TECHNICAL QUESTIONNAIRE – FLEXIBLE SPENDING & HEALTH SAVINGS ACCOUNT PROGRAMS

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. Is your organization submitting a proposal for the administration of FCG’s self-insured medical plans pursuant to this RFP? If so, skip to question 5.
2. 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.
3. Provide a short description of your organization, the businesses in which it engages and the services it provides.
4. 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.
5. 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 FSA and HSA services on a full-time basis? Part-time?
6. Provide a brief overview of your organization and a general description of your FSA and HSA services. Ensure your summary covers the following:
7. Describe the FSA and HSA plan services provided by your organization.
8. For how many years has your organization provided these services?
9. By what other names has your organization been known?
10. 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.
11. Has your firm entered into any alliances in the last five years? If so, please provide a brief summary of the relationship.
12. Has your company undergone a change in senior management in the last five years? Describe the changes in detail.
13. Describe any pending agreements to merge or sell your firm.
14. 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.
15. Indicate your total FSA and HSA clients statistics by number of participants, as of September 30, 2019:

| **Number of Participants in Plan** | **Total No. of FSA Plans** | **Total No. of HSA 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 the total number of participants covered on your medical FSA platform? Your dependent care FSA platform? Your HSA platform?
2. Provide at least three active and three terminated references (with 10,000 or more covered lives) for both the FSA and HSA 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.)
3. Business Strategy
4. Describe your organization’s commitment to the FSA and HSA of your book of business. Please include:
5. Details on the percentage of your total revenues contributed by your FSA and HSA operations for 2016, 2017 and 2018;
6. Details on your organization’s investment in FSA technology;
7. Your strategy for building your FSA offerings; and
8. At least three (3) factors or qualities you believe differentiate your organization from competitors in the FSA vendor marketplace.
9. Describe what your company does to keep staff current with changes, innovations, legislation and technology in employee benefits. 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 FSA and/or HSA 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.
16. Please describe in detail the fiduciary responsibilities your firm is assuming under the proposed service agreement.
17. Provide your most recent financial ratings from all applicable ratings companies, if applicable. Your rating must reflect an A. M. Best or Standard & Poor insurance rating of no less than A-.
18. Have there been any changes in your ratings in the last 2 years? If so, detail the changes and explain.
19. Provide a copy of the license issued by the Commonwealth of Virginia demonstrating your firm is licensed to do business in Virginia.
20. Provide information on litigation experience during the past three years, including pending cases, awards and settlements (both in and out of court) that did or could result in judgments or settlements in excess of $100,000.
21. 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.
22. Describe the following as maintained by your organization:

* Fidelity Bonds;
* Other coverage to meet federal, state, local or industry bonding requirements; and
* Professional Liability Insurance.

1. Describe the liability coverage held by your organization.
2. Plan Design
3. Can your firm administer FCG’s current plan design? Review and detail deviations from the basic plan design components.
4. Describe your experience with Consumer Driven Health Plans (CDHPs)? Health Reimbursement Accounts? Health Savings Accounts?
5. Participant Services

Onsite Support:

1. Are you willing to provide representatives who can answer questions for participants at the county’s Open Enrollment meetings and other employee events?

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. Is any portion of your Customer Service support provided offshore? If so, provide the number and percentage of calls handled offshore.
3. 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?
5. What are your turnaround standards for responding to customer service inquiries received through email, voicemail, telephone or other contact methods?
6. Do you offer toll free telephone and fax numbers?

Web Tools:

1. What information will a participant be able to access using your website or mobile apps? Please indicate if a toll is only available in one format or both. Specify whether the following are included:

* Account information, including account balance;
* Claims history (include list of information available and how it can be displayed/sorted by the participant);
* Plan information;
* Claim filing instructions;
* Forms;
* Frequently asked questions;
* Contact information; and
* Decision support tools.

