

REQUEST FOR PROPOSALS

HEALTHCARE FLEXIBLE SPENDING ACCOUNTS (HEALTH FSA)

AND

DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)

FOR THE

PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN

(PEEHIP)

RFP 19-0001

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PURPOSE/ INTRODUCTION

1.1 INTRODUCTION

Through the issuance of this Request for Proposal (“RFP” and/or “Proposals”) the Public Education Employees’ Health Insurance Plan (PEEHIP) is soliciting Proposals from qualified Bidders that can provide administration services for Healthcare Flexible Spending Accounts (Health FSA) and Dependent Care Reimbursement Account (DCRA) programs. The effective date for these plans is October 1, 2019. If interested and able to meet the requirements, PEEHIP appreciates and welcomes your offer.

The contract term is for a three-year period beginning October 1, 2019. There will not be an extension of the contract period.

Five additional RFPs will be released separately from the FSA RFP. They are:

- Comprehensive Medical
- Prescription Drug
- Optional Dental, Vision, Hospital Indemnity and Cancer
- Wellness / Disease Management / Health Platform
- Medicare Advantage (with and without Prescription Drug Plan)

Please note that Alabama PEEHIP has chosen to market the Medical, Prescription Drug, Flexible Spending Accounts (FSA), Optional Plans, Wellness and MA-PDP coverages separately. This RFP is only for FSA administration. Responses provided should apply **only** to FSA administration. Any information provided by respondents, pertaining to Medical, Prescription Drugs, Optional Plans, and Wellness or Medicare Advantage (MA) coverages (unless explicitly requested within the RFP) will not be considered in the evaluation of this RFP. This includes attempts by Bidders to provide fees that are contingent upon the award of additional business in connection with the Medical, Prescription Drug, Optional Plans, Wellness or MA administration. If you are interested in proposing services for any of the five additional RFPs, you may do so independently under each distinct RFP.

PEEHIP reserves the right to award any service in whole or in part, if proposals suggest that doing so would be in PEEHIP’s best interest. PEEHIP also reserves the right to issue multiple awards, no award or cancel or alter the procurement at any time. In addition, PEEHIP reserves the right to extend the proposed RFP period, if needed. Proposals will not be awarded based simply on lowest cost as PEEHIP recognizes that factors other than cost are important to the ultimate selection of the administrator or administrators of their benefit plans.

Proposals provided in response to this RFP must comply with the submittal requirements set forth in later sections, including all forms and certifications, and will be evaluated in accordance with the criteria and procedures described herein. Based on the results of the evaluation, PEEHIP will award the contract to the most advantageous Proposer, based on the evaluation cost and capability factors set forth in the RFP. Any contract awarded hereunder shall be subject to the approval of the PEEHIP Board of Control and all appropriate PEEHIP and governmental officials in accordance with applicable state laws and regulations.

Please read the entire solicitation package and submit an offer in accordance with the instructions. All forms contained in the solicitation package must be completed in full and submitted along with the Technical Response and Price Proposal Worksheet, which combined, will constitute the offer. **This RFP and your response, including all subsequent documents provided during this RFP process will become part of the contract terms and policy between the parties.**

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PEEHIP has also retained Segal to assist in the evaluation of the proposals for completeness and responsiveness to the RFP and to review such proposals with them. Each proposal shall be evaluated in accordance with the company's selection criteria and other relevant factors listed below:

- Value of the benefit plans and services, taking into consideration the requirements of the RFP, proposed services and any "value added" terms, conditions and service levels
- Cost of the proposed benefits and/or services
- Qualifications of the firm including financial capacity, staffing, and availability of staff to work with PEEHIP during Open Enrollment
- Proposer's experience with the appropriate plans; commitment to such plans; experience offering such plans to public sector employers
- Proposer's ability to educate and communicate with program participants
- Proposer's ability to minimize enrollee disruption

All Proposers must meet the general conditions set forth in this RFP and are asked to respond only to the specific questions asked.

2 GENERAL INFORMATION

2.1 BACKGROUND

PEEHIP was established in 1983 by the Alabama legislature to provide quality health care insurance benefits for employees of public institutions of education within the state of Alabama which provide instruction at any combination of grades K through 14, exclusively, under the auspices of the State Board of Education, the Alabama Community College System Board of Trustees, or the Alabama Institute for Deaf and Blind. These health care benefits are available to all full-time, permanent part-time, and retired employees, and their eligible dependents.

Local employer units consist of all city school systems, county school systems, and community colleges in the state of Alabama. These entities are not allowed to opt out of the PEEHIP program. All 13 state four-year colleges and universities offer the PEEHIP program to their retirees, with only two institutions offering the program to the active population. However, all are eligible to join the program subject to proper notification. Upon joining the PEEHIP program, by statute, the schools are not allowed to opt out.

The current PEEHIP Flex Law requires that all employers offer a flexible benefit plan to all employees. However, the Law allows those school systems that already had a Flex plan in existence as of October 1, 2005 to retain their right to continue that Flex plan. As such, at least 50% of those school systems have a separate Flex plan.

The PEEHIP sponsored Flex Plan includes the following three programs:

Health Care Flexible Spending Account (Health FSA) allows active members to set aside tax free funds each year to pay for qualifying health care expenses incurred by them and their eligible dependents. Members can direct up to a maximum of \$2,700 to their account. There is a \$120 minimum annual contribution amount.

Dependent Care Flexible Spending Account (DCRA) allows active members to set aside tax free money to pay for dependent day care expenses. Members can direct up to a maximum of \$5,000 to their account each year to pay for dependent day care expenses so they (and if married, their spouse) can work outside the home or attend school full-time. If the member and their spouse files income taxes separately, the most either eligible can put into a program like the DCRA is \$2,500. There is a \$120 minimum annual contribution amount.

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Premium Conversion Plan allows active members to pay for their PEEHIP premiums using pre-tax dollars through their payroll system. This plan is strictly a function of the payroll system in which the member does not have to pay federal and state of Alabama income taxes on their health insurance premium.

The Open Enrollment Flex Spending period takes place from July 1 through Sept 30 and accounts become effective beginning October 1st. The plan year begins October 1, and ends September 30 of the following year. Enrollment in the FSA plan automatically cancels at the end of each plan year. New Hires are allowed to enroll within 30 days of their date of hire with an effective date of either the first of the month following their employment date or their employment date. Enrollment takes place through PEEHIP's Member Online Services (MOS) website or by completing and mailing a Flexible Spending Account Enrollment form to PEEHIP. The enrollment file is then transferred from PEEHIP to the vendor.

PEEHIP is looking for an administrator, effective October 1, 2019, to administer the Health FSA and DCRA plans as described above. PEEHIP is only seeking an administrator for DCRA and Health FSA, not for the Premium Conversion Plan. Health Equity, a subcontractor of Blue Cross Blue Shield of Alabama (BCBSAL) currently administers the Flex program.

The current funding arrangement for the PEEHIP Health FSA allows for BCBSAL to provide the claims reimbursement dollars to members upon submission of substantiation either via Flex Debit Card or Manual Reimbursement. Upon receipt of a claims reconciliation report, PEEHIP repays BCBSAL for the funds paid out to members. The winning Bidder will be expected to mirror the current funding and administration processes of member claims as well as submit a reconciliation report for reimbursement to PEEHIP.

Reimbursement:

The PEEHIP Flex plan year ends Sept 30. The plan does not allow a grace period for members to use funds after the plan has closed. However, the plan does allow additional time for members to submit a request for reimbursement of expenses incurred during the plan year. Members have until January 15 of the following calendar year to request reimbursement by submitting a reimbursement form with receipts for eligible expenses that were incurred during the plan year (October through September), for either the Health FSA and/or DCRA. No reimbursement will be allowed for funds remaining in the Health FSA or DCRA after the deadline of January 15th. Remaining funds will be forfeited.

PEEHIP members are allowed up to \$500 of unused funds remaining in a Health FSA after the timely filing period, to be carried over and used for eligible Health FSA expenses in the following plan year. The carryover amount does not affect the annual maximum contribution amount. Any funds remaining in a Health FSA account after the timely filing period, over the \$500 limit, will be forfeited. Carryover funds will not be eligible to use until the end of the timely filing period. Members who do not re-enroll in the Health FSA will be allowed to roll over up to \$500 as well. As such, the winning Bidder will be expected to administer and track the roll over amounts for PEEHIP members who elect not to re-enroll in the Health FSA.

Flex Debit Card: Currently all Health FSA enrollees are issued a Flex Debit Card to pay for qualified medical, prescription drug, dental and vision expenses. Use of the Flex Debit Card is encouraged but not mandatory. Enrollees choosing not to use the Flex Debit Card for Health FSA reimbursement may request a reimbursement using the Manual Reimbursement method. The Flex Debit Card cannot be used for DCRA reimbursement.

Manual Reimbursement: This method is available for both the Health FSA and DCRA. Members using this method of reimbursement for the Health FSA request a Manual Reimbursement through the HealthEquity Online Member Portal or mobile app and upload the proper supporting documentation and receipts. The funds can be sent by check or direct deposit or directly to the healthcare provider. Members may also submit a paper Reimbursement Form and provide supporting documentation for which they are claiming reimbursement. Once approved, reimbursement will be sent to members by check or direct deposit. Health FSA funds are available for reimbursement up to the annual amount elected as of the first effective day of the

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plan. Members requesting reimbursement from the DCRA can submit expenses for reimbursement either through the HealthEquity member portal, or by completing a DCRA Reimbursement Form. Funds for reimbursement from the DCRA become available only after contributions have been withheld from the member’s paycheck.

