
| Claims Lag |  |  |  |
| **Quarterly Reports** |
| Executive Overview Report |  |  |  |
| Claims paid expense summary  |  |  |  |
| Individual claims exceeding $50,000 |  |  |  |
| Reconciliation of claim drafts to paid claims |  |  |  |
| Clinical/Medical Management activities and outcomes |  |  |  |
| Electronically Eligibility Listing |  |  |  |
| Claims Utilization Summary |  |  |  |
| Performance Objectives Compared to Metrics |  |  |  |
| Network Changes |  |  |  |
| Subrogation Activities |  |  |  |
| Appeals |  |  |  |
| Nurse helpline statistics |  |  |  |
| **Annual Reports** |
| Claims Experience separated by actives, pre- and post-Medicare retirees by plan and by group |  |  |  |
| Claims experience for dependents |  |  |  |
| Claims experience for COBRA participants |  |  |  |
| **Annual reporting containing the following information, in addition to the required quarterly reports:** |  |  |  |
| Claim utilization report |  |  |  |
| Employee cost sharing |  |  |  |
| Claim denials by reason |  |  |  |
| Employee contested claims separated by denial reason. |  |  |  |
| Performance guarantee reconciliation |  |  |  |
| R&C cutbacks and savings |  |  |  |
| COB savings |  |  |  |
| Net benefits paid by plan type |  |  |  |
| Net benefits paid by major line of coverage |  |  |  |
| Employee contested claims separated by denial reason. |  |  |  |
| Network savings reports for each network offered. |  |  |  |
| Most-utilized hospitals and physicians reports. |  |  |  |
| A year-end financial accounting for the program within 60 days of the contract anniversary date. |  |  |  |
| Clinical/Medical Management activities and outcomes |  |  |  |

1. Provider Networks
2. Complete the Facility Disruption Analysis in the attached worksheet, "Facility Disruption," by indicating whether or not each facility participates in your proposed networks.
3. Complete separate Physician and Facility Disruption Reports by indicating whether each provider participates in your proposed networks.
4. Describe the steps that you would be willing to take to recruit non-participating doctors or facilities that are highly utilized by FCG participants into your network. Are you willing to put fees at risk related to physician recruitment? Please do not include the percentage at risk in your response to the Technical Response.
5. Provide a geo-access report, including summary information, based on each of the below parameters using the FCG census. Separate reports should be provided for active employees and retirees. Note the geo-mapping methodology used.
6. 2 providers within 8 miles of residence:
* Adult Physicians (Family Practice, General Practice, General Internal Medicine)
General Pediatricians
Obstetricians/Gynecologists
* Psychiatrists
* Clinical Psychologists
* Licensed Medical Social Workers
1. 1 facility within 10 miles from residence:
* Acute Care Hospitals
* MHSA Inpatient Facilities
* MHSA Outpatient Facilities
1. Does your proposed network have a “premium” or “gold” designation program that indicates providers and facilities that achieve quality of care and cost containment metrics?
2. What is the estimated savings differential for utilizing premium providers and facilities? On what basis is that savings derived? (Regionally specific, nationally, etc).
3. Do you measure participant satisfaction with providers (surveys, complaints, requests for new providers, participant service audits, etc.)? If so, do you share this feedback with providers?
4. How is your organization linking technology with the provider community?
5. Attach description of technology enhancements and how this benefits the provider, FCG, and the patient?
6. Are patient/participant medical records available electronically throughout your provider network?
7. Describe initiatives your organization is undertaking in the area of Patient Centered Medical Home (PCMH) services or Accountable Care Organizations?
8. Banking
9. Explain your banking system fully, including your audit trails and bank reconciliation systems.
10. Include a description of your preferred banking arrangement. Be certain to address the following:
	1. Who sets up the bank account and pays the banking charges?
	2. How are funds to be remitted?
	3. Do you require the employer to maintain an impress balance?
	4. What is the frequency of bank account funding?
	5. What is the timing on claim funding? (if applicable)
	6. Is there funding for claims through any bulk payment arrangement? (if applicable)
	7. What are the reconciliation procedures?
	8. Is the funding on a checks cleared or checks written basis? (if applicable)
	9. Will you allow FCG flexibility to use its own bank accounts?
11. Are any alternative banking arrangements available? If so, briefly describe them.
12. What type of financial reports will be generated in conjunction with the banking

reconciliations and editing/auditing procedures? Please show examples.

