personify HEALTH

RFP Toolkit

Questionnaire Worksheet

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Table of Contents

Company Overview

Provide objectives for the RFP and expectations 3
Company Information 3
General Information 3

Service

References 4
Customer Service 4
Account Management 5
Technology 6
Benefits and Care Navigation 6
Administrator Experience 7
Analytics and Reporting 7
Security 7
Implementation 8
Enrollment Processing 9
Claims 9
COBRA Administration 11

Care Management/Wellness-Specific Questions

Member Experience Wellbeing Philosophy 12
Engagement Integration 12
Communications 12
Health Assessment and Personalization, Gaps in Care 13
Coaching and Condition Management 13
Challenges and Competitions 13
Biometric Screenings 14
Incentive Management 14
Guides 14
Care Management 14
Utilization Management 15
Case Management 17

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Company Overview

Provide objectives for the RFP and expectations

- What is the purpose of the RFP and what do you hope to accomplish?
- Provide a brief overview of your company and employee demographics.
- Expectations on the delivery date (timeline) and submitted format.
- Please provide any rules of the RFP and general instructions.

Company Information

- Provide a brief history of the services your company provides.
- Company location
- Briefly describe your organization's philosophy regarding employee benefits, insurance, and wellbeing programs.
- How long has your company been providing services for organizations?
- What percentage of your annual revenue is generated from your health, wellbeing & navigation programs? What percentage comes from TPA services?
- List awards and accolades your company or program has received.
- What number of clients are in the Fortune 500? Fortune 100?
- How many organizations do you currently provide a health, wellbeing, or navigation program for? How many companies does your company provide a TPA solution for?
- Company ratings (S&P, Moody's, A.M. Best, etc.)

General Information

- How many individuals comprise your total eligible and total enrolled populations? (List each separately.)
- What types of organizations do you work with?
- What is your average client size?
- What percentage of your clients are in the [insert your company's industry here] industry?
- What services do you subcontract? Provide brief details of how and by whom these services are provided and your role in managing their delivery.
- If your organization has been involved in a merger or acquisition within the past thre e years, specify when the merger took effect and how you have or will assimilate(ed) operations, account management, and claims and clinical systems into your organization.

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Service

References

Provide references for three clients (one of which has recently terminated) for whom your organization provides services similar to those requested by CLIENT. The references should be of similar size to CLIENT. For each reference, provide:

- Client Name
- Client Address
- Primary Contact
- Title
- Telephone Number
- Email Address
- # of Employees & Retirees
- Scope of Services

Customer Service

- Do you have an in-house customer service center to support your participants?
- What modes of interaction are available with your customer service staff and what are the hours/availability of these modes?
- Describe the customer service support provided before, during and after enrollment.
- Can our employees call to speak to a guide with questions about our benefits programs?
- Describe the training provided to your customer service representatives.
- How do you evaluate the quality of the customer service interaction?
- What is your member satisfaction rating of your Customer Service and how is it calculated?
- Indicate in the chart below your member service standards and results for the most recent two years.
- Average Speed of Answer
    - Abandonment Rate
    - Call Blockage Rate
    - First Call Resolution (% of calls without callbacks within 45 calendar days)

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- Briefly describe the type and capabilities of your call documentation and tracking system.
  - Are all calls recorded?
  - How long are recorded calls archived?
  - What types of calls do you document in your call tracking system?
  - What percent of all member service inquiries are documented in your call tracking system?
  - What percentage of member service calls are audited?
- Do claims and customer service staff have access to the same systems or have access to each other's systems?

Account Management

- Will an account manager who has day-to-day account responsibilities be assigned to our account?
- Describe your account management structure.
- What changes in the account management structure or personnel occur as we move from program implementation to ogoing support?
- What is your client satisfaction rating and how is it calculated?
- What strategic guidance do you provide to your clients?
- Describe your provision of Summary Plan Descriptions, Plan Amendments, and Administrative Service Agreements, specifically your timeframe of release to the client – within 30, 60, or 90 days of each new Plan Year.
- Describe your willingness to work with third parties for PBM, COBRA, FSA, Case Management, and Utilization Review services.
- Who are your preferred partners for COBRA and FSA administration? Are they proprietary or third-party?
- Who are your preferred partners for PBM services? Are they proprietary or third-party? How often is data updated – real time or batch?