There are approximately 98,000 active employees eligible to participate in the PEEHIP FSA benefit plan. The September 30, 2018 counts for Health FSA and DCA are represented in the grid, below. The total participant count considers each participant only once, so those participating in both accounts are represented only once in the total participant count.

Participants with Health FSA:	
Count	3,633
Annual Deduction	4,871,950
Participants with DCRA:	
Count	161
Annual Deduction	649,452
Participants with Both Health FSA and DCRA*:	
Count	254
Annual Deduction	1,127,785
Total Participants	4,302
Total Annual Deduction Amount	6,649,187

* Counts for participants having both Health FSA and DCRA, are also included in the separate Health FSA and DCRA counts

2.2 SCOPE AND OBJECTIVES

PEEHIP has high service expectations for the Bidder who will administer the Flexible Spending Accounts. Accurate, consistent, timely and comprehensive management reporting is also critically important. Specifically, PEEHIP is looking for an FSA administrator that will:

- Offer a competitive financial arrangement, guarantee, and renewal terms
- Show strong financial stability
- Deliver an overall program that is consistent with PEEHIP's culture, benefits philosophy, budgetary goals, and plan objectives
- Demonstrate innovative and quality-oriented FSA claims administration
- Provide excellent communication services
- Provide superior account service to PEEHIP and excellent customer support to members
- Provide seamless implementation of the program for PEEHIP and its members

3 RESPONSE INSTRUCTIONS

3.1 INSTRUCTIONS FOR SUBMITTING OFFERS

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All sections must be answered completely and, as outlined in the RFP, using Proposal Tech. It is not acceptable to use the term "See Attached" as a response to any of the questions, fee quotation forms, plan or network comparisons. Such a response may jeopardize your chances for consideration.

Please note that Reference Documents (i.e., enrollment, etc.) will only be provided to Proposers that have submitted a completed and signed Non-Disclosure Agreement (NDA) to the solicitation contact. The NDA has been posted to the Proposal Tech system for download and completion. Completed and signed NDA's should be emailed to Ms. Laine Ingle at LIngle@segalco.com and NOT posted to the Proposal Tech site. NDA's posted to Proposal Tech will not be accepted.

Final proposal submissions must be posted with Proposal Tech at www.proposaltech.com before the due date and time cited. Access to the eRFP will be locked after that time. Bidders will not be able to post or change their responses. Late proposals will not be considered.

3.2 QUESTIONNAIRE INSTRUCTIONS

PEEHIP and Segal Consultants will review and evaluate each proposal carefully. Many questions within the RFP system do not require lengthy responses. When a question does require a written response, please provide a response that is clear and concise. DO NOT answer any of the questions by referring to a prior answer or by referring to an attachment. Any such answers will not be considered and will constitute sufficient grounds for rejecting a proposal. ANSWERS TO THE QUESTIONS SHOULD BE AS SHORT AND CONCISE AS POSSIBLE TO FACILITATE OUR ANALYSIS AND TO AVOID CONFUSION.

3.3 BIDDER'S CONFERENCE

A Bidder's Conference will not be held for this RFP.

3.4 PROPOSAL DELIVERY

The Bidder must provide copies of its proposal submission as follows:

1. Technical Proposal:

Eight (8) hard copies, bound and tabbed, with one (1) marked "Original" and having original signatures; and Eight (8) electronic copies on eight (8) CDs, with one (1) designated as the "Original" version.

2. Price Proposal:

Eight (8) hard copies, bound and tabbed, with one (1) marked "Original" and having original signatures; and Eight (8) electronic copies on eight (8) CDs, with one (1) designated as the "Original" version.

3. Redacted Copy:

One (1) hard copy and one electronic copy in pdf, redacted for proprietary information.

The Technical Proposal and Price Proposal **must be labeled and packaged separately**. In the event of a discrepancy/conflict between the Proposal Tech submission and the Hard copy version, the Proposal Tech version will take precedence. In the event of a power failure or similar occurrence, the hard copy version will be used. In the event a document or section is omitted from the Proposal Tech version of the Bidder's response, PEEHIP reserves the right to accept the omitted document or section, if included, in the hard copy version. All documents should remain in their native format. Copies should be addressed and mailed or delivered to the **Solicitation Contact**:

Ms. Laine Ingle

Senior Consultant

Segal Consulting

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2727 Paces Ferry Road SE
Suite 1400
Atlanta, GA 30339

Complete Proposals should be submitted via the Proposal Tech website by **5:00 p.m. EST on January 30, 2019**. Hard copy proposals should be delivered to the address noted above. **Hard copy proposals will be accepted until 5:00 p.m. EST on January 31, 2019**. Proposals will **not** be accepted after these stated dates and times. PEEHIP reserves the right to reject any and all responses to this RFP.

Any questions regarding this RFP must be submitted electronically using the “Ask Question” feature via the Proposal Tech website by January 14, 2019 at 5:00 p.m. EST.

3.5 KEY DATES

Event	Due Date
Release of RFP	January 7, 2019
Notification of Intent to Bid and signed NDA (by 5:00 pm EST)	January 14, 2019
Written Questions from Proposers Due Date	January 14, 2019
Response to Questions from Proposers	January 18, 2019
Electronic Bid Due Date (no later than 5:00 p.m. EST)	January 30, 2019
Hard Copy Bid Due Date (no later than 5:00 p.m. EST)	January 31, 2019
Notification of Finalist(s)	February 27, 2019
Finalist(s) Presentation(s) in Montgomery (if necessary)	Week of March 4 or March 11, 2019
Anticipated Contract Award Date	May, 2019
Implementation	July 1, 2019
Proposed Effective Date	October 1, 2019

3.6 SELECTION OF PARTNER

All responding Bidders will be notified in writing within a reasonable length of time following the selection. Prior to the selection of a vendor partner, two or more Bidders may be requested to make oral presentations in person to the evaluation committee. The proposal shall become the property of PEEHIP.

3.7 ECONOMY OF PREPARATION

Proposals should be prepared simply and economically and provide a concise description of the bidder’s response to the requirements of this RFP. Emphasis should be on clarity. PEEHIP will not be responsible for any costs incurred by any Bidder in the preparation, submission, or presentation of a proposal.

3.8 NEWS RELEASES

News releases pertaining to this RFP, or to any services to which it relates, will be made only with prior written approval of PEEHIP, which may be withheld for any reason.

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3.9 ADDENDA TO THE RFP

Any modifications made to the RFP prior to the proposal due date will be provided to all Bidders via the Proposal Tech system described in this RFP.

3.10 SOLICITATION CONTACT

All questions regarding this RFP should be submitted to the Solicitation Contact, Ms. Laine Ingle, through the Proposal Tech website. Questions regarding technical issues with the website should be directed to Proposal Tech, by calling (877) 211-8316, ext. #4, and asking for support. Any questions that arise concerning this RFP may be directed to Ms. Laine Ingle via the Proposal Tech website, prior to 5:00 p.m. EST on **January 14, 2019**.

3.11 DISCLOSURE OF PROPOSAL CONTENTS

Proposals and supporting documents are kept confidential until the evaluation process is complete and a contract has been awarded. Bidders should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure, if required by law. Bidders should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "confidential." Bidders shall redact this information in the redacted copy provided to PEEHIP pursuant to Section 3.4 Proposal Delivery. Bidders shall also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records laws and is marked as proprietary information. Information contained in the cost proposal may not be marked confidential. It is the sole responsibility of the Bidder to indicate information that is to remain confidential. If the Bidder identifies its entire proposal as confidential, PEEHIP may deem the proposal non-responsive and may reject it.

Bidder agrees to intervene in and defend any lawsuit brought against PEEHIP for its refusal to provide Bidder's alleged confidential and/or proprietary information to a requesting party. PEEHIP shall provide Bidder written notice of any such lawsuit within ten (10) days of receipt of service by PEEHIP. Bidder shall intervene within thirty (30) days of notice or will be deemed to have waived any and all claim that information contained in the proposal is confidential and/or proprietary and any and all claims against PEEHIP for disclosure of Bidder's alleged confidential and/or proprietary information.

4 INTENT TO BID (with Minimum Requirements)

4.1 If your company intends to submit a proposal for administration of PEEHIP's FSA Program, and wishes to access the Reference Documents (e.g., plan information, demographics, etc.), please complete Intent to Bid form – Attachment 1 and Non-Disclosure Agreement (NDA), and email both forms to Ms. Laine Ingle, at LIngle@segalco.com, by January 14, 2019. The Intent to Bid and NDA forms may be downloaded from the Proposal Tech system for completion.

The Intent to Bid form outlines Minimum Requirements for bidding on the FSA. These requirements will need to be confirmed before continuing with the bidding process.

Reference Documents will be provided only to Proposers that have submitted a completed and signed NDA to Ms. Ingle.

Completed Intent to Bid and NDA forms must be submitted via e-mail --forms posted to Proposal Tech will not be accepted.