1. Describe your process and payment requirements for invoicing plan sponsors for claims and for administrative fees.
2. Privacy
3. Are you HIPAA security and privacy compliant? Please describe your procedures to handle protected health information.
4. Describe the security procedures that are in place from the perspective of both physical security and network security to safeguard county and participant information and other documents.
5. Describe your security procedures to include physical plant, electronic data, hard copy information, and employee security.
6. Explain your point of accountability for all components of the security process.
7. Describe the results of any third party security audits in the last five (5) years.
8. How do you maintain a secure environment for communicating and transacting business with plan participants, physicians, pharmacies, and plan sponsors?
9. Briefly summarize your patient privacy policy.
10. How do you address privacy concerns of the participants when conducting initial participant outreach?
11. What are the mechanisms for passing protected health information (PHI) electronically between FCG and your organization?
12. What is the process to obtain patient consent?
13. Please describe how you maintain compliance with HIPAA standards.
14. Please identify any HIPAA breaches that occurred during 2018 and YTD 2019, as well as the reason for the breach, the result of the breach and subsequent actions to address the breaches.
15. What is your HIPAA notification process when a breach occurs?
16. Complete the following table, indicating whether you agree with each statement regarding your HIPAA compliance efforts:

|  | ***Yes*** | ***No*** | ***Comments*** |
| --- | --- | --- | --- |
| Offeror certifies that it reports to the national Healthcare Integrity and Protection Databank (HIPDB) as required and, as may be necessary, submits inquiries to the HIPDB to determine whether any final adverse legal actions have been taken against its members. |  |  |  |
| Offeror certifies that, if it conducts Standard Transactions, it is in full compliance with HIPAA's administrative simplification standards relating to electronic data interchange (EDI). |  |  |  |
| Offeror will not require that enrollment and eligibility information electronically transmitted by FCG to Offeror comply with EDI. |  |  |  |
| The Offeror agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by organization available to the Secretary of the Department of Health and Human Services for purposes of the Secretary of the Department of Health and Human Services determining organization’s compliance with the privacy rules. |  |  |  |
| The Offeror adopts and implements written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of participant information used for any purpose. |  |  |  |
| The Offeror will not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law. |  |  |  |
| The Offeror agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Offeror agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI. |  |  |  |
| The Offeror agrees to mitigate, to the extent practicable, any harmful effect that is known to Offeror of a use or disclosure of PHI by Offeror in violation of the requirements of the federal privacy rule. |  |  |  |
| The Offeror agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the Offeror agrees to the same restrictions and conditions that apply to Offeror with respect to such information. |  |  |  |
| The Offeror agrees to provide access to PHI in a "designated record set" in order to meet the requirements under 45 CFR §164.524. |  |  |  |
| The Offeror agrees to make any amendment(s) to PHI in a "designated record set" pursuant to 45 CFR §164.526. |  |  |  |
| The Offeror agrees to document such disclosures of PHI and information related to such disclosures as would be required to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528. |  |  |  |
| The Offeror agrees to (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits, (ii) report to the plan sponsor any security incident (within the meaning of 45 CFR § 164.304) of which Offeror becomes aware, and (iii) ensure that any vendor employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by the vendor agrees to implement reasonable and appropriate safeguards to protect such PHI. |  |  |  |

1. Wellness and Health Promotion

Fairfax County Government is committed to the wellbeing of our employees, retirees, and their families. The LiveWell mission is to cultivate a culture that empowers, educates and engages Fairfax County employees and retirees to make life-long choices that promote a holistic approach to their physical, mental, emotional, social, spiritual and financial wellbeing. We require the same approach and commitment from our partners and service providers.

