

RFP 20065-JS

ATTACHMENT A1

DENTAL & VISION QUESTIONNAIRE

1. Have the proposal requirements been fully met as requested in this RFP?
 Yes No

If not, please summarize all deviations.

2. Provide background information and a brief description of your organization. Include any pertinent information relative to the size and organizational structure of your company and performance history in providing similar programs for municipalities of similar size and complexity; include reference information.
3. Please identify all subcontractors (including consultants, advisors, network managers and suppliers) to be used and describe specific responsibilities, qualifications, and background experience of all key personnel. Include financial ratings for each major subcontractor, consultant, or advisor.
4. Please provide pertinent financial data that demonstrates your organization's ability to successfully perform this contract. Please provide your most recent financial history including ratings, if applicable (include the date of the rating) by each of the following:

Company	Rating	Date of Rating	Legal Name of Company to Which Rating Applies
Weiss			
Fitch (Duff & Phelps)			
Standard & Pours			
Monody's			
A.M. Best			

5. Report any restraining or disciplinary action taken against you by any regulatory body within the last (3) years.
6. Provide pertinent references. Specifically, three active and three terminated accounts (other than mergers), within the last five years. Please provide group name, contact person, telephone number, effective date and termination date.

7. Are you currently compliant with the HIPAA legislation as it pertains to Private Health Information, EDI Standards? If not, what is your timeline for compliance? Do you have a privacy statement? If yes, please provide. Who is your named Privacy Official? Do you require the City of Suffolk and the consultant to sign a Business Associate Agreement? If so, please provide a copy of the agreement.

Dental and Vision Coverage

1. Please provide references (should be similar in size, industry, and location, if possible) as follows: two active accounts and two recently terminated accounts (that did not terminate solely due to merger, acquisition, etc.). Include the group name, contact person, and telephone number.
2. How long will the proposed dental or vision premium rates remain in effect? Specify any 2nd or 3rd year rate guarantees that you will provide.
3. Please provide incremental pricing to include additional benefits currently not offered by the City. Including but not limited to, Lasik Surgery benefit, coverage for transitions lenses and progressive lenses.
4. If you are proposing a dental or vision provider network, please include a current geoaccess report for the areas in which currently enrolled employees live (refer to zip codes in census data).
5. It is very important that you describe reimbursement levels for all of the plans you quote. Please list the percentile of HIAA, etc., in which you reimburse, whether you pay out-of-network providers at that same level, whether out-of-network claims are paid to the provider or the subscriber, etc.
6. Describe how you would handle any services in progress upon takeover for all plans you quote.
7. Please provide a list of standard limitations and exclusions for each plan quoted. Specify any waiting periods which apply.
8. Please explain coverage for any out-of-state employees currently enrolled or who will enroll in the plan(s) you are offering.

9. Please complete the following UCR chart for the zip code areas: 234, 233, 234, 235 and 236.

ADA CODE	PROCEDURE	ALLOWANCE FOR PROPOSED PLANS
00120	▪ Periodic Oral Exam	
01110	▪ Prophylaxis, Adult	
0272	▪ Bitewing x-rays; 2 films	
1203	▪ Topical Fluoride	
1351	▪ Sealant; per tooth	
02140	▪ Amalgam, 1 Surface, Permanent	
03310	▪ Root Canal Therapy, Anterior	
02752	▪ Porcelain Crown, 1 Tooth	
07110	▪ Extraction, Single Tooth	
4210	▪ Gingivectomy/Gingivoplasty – Per Quadrant	
7220	▪ Removal of Impacted Tooth-Soft Tissue	
5110	▪ Complete Upper Denture	

10. Describe how you would handle orthodontia or other services in progress upon takeover.

11. Describe your pre-treatment estimate process. What is the turnaround time for such reviews? Is there a penalty for members who do not receive a pre-treatment estimate prior to receiving services? When do you recommend members receive a pre-treatment estimate?

12. Indicate your trend factors both rating and actual observed. Specify the location/region on which these trend factors are based.

	PPO Dental	DHMO
Observed Trend 2016		
Observed Trend 2017		
YTD Rating Trend 2018		
Projected Rating Trend 2019		

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ATTACHMENT A2

Voluntary Long Term Disability Insurance Questionnaire

1. Have the proposal requirements been fully met as requested in this RFP?
 Yes No

If not, please summarize all deviations.