Single, Pull-down list.

- 1: Completed and sent,
- 2: Not sent

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Attached Document(s): [Intent to Bid Form.doc](#)

5 INFORMATION REQUIRED FROM BIDDERS

5.1 QUALIFICATIONS OF THE FIRM - BUSINESS ORGANIZATION

5.1.1 State the full name and address of your organization, and if applicable, the branch office or other subordinate element that will perform or assist in performing the work hereunder.

Unlimited.

5.1.2 Indicate whether you operate as an individual, partnership, limited liability company, or corporation.

Unlimited.

5.1.3 State the name of the state in which you are formed or incorporated.

Unlimited.

5.1.4 State whether you are currently in good standing in the state in which you are formed or incorporated and provide a Certificate of Good Standing from that state.

Unlimited.

5.1.5 State whether you are licensed to operate in the State of Alabama.

Unlimited.

5.2 QUALIFICATIONS OF THE FIRM - PRIOR EXPERIENCE

5.2.1 Include a brief statement (maximum 1,000 words) concerning the relevant experience of persons from your firm who will be administering the Health Care Flexible Spending Account (Health FSA) and Dependent Care Reimbursement Account (DCRA) benefits. Do not include general corporate background brochures. Emphasize experience directly applicable to the administration of the Health FSA and DCRA programs.

Response must include the following required experience:

- Administration and oversight of the Health FSA and DCRA benefits for public sector clients with an eligible membership of at least 100,000 eligible lives.
- Significant knowledge and experience with Health FSA and DCRA benefits.

1000 words.

5.3 QUALIFICATIONS OF THE FIRM - MANPOWER

5.3.1 Identify lead individuals by name and title. Include a resume for each and the proposed percent of time dedicated to this account (based on 40-hour work week).

Unlimited.

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5.4 QUALIFICATIONS OF THE FIRM - AUTHORIZED OFFICIALS

5.4.1 Include the names, titles, e-mail addresses and telephone numbers of personnel of the organization authorized to execute the proposed contracts with PEEHIP.

Unlimited.

5.5 COST AND PRICE ANALYSIS

5.5.1 The information requested in this Section and the RFP questionnaire is required to support the reasonableness of your proposed price. Use the following format:

- Reflect the details of the expected total contract cost for plan years ending 2020, 2021, and 2022 (plan years run October 1st through September 30th-- e.g., plan year 2020 will run 10/1/19 – 9/30/20).
- PEEHIP desires to enter into a three-year contract for performing the administration services for Health FSA and DCRA benefits for plan years 2020 through 2022. Be specific regarding the following:
 - competitive fees (although lowest cost is not necessarily the only decision-making factor)
 - clear description of fee components and calculations
 - administration fee should be quoted on a per-participant-per-month (PPPM) basis, and should be all-inclusive – no separate renewal fee, postage fees, run-out fees, etc.
 - minimum three-year fee guarantee is requested
 - Note: All “add-on” costs must be estimated and documented in the Price Proposal Worksheet – Attachment 1.

5.6 SCORING CRITERIA

5.6.1 Proposals will be evaluated by an evaluation committee. Selection will be based on all factors listed below and others implicit within the RFP and will represent the best performance and reasonable costs for PEEHIP. Oral presentations may be required as part of the evaluation criteria.

Technical Proposal Section	Maximum Points
General Information, Capabilities, and Experience Administering FSA Plans	100 points
Staffing, Member Services and Account Management	100 points
Plan Administration and Adjudication	125 points
Reporting to PEEHIP	125 points
Eligibility	125 points
Implementation, Communication and Education	125 points
Performance Guarantees	50 points
Total Technical Proposal	750 points
Total Price Proposal	250 points
Total Proposal	1000 points

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Finalist Interviews/Site Visits (optional)	100 points
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5.7 OTHER INFORMATION

5.7.1 Other documents and information that may be helpful in preparing your proposal may be accessed via the Internet as follows:

<http://www.rsa-al.gov/> - RSA home page

<http://www.rsa-al.gov/index.php/members/peehip/> - PEEHIP home page

<http://www.rsa-al.gov/index.php/employers/peehip/> - PEEHIP employers section of RSA web page

www.sos.alabama.gov - Secretary of State home page

<http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/coatoc.htm> - Statutes establishing and governing PEEHIP – See Title 16, Chapter 25A

5.8 ADDITIONAL PROCUREMENT DOCUMENTS

5.8.1 The following documents, labeled Exhibits 1-8 in Proposal Tech, must be completed and submitted with your proposal:

1. State of Alabama Disclosure Statement (Required by Article 3B of Title 41, Code of Alabama 1975) – two pages
2. Sample PEEHIP State Contract
3. Business Associate Agreement
4. Immigration Compliance Certificate (submission must include entire E-Verify Memorandum of Understanding, verified by the U.S. Department of Homeland Security)
5. IRS Form W-9
6. Verification of adherence to the PEEHIP Statement on HIPAA Compliance Documentation. Please see the Business Associate Data Security Policy as a reference.
7. RSA Third Party Vendor Security Questionnaire
8. Trading Partner Agreement

Please confirm you have downloaded, completed and uploaded all of the procurement documents listed above. If not, please explain.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

6 GENERAL PROPOSAL CONDITIONS

Below are the general conditions for submitting a proposal. By checking “Agree”, Bidder represents the proposal submitted adheres to these conditions, unless otherwise noted in the proposal. Failure to meet any of these conditions may result in disqualification of proposal. This RFP and your response, including all subsequent documents provided during this RFP process, will become part of the contract terms and policy between the parties.

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6.1 Any award will be made to the Bidder(s) whose proposal(s) is/are deemed to be in the best interest of PEEHIP. PEEHIP reserves the right to reject any and all proposals.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.2 Bidder agrees to respond to this RFP in full, including all requirements.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.3 Any cost incurred by Bidder in preparing or submitting proposals is Bidder's sole responsibility. Proposals will not be returned.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.4 Bidder will not be bound by oral explanations or instructions given during the competitive process or after the award of the contract(s). However, PEEHIP reserves the right to request that Bidder put any such oral explanations or instructions into writing and, once in written format, such documentation shall become part of Bidder's proposal for purposes of becoming part of the final agreement.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.5 Bidder agrees to be bound by its proposal for a period of at least 180 days, during which time PEEHIP and/or Segal may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall not affect the remainder of the proposal, but only the portion as amended or clarified.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.6 Any exceptions to terms, conditions, or other requirements in any part of these specifications must be clearly pointed out in the appropriate section of the proposal. Otherwise, it will be considered that all items offered are in strict compliance with the specifications.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.7 The proposal must be signed (electronic signature is acceptable) by a legal representative of the bidding firm, who is authorized to bind the firm to a contract in the event of the award. All rates, fees and terms presented will be considered legally binding.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.8 All Bidder services must adhere to relevant federal and state laws and regulations.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

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6.9 Any early termination provision contained in your contract cannot be tied to financial provisions or penalties. Either party can terminate the contract without cause. However, PEEHIP can provide 30 days' notice while you will be required to provide 180 days' notice to PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.10 Bidder agrees to provide completed Alabama Disclosure Statement, Immigration Compliance Certificate (entire E-Verify Memorandum of Understanding (MOU), verified by U.S. Office of Homeland Security), and IRS Form W-9 with submission of proposal.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.11 Bidder agrees that the MOU for e-Verify will match the EIN on the IRS Form W-9 or offer an explanation on company letterhead of why the numbers are different.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.12 Bidder agrees there will be no initial or ongoing commissions or finder's fees payable on any plan or services as a result of this RFP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.13 There are NO additional fees (beyond those outlined in the Price Proposal Worksheet) required to provide the services outlined in this RFP. Any mandatory fees must be clearly outlined in the Price Proposal Worksheet. Under no circumstances will PEEHIP be liable to Bidder for fees not disclosed in Bidder's written proposal.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.14 Bidder agrees to abide by the following contract language: Contractor acknowledges that Contractor is an independent contractor, and neither Contractor nor Contractor's employees are to be considered employees of PEEHIP or entitled to benefits under the State of Alabama Merit System.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.15 Bidder agrees to abide by the following contract language: Contractor acknowledges that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article 11, Section 213 of the Constitution of Alabama, 1901, as amended by Amendment Number 26. It is further agreed that if any provisions of this Agreement shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Agreement, be enacted, then that conflicting provision in the Agreement shall be deemed null and void. Contractor may not assign this Agreement or any interest herein or any money due hereunder without the expressed written consent of PEEHIP.