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Technology

- What are the tools and platforms provided to manage benefits, employees, etc.?
- Do you own the employee portal or is this run through another vendor?
  - Can the portal be private-label?
  - Can customizations be made to the portal?
  - What functions does the portal complete, what value does it add for members and benefits administrators?
  - Can the portal support marketing or product selection materials?
- Is your software development team completely in-house?
- Do you offer a portal or mobile app for employees who work remotely or don't have access to a dedicated workstation?
- What features of your tools are available on mobile applications?
- Describe member ad ministration capabilities. Can members access claims, EOBs, provider lists, benefits, FSA accounts, etc. online or via a mobile app?
- What accommodations are made for those with visual and/or other impairments and disabilities?
- What capabilities do you offer to assist members with receiving preventive care and/or closing care gaps?
- How do you blend your digital and live support services for members?
- Describe the general IT, phone, and web infrastructure of the company. Are your systems proprietary or commercial?
- Do you directly integrate data with external clearinghouses, such as PBMs? How often is data updated – real time or batch?
- Describe IT staff capabilities, including any special skills and abilities you have developed to support unique arrangements. Do you have the capability of maintaining and repricing claims for a private PHO network?
- Does your program integrate with online and mobile app health/activity trackers?

Benefits and Care Navigation

- Describe your ability to integrate and consolidate benefits in one centralized location.
- What resources do you offer to help members understand health plan details, including claims, accumulators, and providers?
- Describe your ability to control claims costs and steer members toward the best quality care.
- Describe how your benefits navigation experience is personalized for members. What data inputs inform benefits and content recommendations?
- Are you able to support [INSERT YOUR HEALTH PLAN] data to help employees understand in-network procedure costs?

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Administrator Experience

- Describe the flexibility a program administrator has to segment the health, wellbeing, and navigation program with your in surance/payment/benefits platform.
- Does the platform support single sign on with other vendor partners?
- Describe what tools are available to program administrators.
- What support and resources are available for program administrators to engage its members?

Analytics and Reporting

- Describe the reporting available to HR teams and members.
- Do you provide quarterly, semi-annual, or annual reports that identify, among other things, utilization trends, benchmarks, recommended actions for the employer to pursue, etc.?
- Describe your ability to provide reports illustrating the cost savings and positive impacts of benefits programs.
- Can you report on a defined employee segment within the company? (e.g., business department, location, or other identifiable areas)
- Are reports available on demand? If so, which data points can be identified and how granular can reporting be?
- Describe your ROI/VOI approach and methodology.
- Provide sample reporting included in the standard reporting package and the frequency of reports.
- Describe the online reporting system and provide an overview of its functionality. Are reports customizable?
- Is reporting available to capture vendor data?

Security

- Describe any data privacy and security certifications you have achieved.
- Has your company been involved in any data breaches in the past 5 years?
- Provide your standard transition of care policy, summary, and procedures.
- How often are your information security policies and standards reviewed to ensure they address new threats, vulnera bilities and risks? If less than annually, please describe.
- Please describe your risk assessment process to identify weaknesses in its information security framework and controls, including the development of remediation plans to address risks identified?

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- Please describe your process for internal audits focused on the compliance with and assessment the effectiveness of your Information Security policy?
- Do you have external audits performed to monitor compliance with and assess the effectiveness of your Information Security policy?
- Do you maintain an inventory of your information assets (including defining the ownership, custodianship, degree of sensitivity & required controls whic h includes approved methods of destruction)? Please describe.
- Do you have a process to classify and distinguish sensitive vs. non-sensitive information? If yes, please describe.
- Do you have an Information Security Awareness & Training program? If yes, please describe.
- What controls are in place to prevent unauthorized removal of property (i.e. laptops, confidential documents)?
- Do you limit or control physical access to your facility? If yes, please describe.
- Do you subcontract, outsource or use an external/third party to host, transmit, store, process or otherwise manage data? If yes, describe the services or activities that are provided by the external/third party. Include the date the external/third party was last audited and by whom and what, if any, material or significant deficiencies were identified and what were the remediation plans.
- What controls are in place to protect the confidentiality and integrity of data transmitted over public networks?
- What controls are in place to protect the confidentiality and integrity of data transmitted over email?
- Do you store at least one generation of backups at an off-site location? Please describe.
- Do you have a documented Business Continuity Plan (BCP) and/or Disaster Recovery (DR) plan?
  If yes, please describe.