1. Please describe any additional customer service features offered through your website or mobile apps to aide in customer service (i.e., live chat.)?
2. Are you willing to provide guest access (i.e., via Web, flash, Cloud, etc.) to a demonstration version of your web portal? If so, provide details of how we might access this demonstration. If not, provide screen shots.
3. Describe the kinds of customization you offer customers.
4. Describe your e-health portal’s ability to link to other health vendors used by the County.
5. Can you provide reporting on portal hits? What other portal reporting is available?
6. Are your website or mobile apps customizable for FCG participants? Provide details on the degree of customization available (i.e., branding, custom messaging, etc.)
7. Describe any mobile applications (i.e., smartphones, tablet, etc.) your organization can provide to participants.
8. In what ways can the website be used to facilitate submission of claim substantiation information?
9. Do you offer participants multiple payment options? (For example: Direct provider payments)

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. Can employees communicate with the following via e-mail or direct messaging?

* Customer Service
* Claims Office
* Appeals Officers
* Other

1. Plan Sponsor Services
2. 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, etc.
3. 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. Please 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. Quality Control and Performance Guarantees
4. Describe the quality control process within your organization.
5. 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.
6. 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.)
7. Confirm your agreement with each of the following:
8. The county has the right to audit any data necessary to ensure the Vendor is complying with all contract terms, which includes but is not limited to claim, enrollment and/or other financial records as they pertain to FCG’s FSA program whenever it is deemed necessary.
9. Audits will be at no charge except at a direct pass-through of any data retrieval fees, which may be required if data requested has already been stored
10. The county had the right to audit post termination
11. The county has the right to audit more than once per year if the audits are different in scope or for different services
12. The county has the right to perform additional audits during the year of similar scope if requested as a follow-up to ensure significant/material errors found in an audit have been corrected and are not recurring or if additional information becomes available to warrant further investigation.
13. Such audits may be performed by FCG personnel, its Benefits Consultant or by outside auditors
14. Will you agree to provide reasonable cooperation with requests for information, which include but are not limited to the timing of the audit, deliverables, data/information requests and your response time to our questions during and after the process?
15. Will you also provide a response to all “findings” that receives within 30 days, or at a later date if mutually determined to be more reasonable based on the number and type of findings.
16. Implementation
17. Provide a detailed project plan for the implementation process, assuming a January 1, 2021 effective date and open enrollment in the fall of 2021. Indicate target dates for plan design, completing any required programming interfaces, communications efforts with employees and retirees, training of your customer service staff, etc.
18. Describe any experience interfacing with the Human Capital Module of the SAP ERP system.
19. Enrollment, Eligibility and Data Transfers
20. Do you have the capability to produce unique IDs in lieu of social security numbers? Do you have the capability to utilize the unique IDs assigned by the county’s medical vendors to participants?
21. What electronic 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.
22. Will your organization accept standard 834 eligibility files produced by the county’s SAP system?
23. What is your preferred method and format for receiving eligibility files?
24. Do you have any restrictions on the frequency of files sent for loading eligibility data?
25. How do you handle manual eligibility exception processes?
26. 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.
27. Describe the process for resolving discrepancies with the eligibility file. How are discrepancies communicated to the county?
28. How long are detailed eligibility activity records for each participant is maintained online? How long are they stored in other media?
29. Describe the disaster recovery plan in effect for your eligibility and claims systems.
30. Communication and Education
31. Provide a detailed communications plan for rolling out your program to FCG employees and retirees.
32. How do you measure the effectiveness of your communications campaigns?
33. Please provide samples of communication materials to be used with the plan.
34. 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.
35. Describe any educational programs you would be willing to offer on a periodic basis. (Include information on topics, frequency and delivery method.)
36. 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.
37. Provide copies of the following:

* Claim Forms (e.g., direct participant reimbursement, home delivery pharmacy, etc.)
* Explanation of Benefits
* Member Welcome Packages, Communication and Marketing Materials

1. 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?
2. Claims Administration
3. What is the proposed location of the office that will process claims for FCG claims?
4. 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?
5. Will you provide a dedicated or designated team of processors 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?
6. 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?
7. Are you planning any major initiatives such as a system conversion in the next three years? If yes, please provide details.
8. 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 |  |  |  |  |
| **Claims Payment Turnaround:** Average number of working days to pay “clean” claims |  |  |  |  |
| **Claims Payment Turnaround:** Average number of days to pay direct reimbursement claims |  |  |  |  |
| **EDI:**  % of total claims received electronically; includes claims converted to electronic media by scanning, optical character recognition, or intelligent character recognition |  |  |  |  |
| **EDI:** Response time for electronic transactions from contracted pharmacies |  |  |  |  |
| **Auto-adjudication:**  % auto-adjudication |  |  |  |  |