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Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.16 Bidder agrees to abide by the following contract language: To the fullest extent permitted by law, the Contractor shall indemnify, defend, and hold harmless PEEHIP, the State of Alabama, and their affiliates, and their respective administrators, officers, directors, agents, and employees (the "Indemnitees"), from and against any and all claims, damages, losses, and expenses, including, but not limited to, attorney's fees, arising out of or resulting from the Contractor's performance of services under this Agreement and/or any other of the Contractor's acts and/or omissions under this Agreement. Without limiting the foregoing in any manner, the Contractor shall indemnify, defend, and hold harmless the Indemnitees from and against any and all claims, damages, losses and expenses, including, but not limited to, attorney's fees, (a) incurred as a result of the Contractor's violation of any law, rule or regulation; (b) arising out of, or related to, the Contractor's breach of warranty or representation; or (c) arising out of, or related to, the Contractor's negligent or willful misconduct.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.17 Bidder agrees to abide by the following contract language: Contractor acknowledges and agrees that, PEEHIP shall not indemnify or hold harmless Contractor, its affiliates, administrators, officers, employees, or agents. Contractor further acknowledges and agrees that PEEHIP shall not be liable to Contractor for any late fees, penalties, collection fees, or attorney fees.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.18 Bidder agrees to abide by the following contract language: Contractor acknowledges that, in the course of performing its responsibilities under this Agreement, Contractor may be exposed to or acquire information that is proprietary or confidential to PEEHIP or its members. Contractor agrees to hold such information in confidence and not to copy, reproduce, sell, assign, license, market, transfer, or otherwise disclose such information to third parties or to use such information for any purpose whatsoever, without the express written permission of PEEHIP, other than for the performance of obligations hereunder or as required by applicable state or federal law. For purposes of this Agreement, all records, financial information, specifications, and data disclosed to Contractor during the term of this Agreement, whether submitted orally, in writing, or by any other media, shall be deemed to be confidential in nature unless otherwise specifically stated in writing by PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.19 Bidder agrees to abide by the following contract language: Contractor acknowledges that PEEHIP may be subject to Alabama open records laws or similar state and/or federal laws relating to disclosure of public records and may be required, upon request, to disclose certain records and information covered by and not exempted from such laws. Notwithstanding anything to the contrary contained in Contractor's proposal or in this final Agreement, Contractor acknowledges and agrees that PEEHIP may comply with those laws and any such compliance shall not be deemed a violation with any provision of Contractor's proposal or final Agreement.

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Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.20 Bidder agrees to abide by the following contract language: By signing this contract, the contracting parties affirm, for the duration of the Agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the Agreement and shall be responsible for all damages resulting therefrom.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.21 Bidder agrees to abide by the following contract language: In compliance with Act 2016-312, Contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.22 Bidder agrees to abide by the following contract language: In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involve the payment of money, Contractor's sole remedy is the filing of a claim with the Board of Adjustment to the State of Alabama. For any and all other disputes arising under the terms of this Agreement which are not resolved by negotiation, the parties agree to utilize appropriate forms of nonbinding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.23 Bidder agrees to abide by the following contract language: This Agreement shall be governed by and construed in accordance with Alabama Law, without giving any effect to the conflict of laws provision thereof.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.24 Bidder agrees to make changes in a timely manner in such instances where the Alabama Legislature enacts legislation that impacts PEEHIP and requires such changes.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.25 Insurance. Bidder shall maintain or obtain (as applicable), with respect to the activities in which Bidder engages pursuant to this Agreement, professional liability (errors and omissions) insurance and general liability insurance in amounts reasonable and customary for the nature and scope of business engaged in by such party. Bidder shall deliver to PEEHIP evidence of such insurance on or before the Effective Date and annually thereafter and name PEEHIP as an additional insured. Please specify the liability coverage amounts you are offering for this account.

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Single, Radio group.

- 1: Agree, please specify coverage amounts;
- 2: Disagree, explain: [Unlimited]

6.26 If selected as a finalist, PEEHIP will require that you provide copies of all privacy policies, terms of use protections and any other terms related to cyber security in protection. Please note that this applies not only for how you will use and transfer data but also as it relates to employee sites or portal access.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.27 Bidder will accept liability for any mistakes, errors, or omissions it makes in providing services to PEEHIP and its members.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.28 Bidders must have all licenses necessary to do business in the State of Alabama and to perform the services required by PEEHIP. If you have an application for license pending please provide a copy of the application. Such license(s) must be in effect before October 1, 2019.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.29 Bidder agrees to provide a sample Services Agreement that includes provisions for all agreed-upon bid conditions. Bidder shall upload the sample agreement in the corresponding Required Documents section of this RFP. By accepting Bidder's proposal, PEEHIP is not agreeing to nor accepting the terms of Bidder's sample agreement. PEEHIP reserves the right to negotiate or reject the terms of Bidder's agreement.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.30 PEEHIP requires that the contract be signed, at least 30-days prior to go-live. Bidder agrees to meet this deadline.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.31 Bidder will execute and remain in full compliance with the attached Business Associate Agreement (BAA) with PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.32 Bidder must notify PEEHIP within 30 days of purchase, acquisition and any other change in its ownership or partners or control affecting 10% or greater interest, any acquisition by it of 10% or greater interest in any subsidiary, and any new agreement with, by or between any affiliates that is relevant to the contract.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

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6.33 Bidder will not render or administer services off-shore, and all work performed will be in the contiguous United States.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.34 Bidder agrees to provide its organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 18 report or ISAE 3402 (If a foreign organization).

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.35 Bidder acknowledges and agrees that Bidder has a continuing obligation to disclose any change of circumstances that will affect its qualifications as a Bidder.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.36 UNIQUE MEMBER IDENTIFIER ADMINISTRATION REQUIREMENT: Bidder must be able to accept, store, and report member-level detail, using the following data elements:

1. Social Security Number,
2. Individual Personal Identification number (PID), assigned by PEEHIP to each covered member (subscribers and dependents)
3. Subscriber Personal Identification number (PID), assigned by PEEHIP and reported for each covered member on an account

PEEHIP stores and tracks member-level detail using SSNs and unique PEEHIP-assigned PIDs. ALL eligibility and member-level reporting must include these unique identifiers. The Bidder must be able to accept and track each individual plan member based upon the SSN and PEEHIP-assigned member PID. The following chart provides an example of how the Unique Member Identifier should be structured.

Contract Participants	Individual SSN	PEEHIP-assigned Individual PID	PEEHIP-assigned Subscriber PID
John Doe – Subscriber	XXX-XX-XXX1	12222222	12222222
Jane Doe – Spouse	XXX-XX-XXX2	22345678	12222222
Julie Doe – Child	XXX-XX-XXX3	32345678	12222222
Jack Doe – Child	XXX-XX-XXX4	42345678	12222222

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

6.37 Confirm that all file transmissions will include member-level detail using these identifiers - SSNs, PEEHIP-assigned Individual Personal Identification Number (PID)s, and PEEHIP-assigned Subscriber PIDs.

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Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.38 Bidder must have the capability to process daily transmittal of eligibility files, and maintain eligibility files, on a daily basis, and transmit and receive a reconciliation file to/from PEEHIP electronically, on a monthly basis, in PEEHIP's eligibility file format. PEEHIP will provide their file format to the Bidder.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.39 Bidder must assign the ID card contract numbers (without containing the PEEHIP assigned PIDs). Note that the vendor assigned contract numbers will not be stored in PEEHIP's system.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.40 Bidder agrees to utilize PEEHIP's Trading Partner Agreement related to the 834 file format to update the eligibility records on a daily basis. PEEHIP will provide the Trading Partner Agreement to the Bidder. Please review the Flex Reconciliation File Parameters – Appendix F in the Reference Documents section.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.41 Bidder agrees to the specified eligibility rules established by PEEHIP and as stated in the PEEHIP Member Handbook.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.42 Bidder must provide detailed disclosure of all invoice line items to PEEHIP at each monthly billing cycle in the electronic format prescribed by PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.43 Bidder agrees that all reporting submitted by Bidder must be reconciled to the billing.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.44 Bidder will attach a copy of its most recently completed HIPAA assessment in the Required Documents section of the RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.45 Bidder will supply PEEHIP with the most recent copy of its completed HIPAA assessment every time one is completed within 10 business days of Bidder's receipt of same.

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Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.46 All personnel/staff in Bidder's organization must have completed HIPAA training, at least annually.

Single, Radio group.

- 1: Agree, explain: [Unlimited] ,
- 2: Disagree, explain: [Unlimited]

6.47 All employees at Bidder's organization have been trained on how to report a security incident or potential breach under HIPAA.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited }

6.48 If awarded the contract, PEEHIP or its agent or representative may, at any point during the Agreement, perform an on-site self-assessment of Bidder's organization based on HIPAA requirements.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.49 Bidder has attached documents that indicate Bidder is in compliance with the PEEHIP Statement on HIPAA Compliance Document in the Additional Procurement Documents section of the RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.50 Bidder has attached a copy of its Information Security Policy and Procedures in the Required Documents section of the RFP. These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.51 Bidder must be able to accept and process standard HIPAA-compliant enrollment data electronically, on a daily basis.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.52 Bidder agrees that PEEHIP owns its data and that such data will be considered proprietary and will not be shared, except at PEEHIP's request, with full knowledge and express written consent.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.53 Upon termination of the contract, Bidder must provide historical data to succeeding Bidder or PEEHIP, as directed, at no additional charge. Bidder must provide, at no additional cost to PEEHIP, up to five (5) files of historical data, for the three previous contract years, to any new Bidder selected by PEEHIP. Transition of data will begin immediately following notification of termination and must be complete within 90 days of that notification. Within 14 days of notification, bidder must provide files as of the notification date. Bidder must