Implementation

- Describe the in-house team that manages implementation.
- Will you assign a designated implementation manager to manage our implementation?
- On average, how long does a standard implementation take?
- What other devices does your program support or integrate with?
- What programs and partners do you have directly integrated into your solution?
- How do you identify partners to integrate into your solution?
- What types of data sources are integrated into your solution?
- Outline your approach, and the constraints, to integrating existing data from our third-party systems and vendors with your solution.
- Do you require a standard eligibility file, or can you accept data in any format? If a standard file is required, provide a copy of the file layout and requirements.
- How often can you update eligibility?

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Enrollment Processing

- Briefly describe what process is used to track the date of receipt of applications/enrollment files.
- Is there a control in place to confirm all applications received were processed and processed timely?
- Who processes the application into the system and does anyone verify the application was processed correctly?
- Is there a reconciliation between cash received and cash (applications) processed?

Claims

Claims Processing:

- Claims processing proposed location(s)
- Proposed claims processing hours
- Team structure
  - Designated or dedicated?
  - Special consumerism team?
  - Other (please explain)
- Number of team members
- Number of accounts/clients serviced and total members
- Average and median tenure of team
- Claims processing lead
  - Name
  - Number of accounts/clients serviced and total members
  - Years/experience
- Will the claims service location(s) handle all proposed coverages (i.e. medical, Rx, BH, etc.)?
- Will the claims processing team be co-located with any other team members (e.g. member services, clinical, etc.)?
- How many claims processors work from home?
- How many claims processors are located off-shore?
- What claims system will be used? What, if any, significant updates are planned for this system in the next 24 months?
- Provide claim statistics for the office that will service CLIENT's plan(s) for the most recent two years:
  - Claim turnaround time within 14 calendar days (10 business days)
  - Claim turnaround time within 30 calendar days (22 business days)
  - Financial (dollar) accuracy
  - Payment incidence accuracy

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Regarding your claims appeals procedures:

- Please describe your claims appeal procedure including levels of review and timing.
- Given that the plans are self-insured, please confirm if you are willing to assume fiduciary responsibility.
- Please describe your definition of fiduciary responsibility.
- What is your BOB claims appeal response time result for percentage of appeals handled within DOL time requirements for the past year?

Describe your program(s) for negotiating discounts for non-network provider claims (e.g., high dollar facility and professional claims).

- What are the parameters for identifying claims?
- Is this service outsourced?
- Identify the firm(s), if any.
- What % of the savings is retained for administration?

Additional comments:

- Describe how you process and invoice claims/billings (ACH, wire, electronic draft, etc). Is it a manual or automated process?
- Describe your training process for claims examiners. How is the trainee's work quality checked? Is there a time limit on how long a trainee has to become proficient at his/her job? Please describe.
- Describe the process for mailing claim checks.
- What controls are in place to ensure claim checks are mailed in a timely manner with applicable EOB's and adherence to state requirements?
- What percent of claims does your organization receive electronically?
- Briefly describe any system safeguards you have which prevent claims from being paid for non-covered claimants, services rendered after a claimant's coverage terminated, and for a claimant whose premium/contribution is not paid during the grace period.
- Describe how you would process run out claims if contract was terminated and what your charge would be for this service.
- Describe how you coordinate with stop-loss carriers to process claims and any associated charges to the client.