General

1. Briefly describe your organization’s commitment to wellbeing and health promotion. List at least three (3) factors you believe differentiate your approach from that of your competitors.
2. Do you have a Wellbeing and Health Plan Education Coordinator? If so, confirm that this service is included in your quoted fees, or indicate additional cost in the Cost Proposal. Describe the average or minimum qualifications of these staff members. Desired duties would include:
	1. Support and collaboration with the FCG LiveWell Program Coordinator
	2. Assistance with strategic planning and program development
	3. Researching and proposing innovative wellbeing ideas for programs, events and resources
	4. Providing insight on wellbeing industry trends and workplace wellbeing best practices
	5. Providing or procuring on-site support for wellbeing events
	6. Collaborating with wellbeing vendors to provide services or materials
	7. Assisting with program and event communications
	8. Coordination of supply and prize ordering
3. Describe how you would work with FCG’s wellbeing initiative, LiveWell.
4. Describe how you would work with FCG partners such as other medical carriers, an employee assistance program (EAP), dental and vision plans, and the Employee Fitness & Wellness Center, to provide cohesive wellbeing programming and events for FCG.

Programming

1. Indicate which of the following wellness programs are available through your organization. Please describe the overall architecture and mode of delivery (i.e. group-led, telephonic, online, print materials, etc.) of each program, and indicate the name(s) of any third-party vendors used to administer the program.
	1. Biometric screenings (i.e. cholesterol, glucose, etc.; on-site and off-site)
	2. Flu and other vaccines
	3. Weight management
	4. Nutritional counseling and cooking instruction
	5. Tobacco cessation
	6. Fitness instruction or promotion
	7. Mental wellbeing (resiliency, cognition, stress, depression, anxiety, etc.)
	8. Safety promotion (work, home, recreation, vehicular)
	9. Cancer prevention awareness or screening
	10. Musculoskeletal injury prevention and management
	11. Workshops and webinars
	12. Medical self-care
	13. Health education/awareness campaigns
	14. Health care consumer education training courses
	15. Lifestyle management education/coaching (hypertension, diabetes, etc.)
	16. Discounts on health programs (fitness facilities, home exercise equipment, etc.)
	17. Chronic disease management programs
	18. Prenatal/Postnatal care
	19. Parent and family programs and resources
	20. Lactation resources
	21. Older adult/Senior programs
	22. Online challenges (fitness, nutrition, stress, mental, etc.)
	23. Health coaching (online, on-site, telephonic, live chat, etc.)
	24. Social wellbeing
	25. Financial wellbeing
	26. Chronic pain management
	27. Sleep
	28. Wellbeing Ambassador/Champion training
	29. Leadership or manager training on wellbeing topics/culture
	30. Other
2. How do you define participation and completion of your online and telephonic wellbeing coaching programs (weight management, nutrition, tobacco cessation, etc.)? What is the average completion rate of these programs for an employer of FCG’s size?
3. Describe in greater detail, the programs and resources that are available for:
	1. Diabetes and heart disease prevention
	2. Diabetes management
	3. Hypertension management
	4. Prenatal/Postnatal care
	5. Musculoskeletal injury prevention
	6. Mental wellbeing
4. Do you provide scheduling services for screenings and programs? If so, please describe.
5. Do you have gatekeeping mechanisms that are required for members to access your wellbeing programs (i.e. health assessment, waiver, etc.)? If so, please describe these requirements.
6. Are your programs, health assessment, and incentive platform and/or e-health portal available to non-plan members? Is there an additional fee.
7. Are you open to partnering with new organizations or businesses, by FCG’s request, for the provision of wellbeing services?
8. Provide at least one, detailed example of an interactive, innovative program or event offered by your plan for an employer of approximately the same size as FCG.
9. Describe the types of on-site programming and services you can provide.
10. Do you offer any population-specific programs, for groups such as public safety employees, retirees, etc.? If so, please describe how you have adapted your programs to meet the needs of unique populations.
11. Provide examples of your catalogs for workshops, webinars, and on-site services.
12. Provide an example of a workplace wellbeing strategy that you developed with an employer of approximately FCG’s size and demographic composition.
13. Do you provide or facilitate telehealth services for virtual doctor’s appointments? Do you provide a nurse advice line? If so, provide additional detail on these services and/or similar offerings.