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provide all data on a rolling basis at least once every 30 days thereafter until all PEEHIP data has been provided to the succeeding bidder or to PEEHIP as directed.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.54 Bidder must notify PEEHIP, in writing, immediately upon identification of system-related problems, programming problems or data transfer problems. Bidder must make every effort necessary to correct such problems within 48 hours regardless of the time or date in order to minimize any disruption to members.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.55 Bidder must provide operational and system redundancy and disaster recovery procedures to ensure disruption-free service in the Required Documents section of the RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.56 Bidder must provide a dedicated Implementation Manager whose sole account is PEEHIP and who, in coordination with the dedicated Account Manager and PEEHIP Account Management team, will effectively manage the implementation of this program. The dedicated Implementation Manager must continue to support PEEHIP a minimum of 45 days after the implementation date of October 1, 2019, should PEEHIP desire. Such support includes, but is not limited to, weekly calls with PEEHIP and the designated Account Management team, maintenance of issue-tracking logs, and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.57 Bidder must have the ability to accept “warm transfers” from PEEHIP’s Member Services Call Center to Bidder’s call center(s) at no additional cost to PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.58 No covered Medicare-eligible retiree or covered Medicare-eligible dependent of a retiree shall lose or gain coverage as a result of vendor change. All transition-of-care-related issues and non-confinement provisions must be expressly waived for the initial enrollment for covered retirees and covered dependents that have already satisfied the limitations under the existing plan, unless otherwise specified in the eligibility rules established by PEEHIP and/or CMS.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.59 No loss/No gain: No covered PEEHIP members shall lose or gain coverage as a result of Bidder change.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

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6.60 Bidder agrees to be audited by PEEHIP or an entity chosen by PEEHIP. The Bidder will cooperate with any outside audit firm PEEHIP selects to perform the audit. PEEHIP reserves the right to review and audit the operations of the Bidder, including the Bidder's internal control procedures and records, at any point during the life of the contract. Additionally, PEEHIP or its designated agent will be permitted to annually audit Bidder's performance under the contract, at no cost to PEEHIP, including, but not limited to, claims processing and payment, customer service, and banking and billing records to assure that claims subject to each proposed coverage are evaluated in accordance with the plan provision. If an audit identifies performance guarantees are not being met, PEEHIP will expect the Bidder to pay for follow-up audits to confirm resolution of any problem(s) that are uncovered during the initial audit. PEEHIP reserves this right to audit for the duration of the agreement and for a period of three (3) years following expiration or termination thereof.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.61 All PEEHIP information disclosed during the proposal and contract term must remain strictly confidential unless disclosure is required by law.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7 FLEX PROGRAM CONFIRMATIONS

7.1 Proposed fees must include reimbursement through January 15th of the end of the contract's following calendar year. Timely filing period claims reimbursement will be the responsibility of the then incumbent administrator and will be handled with no additional administration fees.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.2 Members enroll in the Health FSA and DCRA programs through PEEHIP's Members Online Services site or by mailing to PEEHIP a completed Flex Enrollment Form. An enrollment file will then be passed from PEEHIP to the vendors. Confirm you agree to accept PEEHIP's standard eligibility file layout on an ongoing weekly basis.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.3 Confirm that you provide PEEHIP with a Flex program point person that is dedicated to the PEEHIP contract for Member Service and Account Management concerns and issues.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.4 The current funding arrangement for the PEEHIP Health FSA allows for BCBSAL to provide the claims reimbursement dollars to members upon submission of substantiation either via Flex Debit Card or Manual Reimbursement. Upon receipt of a claims reconciliation report, PEEHIP repays BCBSAL for the funds paid out to members. Confirm that ability to mirror the current funding and administration processes of member claims as well as submit a reconciliation report for reimbursement to PEEHIP.

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Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.5 Members who do not re-enroll in the Health FSA will be allowed to roll over up to \$500 as well. Confirm you will administer and track the roll over amounts for PEEHIP members who elect not to re-enroll in the Health FSA.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.6 Confirm you will print and mail, via surface mail, the SPD associated with this program, to each member upon their enrollment and annually thereafter.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.7 Confirm you will have a process or mechanism in place to identify and isolate PEEHIP only members that call into the Member Services line.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.8 Confirm you will report on member service level PEEHIP-specific performance data (not book of business) for items including call volume, average speed of answer, telephone abandonment rate and average hold time.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.9 Confirm you will not charge PEEHIP or PEEHIP members for paper check reimbursement.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.10 Confirm that in the event the member services department or systems are moved to another office, another platform or another company, a separate transition plan will be provided to PEEHIP with specific performance agreements and fee risk amounts.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.11 Confirm you will notify the Plan and each affected individual directly if a breach of unsecured protected health information is discovered, as required under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, and in accordance with the HIPAA/HITECH Comprehensive Final Rule.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

8 QUESTIONNAIRE - GENERAL INFORMATION, CAPABILITIES, AND EXPERIENCE ADMINISTERING FSA PLANS

8.1 REFERENCES

8.1.1 Provide three current customer references. At least one of these references must have a minimum of 100,000 eligible employees. PEEHIP is interested in working with carriers that have experience with and a history of administering FSA Services to public sector plans of similar size. Provide the following for each reference:

	Reference 1	Reference 2	Reference 3
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Number of participating employees/subscribers	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

8.1.2 Provide this same information for two (2) recently terminated customers. Include the reason the engagement was terminated.

	Reference 1	Reference 2
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>

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e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Reason for termination	<i>Unlimited.</i>	<i>Unlimited.</i>

8.2 COMPANY OVERVIEW

8.2.1 Please provide the following information for the proposed administrator of the FSA.

	Your Company	Parent Company
Legal Company Name	<i>500 words.</i>	<i>500 words.</i>
Corporate Office Address	<i>500 words.</i>	<i>500 words.</i>
Telephone Number	<i>500 words.</i>	<i>500 words.</i>
Company URL (web address)	<i>500 words.</i>	<i>500 words.</i>

8.2.2 Provide the location of the Bidder's office(s) that would be responsible for administering the PEEHIP FSA benefits. If the Account Management location and the Claims Administration location are different, please list both.

Unlimited.

8.2.3 Provide names of all subcontractors along with type of services they will provide, the number of years your firm has utilized the subcontractor, and the contractual relationship between subcontractor and your company. Please use the table provided below.

	Name and Address	Type of Service(s)	Years Utilizing this Contractor	Contractual Relationship
1.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
2.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
3.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required

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4.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
5.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
6.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required

8.2.4 Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your sub-contractors.

Unlimited.

8.2.5 Has your organization recently undergone any workforce realignments and/or recent merger or acquisition activity? Are there any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital? If so, please describe.

500 words.

8.2.6 Describe any staff relocations, computer system changes/upgrades, process/software changes, telephone system changes, and/or removal of product lines in process at this time, or proposed within the next 12-24 months?

Unlimited.

8.2.7 Is your organization:

Single, Radio group.

- 1: Privately held,
- 2: Publicly traded,
- 3: A mutual holding company,
- 4: Other. Please describe: [Unlimited]

8.2.8 Confirm that you will provide the most recent 2 years of your firm's audited financial statements. Provide the requested financial statements as an attachment to your proposal.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed

8.3 EXPERIENCE

8.3.1 Confirm that your company can administer FSA benefits, including health care and dependent care reimbursement accounts. If not, do you outsource with another vendor?

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, please explain: [500 words]

8.3.2 Provide an overview of your organization/firm, including, at minimum: historical background, location(s) of business, main business activity, length of time in business, length of time administering FSA benefits, and organizational structure.

500 words.

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8.3.3 Based on your entire book of business, provide FSA administration statistics split as requested in the grid, below.

	Total Number of Participants	Number of Participants in Alabama	Total Number of Employer Groups	Public Sector Participants	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Employees
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

8.3.4 How many new FSA groups did your organization add effective January 1, 2018 and January 1, 2019?

Integer.

8.3.5 How many new FSA participants did your organization add effective January 1, 2018 and January 1, 2019?

Integer.

8.3.6 What percentage of your 2018 total group FSA plan membership renewed for the 2019 calendar year?

Percent.

8.4 STAFFING

8.4.1 Confirm that you will be available and participate in PEEHIP's open enrollment communications campaign. Describe your involvement and how you will assist members in learning about their benefit options. Note that Open Enrollment is scheduled to begin each July 1st and ends on September 30th.

Single, Radio group.

1: Confirmed, Explain: [Unlimited],

2: Not confirmed, Explain: [Unlimited]

8.4.2 Confirm that your organization will conduct on-site, state wide educational sessions for PEEHIP's eligible members and dependents of eligible members beginning no later than each July 1, and throughout the remainder of the Open Enrollment Period. Note that this request is only made when the number of on-site invitations for the same date exceeds available PEEHIP staff.

Single, Radio group.

1: Yes, included in standard fee: [Text],

2: Yes – additional charge: [Text],

3: No: [Text]

8.4.3 Confirm that your organization will continue to support PEEHIP after Open Enrollment. Such support includes, but is not limited to weekly calls with PEEHIP and the designated Account Management team, quarterly Account Management meetings, maintenance of issue tracking logs, and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

Single, Radio group.