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COBRA Administration

- Indicate if the following services will be included in your contract.
  - Election notice/enrollment applications
  - Coupon mailing/billing statement (also identify frequency of mailing).
  - Premium collection
  - Notice of termination
  - Monthly reporting to the community
  - Weekly paid-thru reporting to vendor
  - Submission of premium payments to vendors
  - Automated clearing house (ACH) deductions of premiums
  - Mailing of rate change letters and annual Open Enrollment election notification.
  - Termination of continuation coverage letters.
  - Conversion notices (if applicable) at end of COBRA continuation coverage period.
  - COBRA eligibility lists to other insurance company systems.
  - Quarterly reports demonstrating whether your organization has met the performance standards submitted with your proposal as required.
- What kinds of reports are available on COBRA administration and overall costs to the plan?
- Describe in detail the frequency and process you use to notify respective vendors that premiums have been received to avoid the vendor holding up processing of claims until premium is paid (i.e., weekly vendor paid-thru reports).
- Describe your annual Open Enrollment implementation process.
- How do you notify current continuants and individuals in a pending COBRA election status?

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Care Management/Wellbeing-Specific Questions

Member Experience Wellbeing Philosophy

- What is your health, wellbeing, and navigation solutions philosophy?
- Describe how your company differentiates itself and its products within the health, wellbeing and navigation program marketplace.
- How is lifestyle/behavior change embedded into your product offering?
- How does your program support total employee wellbeing (physical, social, mental, etc.)?
- Does your program allow for family members and friends to participate in programs for free?
- What opportunities for social interaction are available in your wellbeing program?
- How does your wellbeing program model benefit an organization?
- How does your wellbeing program model benefit employees or members?

Engagement Integration

- How do you define “engagement” versus “participation”?
- What is your average engagement?
- Once the member is engaged in a program, how do you sustain their engagement?
- Can you track activity without using a device?
- How do you engage diverse populations?
- How do you engage hard to reach populations?
- How do you engage low-risk individuals?

Communications

- Describe your communication strategy to notify employees about your benefits:
  - Prior to implementation
  - During implementation
  - Periodically
  - Annually
- Describe the in-house team that manages communications.
  - Can communication materials be customized for the participant?
  - How do you provide communications to those who are primarily off-site or remote?

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Health Assessment and Personalization, Gaps in Care

- Do you offer a health assessment?
- Is your health assessment proprietary?
- Is your health assessment NCQA certified?
- Does your health assessment include questions and measurements related to social determinants of health?
- Do you offer a gaps in care solution?
- How are members engaged to close open care gaps?

Coaching and Condition Management

- Are your coaching services provided in-house or are they outsourced?
- Are your coaching programs NCQA certified? Provide the credentials of the health coaches.
- Describe the modalities in which your coaching program is offered.
- How is behavior change addressed in your coaching program?
- Provide an overview of the member experience as they engage in coaching.
- What outreach do coaches provide?
- What are some of the outcomes that illustrate the impact of your coaching program?
- How do you define completion of your coaching programs?

Challenges and Competitions

- Are your challenges team-based or individual-based?
- How do you engage, motivate and communicate with participants during a challenge?
- What challenges do you offer aside from “steps” or physical activity challenges?
- Can individuals set up their own challenges?
- Can wellbeing Champions set up challenges?
- How long does it take for verified activity to be uploaded into the challenge engine?
- What social components are included within your challenge solution?
- Can you create and implement custom challenges?

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Biometric Screenings

- Describe the methods available to collect biometric information.
- Do you accept historical biometric screening data?
- What options are available to those who cannot attend an on-site screening?
- Outside of biometric screenings, what tools do you offer for participants to take verified biometric readings?
- What recommendations do you have for screening new hires?
- What options are there for members to register for a screening?
- Can members self-report biometric data?

Incentive Management

- Describe your incentive administration capabilities.
- Can you administer outcomes-based incentive programs? If so, describe your capabilities.
- Identify both extrinsic and intrinsic tools you use to engage, motivate and reward.
- Describe the available incentive fulfillment options (e.g., cash, gift card, plan design features such as deductible waiver or premium reduction).
- Can you track incentives in either dollars or points?
- Describe your experience designing and advising clients on incentive structure.
- What mechanisms do you have for rewarding on-site or offline activities?

Guides

- Do you offer integrated navigation support from live experts?
- Describe how live experts help members understand and use your wellbeing program.
- Describe how live guides help support HR teams.

Care Management

- Does your firm conduct CM or are these services outsourced? If outsourced, indicate vendor(s).
- Client Specific Reports - CM
    - List type of reports available
    - Provide frequency of reports

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Utilization Management

- What is the name of, and who owns, the UM firm you are proposing for this RFP?
- Indicate the location of the UM office that will serve [business name].
- Identify those individuals who will be responsible for the day-to-day service contact with members.
- Describe how your firm assures confidentiality of medical information received during the UM process.
- Do you have a Medical Director or Medical Physician Consultant on staff?
- What services (other than inpatient) do you recommend for pre-certification?
- Describe the utilization management programs that will be enforced for both medical services and pharmacy, such as step therapy or preauthorization.
- Please describe how your claims payment system handles utilization management approvals and denials.
- Client Specific Reports - Utilization Review
    - List Type of Reports Available
    - Provide Frequency of Reports
- Is your firm currently URAC accredited for utilization management services?
- Does your firm perform pre-service review (also known as precertification, prior authorization) of proposed elective health care services?
- Indicate which of the following your precertification program includes an analysis and determination of:
    - Appropriate level of care
    - (e.g., inpatient versus outpatient)
    - Reasonable length of stay (LOS) for inpatient confinement
    - Actual medical necessity and appropriateness of the surgery or service being requested.
    - Necessity for the services of an assistant surgeon with each operative procedure analysis
    - Necessity for a proposed preoperative hospital day
    - Necessity for a proposed 23-hour observation stay following outpatient surgery
    - Other: Explain
- Would you agree to attempt to redirect pre-service callers to an appropriate in network provider?
- If unable to redirect to an appropriate in-network provider would you document why not?
- Who is responsible for obtaining pre-service certification (the member, provider, the client, etc.)?
- If the service provider fails to obtain approval, is the member ultimately responsible?
- What is the consequence if precertification is not obtained?
- Are there any instances when a service would be paid even if precertification is not obtained?

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Indicate the minimum hours of operation of your switchboard:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Holidays

What type of system is available for receipt of pre-service calls before/after your normal working hours? (Select only one)

- Answering machine with recorded message given
- Answering machine will accept receipt of messages
- Answering service to receive messages
- Open 24 hours a day
- No provisions, except during normal business hours

- Do you agree to perform telephonic concurrent review on those inpatient admissions that you become aware of to track progress, facilitate a timely discharge, redirect to in-network providers (when possible) and refer to case management for additional follow up, as appropriate?
- Describe the method and frequency of notification from your firm to the claims administrator about the cases that have received your pre-service review and concurrent review services. To what extent do you involve the patient and/or family in the review process? Please be specific.
- What percent of all cases are reviewed by a physician and what determines whether a physician becomes involved?
- Describe your review criteria for:
  - Medical necessity for proposed care
  - Medical necessity for admission & continuation of stay
  - Length of stay
  - Mental health care (inpatient and outpatient)
  - Chemical dependency treatment (inpatient and outpatient)
  - Necessity for surgical procedures (inpatient and outpatient)
  - Case management
  - Outpatient services

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Case Management

- Does your firm perform case management?
- How are individuals identified for case management? Can the group refer a member for case management?
- What types of cases do you identify for case management?
- What is your fee structure? Do you charge on a monthly or case rate?
- Describe the method and frequency of notification from your firm to the claims administrator about the cases that have received your case management services.
- Do you agree to notify the claims administrator PROMPTLY, of potentially large claims that you identify through your pre-service and case management activity?
- During case management do you agree to direct the patient and/or their health care providers to use in-network services (e.g., home health, DME, skilled nursing facility, etc.) to take advantage of the pre-negotiated discounts that save both the client and the patient money?
- Do you agree to provide the stop loss carrier case manager notes, course of treatment, pre-certification of hospital stays, surgeries or transplants approximately 60 days prior to the plan anniversary date?

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