2. Provide background information and a brief description of your organization. Include any pertinent information relative to the size and organizational structure of your company and performance history in providing similar programs for municipalities of similar size and complexity; include reference information.
3. Please identify all subcontractors (including consultants, advisors, network managers and suppliers) to be used and describe specific responsibilities, qualifications, and background experience of all key personnel. Include financial ratings for each major subcontractor, consultant, or advisor.
4. Please provide pertinent financial data that demonstrates your organization's ability to successfully perform this contract. Please provide your most recent financial history including ratings, if applicable (include the date of the rating) by each of the following:

Company	Rating	Date of Rating	Legal Name of Company to Which Rating Applies
Weiss			
Fitch (Duff & Phelps)			
Standard & Pours			
Monody's			
A.M. Best			

5. Report any restraining or disciplinary action taken against you by any regulatory body within the last (3) years.
6. Provide pertinent references. Specifically, three active and three terminated accounts (other than mergers), within the last five years. Please provide group name, contact person, telephone number, effective date and termination date.

7. Are you currently compliant with the HIPAA HITECH legislation as it pertains to Private Health Information, EDI Standards? If not, what is your timeline for compliance? Do you have a privacy statement? If yes, please provide. Who is your named Privacy Official? Do you require the City of Suffolk and the consultant to sign a Business Associate Agreement? If so, please provide a copy of the agreement.
8. Please explain coverage for any out-of-state employees currently enrolled or who will enroll in the plan(s) you are offering.

Long Term Disability

9. Is the plan fully insured?
10. What is the rate guarantee?
11. Can you do step-rates as well as composite?
12. What is the minimum participation allowed? Do the rates change at 25%, 75% >75%?
13. What is the definition of disability?
14. What are the provisions for partial or residual disability?
15. Do you have a loss of earnings test? What is it?
16. What is the benefit duration? Can you write 5 year plans?
17. What is the maximum benefit for this group?

18. Is the premium calculated on a per \$100 of salary based on per \$100 of benefit basis?
19. What is the minimum benefit?
20. What are the offsets to disability income your company uses?
21. Is the policy guaranteed issue? If not, what are the pre existing conditions stipulations?
22. Will you waive your activity at work provision for initial insured's?
23. How do you manage LTD claims? What steps do you take to ensure timely payments?
24. If step-rated, what procedures do you take to ensure policyholders remit updated data?
25. Is the policy a group product or individual product?
26. Is the policy portable?
27. What does your company do to help disabled employees get approved for Medicare?
28. Will you contribute to our Benefit Communication material for each open enrollment period? Provide communication budget for customized enrollment materials.
29. Why should employees of City of Suffolk purchase your LTD policy versus that of your competitors?
30. Are any commissions included in the premium rates for LTD? Please identify.
31. Describe your approach to billing and invoice reconciliation?

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ATTACHMENT A3

EAP QUESTIONNAIRE

Scope of Services

Proposals for this EAP should be designed to provide the following services:

A. Clinical Services

1. Comprehensive program to provide early recognition, intervention, and resolution of problems/dysfunctions related to job performance, marital and family relationships, personal adjustment, emotional distress, substance abuse, and financial and legal difficulties.

2. Assistance referral to include the following:
 - a. *Informal* - Referrals where the employee makes direct contact with the Employee Assistance Program provider without the recommendation of the employer.
 - b. *Formal* - Referrals where the employer recommends participation by the employee.

Face to face visits to include Employee evaluation and diagnostic interview(s) or counseling sessions for a minimum of five (5) sessions per problem area. There should be no charge and no co-pay. If more than 5 visits are required, employees should be referred to the health insurance company for potential health benefits or to community resources for ongoing care.

4. Referral placement to community treatment facility, if needed. Referrals to be in line with insurance coverage for individual employee, if possible.

5. Follow-up and case management services

6. Return-to-work sessions with supervisors as needed.

7. Complete confidentiality for participants

8. A 24/7 hour a day crisis telephone access and crisis consultations

9. Immediate personal contact with a counselor in emergencies. A maximum of 48 hours for personal contact with a counselor for problems of a nonemergency nature.

10. A prevention program including supervisory training, health and wellness promotion, support groups and educational seminars to include blood pressure screening, cholesterol testing, diet information, etc.

B. Training and Educational Services

1. Supervisory consultations
2. Briefing for department heads, supervisors and managers
3. Debriefing for critical incident situations (ex. Fire and Police)
4. An orientation session for all employees
5. Regularly planned seminars on topics of interest for employees, member of their household, and management (ex. "Substance Abuse Recognition", "Prevention of Substance Abuse", "Stress Management", "Conflict Resolution", "Depression in the Workplace", "Violence in the Workplace".)
6. Advertisement of program.
7. Other Web Resources to include informational articles on behavioral health and healthcare topics.
8. Please provide as an alternative (including any rate impact) the following additional benefits:
 - a. Legal Assistance – Legal consultations up to 30 minutes face to face or telephonic at no charge.
 - b. Financial Assistance – Consultation sessions up to 30 minutes to include credit counseling, debit and budgeting assistance, retirement planning, etc. Services provided at no cost to employee or family member.
 - c. Any other services, resources, referral sources or educational material to assist employees of the City of Suffolk.

Proposal Specifics

In addition to his/her proposed Employee Assistance Program all proposals should include the following information. Information must be complete, clearly defined, and preferably listed in the order in which it is requested below.

- A. Offeror should include proposed or current facilities where participants will meet with the provider in Suffolk, VA. These locations shall not be located in any facility which houses City of Suffolk operations.

- B. Offeror should include a requirement that it cannot refer service users to inpatient facilities that are in any way connected to the provider's organization.
- C. Please explain coverage for any out-of-state employees currently enrolled or who will enroll in the plan(s) you are offering.
- D. Offeror should describe "client flow" as follows:
 - 1. How a client will normally enter the "flow" including the length of time between initial request for and provision of services.
 - 2. How information concerning available referral resources is collected, updated, and used in determining appropriate referrals.
 - 3. How referrals to external community services will be handled. Include a description of the level of assistance which will be provided to clients referred to external services, as well as how services will interact with client's current health carriers.
 - 4. When direct assistance to a client will be terminated and under what conditions a case will be reactivated. Provide a description of expected time from initial contact to termination of assistance.
 - 5. Describe the information which will be collected for client records, how follow up will be conducted (who is contacted, how frequently, etc.), and provide samples of reports which will be generated for the City's use in documenting program utilization and evaluation its activities.
 - 6. Also, explain timeliness of reports, (ie. Police Department "Fitness for Duty")
- E. Offeror must confirm in his proposal that employees and other persons covered under the proposed plan will not incur a liability to pay for unauthorized charges if they follow plan procedures or if they follow the directions of a participating plan provider.
- F. Offeror shall state his/her plan for charging clients should the service they need continue past the sessions paid for by the employer. Of special interest would be information about continuation of treatment for those users who cannot pay what is unpaid by insurance, or have no insurance and cannot afford the provider's usual fee. The offeror will state their usual fee and what arrangements, if any, are made for those who cannot pay the fee after the sessions paid for by the employer are exhausted.

- G. The program should identify limitations, if any, as to the number of counseling sessions available to employees and their household members.
- H. The program should include an acknowledgment by the offeror of its willingness to work within the scope of and be knowledgeable of the health care benefits made available to the City of Suffolk.
- I. Offeror should provide specifics on how the City of Suffolk will be informed of the number of employees and family members who have participated in the Employee Assistance Program. In addition, the program should include audit procedures that will assure the employers that the services are being provided. At a minimum, all offerors must provide quarterly utilization and training reports; **a sample copy should be included in the proposal.**
- J. Offeror will state client populations and/or problems categories it would have to refer to other facilities.
- K. Offeror shall include the following information pertaining to its organization:
 - 1. Current organizational structure
 - 2. Resume of current staff. To prevent substitution of unskilled staff, the offeror is required to submit the vitae of any staff member who the offeror adds to server Program users during the life of the contract.
 - 3. The specialty areas in which staff has expertise in counseling (ex. Family Life, Financial, Substance Abuse, etc.)
 - 4. Copies of current staff licenses and/or credentials
 - 5. Proposed staffing (to include credentials)
 - 6. Organizational licenses or accreditation, as applicable
 - 7. Current liability and malpractice coverage, as applicable
 - 8. Names and locations of current Employee Assistance Service contracts similar to that requested in this RFP
 - 9. Appropriate references (minimum of 5) to include names, addresses, and telephone numbers - fiscal and professional
 - 10. Types of services anticipated to be referred elsewhere

11. Sufficient financial data to enable a determination of fiscal stability

- L. Cost - Provide a cost per employee to the City and a cost per usage.
- M. Also accompanying your proposal should be your Proposed Implementation Timetable. Your timetable should assume January 1, 2021 as the program effective date.