1: Confirmed: [Text],

2: Not confirmed: [Text]

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8.4.4 Please provide the following information: a. A statement of whether the Bidder or any of the Bidder's employees, agents, independent contractors, or subcontractors have been convicted of, pled guilty to, or pled nolo contendere to any felony, and if so, an explanation providing relevant details. b. A statement of whether there is any concluded or pending litigation against the Bidder or Bidder's employees related to a contract engagement; and if such litigation exists, an attached opinion of counsel as to whether the pending litigation will impair the firms performance in a contract under this RFP. c. A statement of whether the Bidder or any of the Bidder's business associates have reported a HIPAA breach involving 500 or more individuals in a given state or jurisdiction. d. A statement on how Bidder vets employees and/or contract personnel to ensure workforce clearance procedures are followed under HIPAA. e. A statement as to whether, in the last ten years, Bidder or any of its subcontractors has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.”

Unlimited.

8.5 MEMBER SERVICES

8.5.1 For the Member Services unit serving PEEHIP, provide the hours of operations that the unit will have live representatives available to PEEHIP members.

Unlimited.

8.5.2 Is there a Pre-Enrollment information line available during Open Enrollment as well as an Information line available throughout the year?

Single, Radio group.

- 1: Yes,
- 2: No

8.5.3 How are calls "after hours" of operation handled?

Single, Radio group.

- 1: Voice mail,
- 2: No service,
- 3: Full service – 24/7,
- 4: Some extended hours for calls,
- 5: Other, please specify: [500 words]

8.5.4 Confirm each of the following:

Member Services	Response
a. Proposers will operate a dedicated Member Services unit with a toll-free dedicated member services telephone line to answer questions from PEEHIP’s members.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
b. Proposers will have special telephone features for the hearing impaired.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

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c. Resources will be available to assist non-English speaking callers through a translation service.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
d. All calls will be recorded and kept for 24 months and made available for PEEHIP's review upon request.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
e. Member Service Representatives (MSR) will warm or soft transfer members to other service areas or Vendors including PEEHIP, if necessary.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
f. Members will easily be able to opt out of the Interactive Voice Response (IVR) to speak with a live MSR.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

8.5.5 Please provide the geographic location of the Member Services unit(s) that will be servicing PEEHIP's members. Will this service be outsourced? If so, provide the name of the outsourcer.

500 words.

8.5.6 How large is your Member Services department? How many employees work exclusively in this department?

500 words.

8.5.7 Would your organization need to hire additional resources in the Member Services department to adequately staff for the PEEHIP account? If yes, please describe how many employees you would hire for the PEEHIP account and for what job positions.

500 words.

8.5.8 Confirm the Member Services line will be dedicated solely to PEEHIP. 1: Yes, 2: No

Unlimited.

8.5.9 Confirm that the dedicated Member Services line will produce performance-reporting specific to PEEHIP only.

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

8.5.10 In the event you cannot provide a dedicated Member Services line, please describe your process to identify/ isolate and report on PEEHIP specific member calls.

500 words.

8.5.11 Describe the process that Member Services personnel will use to deliver PEEHIP specific information to members. Include in your response how you plan to collaborate with PEEHIP staff to create appropriate verbiage.

500 words.

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8.5.12 Confirm that your Member Service staff will utilize PEEHIP-specific Member Service materials when speaking with PEEHIP callers, and confirm that you will allow PEEHIP to review and approve all PEEHIP-specific Member Service materials on an ongoing basis and whenever updated.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.5.13 Describe how your software system can track and report member calls to the Member Services line.
500 words.

8.5.14 Describe how you can provide PEEHIP's staff call monitoring capability for live and/or recorded calls remotely and onsite. If recorded calls, confirm that you will allow PEEHIP to select a sampling on a weekly basis. Please describe if your organization's system is capable of allowing PEEHIP staff to hear a specific call made to your call center if the PEEHIP staff person can provide the date, time, and MSR involved.

Unlimited.

8.5.15 Describe the escalation process for Member Services satisfaction and grievances.

Unlimited.

8.5.16 Indicate functions of your on-line Web-based product available to the PEEHIP staff (employer portal).

Multi, Checkboxes.

- 1: Send Eligibility Updates,
- 2: Verify Eligibility,
- 3: Run Standard Reports,
- 4: Run Ad Hoc Reports,
- 5: Run Forfeiture Reports,
- 6: Other, specify: [500 words]

8.5.17 Indicate functions of your on-line Web-based product available to participants (member portal).

Multi, Checkboxes.

- 1: Confirm Enrollment,
- 2: Check Account Balance,
- 3: Check Status of Claim,
- 4: Submit substantiation online,
- 5: Other, indicate: [500 words]

8.5.18 Confirm that your online Web-based landing page will be customized for PEEHIP to include the PEEHIP logo and program specific details.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.5.19 Describe the functionality of your web-based product by platform (i.e. iPad, mobile smart phone, PC/laptop).
1000 words.

8.5.20 Via which methods will PEEHIP members be able to access their Flex Program accounts?

Multi, Checkboxes.

- 1: PC,
- 2: iPad or table,

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3: Mobile app,
4: Other

8.5.21 Which Internet browsers are supported by your organization and will they be accessible for PEEHIP members to be able to access their Flex Program accounts?

500 words.

8.5.22 Does your web-based product comply with all current and known future security and HIPAA require elements for both aggregate and individual transactions? 1: Yes, 2: No

Unlimited.

8.5.23 Describe your organization's member satisfaction surveys and provide the most recent results.

Unlimited.

8.5.24 Do you use emerging technology such as artificial intelligence and machine learning to improve the caller experience? If yes, describe how this is used and provide any results achieved.

Unlimited.

8.6 ACCOUNT MANAGEMENT/ CLIENT SERVICES

8.6.1 Please provide contact information for the Account Executive that will be assigned to this engagement.

Company Name	100 words.
Contact Name	100 words.
Contact Title	100 words.
Address	100 words.
Office Number	50 words.
Mobile Number	50 words.
e-Mail Address	100 words.
Company URL (web address)	100 words.

8.6.2 Identify the key account management team you propose to work on this account and provide an organization chart, including names and titles, of management and key personnel that will be responsible for account management. Some positions may be dedicated (staff member spends 100% of their time dedicated to PEEHIP) and others may be designated (staff member spends less than 100% of their time dedicated to PEEHIP). At a minimum, your team should include an Account Executive, Customer Service Manager, Eligibility Manager, Implementation Coordinator.

1000 words.

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8.6.3 Provide a resume for each member of the account management team listed in the organization chart, detailing their experience with administering FSA Plans and the time each team member will dedicate to this account.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.6.4 Please provide the following information regarding the account service team that would be assigned this account.

	Name	Location	Years of Industry Experience	Years with Organization	Years in Current Position	Number of Accounts Currently Assigned
Account Executive	100 words.	100 words.	10 words.	10 words.	10 words.	10 words.
Customer Service Manager	100 words.	100 words.	10 words.	10 words.	10 words.	10 words.
Eligibility Manager	100 words.	100 words.	10 words.	10 words.	10 words.	10 words.
Implementation Coordinator	100 words.	100 words.	10 words.	10 words.	10 words.	10 words.
IT Coordinator	100 words.	100 words.	10 words.	10 words.	10 words.	10 words.
Other	100 words.	100 words.	10 words.	10 words.	10 words.	10 words.

8.6.5 Please describe your firm's turn-over rate, as it pertains to Implementation, Account Management, and Member Services staff.

	% of Turnover in 2017	% of Turnover in 2018
Implementation staff turn-over	Unlimited.	Unlimited.
Account Management staff turn-over rate	Unlimited.	Unlimited.
Member Services staff turnover	Unlimited.	Unlimited.

8.6.6 Confirm that you will provide an account executive and a backup account staff member that will handle ALL service matters related to the operation of the program.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Text]

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8.6.7 Confirm that PEEHIP's account executive or back up account staff member will respond to all PEEHIP inquiries within one business day.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Text]

8.6.8 Describe your firm's process to escalate problems or concerns through the corporate structure to facilitate resolution of issues.

Unlimited.

8.6.9 Discuss how your firm will track this requirement and report your findings to PEEHIP.

Unlimited.

8.6.10 Confirm that you will provide an annual score card to PEEHIP so that PEEHIP can assess Bidder's performance.

Unlimited.

8.6.11 Confirm that you will acknowledge any and all inquiries and/or complaints from PEEHIP staff, whether made via phone or email, within 1 business day. Additionally, you will initiate a resolution plan, and when requested, create a corrective action plan, within 2 business days of initial notification.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.6.12 Confirm that 100% of claim inquiries and/or complaints will be acknowledged (return phone call) within 1 business day, and follow-up of resolution status within 2 business days, if not yet resolved.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.6.13 Confirm the Account Manager will lead bi-weekly meetings, or at a frequency determined by PEEHIP, with PEEHIP and maintain an accurate, up to date task log of current issues and discussion items. The Account Manager will be responsible for overseeing the task log and ensuring each identified issue is addressed until resolution is achieved.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.6.14 Confirm your team will attend onsite Quarterly meetings with PEEHIP to present current plan and service performance, address any recent issues/challenges encountered, and discuss other pertinent topics to be identified prior to each meeting. At a minimum, PEEHIP requests that an account team member closely involved in the daily operations of the PEEHIP account and an executive-level team member with oversight responsibility attend all quarterly meetings. 1: Confirmed, 2: Not confirmed

Unlimited.