Incentives

1. What is your experience in the use of financial incentives to improve participation in health assessments, biometric screenings, online tools and health coaching?
2. Do you offer incentives for the completion of any of your wellbeing programs, outside of, or in addition to, any incentives offered by the employer?
3. Can you administer incentives on behalf of FCG? If so, describe the methods that can be used for distribution (i.e. gift cards, merchandise, health savings account contributions, etc.).

Health Assessment

1. Is your health assessment “gamified”?
2. Do you make a health assessment tool available to participants? And non-plan participants? If so, how long have you been providing these services or are they provided by a third party?
3. Can your program handle both a web-based and paper-based health assessment? If online, are the results available immediately? If paper, how are the results reported to the participant?
4. How are health assessment participation numbers reported to FCG? With what frequency? In what format? Provide an example of the report provided to FCG.
5. Provide a sample of the participant health risk profile that individuals receive after completing the health assessment.
6. Do you provide results of the health assessment to the participant’s provider? If so, describe the process.
7. Describe the follow-through provided to those who complete the health assessment who would benefit from additional outreach or wellbeing programming.
8. List the types of health risks identified by the health assessment.
9. Do you offer health assessments in languages other than English?
10. Describe your ability to allow participants to compare previous results with more recent results to track changes over time. How do you encourage people to update the data?
11. Are biometric results required in order to complete your health assessment? Can biometric data flow into the health assessment from a screening event or provider collaboration?
12. Is the health assessment available for all participants (i.e. employees, retirees, spouses, and children)? Does the follow-up and/or outreach vary based on participant status? If so, please describe how the resources to which participants are referred vary, based on their status.
13. Provide a copy of your health assessment. Are you willing to provide guest access (i.e. via web, flash, CDROM, etc.) to a demonstration version? If so, provide details of how we might access this demonstration.
14. Provide a sample of the report FCG would receive that summarizes the aggregate results for all participants who complete the assessment. Can we query aggregate results by work location, division, department, pay classification, or other unique identifiers?
15. Describe your customization options.

Communication

1. Do you have the capability to record and share webinars? Is there an additional charge for this service?
2. Provide sample communications from a wellbeing campaign you developed that was particularly successful for a plan sponsor of a similar size to FCG.
3. What communication strategies are used to sustain participation in your programs (online, telephonic, etc.) long-term?
4. Will you customize communication materials, and delivery channels, to promote your programs and support services?
5. Will you customize the FCG landing page and coordinate with your customer service representatives to promote FCG wellbeing programs and benefits?
6. Are communication materials (print, electronic, etc.) available in languages other than English?
7. What multimedia content can you provide to promote wellbeing and your wellbeing programs (i.e. videos, podcasts, social media posts, etc.)?
8. Do you have an app available for members to engage with your wellbeing programs, find health information, find a physician, manage incentive rewards, and/or to take the health assessment? Describe the features of your app and whether where it is available or to which devices it will sync (i.e. Android, iPhone, etc.).
9. Does your e-health portal and/or app sync to fitness trackers, Amazon Alexa, Google Home, or similar devices?
10. Describe your outreach strategy for high-risk members for case management and wellbeing programs.
11. Do you convene round-table meetings or events with wellbeing/benefit representatives from local employers to promote best practices, provide industry insight, or facilitate idea sharing, or highlight new programs? If so, please describe.

Reporting

1. Describe the aggregate reporting available for your wellbeing programs and the reporting schedule or note if they are available anytime, on-demand. Include examples of your reports.
2. How do you measure ROI in your wellbeing programs? Will you include Wellbeing ROI in performance guarantees?
3. Describe your ability to integrate prescription data from (a) your PBM or (b) an outside PBM with your wellbeing program.

E-Health Portal (Decision Support Tools)

