**RFP # 20-015, ATTACHMENT F**

**TECHNICAL PROPOSAL**

***Instructions:*** *Please provide responses to the questions in each section below. Where appropriate, supporting documentation may be referenced by specific page and/or paragraph number(s). If any of the responses contain confidential information, as defined by IC 5-14-3, please reference the attached confidential material and separate from the rest of this response document. A redacted version of this document should also be submitted if confidential material is included within this response template.*

**Overview of the Proposed Method for Provision of Requested Products/Services   
(Section 2.4)**

1. Provide a concise summary of the requested products/services proposed by the respondent in response to this RFP. By reading the overview, the State must be able to gain a complete grasp at a general level of the products/services to be provided and the methods proposed by the respondent to provide them. Visual aids and examples should be used whenever possible such as product literature with pictures and specifications. The description must indicate, at least generally, the manner in which the proposed system will fulfill the requirements of the specifications. As much explanation as possible must be included.

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**Personnel / Customer Service (Section 2.4.2)**

1. What is your company’s ratio of service representatives to plan participants? How many full-time salaried service representatives will be provided to service this account? Are they also responsible for other accounts? If so, what are the sizes of the other accounts?

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1. What are the criteria and standards for evaluating customer service job performance? How are these measured and do they affect the customer service representatives’ compensation?

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1. What resources are available to assist customer service representatives in their jobs (on-line plan details, computer system to record phone calls, access to claim status, etc.)?

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1. Are you willing to make representatives available to conduct the initial enrollment, complete the installation of the program, and assist in establishing administrative procedures for operating the plan?

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1. Provide the average response time in the last twelve months to participant inquiries from the office likely to handle the State of Indiana. Provide the maximum phone ring time, the average response time to questions by phone and the average response time to written requests. Provide company standards for these items.

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1. What hours and days are your customer service representatives available to provide customer service? Will there be a dedicated toll-free number for this account?

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1. How do you accommodate hearing impaired callers?

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**Legal (Section 2.4.3)**

1. Have you been sued as a result of your work? Please describe any cases in which you were found liable in the past two years.

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1. Has your company been or is it now under investigation by local, state, or federal authorities (i.e., DOL, IRS, FBI)? If yes, please provide a detailed explanation.

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1. What precautions does your firm take for the prevention of loss of confidentiality on individual medical and claim information?

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**Implementation (Section 2.4.4)**

1. If your company should be awarded a contract, approximately what length of time will be required from the date the contract is awarded and the enrollment period is complete to the date debit cards can be furnished?

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1. Provide an implementation campaign for a target start date of 1/1/20.

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**General (Section 2.4.5)**

1. How long has your company been involved in the administration of flexible spending accounts? Health reimbursement accounts?

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1. How often are internal audits performed and by whom? Attach a copy of the last audit.

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1. Can you bill quasi-agencies and employees on certain leaves of absence for participation in the State plan? Explain how you will do this.

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1. You are required to bill the State plan participants for COBRA coverage. Outline your approach to COBRA.

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1. Explain in detail the specifics of any claim cost control programs that are a routine part of your systems and procedures.

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1. Provide any innovative features, services, or information that would be beneficial to the State and account holders.

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1. Provide a complete explanation of how the flexible spending and health reimbursement plans will be administered.

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1. Describe what information you will provide employees to help them understand and evaluate the Section 125 program. Will computerized, individual salary illustrations be made available to each employee?

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1. Describe the system you use for providing administrative services for flexible spending and health reimbursement accounts.

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1. How often do you provide reimbursements for the 125 plan?

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1. Do you have a minimum claim amount for a reimbursement account, if so what is the minimum amount?

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1. How do you handle a claim that exceeds the funds in a dependent care assistance account? A medical reimbursement account? A transportation account?

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1. How do you reimburse participants, check and/or direct deposit? How much time will claims submitted for reimbursement take on average until an individual receives their money?

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1. Propose your “best-in-class” performance guarantees. Note, these may be subject to change and/or additional guarantees proposed based on the outcome of the RFP process and negotiations. Please note that these performance guarantees should not be considered a limitation of liability and all common law remedies remain. While a “percentage of fees at risk” is acceptable, please also quantify the total dollars at risk.

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1. Provide a copy of your proposed Business Associate Agreement.

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1. Describe the capabilities of and information available on your website.

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1. Describe your appeals process in detail.

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1. What standard reports are available and how frequently? Are there additional costs associated with any of these reports?

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1. Describe what happens when a participant passes away with a balance in their flexible spending and/or health reimbursement account?

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1. Include samples of each of the following materials in your proposal along with any other documents that you will provide relating to the plan, enrollment and administration of the flexible spending and health reimbursement accounts. Please mark each sample with the designation as indicated below.

A. Standard management reports.

B. Employee Plan Description.

C. Explanation of Benefits.

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