8.6.15 Do your services include legislative updates to plan sponsors?

Single, Pull-down list.

- 1: Yes – included in Standard Fees,
- 2: Yes – for Additional Charge,
- 3: No

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8.7 PLAN ADMINISTRATION AND ADJUDICATION

8.7.1 With regard to the claim office that will service PEEHIP, provide the following:

	Response
Location	<i>Unlimited.</i>
Average Claims/processor/day	<i>Unlimited.</i>
Annual Claim Volume	<i>Unlimited.</i>
Percentage of Claim Submissions that are auto-adjudicated	<i>Unlimited.</i>
Percentage of Claim Submissions that require substantiation	<i>Unlimited.</i>
Indicate the average time to reimburse the member from receipt of a “clean claim”	<i>Unlimited.</i>

8.7.2 Confirm that the claims processing system is integrated with the eligibility and Member Services system.

Single, Radio group.

1: Agree,

2: Agree with condition, explain: [500 words],

3: Decline

8.7.3 Provide documentation of your firm's substantiation process that insures all medical expenses are valid IRS Section 213(d) expenses.

500 words.

8.7.4 In what instances are claims approved for reimbursement without the need for substantiation?

500 words.

8.7.5 Are vision claims integrated for verification of reimbursement to eliminate substantiation requirements?

500 words.

8.7.6 Are dental claims integrated for verification of reimbursement to eliminate substantiation requirements?

500 words.

8.7.7 Describe the claims substantiation process from date of receipt to full reimbursement.

500 words.

8.7.8 If a member is unresponsive to the first request for substantiation, how many additional requests are sent and at what intervals?

500 words.

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8.7.9 What are the consequences of not submitting the requested substantiation (e.g., claim is not reimbursed, account is locked/frozen, etc.?)

500 words.

8.7.10 If an account is locked/frozen due to lack of response to requests for substantiation, what is the process to notify the member of the account status? What is the process for unlocking the account?

500 words.

8.7.11 Describe your process for handling exceptions (i.e., claims received after claims filing deadline).

500 words.

8.7.12 Describe your claims adjudication process from submission of a health care FSA claim to reimbursement. Include a description for debit card and manual reimbursement. Also, please upload a flow-chart and timetable, providing illustrative support of your verbal description.

Unlimited.

8.7.13 Describe your claims adjudication process from submission of a DCRA claim to reimbursement. Include a description for automatic “bump” reimbursement and manual reimbursement. Also, please upload a flow-chart and timetable, providing illustrative support of your verbal description.

Unlimited.

8.7.14 Are members able to file claims electronically?

Single, Radio group.

1: Yes,

2: No

8.7.15 What is your schedule for FSA reimbursements to the PEEHIP member?

Single, Radio group.

1: Reimbursed on receipt,

2: Weekly,

3: Every two weeks,

4: Other Established Schedule, please indicate schedule: [500 words]

8.7.16 Is there a minimum claim amount required for reimbursement - e.g., \$10, \$25, etc.? If so, what is that minimum amount?

Single, Radio group.

1: Yes, explain [100 words],

2: No

8.7.17 What is your standard method of reimbursement of FSA claims to the member?

500 words.

8.7.18 Confirm that your organization can administer PEEHIP's variable copay program for Specialty Drugs and reimburse to the member only the portion of the copay the member actually paid for the drug (and not the entire copay) as reported by the Prescription Benefits Manager (PBM). For example, the variable copay may be set at \$1000 but the member only pays \$10.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

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8.7.19 Confirm that your organization can administer the \$500 Carryover Provision, including for members who do not re-enroll in the Health FSA program once a member's participation in the Health FSA ends.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.7.20 Confirm that your organization can administer PEEHIP's 105-day timely filing period for claims reimbursement.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.7.21 Can you process health care FSA contributions from terminated employees on COBRA?

Single, Pull-down list.

1: Yes,

2: No

8.7.22 Describe the procedure for expense reimbursement for COBRA and inactive participants.

500 words.

8.7.23 Using current calendar year data (YTD if a full year isn't available); please complete the table below for the claim office that approves substantiation & reimburses the member:

	Standard Target	Average Actual Statistics
Reimbursement turnaround time (xx.xx% within xx business days) for a claim filed electronically	<i>Percent.</i>	<i>Percent.</i>
Reimbursement turnaround time (xx.xx% within xx business days) for a paper claim	<i>Percent.</i>	<i>Percent.</i>
Answer speed (xx seconds)	<i>Decimal.</i>	<i>Decimal.</i>
Wait time (xx seconds)	<i>Decimal.</i>	<i>Decimal.</i>
Abandonment rate (xx.xx%)	<i>Percent.</i>	<i>Percent.</i>
Payment accuracy (xx.xx% of all claims paid)	<i>Percent.</i>	<i>Percent.</i>
Financial accuracy (xx.xx% of all claims paid)	<i>Percent.</i>	<i>Percent.</i>

8.7.24 Provide a sample claim form.

Single, Pull-down list.

1: Attached,

2: Not provided

8.7.25 Provide a sample of the substantiation request letters sent to members.

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Single, Pull-down list.

- 1: Attached,
- 2: Not provided

8.8 REPORTING

8.8.1 Proposers shall create and generate standard utilization and reimbursement reports. Provide a list of your standard reports. At a minimum, please include payment detail reports, funding confirmation reports, forfeiture reports, and loss reports. For each report on the list, include a description of the report, the frequency of the report and whether there is an additional charge for any specific report listed. (Do not include fees in this section - all cost related information should be provided separately in the Price Proposal Worksheet).

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

8.8.2 Confirm that, at a minimum, your organization can provide the following reports:

- a. Employer Funding Report: Summarizes debits to the employer's bank account for participant claim reimbursements and debit card transactions. Any applicable credits to the employer's bank account will also be shown.
- b. Account Balance Detail Report: Each participant's election, claims paid, deposits, and available balance.
- c. Enrollment Report: Participants' annual elections, employer contributions (if applicable) and payroll contribution amounts.
- d. Payment History Report: The amount Administrator issues in checks, direct deposits, and debit card transactions for the previous month.
- e. On Hold Report: Number of participants with a debit card on hold awaiting substantiation
- f. Customer Service Report: Operational statistics for Member Services call center and the types of topics members call in to address

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.8.3 Are these reports available online currently?

Single, Pull-down list.

- 1: Yes,
- 2: No

8.8.4 If available online, what are the download formatting options (e.g., Excel, PDF, etc.)?

500 words.

8.8.5 Confirm that you are able to customize reports and this is included in your quoted rates(s).

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.8.6 Are these reports available online currently?

Single, Pull-down list.

- 1: Yes,
- 2: No

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8.8.7 Is there an additional charge for ad hoc reporting? If so, please provide the cost methodology (e.g., per report, hourly charge, etc.) and the average preparation time. (Do not include fees in this section - all cost related information should be provided separately in the Cost Proposal Worksheet).

Single, Radio group.

1: Yes, explain: [Unlimited],

2: No

8.8.8 Describe your standard web portal and member services utilization reports (i.e., number of hits and calls and the nature of the members' inquiries).

Unlimited.

8.9 ELIGIBILITY

8.9.1 Detail how and how often system updates are made regarding eligibility.

Unlimited.

8.9.2 Confirm that you will update the initial eligibility data feed and all subsequent eligibility files within 24 hours from receipt of data.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.9.3 PEEHIP will handle all enrollments and cancellations, and transmit that data to the Bidder for processing. Confirm that you will electronically accept and process the file sent to you by PEEHIP, weekly.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.9.4 If a conflict is found, confirm that the conflict information will be reported back to PEEHIP within one business day so PEEHIP can correct and retransmit their records.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.9.5 Confirm that you will be responsible for certifying participant eligibility through your on-line systems - a provider can confirm eligibility and view high-level plan information on-line while the member is in the provider's office.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.9.6 Confirm that you will accept PEEHIP's HIPAA-compliant, standard eligibility file layout on an ongoing weekly basis.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

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8.9.7 With regard to exchanging data, PEEHIP will include their system generated ID (PID) for each individual person/member (subscriber and dependents) in the provided file format. Please confirm that your organization will store the PEEHIP-assigned PIDs, and include these data elements on any member-level reporting to PEEHIP.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.9.8 Confirm that your organization will generate a reconciliation file monthly (i.e., contribution amount in your database versus PEEHIP's billing system) or on demand and that this file will contain, at a minimum, the PEEHIP-assigned members' PIDs (subscriber and dependents), demographics, enrollment date, and termination date.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.9.9 Describe the processing procedures to ensure files are received and processed timely. What safeguards are in place to detect missing files?

Single, Radio group.

1: Yes,

2: No

8.9.10 Confirm that you will provide a confirmation email to PEEHIP, upon initial receipt of file(s), stating that the file(s) have been received within 24 hours of file receipt.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.9.11 Confirm that you will provide a confirmation email to PEEHIP, upon completion of processing, stating that the files have been processed within 24 hours of processing.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.9.12 Does your system allow for direct and remote access, manual data entry, and correction of eligibility data by authorized PEEHIP staff?

Single, Radio group.