1. Describe your process and procedures for requesting documentation for claims from participants? How do you handle claims for which documentation is not provided or that are determined to be ineligible for reimbursements?
2. Describe your quality assurance programs for claims processing
3. Provide a copy of your standard appeal and grievance process and procedures.
4. What is the minimum amount of time that claims data are stored on-line post- adjudication?
5. Debit Card Administration
6. Does your FSA administration program include the provision of debit cards for payment of medical expenses? If yes, provide a detailed explanation of your program, including how long your company has provided this service, information on any third parties involved in this program, etc.
7. What are your funding options for debit cards?
8. How many clients do you have with over 3,000 participant FSA accounts that are using these debit cards?
9. Is there a charge for the debit card? (If so, actual fees should be included in your Cost Proposal.)
10. How many cards do you issue per participant? If more than one, what is the process for requesting additional cards?
11. When will participants receive cards for a new plan year? For new hires during the year?
12. What information is provided on the card? Provide a picture of a sample card,
13. What quality control processes are in place for debit card issuance and utilization?
14. Does a participant receive account balance information after a debit card transaction?
15. What types of expenses can be auto-substantiated at the point of service?
16. Describe your process for substantiating FSA card payments for expenses that cannot be auto-substantiated at the point of service. Explain how participants are notified that substantiation has not been received or is insufficient. Include tax reporting procedures for claims that are not substantiated. Describe any appeals process associated with substantiation of documents.
17. Can debit cards be selected at the individual level or are they required for the entire group?
18. Reporting
19. Describe the standard reports available to FCG on a periodic basis.
20. Do you provide a web-based reporting tool that allows for standard reporting by FCG? Ad hoc reporting?
21. What aggregate data is available online?
22. Specify server, workstation and network requirements for the proposed software.
23. Provide sample management report(s), utilization report(s), etc. that would be prepared for FCG.
24. Are the reports available in real-time and on-line via the Internet?
25. Can these reports be customized to further meet the county's needs? If so, is there an additional charge for customized reports?
26. Confirm that standard reports will be available to FCG no later than 15 days after the end of the reporting period.
27. Banking
28. Explain your banking system fully, including your audit trails and bank reconciliation systems.
29. 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. What is the frequency of bank account funding?
    4. What is the timing on claim funding? (if applicable)
    5. Is there funding for claims through any bulk payment arrangement? (if applicable)
    6. What are the reconciliation procedures?
    7. Will you allow FCG flexibility to use its own bank accounts?
30. How frequently do you invoice clients for claims? Are invoices sent electronically? What kind of documentation accompanies each invoice?
31. Do you require pre-funding? If so, in what amount?
32. For any pre-funding agreement, Virginia regulations require:
    1. Funds must remain in the custody of FCG (utilizing a qualified Virginia Treasury depository), confirm your agreement,
    2. Guarantees must be in place that funds will be returned after the close of the grace period, confirm your agreement.
33. Compliance
34. Are you HIPAA security and privacy compliant? Please describe your procedures to handle protected health information.
35. 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.
36. Describe your security procedures to include physical plant, electronic data, hard copy information, and employee security.
37. Explain your point of accountability for all components of the security process.
38. Describe the results of any third party security audits in the last five (5) years.
39. How do you maintain a secure environment for communicating and transacting business with plan participants, physicians, pharmacies, and plan sponsors? Briefly summarize your patient privacy policy.
40. What are the mechanisms for passing protected health information (PHI) electronically between FCG and your organization?
41. What is the process to obtain patient consent?
42. Please describe how you maintain compliance with HIPAA standards.
43. Please identify any HIPAA breaches that occurred during 20011 and YTD 2012, as well as the reason for the breach, the result of the breach and subsequent actions to address the breaches.
44. What is your HIPAA notification process when a breach occurs?
45. Describe what actions you take to ensure compliance with section 125 of the Internal Revenue Code or any other laws or regulations governing flexible spending accounts.
46. Describe compliance assistance you are prepared to provide to FCG, including nondiscrimination testing services, plan document preparation, and other services.