1. Does your organization offer a wellness e-health portal? If so, describe the types of health content and decision support tools available on this site, using the categories below:
	1. Information about medical conditions
	2. Information about how to manage medical conditions
	3. Health management programs (i.e., asthma, depression, exercise, headache)
	4. Suggestions about how to select a physician/hospital or other health provider
	5. Provider quality outcomes data
	6. Prescription drug information
	7. General information about how to take prescription drugs
	8. Health decision guides (i.e., hormone replacement therapy)
	9. Health topics of interest (i.e., good and bad fats)
	10. Ask the expert and interactive Q&A to health professionals
	11. Health forums or chats
	12. Self-assessment tools (health questionnaires)
	13. Fitness information (i.e., weight training exercises, assess personal fitness level)
	14. Health (i.e., blood pressure, diabetes control, etc.) and/or fitness tracking tools
	15. First aid
	16. Live events (i.e. webcasts)
	17. Alternative medicine (e.g., nutritional supplements, massage, chiropractic care)
	18. Ability to personalize the site (targeted content and messages)
	19. Quizzes to test health knowledge (e.g., alcohol facts, arthritis, etc.)
	20. Stage-based behavior change support (coaching)
	21. Reminders/calendars
	22. Search capability
	23. Links to external websites (such as the American Heart Association)
	24. Links to FCG’s corporate websites
	25. Links to telemedicine sites
	26. Access to nurse lines or similar tools
	27. Other (e.g., e-Doctor appointments, incentive programs, etc.).
2. Do you provide interactive informational/educational modules around key risk factors for use by participants? Can you track and report on the completion of these modules by participants?
3. Describe your on-line wellbeing programs, and give examples for:
	1. Physical activity
	2. Nutrition
	3. Tobacco cessation
	4. Mental wellbeing (resiliency/stress management/depression/anxiety)
	5. Sleep
	6. Social wellbeing
	7. Financial wellbeing
4. Are you willing to provide guest access (i.e., via Web, flash, CDROM, etc.) to a demonstration version of your e-health portal and online wellbeing programs? If so, provide details of how we might access this demonstration.
5. Describe the kinds of portal customization you offer employers.
6. How is health information content screened before being placed on your site? What criteria does the health information have to meet? What sources are used for health information?
7. How do you update information and ensure the accuracy of the content on an ongoing basis?
8. Describe your e-health portal’s ability to link to other health vendors used by FCG.
9. There are many local resources available to support health management. Examples include support groups, self-help groups, established weight loss and smoking cessation programs. Does your e-health portal offer information about these types of resources? If so, how?
10. Is your e-health portal content developed internally or is it provided by an external source? If external, who is the provider?
11. Can you provide reporting on portal hits? What other types of portal reporting is available?
12. Describe the steps you take to provide website and app security, to protect personal health information.

Coaching

1. Do you provide health coaching through the following channels?
	1. Online
	2. Telephonically
	3. In person
	4. Via live chat
	5. Other
2. Please describe your approach to promoting behavior change and education around the clinical aspects of lifestyle-related risks and chronic conditions through health coaching.
3. What areas of health and behavior change are your staff qualified to provide coaching on (i.e. sleep, nutrition, behavioral health, financial wellbeing, fitness, etc.)?
4. What skills do you look for in your health coaching staff? What type of staff would conduct health coaching for FCG?
5. What percentage of the coaching staff has advanced or specialty education or certifications? Please describe.
6. Describe the training process for your coaching staff. What are your credentialing and continuing education processes for the staff?
7. Describe the process members would use to access health coaching programs.
8. During what days and times is health coaching available telephonically? Online?
9. What tools do the coaches use to assist in their participant coaching evaluations and participant interactions?
10. Can you provide on-site health coaching? If so, please describe.
11. How do you propose measuring the success of a coaching program?
12. Describe your coaching protocol for healthy vs. at-risk participants.
13. Can your customer service representatives make a “warm-transfer” to a health coach upon member request or identified need?

Wellbeing Credits

1. Describe any Wellbeing Fund or Wellbeing Credits you will provide to be used by LiveWell to promote total wellbeing efforts.
2. How many credits will be provided? Will the amount fluctuate? If so, describe any variation and factors that could impact the amount throughout the contract period.
3. With what frequency (i.e. annually) will the credits be offered?
4. How can the credits be used? Are there any restrictions or limitations on their use?
5. Can FCG request reimbursement for wellbeing-related expenses, using wellbeing credits? If so, describe the process.
6. Do the credits have an expiration date?
7. Can we roll-over any remaining credits beyond the expiration period (i.e. roll over from one calendar year to the next)?
8. Describe the process for accessing and using the credits.
9. Do you offer any one-time transition credits or funds that can be used toward communication and/or FCG’s wellbeing initiative fund?