1: Yes,

2: No

8.9.13 Describe the process for manual entry and safeguards in place (i.e., authorization to make manual entries, auditable tracking of who made changes, etc.)

Unlimited.

8.9.14 Confirm that you will honor all eligibility changes submitted by PEEHIP.

Single, Radio group.

1: Confirmed [500 words],

2: Not confirmed, please explain: [500 words]

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8.9.15 Describe what, if any, situations may occur and cause your system not to function electronically. Describe how manual overrides are handled in each of those situations.

Unlimited.

8.9.16 Confirm you will accept and load files from other PEEHIP vendors, as necessary, at least weekly.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed, explain [500 words]

8.9.17 Confirm that you will provide a confirmation email to PEEHIP and PEEHIP's vendor(s), upon initial receipt of file(s), stating that the file(s) have been received within 24 hours of file receipt

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.9.18 Describe your process when you do not receive a file from external vendors on the regularly scheduled basis, include how and when you will notify PEEHIP of the file delay.

Unlimited.

8.9.19 Confirm that you will provide a confirmation email to PEEHIP, and PEEHIP's vendor(s), upon completion of processing, stating that the files have been processed , within 24 hours of processing.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

8.9.20 Confirm you will accept and load files from other PEEHIP vendors, as necessary, at no additional cost.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed, explain [500 words]

8.9.21 Confirm that no minimum participation requirements will be imposed.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed, explain [500 words]

8.10 FINANCE AND BANKING

8.10.1 Please provide a sample detailed invoice.

Single, Pull-down list.

1: Attached,

2: Not Attached

8.10.2 Currently, PEEHIP can remit payment for an invoice via check or EFT only. Confirm that you are able to accept both payment formats.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

8.10.3 Confirm you will provide invoices/billing on a monthly basis.

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Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.11 IMPLEMENTATION

8.11.1 Provide an Implementation Project Plan for FSA program. Include a detailed timetable assuming a Notice of Contract Award by May 1, 2019 for an October 1, 2019 Program 'go-live' date. Note that PEEHIP's Open Enrollment period begins each July 1st. Development of communication materials is expected to commence upon Contract Award, to assist PEEHIP with any communications necessary prior to Open Enrollment. At a minimum, the Implementation Project Plan must provide specific details regarding the following: a. Identification and timing of significant responsibilities and tasks b. Names, titles, and implementation experience of key implementation staff and time dedicated to PEEHIP during implementation c. Identification and timing of PEEHIP's responsibilities d. Transition requirements with the incumbent vendors e. Staff assigned to attend and present (if required) at open enrollment/education sessions f. Member communication plan - including development and assistance to PEEHIP, prior to Open Enrollment, and on-site Open Enrollment meetings

Unlimited.

8.11.2 Confirm that the Implementation Project Plan with timetable will be submitted to PEEHIP within 5 (five) business days of receiving Notice of Contract Award.

Unlimited.

8.11.3 Confirm that at least sixty (60) days prior to the October 1, 2019 effective date, PEEHIP will have a readiness review. The readiness review will include verification (by PEEHIP or its agent) that PEEHIP's benefits have been properly loaded into your claims processing system. PEEHIP will provide the Contractor with a summary of findings as well as areas requiring corrective action.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed [Text]

8.11.4 Identify the implementation team you propose to work on this account and provide an organization chart defining the implementation team roles. Include names and titles for the entire proposed implementation team including key positions and support staff.

Unlimited.

8.11.5 Please provide resumes and FSA experience and qualifications for each individual, listed in the organization chart provided in response to the above question.

Unlimited.

8.12 COMMUNICATION AND EDUCATION

8.12.1 Please complete the following table:

	Response
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a. Describe how you will collaborate with PEEHIP to develop PEEHIP-specific marketing materials.	<i>Unlimited.</i>
b. Describe how your organization will effectively communicate with and educate PEEHIP's members.	<i>Unlimited.</i>
c. What is your communication and education strategy / marketing campaign to increase enrollment and why do you think that strategy is the right one?	<i>Unlimited.</i>
d. Describe what technology (i.e. videos) your education / marketing campaign will utilize to educate members on the functionality of PEEHIP's program.	<i>Unlimited.</i>
e. Confirm this technology will be customizable for PEEHIP's specific Flex program.	<i>Unlimited.</i>
f. How will you implement your marketing strategy?	<i>Unlimited.</i>

8.12.2 Please complete the following table:

	Response
a. Please list all communication and educational materials you will provide to the PEEHIP membership	<i>Unlimited.</i>
b. Provide samples of communication and educational materials, including a sample of an employee brochure, poster, payroll stuffers, video, etc.	<i>Single, Pull-down list.</i> 1: Attached, 2: Not provided

8.12.3 Describe how the substantiation process is communicated to plan participants.

Unlimited.

8.12.4 Confirm each of the following:

Customized Communications	Response
a. Confirm that letters can be customized with PEEHIP's logo as requested by PEEHIP.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
b. Confirm that PEEHIP will be provided an opportunity to review and approve all communication materials (including letters, brochures, electronic, website, etc.) prior to	<i>Single, Pull-down list.</i>

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being sent to members and providers.	1: Confirmed, 2: Not confirmed
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8.12.5 How frequently will communication materials be updated and replenished (i.e., for new hires, focused meetings, etc.)?

500 words.

8.12.6 Please identify standard services included in your proposal.

	Included in Fee	
Print and mail plan documents as specified by PEEHIP (Summary Plan Descriptions), to participants annually and upon enrollment.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Maintain employee eligibility files	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Certify employee claim eligibility	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Handle all claim investigations	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Direct claim handling/maintaining claim files	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Notification and administration of disputed and denied claims and claim appeals	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Provide claim forms to employees	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
105 day timely filing period for claims reimbursement in the event of termination of your contract	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Quarterly and Annual Account Activity and Balance Statements	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required

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General letters/correspondence sent to employees	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Toll Free Access	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Internet access/portals for PEEHIP members and staff	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required

8.12.7 What type of communication do you provide to participants regarding annual claim filing deadlines?
500 words.

8.12.8 What type of communication do you provide to participants regarding their account balances, during the year?
500 words.

8.12.9 Do your rates include the full cost of communications including the production and distribution (including postage) of promotional materials?

Single, Radio group.

- 1: Yes,
2: No

8.13 PERFORMANCE GUARANTEES

8.13.1 PEEHIP is interested in negotiating performance standards on financial performance results with the selected Bidder to encourage the Bidder to provide superior performance. Bidder's failure to meet the performance guarantee(s) would result in financial penalties. Please review and complete Attachment 2 - Performance Guarantees. Bidder is expected to place at least 25% of administrative fees at risk. Higher assessments than required are encouraged.

Single, Pull-down list.

- 1: Attached,
2: Not provided

9 BID EXCEPTIONS AND DEVIATIONS

9.1 If your bid does not fully comply with the specifications in this Request for Proposal (RFP), please complete and upload the Bid Exceptions and Deviations Document.

Single, Pull-down list.

- 1: Bid does not fully comply - Document Attached,
2: Bid does fully comply - Document Not Attached

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10 RESPONSE DOCUMENTS

10.1 Price Proposal Worksheet - Attachment 1

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

Attached Document(s): [Attachment 1 - FSA Price Proposal Worksheet.xlsx](#)

10.2 Performance Guarantees - Attachment 2

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

Attached Document(s): [Attachment 2 - FSA Performance Guarantees.xlsx](#)

10.3 Bid Exceptions & Deviations - Attachment 3

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

Attached Document(s): [Attachment 3 - Bid Exceptions & Deviations.doc](#)

11 REFERENCE DOCUMENTS

11.1 Note: The Reference documents will only be provided to Proposers that have submitted a completed and signed Non-Disclosure Agreement (NDA) to the solicitation contact. The NDA may be downloaded from the Proposal Tech system for completion. Once completed and signed, the NDA should be emailed to Laine Ingle at Lingle@segalco.com, and NOT posted to the Proposal Tech site.

- Appendix A – PEEHIP Member Handbook_2018-2019
- Appendix B - PEEHIP Flexible Employees Benefits Plan SPD Plan Year 2019
- Appendix C - Flex Reconciliation File Parameters
- Appendix D - Census – provided upon receipt of fully executed NDA

12 REQUIRED DOCUMENTS

12.1 Sample Administrative Services Agreement.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.2 Copy of your most recently completed HIPAA Assessment.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

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12.3 Copy of your Information Security Policy and Procedures. Note: These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.4 Proof of Errors and Omissions (E&O) Insurance.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.5 Your organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 18 report or ISAE 3402 (If a foreign organization)

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.6 Operational and System Redundancy Procedures. Note: These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.7 Disaster Recovery Procedures. Note: These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.8 Account Team Organization Chart.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.9 Account team resumes.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.10 Annual Score Card sample.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.11 Flow-chart and timetable for adjudication of health care FSA claims, including the point at which PEEHIP will be requested to contact member.

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Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.12 Flow-chart and timetable for adjudication of dependent care FSA claims, including the point at which PEEHIP will be requested to contact member.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.13 Sample claim form.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.14 List of standard reports, including description and frequency.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.15 Sample monthly invoice.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.16 Sample Implementation Plan and time-table.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.17 Sample communications materials.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

12.18 Sample communications strategy / marketing plan.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided