

Request for Proposal (RFP) for M-DCPS

Proposer Specifications

PROPOSAL SPECIFICATIONS (CONFIRMATION STATEMENTS)

All respondents must be willing to adhere to the following conditions and must so state here.

		Will	Will Not
1	Current Service Areas - The Proposer must offer provider networks in Southern Florida (Miami-Dade, Broward and Palm Beach Counties) in which M-DCPS employees and retirees primarily reside as well as a national network for employees and retirees living out of state.		
2	Any contract awarded as a result of this Request for Proposal must be in full compliance with all applicable state and federal laws and regulations.		
3	Any reinsurance agreements or joint administrative or joint ventures must be described in detail in your proposal.		
4	Any alleged oral agreement or arrangement made by a vendor(s) with any M-DCPS agent or employee will be superseded by the written agreement.		
5	A vendor, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the response.		
6	Notwithstanding any provision in the contracts to the contrary, contracts are non-cancelable by the Proposer for any reason other than non-payment of premiums/fees during the contract period for which the rates are guaranteed. Renewal quotations for subsequent years may be requested at any time prior to the end of the current plan term.		
7	Transfer of Records – If at some date in the future it becomes necessary to terminate the contract, you must agree to transfer to M-DCPS within 15 days of termination, all data and records necessary to administer the plan. This would include, but not be limited to:		
	A. 24 (or less, if appropriate) months of historical claims data		
	B. Coinsurance and deductible data; and		
	C. Various plan accumulators including lifetime maximum levels		
8	Licensing: Proposers must be licensed in the State of Florida for at least three (3) years		
9	Proposers must have experience in underwriting and providing benefit plans as part of IRC Section 125 Cafeteria Plan market for at least three years for employer groups of at least 20,000 lives.		
10	Vendor's Use of Subcontractor – The vendor must perform the majority of the work specified in the document, as determined solely by M-DCPS. M-DCPS must provide permission for use of a subcontracted carrier for any proposed service.		
11	Indemnification of M-DCPS: The Proposer shall hold harmless, indemnify and defend the indemnitees (The following shall be deemed to be indemnitees: The School Board of Miami-Dade County, Florida and its members, officers, employees, and agent) against any claim, action, loss, damage, injury, liability, cost or expense of whatsoever kind or nature including but not by way of limitation, attorney's fees and court costs arising out of bodily injury to persons including death or damage to tangible property arising out of or incidental to the performance of this Contract (including goods and services provided thereto) by or on behalf of the Proposer, excluding only the sole negligence or culpability of the indemnitee.		
12	Prior to commencing work under Contract, the selected Proposer shall obtain and maintain without interruption the insurance as outlined below. The Proposer agrees to furnish a fully completed certificate of insurance naming The School Board of Miami-Dade County, Florida as an additional insured, signed by an authorized representative of the insurer providing such insurance coverages. The insurance coverages and limits shall meet, at a minimum, the following requirements:		
	A. Commercial General Liability Insurance in an amount not less than \$5 million per occurrence and \$5 million aggregate for bodily injury and property damage.		
	B. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the operations of the vendor, in an amount not less than \$1 million combined per occurrence and aggregate for bodily injury and property damage.		
	C. Workers' Compensation Insurance for all employees of the vendor as required by applicable state statutes.		

	D. Professional Liability/Errors & Omission Insurance in an amount not less than \$5 million per occurrence/aggregate to cover all aspects of liability having to do with administration of health plans, including but not limited to all aspects of managed care and provider contracting, eligibility and contractual liability, medical malpractice, etc.																																																																			
13	M-DCPS and its members, officers, employees, and agent shall be named an additional insured on all liability coverages except Workers' Compensation Insurance and Professional Liability Insurance.																																																																			
14	On-Site Representatives. Proposer agrees to provide on-site representatives and equipment as stated in the chart below for claims data inquiry, customer service, verification of employee coverage, etc. These representatives will adhere to regular business days/hours pursuant to the M-DCPS business schedule. Additionally, if one of the service representatives is on vacation or unable to work, the vendor agrees to provide a fully trained replacement. The cost associated with this responsibility will be included in your premiums/fees.																																																																			
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15	The vendor(s) must make claim reimbursement forms readily accessible to covered employee. The vendor(s) must provide M-DCPS with claim forms in an appropriate format for placement on and downloading or printing from M-DCPS Internet website. Alternatively, the vendor(s) may maintain an Internet website where claim forms are available to enrollees via commonly used browser software. M-DCPS shall have the right to post a link to any such site(s) on M-DCPS Internet website.																																																																			
16	Proposer agrees to work with the TPA to update and approve all relevant pages of the employee benefit notebook. Proposer also agrees to pay for their pages in the employee benefit notebook annually.																																																																			
17	Proposers must commit to train Enrollment Counselors and/or M-DCPS staff at the times and locations established by Board personnel or Third Party Administrator.																																																																			
18	Proposers must comply with the minimum performance objectives outlined in the Performance Guarantees Section of this proposal. Any deviations to the Performance Guarantees Section must be noted in your Deviations from Specifications Exhibit. It is assumed that each Proposer will comply with standard industry administrative procedures (e.g. claims adjudication, EOB distribution, etc.) and thus, are not specifically detailed and addressed in this RFP.																																																																			

19	Authorized Insurers: Representing or aiding any unauthorized insurer or product is prohibited by Sections 626.901 and 626.902, Florida Statutes. Proposals which include insurance proposed by unauthorized insurers cannot be accepted, except as stipulated by Sections 626.913 through 626.937 under State of Florida Surplus Lines Law.		
20	Each Proposer is responsible for full and complete compliance with all laws, rules, and regulations (including those of the Florida Department of Insurance) which may be applicable. Failure or inability on the part of a Proposer to comply with such laws, rules, and regulations (including failure to obtain Florida Department of Insurance approval for filings) shall not relieve the Proposer from its obligation to honor its proposal and to perform completely in accordance with such proposal.		
21	Equal Employment Opportunity: It is the policy of M-DCPS that no person will be denied access, employment, training, or promotion on the basis of gender, race, color, religion, ethnic, or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, or disability, and that merit principles will be followed.		
22	Each firm shall be required to indicate its equal employment policy, and provide a detailed breakdown by ethnicity, gender and occupational categories of its work force. See attached Affirmative Action Employment Breakdown form in Attachments Section.		
23	Small, Micro and M/WBE Participation: The School Board of Miami-Dade County, Florida strongly encourages the participation of local, certified SBE's, MBE's and M/WBE's on all School Board projects as vendors. The Board adheres to a policy of non-discrimination in educational programs/activities and employment and strives affirmatively to provide equal opportunity for all. Refer to Board Policy 6320.02 for Small/Micro Business Enterprise Program and M/WBE Certification. Vendors certified as an SBE, MBE or M/WBE with any entity or agency other than the School Board of Miami-Dade County will not be acceptable. A current list of certified SBE's, MBE's and M/WBE's can be found online at www.oeo.dadeschools.net or by contacting the Office of Economic Opportunity at (305) 995-1307.		
24	If a Proposer states minority representation, quarterly reports documenting efforts undertaken by the Proposer to maintain the stipulated M/WBE participation will be submitted quarterly and shall include each M/WBE's name, contact person and the payments it received for the quarter. The reports shall be submitted to: Director, Division of Business Development and Assistance, 1450 NE 2nd Avenue, Room 456, Miami, FL 33132.		
25	Financial Rating: For stop loss proposals, only those Proposers that in the opinion of M-DCPS are financially secure will be considered. Proposers that are unable to demonstrate financial strength through agency ratings or where agency ratings do not apply may be required to provide other forms of financial security/backing. The following rating agencies (examining both the financial rating and the financial size category) will be used as a guide for M-DCPS during the RFP process: AM Best, Standard and Poor's, and Moody's.		
26	Financial responsibility of subsidiary companies and/or subcontractors must be guaranteed in writing by the proposing company by endorsement of the contract as follows:		
27	In the event the Proposer is unable to pay any loss payable within the time and in accordance with the terms and provisions set forth in the above-referenced agreement the Proposer, Contractor or Parent Company hereby agrees to make such payment therefore in accordance with the terms and provisions of such agreement.		
28	M-DCPS expects to enter into a written Agreement (the "Agreement") with the chosen Proposer. This Agreement shall incorporate this RFP and the Proposer's proposal. The anticipated terms and conditions of the Agreement are set forth in this RFP and the accepted proposal; however, M-DCPS may include additional terms and conditions in the Agreement as deemed necessary. The chosen Proposer should be prepared to commence providing the required goods or services to M-DCPS upon the signing of the Agreement.		
29	Lobbyists: The School Board has a Board rule regarding registration of lobbyists which must be complied with. Board Rule 6Gx13-8C-I.21 LOBBYISTS		
30	The proposer must have the ability and willingness to accept electronic enrollment/eligibility data for actives and retirees and paper enrollment for COBRA and part-time employees from M-DCPS and the District's TPA. Also, the proposer must be willing to accept the M-DCPS file interface layout, third party remittance payment/report and ability to retrieve the interface file from the District's server.		

DEVIATIONS FROM RFP PROVISIONS

Indicate whether your proposal will or will not comply with the RFP with respect to the service or provision listed below. All endorsements set forth in the RFP are to be included VERBATIM in the contract unless indicated to the contrary on the Proposal Form. The absence of any notation will be presumed to indicate full compliance.

Section	RFP Provisions		
II	Proposal return date, time and location		
II	Proposal Submission		
II	Effective Date and Term of Contract		
II	Change or Withdrawal of Proposal Prior to Proposal Opening		
II	Addenda to RFP & Exhibits		
II	Transmittal Letter		
II	Full Transparency		
II	Proposer Responsible for Addressing this RFP		
II	Proposal Specifications		
II	Rights Reserved to M-DCPS		
II	Negotiations		
II	Equal Employment		
II	Small, Micro and M/WBE Participation		
II	Compliance with Stated/Federal Regulations		
II	Compliance with Laws		
II	Irrevocability of Proposals		
II	Use of Proposal Forms		
II	Waiver and/or Rejection of Proposals		
II	Non-Warranty of Request for Proposal		
II	Deviations from RFP		
II	Deviations from RFP Provisions		
II	Authorized Signature		
II	Method of Acceptance		
II	Cone of Silence		
II	Public Entity Crime		
II	Public Records Law		
II	Protest to Contract Solicitation or Award		
II	Disclosure of Employment of Former School Board Employees		
II	Default		
II	The Jessica Lunsford Act Background Screening Requirements		
II	Conflict of Interest		
II	Specific Contract Requirement – Sample Contract		
II	Hold Harmless/Indemnification		
II	Insurance Requirements		
II	Termination by M-DCPS		
II	Termination by Vendor		
III	Scope of Services		

VENDOR SPECIFICATIONS

		Answer	Comment
31	The contract must be situated in Florida.		
32	The Proposer must provide currently insured participants continued coverage on a no-loss, no-gain basis.		
33	The actively-at-work requirement is to be waived for all current participants including those individuals on a Board-approved leave of absence, COBRA continuance, short-term and long-term disability. All covered members must be provided continued coverage under the new insurance arrangements.		

34	There is no waiting period for M-DCPS newly hired benefit-eligible employees, as they are covered on the date of hire. Coverage for eligible dependents becomes effective on the first day of the month following the first payroll deduction.		
35	The program of benefits is to be effective on January 1, 2015.		
36	Vendors(s) must retain all fiduciary responsibilities, including, but not limited to responsibility for all appeals. Vendors must be responsible for HIPAA administration (notification and certificate of coverage). Any cost associated with responsibility must be included in the administrative fees exhibit contained within the Financials Exhibits attachment.		
37	Vendor(s) must agree to no minimum participation requirement levels as a result of the RFP process or during the life of the contract with M-DCPS.		
38	M-DCPS must approve any communication materials, including Certificates of Coverage, sent to M-DCPS members in advance of notification of M-DCPS members.		
39	Proposers must agree to accept retroactive eligibility adjustments as directed by M-DCPS, regardless of timeframe. M-DCPS is the final authority concerning member eligibility.		
40	Eligibility verification will be the responsibility of Fringe Benefits Management Company (FBMC), M-DCPS' TPA. FBMC will be responsible for confirming that each insured employee and their dependents meet the eligibility requirements in accordance with M-DCPS eligibility definitions including obtaining any required documentation.		
41	Active Employees: All benefit-eligible employees appointed to an established position are eligible for coverage. This includes employees on certain M-DCPS approved leave of absence. All active employees are eligible for coverage on the date of hire.		
42	Dependent Spouse or Domestic Partner: An employee's legal spouse or Domestic Partner is eligible for coverage as long as the spouse or Domestic Partner is not a full-time M-DCPS employee.		
43	Dependent Child(ren): M-DCPS offers group coverage for the non-spouse dependents of its employees and retirees, inclusive of:		
	A. Employee's own unmarried children (to the end of the calendar year in which they turn age 25)		
	B. Adult children eligible for coverage to age 30 per Florida law. The proposer will be responsible for billing, collection and reconciliation of this group.		
	C. Children of a domestic partner as long as the domestic partner is also covered		
	D. Adopted children		
	E. Stepchildren if they reside in the employee's household and are dependent upon the employee for support		
	F. Grandchildren up to 18 months of age if the parent is a covered dependent.		
44	Part-time Employees: Certain part-time employees (as determined by collective bargaining agreements) are eligible to purchase benefits at their own expense. The proposer will be responsible for billing, collection and reconciliation of this group.		
45	Domestic Partners: Effective 1/1/02, the definition of dependent was expanded to include domestic partners. The District also includes domestic partners as qualified beneficiaries eligible for COBRA continuation of coverage.		
46	All Dependents: Generally, coverage for any dependent is effective the first of the month following the first payroll deduction. Coverage for newborns and adopted children becomes effective on the date of birth or effective date of the adoption.		
47	All new members coming into your organization who are currently a patient of a provider that is within your network will maintain the ability to utilize those providers upon enrollment in your plan. In the event those providers have a closed practice with your organization, the closed status will not apply to those members.		
48	The successful Proposer must be willing to discuss quality assurance processes and reporting.		
Unbundled and Bundled Pricing			
49	Each proposer must provide pricing on an unbundled basis for all products and services.		

Bundled pricing will be considered by M-DCPS, but only if all products and services are priced on an unbundled basis where applicable and can be purchased in such manner. Any discounts or price decrements need to be noted on each applicable pricing sheet for bundled services.

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Life Questionnaire

	Response	Explanation
I	Plan Design	
1	Your company agrees to duplicate all current benefits/provisions as described in this RFP and accompanying documentation. If your company does not intend to duplicate the current plans exactly, all deviations must be specifically identified in your response to this RFP.	
2	Confirm M-DCPS currently offers retirees \$2k, \$5k and \$10k coverage in addition to Dependent Life.	
3	Share best practice of reduction based policy dependent on age while charging same premium.	
4	Vendor agrees that there will be no exclusions (including suicide) applicable to basic life.	
5	For the Life Plan Designs, please refer to the following attachment labeled "Plan Design - Life & AD&D.xlsX."	
6	Please refer to the following attachment "Claim History - Life & AD&D.xls", "Plan Changes - Life & AD&D.xls" and "Rate History - Life & AD&D.xls" for the benefits being marketed.	
7	Have the specifications furnished, including employee data, claims and plan design, been followed in developing rates? If no, why not?	
8	In the last three years, has the Proposer been party to investigation or litigation related directly or indirectly to its group life/AD&D programs? Describe the circumstances surrounding the investigation or litigation and the results. Have any of these cases required the Proposer to change claim management practices?	
9	What percent of claims going to litigation are overturned?	
10	Do you agree to waive any actively-at-work requirement for the current plan participants (employees on leave are considered actively at work)?	
11	If you indicated (in the previous question) that you are willing to waive the AAW requirement subject to receipt of additional information, please identify the required information here.	
12	If you indicated that you are unwilling to waive the actively at work requirement, please describe below, in detail, how you will define "actively at work," and how employees will be protected from gaps in coverage due to a change in insurers. (Employees on leave are considered actively at work and benefit is offered to retirees.)	
13	Will you consider people on sabbaticals or school vacation as "actively at work?"	
14	Does your contract permit assignments of life insurance ownership?	
15	Confirm M-DCPS policy can covered direct funeral assignments.	
16	Do any of your standard contracts (Group Term life, Voluntary Life, and AD&D) exclude benefits if the deceased was killed due to an act of war, declared or undeclared?	
17	Please describe how you define an act of war.	
18	Would there be a change in your rates quoted if the "act of war" provision was removed?	
19	Do any of your contracts (Group Term life, Voluntary Life, and AD&D) contain a suicide exclusion?	
20	If you answered "Yes" to the previous question, would you be willing to remove the suicide exclusion?	
21	Please describe in detail alternative settlement options available to beneficiaries besides lump sum.	

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Life Questionnaire

		Response	Explanation
22	Does your contract have an accelerated death benefit provision? If yes, please describe the how this provision works including the methodology for calculating the benefit payable.		
23	Please confirm that your contract is in compliance with applicable state and federal laws. If no, why not?		
24	Based on the current population, are there legal requirements that would impact your ability to provide uniform policy provisions or features (e.g., portability) in certain locations? If yes, what are the requirements? (Keep in mind that not all M-DCPS employees and retirees reside in Florida).		
25	Do your Group Term Life, Voluntary Life and AD&D products have a conversion option?		
26	Do the same conversion provisions apply to Group Term Life and Voluntary life (spousal/dependent)?		
27	What is your standard conversion charge per \$1,000 of benefit and standard conversion provisions (i.e. amount, eligibility)?		
28	Please describe how premium remittance and plan administration is handled for ported individuals under the portability feature. How is premium remittance and plan administration handled if the group plan is terminated?		
29	Are the ported rates for portable life program for employees identical to the optional life rates for active plan participants? If not, please attach the ported rates under separate cover.		
30	Do you include portable life experience in the active pool?		
31	Under your Voluntary Life program, may a spouse or child elect coverage if the employee does not elect voluntary life?		
32	Is the life insurance rate for the spouse based on the employee's age or the spouse's age?		
33	What age limits apply to your portability benefit?		
34	Is there a one-time charge for accessing the portability feature? If so, who pays this charge and what is the charge?		
35	Describe guidelines for requesting and processing medical evidence of insurability. Provide a copy of your evidence questionnaire.		
36	Are economies available if your company is awarded both life coverages (both Coverage A and B)? (If yes, please describe)		
37	Please confirm that the following services are included in your quoted premium rate structure: (Select to confirm)		
	(a) Assigned customer service unit and toll free number		
	(b) Performance tracking, program metrics, surveys, data analysis		
	(c) Information systems		
	(d) Mail and postage		
	(e) Employee communications		
	(f) Other overhead expenses		
Financial & Underwriting			
1	Will you agree to waive all medical evidence requirements for existing plan participants at existing benefit levels? If no, please describe any conditions or requirements.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Life Questionnaire

		Response	Explanation
2	Confirm that no employee, retiree, or disabled plan participant will lose coverage as a result of your company becoming the new insurer for any line of coverage you are quoting. If you are unwilling to confirm this agreement, please explain.		
3	Would you be willing to offer a premium rate guarantee beyond 36 months for your life and AD&D insurance proposal? If yes, specify terms and length (e.g., any additional cost or rate escalator) in the detail box. If a longer guarantee is based on achieving acceptable loss ratios, please describe the experience period for which the loss ratio will be calculated, keeping in mind the advance notice requirements for your renewal.		
4	Please explain how you developed the rates for your Life and AD&D quotation. In addition, please detail:		
	a. Credibility applied to historical claim data		
	b. Projected level of paid claims in each year of the program		
	c. Expected margin requirements		
	d. IBNR reserve levels		
	e. Estimated retention expense		
	f. Specify as a percentage of premium:		
5	Does the calculation of your life renewal rates differ from the development of the initial rates? If yes, please describe both.		
6	What would be the life margin requirements in the fourth and subsequent years?		
7	What is your "permissible life insurance loss ratio" for renewal rating purposes?		
8	Are your life insurance claim reserves established on a formula basis? If not, are they established through actual case experience?		
9	What life insurance reserve factors have you used for your proposal?		
	a. Death Benefit Only		
	b. As a percentage of premium		
	c. As a percentage of claims		
10	How many life years of exposure do you require for 100% life plan credibility?		
11	Will payments be held in an interest-bearing account in case of a minor?		
12	If a compensable life claim is not paid within 30 days, will you pay interest to the beneficiary? If so, is this charged against the client's experience?		
13	What interest credits or charges are applied to the insured life program?		
	a. IBNR reserves		
	b. Waiver reserves		
	c. Stabilization reserves		
	d. Late premium payment		
	e. Early premium payment		
	f. Current year cash flow deficiency		
	g. Accumulated deficits		
14	What are aggregate levels of life/AD&D coverage can you offer before securing reinsurance?		
15	Would you be willing to allow an annual open enrollment under the voluntary life and AD&D plans where the employee/dependent could elect additional coverage without providing medical evidence of insurability? If yes, specify any conditions or limitations with regard to guaranteed issue limits for employees, spouses and children.		
16	Describe any underwriting / EOI requirements for the following groups of employees		
	a. Current employees who purchase supplemental life and wish to increase their election		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Life Questionnaire

	Response	Explanation
b. Current employees who do not purchase supplemental life but wish to do so when offered the opportunity at Open Enrollment		
c. New Hires (upon reaching benefit eligibility)		

Disability Waiver of Premium

1	Your proposal includes a waiver of premium provision, where currently applicable, for employees becoming disabled on or after the program effective date.		
2	If the employee dies prior to the approval of waiver status (and prior to the expiration of the initial extension period, typically one year), the death benefit would be paid by the insurance company if the employee is determined to have been continuously disabled until the time of death. The cause of death does not need to be related to the disabling condition; nor does the disabling condition need to have been the same during the period of disability as long as the employee was continuously disabled.		
3	Confirm acceptance that M-DCPS policy will contain a prepayment of 50% if the member has 6 months to live.		
4	If the employee dies and is deemed not to have been disabled, the claim would be paid if the employee had continued to be covered as an active employee under the policy; i.e., premium had continued to be paid on behalf of the employee.		
5	Describe your waiver of premium provision (months of disability, how disability is defined, etc.)		
6	Confirm that your life insurance proposal includes an insured waiver of premium provision and describe this provision fully.		
7	When transitioning to new Vendor:		
a.	Premium should be paid to new Vendor on behalf of an employee on disability but in the waiting period for waiver, even if the disability was incurred prior to termination of current coverage.		
b.	If death occurs while individual is not actively at work due to a disability that was incurred prior to termination of current coverage, but waiver has not yet been approved, payment of the death benefit will be the responsibility of new Vendor.		
c.	If waiver is not approved, what is new Vendor's responsibility as it relates to this claim.		
d.	If the waiver application is rejected, new Vendor will issue the conversion/portability (assumes the employees coverage was continued on a premium paying basis while the application was pending) even if claim was incurred prior to termination of current contract.		
e.	Confirm premium may be paid by the District		

Continued Coverage Following Termination of Eligibility - Portability

1	Do ported individuals continue to be covered by your company following the termination of the group policy?		
2	Is an individual required to provide satisfactory Evidence of Insurability (EOI) in order to qualify to port a policy?		
3	What is the maximum age at which an individual can elect to port coverage?		
4	Describe your experience with adding a cap to the age due to employees retiring at an older age now.		
5	Is there a maximum age at which port coverage reduces and/or terminates? If yes, describe fully all such reductions, noting any distinction that applies to employees and dependents.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Life Questionnaire

	Response	Explanation
6	Can employees port coverage that is lost at the time they retire?	
Continued Coverage Following Termination of Eligibility - Conversion		
1	Do you offer a dual application approach?	
II REPORTING		
1	Are reports available online?	
2	If yes, list the types of reports available and the frequency each is updated.	
3	Can plan participants view status information online (e.g., application, claim filing)?	
4	Provide Monthly/Quarterly/Annual Premium Waiver reports	
5	Provide Monthly/Quarterly/Annual Life Claim reports	
6	Provide Annual Life Insurance Financial report	
7	Provide Annual reports of paid premium and paid claims	
8	Provide a monthly premium versus paid claim listing by plan.	
9	Provide Waiver of Premium reports	
Annual Reports		
1	Will information required for compliance with the filing of IRS Form 5500 be provided?	
2	Submit a finalized annual report including the following data by plan: Premiums paid; Paid claims; Pended claims; IBNR Reserves; Claimant Reserves; Listing of claimants, including date paid and amount paid; Conversion volume and charge; and List of open and closed disability claims, including date of birth, date of disability, disability cause, benefits paid and reserve amount.	
III ADMINISTRATIVE, CLAIMS PROCESSING AND OPERATIONAL ISSUES		
1	Confirm employees enroll using M-DCPS SAP system and retirees via paper.	
2	Will you provide paperless beneficiary management and claim processing? (Information is stored in SAP and TPA systems.)	
3	Indicate your willingness to comply with the following services/statements.	
a	Accept the current enrollment forms and beneficiary designations for the existing group.	
4	Will you agree to accept all current employee plan elections, existing enrollment records, and beneficiary designations?	
5	Are you willing to assume beneficiary designation administration including solicitation, file maintenance, confirmations, etc.? If yes, please describe your standard process and indicate additional charges, if any.	
6	Confirm premium billing will be handled by on-site representative and FBMC.	
7	Will you direct bill all participants not on payroll deductions?	
8	Is there an additional cost to direct bill participants? If yes, what is the charge?	
9	Confirm M-DCPS bills on per pay cycle for the balance of the fiscal year and then the commencement of the following calendar year through December 31st.	
10	Describe how you handle premium payments in arrears for individuals whose payroll may not cover premiums.	
11	Accept current enrollment cards, existing beneficiary designations and existing Life Insurance assignment. On-site representative will have access to beneficiary information to verify.	

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Life Questionnaire

		Response	Explanation
12	Complete all underwriting of Medical Evidence within 45 days of the completion of the questionnaire		
13	Review and approve Life Insurance Assignments within 45 days of receipt. Currently funeral assignments are reviewed and approved very quickly. Is 45 days standard?		
14	Review and verify all Complex Beneficiary designations upon receipt		
15	Process requests for Conversion within 30 days of application.		
16	Process the monthly statement of exposure. This report will form the basis under which premiums and fees are calculated for the policy year. (Note: The program will be on a self-billing basis.)		
17	Review claims submitted by M-DCPS representatives and pay benefits as described in the contracts.		
18	Provide interest credit on benefit disbursements subject to applicable state law		
19	Price incremental/decremental changes to the plans on an as needed basis		
20	Current/requested amounts of Group-Term Life, All Voluntary Life Insurance, and AD&D (core, voluntary) are to be duplicated on a non-medical (i.e., Guarantee Issue) basis. If your company cannot provide all amounts of insurance on a non-medical basis, then the maximum non-medical benefit should be clearly noted on your signed deviations page.		
21	Please confirm the amount of Board paid life insurance is based on labor contracts.		
22	Confirm new hires have the ability to purchase additional coverage on a guarantee basis.		
23	Please confirm that your quotes for Group Term Life, Voluntary Life and AD&D are provided on a stand-alone basis, regardless of when employees are eligible to enroll.		
24	In the chart below, state whether you will provide the service and if the service is included in your proposed premium rates.		
	a. Conduct New Hire Enrollment		
	b. Conduct Ongoing Enrollment		
	c. Process Status Changes		
	d. Provide Beneficiaries Administration		

Claims Processing

1	Can claims be submitted online?		
2	Specify the interest credit on claims from the date of death or proof of death until payment to beneficiary:		
a.	For states governed by statutes		
b.	For states not governed by statutes.		
3	Attach a description of the proof of loss required before a life claim is filed. Label Attachment: Proof of Loss.		
4	Carrier(s) agrees to provide one computer terminal and one service representative at M-DCPS' Risk Management office for life insurance claims data inquiry, customer service, verification of employee coverage, etc. This representative will adhere to regular business days/hours pursuant to the M-DCPS business schedule. This representative will also assist in the annual open enrollment process and other duties as assigned by M-DCPS.		
5	Additionally, if the service representative is on vacation or unable to work, the carrier agrees to provide a fully trained replacement. The cost associated with this responsibility will be included in your premiums/fees.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Life Questionnaire

		Response	Explanation
Service Centers/Claims Office			
1	Specify the location of the office that would process claims for The Client.		
2	Focusing specifically on the claim/service office(s) that would be used for The Client, indicate if performance from January 2011 through December 2011 met or did not meet the specified standards below.		
a.	97% of complete/clean claims paid in 10 business days.		
b.	99% financial accuracy (overpayments added to underpayments).		
c.	98% accuracy in the information items used for payment such as identification of the customer, beneficiary name, proper documentation, etc.		
d.	At least 90% of telephone calls to member services were answered within 20 seconds		
e.	Call abandon rate was below 3% of all calls		
Beneficiary Record Keeping Services			
1	Your company can provide beneficiary record keeping services.		
a.	What is additional cost, if any, for these services?		
b.	Describe these services.		
2	Will your company accept downloads of beneficiary designations to load into its system?		
3	Will your company require original copies of beneficiary designation forms in order to load into its system?		
4	Will you retain beneficiary designations on the following plans that may not be administered by your company?		
a	Life		
b	Supplemental Life		
x	Spousal Life		
c	Dependent Life		
5	Can employees view their beneficiary designations online?		
6	Can employees make changes to their beneficiary designations online?		
7	Will your company return at no charge all beneficiary records (both paper originals and an electronic file) to The Client immediately following contract termination or at such time as The Client elects to utilize another vendor for this service?		
Additional Services Available			
1	Does your company offer financial advisory services to beneficiaries?		
2	Identify the company that provides the services and describe its relationship to your company.		
3	Are these services included at no additional cost?		
4	Confirm that the company providing financial advisory services does not sell investment products nor does it receive remuneration of any kind from a company to whom it refers sales of investment products.		
5	Does your company make financial planning tools available to employees?		
6	If yes, describe these tools.		
7	Are access to these tools included in your rates?		
8	Identify any other value added services your company can offer to The Client; briefly describe these services, and include an estimate of the cost.		
9	Do you provide funeral concierge service?		
10	If yes, please describe.		
11	Please describe any proprietary or unique features to your program.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Life Questionnaire

		Response	Explanation
12	Please indicate if you provide the service in house or name the vendor.		

IV

PERFORMANCE GUARANTEES

	The Client intends to negotiate performance standards with the selected vendor. These are intended to encourage the vendor to perform at a high quality level in specific operational and administrative areas, relative to mutually agreed-upon performance n		
1	Indicate your willingness to implement performance guarantees on this employer contract. If "Yes," indicate your agreement to negotiate performance guarantees on each of the specific items listed below.		
2	All of the metrics agreed to will be evaluated based ADP TotalSource not the entire book of business		
Implementation Guarantees			
3	95% of action items assigned to vendor will be completed or delivered by the due date indicated in the implementation plan		
4	Signed contract provided by effective date.		
Claims Administration			
5	95% of complete/clean claims paid in 10 business days.		
6	98% Financial accuracy (overpayments added to underpayments).		
7	98% Coding accuracy - information items used for payment such as identification of the customer, beneficiary name, proper documentation, etc.		
8	Do you acknowledge receipt of a claim form?		
9	Please attach a sample acknowledgement.		
10	How do you provide explanation of payment?		
11	Please provide a sample of explanation of payment.		
12	What was the actual average claim processing time for the last two calendar years for Life, and AD&D claims in the office that will be processing these claims?		
13	Describe your claim verification process for life and AD&D.		
14	Describe the claim process for the following (note any subcontracted services): Death, Waiver of premium, or Accidental death.		

Account Service

15	Client assessment of overall account management.		
16	Phone answer speed not to exceed 20 seconds.		
17	Claimant Satisfaction Survey - Vendor will monitor and maintain the satisfaction of claimants. 90% of claimants who respond to the survey will be "very satisfied" or "satisfied"		

Beneficiary Record Keeping Services

18	Confirm beneficiary information are entered and maintained in M-DCPS' SAP system for active employees and FBMC maintains retiree beneficiary information.		
19	Accuracy of Loading Beneficiary Files		
Penalty Limit			
20	Maximum amount at risk will equal at least 5% of total annual premium		

Request for Proposal (RFP) for M-DCPS

Initial Contract Period January 1, 2015-
December 31, 2017

Life Insurance- Basic, Voluntary, AD&D, Retiree

Basic Life (ER Paid) Per \$1,000 up to 2 X AE	Assumed lives	Assumed Volume	Rate Per \$1,000		
Basic Life Insurance Per \$1,000					
Basic AD&D Insurance Per \$1,000					
Basic Life (Optional-EE Paid) Per \$1,000 Age Banded up to 5X AE combined with Basic Life (ER Paid)	Assumed lives	Assumed Volume	Rate Per \$1,000		
Under 25					
26-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75+					
EE Voluntary Life Per \$1,000 (Active and Retiree)	Assumed lives	Assumed Volume	Rate Per Coverage Amount		
Voluntary Life Insurance Per \$1,000					
Voluntary Life Insurance \$10,000					
Voluntary Life Insurance \$20,000					
Voluntary Life Insurance \$30,000					
Voluntary Life Insurance \$40,000					
Voluntary Life Insurance \$50,000					
Voluntary Life Insurance \$60,000					
Voluntary Life Insurance \$70,000					
Voluntary Life Insurance \$80,000					
Voluntary Life Insurance \$90,000					
Voluntary Life Insurance \$100,000					
Dependent Life (Spouse, Child(ren) Per \$1,000	Assumed lives	Assumed Volume	Rate		
Dependent Life Spouse \$5,000					
Dependent Life Spouse \$10,000					
Dependent Life Spouse \$20,000					
Dependent Life Spouse \$30,000					
Dependent Life Child(ren) \$5,000					
Dependent Life Child(ren) \$10,000					
EE Voluntary AD&D Per \$1,000 (Active only)	Assumed lives	Assumed Volume	EE Only	EE & Family Rate	Family Rate
AD&D Insurance per \$25,000					
AD&D Insurance per \$50,000					
AD&D Insurance per \$75,000					
AD&D Insurance per \$100,000					
AD&D Insurance per \$125,000					
AD&D Insurance per \$150,000					
AD&D Insurance per \$175,000					
AD&D Insurance per \$200,000					
AD&D Insurance per \$225,000					
AD&D Insurance per \$250,000					
AD&D Insurance per \$275,000					
AD&D Insurance per \$300,000					
AD&D Insurance per \$325,000					
AD&D Insurance per \$350,000					
AD&D Insurance per \$375,000					
AD&D Insurance per \$400,000					
AD&D Insurance per \$425,000					
AD&D Insurance per \$450,000					
AD&D Insurance per \$475,000					
AD&D Insurance per \$500,000					
Spouse only coverage = 50 percent of employee's coverage					
Children only coverage = 15 percent of employee coverage					
Spouse & Children = Spouse 40 percent of employee's coverage					
Each child 10 percent of employee's coverage					

Request for Proposal (RFP) for M-DCPS

Initial Contract Period January 1, 2015-
December 31, 2017

Life Insurance- Basic, Voluntary, AD&D, Retiree

Retiree Voluntary AD&D Per \$1,000 (Retiree only)	Assumed lives	Assumed Volume	Retiree Only Rate	Retiree & Family Rate	
AD&D Insurance per \$25,000					
AD&D Insurance per \$50,000					
AD&D Insurance per \$75,000					
AD&D Insurance per \$100,000					
AD&D Insurance per \$125,000					
AD&D Insurance per \$150,000					
AD&D Insurance per \$175,000					
AD&D Insurance per \$200,000					
AD&D Insurance per \$225,000					
AD&D Insurance per \$250,000					
AD&D Insurance per \$275,000					
AD&D Insurance per \$300,000					
AD&D Insurance per \$325,000					
AD&D Insurance per \$350,000					
AD&D Insurance per \$375,000					
AD&D Insurance per \$400,000					
AD&D Insurance per \$425,000					
AD&D Insurance per \$450,000					
AD&D Insurance per \$475,000					
AD&D Insurance per \$500,000					
Assumptions:					
1					
2					
3					
4					
5					
6					
Other Services (if applicable)-indicate Y, N or NA					
Death Claim Administration (Toll Free)					
· Add M-DCPS logo to ID card					
· ID card replacement fee					
· Fees for standard communication materials					
· Fees for non-English communication materials					
· Fees for custom communication materials					
· Ad hoc reporting fees					
· Customized reporting fees					
· Member communications pertaining to vendor					
· Interest rate charged for late wire transfers					
· Member portal customization					
· Customized Summary Plan Description (SPDs)					
· SPD Amendments					
· Customized Summary of Benefits and Coverage (SBCs)					
· Other (please list)					

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

	Response	Explanation
I	Plan Design	
1	Your company agrees to duplicate all current benefits/provisions as described in this RFP and accompanying documentation. If your company does not intend to duplicate the current plans exactly, all deviations must be specifically identified in your response.	
	Confirm whether new enrollees are guarantee issued or require EOI.	
II	General Financial	
1	Will you:	
a	File and pay employer portion of FICA?	
b	File and pay employee portion of FICA?	
c	Provide FICA reports at least monthly?	
d	Prepare supplemental W-2s at the close of each calendar year, as requested, and mail them directly to the employees home addresses?	
e	Provide an electronic file containing supplemental W-2 information, if requested?	
g	If yes to above, please provide a brief description of the deduction process. Please address the following: What forms are required, timing of form completion, how will funds be transmitted back to the state and how will changes in health care deductions	
h	Deduct all appropriate taxes (federal and state) from disability payments?	
i	If there are additional costs for any of the above, were they included in your quotation?	
	General Systems Information	
2	Indicate your capability to electronically interface with HRIS, payroll and time and attendance applications. Indicate your ability to feed into and accept information from the client's systems.	
3	Indicate your ability to interface with 3rd party data aggregators or other vendors (i.e.; disease management, wellness, EAP). Note any additional pricing for these interfaces.	
6	Confirm acceptance of M-DCPS outbound enrollment file and acceptance of inbound file with approved EOI information.	
7	Indicate the availability of a separate testing environment for the implementation and ongoing administration to handle real life transactions, as they would occur in the production system.	
8	Given the anticipated effective date, what is the latest date you will be able to receive a test eligibility file feed from the client?	
9	Confirm you will accept M-DCPS file format and payment processes.	

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

		Response	Explanation
10	Confirm that you can accept tax withholding information from an eligibility file feed and note where in your file layout the information appears.		
11	Confirm that address changes submitted on an eligibility file feed will flow through to the claims system.		

II

CASE MANAGEMENT

Claim Work Flow

	Outlined in this section are a series of questions designed to capture your approach to risk management.		
x	Confirm STD form transitions to LTD form (no additional form necessary>		
1	Attach a copy of your standard STD & LTD claim workflow; label "[Your Company Name]_LTD.STD Work Flow".		
2	Note variations from your standard STD claim workflow for concurrent statutory adjudication on the following coverage basis:		
a	Insured (including statutory)		

Statutory Process

3	Confirm a dedicated statutory resource to facilitate applications and proof of coverage for employer groups.		
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Claim Administration

5	Describe how you would staff the service team for M-DCPS,		
a	Would the team be dedicated or designated?		
6	How many staff members would be assigned to the team? Please provide information regarding the caseload and case mix for each staff member.		
7	Indicate the specific times during which customer service representatives are available to answer member questions (use EST)		
x	Confirm extended weekday hours and weekend hours are available during open enrollment.		

Claim Submission Process

8	Does vendor have ability to certify an absence 30 days in advance?		
9	Can STD and/or LTD claims be submitted telephonically?		
10	Can STD and/or LTD claims be submitted online?		
11	Can telephonic intake be used for Statutory plans (NYDBL) as well?		
12	Confirm a separate LTD application is not required for an integrated program?		
13	Are claims triaged based on severity of diagnosis at the point of claim intake?		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

	Response	Explanation
14	Does the system used to gather information during telephonic claim intake link to the eligibility file to provide verification of eligibility? If systems do not link, use the "Explanation" worksheet to describe the process of verifying eligibility.	
15	What is required of the claimant to initiate an LTD claim that is not eligible for STD?	
16	Would you agree to use a customized intake script?	
17	Can client have a dedicated 800 number vanity line?	

Claim Intake

18	Provide the title(s) of the staff who perform the intake function.	
19	Provide a brief list of the essential job functions and skill set required to perform the above job function.	
20	Is telephonic intake available for LTD only claims?	
21	What system platform(s) support this function (e.g., intake system, eligibility system, etc.). Provide specific system names.	
22	What are the claim intake hours of operation?	
23	What is the average case load (intakes handled daily) per staff member?	
24	How will information obtained at intake be confirmed for accuracy?	
25	Will you warm transfer to other benefit vendors (EAP, disease management, Workers comp)	
26	Can you track and report referrals made to other vendors?	

Claim Setup

27	Provide the title(s) of the staff who performs the claim set up function.	
28	Provide a brief list of the essential job functions and skill set required to perform the above job function.	
29	What is the average case load (claims handled daily) per staff member?	
30	What is the 2012 & 2013 success rate for obtaining medical information from medical providers by internal targeted deadline? (please note your internal targeted deadline)	
31	What procedures/policies are in place to ensure timely collection of medical information from providers?	

Claim Assignment and/or Triage

32	Provide the title(s) of the job which performs the claim assignment and/or triage function.	
33	Provide a brief list of the essential job functions and skill set required to perform the above job function.	
34	Briefly list the criteria and/or basis for assigning and/or triaging claims to the appropriate claims adjudication resources. Are claims assigned prior to receiving medical documentation? Are claims assigned based on claims examiner's experience/expertise	
35	Is the assignment and/or triage function automated?	

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

		Response	Explanation
36	What is the average case load (claims handled monthly) per staff member?		
Claim Adjudication			
37	Provide the title(s) of the staff who perform the claim adjudication and/or administration function.		
38	Provide a brief list of the essential job functions and skill set required to perform the above job function.		
39	What system platform(s) support this function (e.g., claim system, automated triage, diary system, case management system, correspondence, duration database, etc.). Provide specific system names.		
40	Do the above systems or platforms link directly to other systems and/or platforms (e.g., claim system, automated triage, diary system, case management system, correspondence, duration database, etc.). If yes, use the "Explanation" column to explain		
41	How often do the links transfer information to the next functional area for claims triage, assignment, file development, etc.		
42	Briefly list the criteria and/or basis for seeking additional resource support to appropriately adjudicate a claim.		
43	Are job descriptions, physical demands/functional requirements required for adjudication of claims in most cases?		
	Confirmation job descriptions are housed in M-DCPS system and on-site rep would have access to them.		
	Confirm on-site representative for M-DCPS.		
44	List the functional areas/units your organization supports to adjudicate specific claims (e.g., Fast Track, Short Duration, Maternity, Complex, and/or diagnostic based units)		
45	Do the above areas/units align with the assignment and/or triage function described above?		
46	How will the Client be notified that a new claim has been received?		
48	Will contact include initial duration?		
49	Confirm quarterly and annual reports will be provided to M-DCPS and their TPA. Reports will be included in annual report		
x	Confirm process for notifying M-DCPS of ongoing claim status changes (i.e., from pending to approved/denied).		
x	Confirm you can deliver to M-DCPS reports consisting of total claims received vs. total claims approved.		
50	What is the average case load (open cases at any point in time) per staff member? Please provide separate numbers for LTD and STD.		
Clinical Claim Support			
51	Provide the title(s) of the staff who perform the clinical support (both nursing and physician) for the claims function .		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

		Response	Explanation
52	Provide a brief list of the essential job functions and skill set required to perform the above job function.		
53	Briefly list the criteria and/or mandatory or discretionary basis for referral for clinical resource support to appropriately adjudicate a claim.		
54	Confirm willingness to work with a third party clinical case manager, if requested to do so		
55	Is there direct access to claims examiner from Client to discuss a claim if needed?		
56	List the functional areas/units your organization supports to adjudicate specific medical conditions (e.g., diagnostic based units)		
57	Do the above areas/units align with the assignment and/or triage function described above?		
58	Can you provide ADA support in the following ways: Return to Work (RTW) policy review? Process support? Functional job description development? Fitness for Duty (FFD) or Functional Capacity Exams (FCEs)? Legal support/case decision updates?		

III

Transition to LTD Claim Adjudication

1	Provide the title(s) of the job which performs the LTD claim adjudication function.		
2	Provide a brief list of the essential job functions and skill set required to perform the above job function.		
3	At what point during the STD benefit period does the LTD claim transition begin?		
4	Briefly list the criteria and/or basis for referral for how and when STD claims are transitioned for LTD consideration.		
5	Describe the process for transitioning a claim from STD to LTD; include detail on notification and timing.		
6	What action is required by the claimant and/or the employer to initiate or facilitate the transition of an STD claim to LTD?		
7	Are the functional areas/units your organization supports to adjudicate LTD claims the same as those that support the adjudication of the STD claim?		
8	Does your organization operate with separate STD and LTD units?		
9	Are the above described STD clinical resources the same ones that support the LTD claim?		

General Experience and Integration Capabilities

	Please provide the following information about your experience administering integrated STD/LTD programs. Figures should reflect your book of business as of 12/31/13.		
15	How many clients do you have that are over 100,000 employee lives for whom you provide an integrated STD/LTD program?		
16	Describe your ability to provide integrated disability management services for each of the elements in the process listed below.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

		Response	Explanation
	Integrated = the same resources are used for STD and LTD		
	Coordinated = similar but not the same resources are used (i.e., people, systems)		
	Non Coordinated = dissimilar resources are used		
a	Claim submission/notification		
b	Claim adjudication		
c	Case management/medical resources		
d	Account management		
e	Claim payment		
f	Customer service		
g	Systems		
h	Reporting		
i	Billing		
	STD/LTD Claims and Claim Determination		
17	Is telephone contact made with the following parties upon receipt of an STD claim?		
a	Employee		
b	Employer		
c	Physician		
18	Indicate the timeframes (calendar or work days) for the following:		
a	Notice of claim (i.e., call from employee) to contact of attending physician		
b	Notice of claim (i.e., call from employee) to contact of supervisor		
c	Contact of attending physician to receipt of objective medical evidence		
d	Receipt of objective medical evidence (from attending physician) to claim determination		
e	Determination of liability to claim approval/denial		
f	Claim approval/denial to notification of employee and employer (via email, phone, letter)		
19	What is the standard timeframe for disability determination (from first receipt of claim as defined by the employee call to the toll-free reporting line)?		
20	What percent of disability determinations are made within this timeframe?		
21	Describe how the STD disability determination is made, and specify the information used to make the determination. If you need more space, please use the "Explanation" worksheet. Indicate the question answered.		
x	Describe your Evidence of Insurability process.		
22	What percent of STD claims are approved after the initial investigation?		
23	What is the average length of time required to make an LTD claims determination after the initial disability investigation begins?		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

		Response	Explanation
24	Describe how the LTD disability determination is made. Specify the information used to make the determination. If you need more space, please use the "Explanation" worksheet. Indicate the question answered.		
25	Are disability duration guidelines used in the disability determination process?		
26	If yes, please provide the source of the disability duration guidelines		
27	What is the average length of time required to make an LTD claims determination after the initial disability investigation begins?		
28	How soon is the initial LTD payment issued after claim approval? What payments do they cover?		
29	Do you agree to conduct an MD peer review or IME at the request of The Client's risk management staff?		
30	Describe your process for external peer provider review or independent medical evaluations (IME).		
31	Please define rates and services for peer review and IMEs?		
32	What % of your STD and LTD claims are sent for provider peer review/IME annually by coverage type		
33	List the specialties of the medical professionals located onsite at the claim office at least one day per week.		

Ongoing Claim and Disability Management			
34	What is the frequency of follow-up contact with the following parties?		
a	Employee		
b	Client		
c	Physician		
d	Who makes the follow-up contact with the parties above?		
e	Is follow-up contact focused on medical/functional improvement and opportunities and estimated date for return to work?		
35	How frequently is disability re-evaluated during the STD period?		
36	How frequently is disability re-evaluated during the LTD period?		
37	Describe the disability re-evaluation and disability management process for STD & LTD. If you need more space, please use the "Explanation" column or worksheet. Indicate the question answered.		
38	How do you identify and resolve potential extended disability durations as they arise?		
39	How are adjustments to duration made based on medical/functional status and potential return to work?		
40	Describe your approach to managing statutory non-occupational disability claims. Describe any differences between how you manage these claims and non-statutory STD claims. If you need more space, please use the "Explanation" column or worksheet.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

		Response	Explanation
41	What is your process for communicating employees' functional status, claim status updates and correspondence to employees, and HR contacts?		
42	Will you communicate work capacity (full or restricted) to the employee and M-DCPS on the same day it is received?		
43	Do you provide ongoing monitoring of employees who have returned to work with restrictions until released for full duty? (Including weekly communication with employee and HR contact, and contact with medical provider as necessary)		
44	Are mental health claims managed by a designated mental health professional?		
45	What are the criteria for referral to medical case management staff?		
46	What percentage of claims are referred to medical case management for STD and LTD (please indicate %s separately)?		
47	What are the criteria for referral to physician consultants?		
48	What percentage of claims are referred to physician consultants for STD and LTD (please indicate %s separately)?		
49	What are the criteria for referral to vocational rehabilitation?		
50	What percentage of claims are referred to vocational rehabilitation for STD and LTD (please indicate %s separately)?		
51	Describe what assistance is provided to LTD beneficiaries applying for Social Security benefits.		
52	What percent of open LTD claims have been successful in obtaining Social Security benefits for all LTD claims open two years or longer?		
53	How will you estimate LTD disability benefits under the Social Security Act?		
54	Will you agree to partner with The Client on developing or administering current or future in-house early return-to-work programs for both occupational and non-occupational injuries or illnesses? Describe the consultative value you can bring to these type		
55	What percentage of STD claims is under appeal vs. open? What % of appeals are overturned annually?		
56	LTD - How will you exercise your right to recover overpayments?		
57	How will you deal with insurance fraud?		

V.

REPORTING

1	Are reports available to M-DCPS online?		
2	If yes, list the types of reports available and the frequency each is updated.		
3	Does the web-based tool provide real-time information regarding claim status?		
4	Are adhoc reports able to be created by the client from your website?		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

		Response	Explanation
5	Will you grant consultant access if client permission is given?		
6	Is level of access user defined (i.e. HR administrators granted access to view information only on their employees; Corporate granted access to all employees)		
7	Can plan participants view status information online (e.g., application, claim approval status, payment history)?		
8	If yes, list the types of information available online.		
9	Are you able to provide reports electronically on a daily basis to designated recipients?		
10	Is all documentation received imaged and available on-line? If not, what percent is not imaged?		
11	Are your faxes automated and aggregated in a centralized system or are faxes received in paper format?		
12	Are you able to provide quarterly claim reports as requested to the client?		
13	Are you able to provide offset information on EOB's for the STD program?		
14	Are you able to create adhoc reports as needed after implementation and without additional charge?		
15	If charges do apply, please give details.		
16	Are you able to provide reports with trending and analytics to assist employer manage and prevent disabilities?		

Annual Reports			
15	A year-end financial accounting for the program within 60 days of the contract anniversary date? Please attach a copy of a plan experience report that employer would receive at the end of the first year. Name the file: [Your Organization's Name]_Management Reporting Package.		
x	Confirm reports will be provided to the TPA for M-DCPS for inclusion in the annual report.		
16	Detailed claims listing including the following by claimant: Date of Disability, Term Date, Gross Benefit, Net Benefit, Offset details, Total Paid, Reserve, claim status, gender and salary, IBNR, expected vs actual return to work date?		
17	Employee contested claims that were denied or partially denied, separated by denial reason.		
18	Information required for compliance with the filing of IRS form 5500.		

VI.

ADMINISTRATIVE AND OPERATIONAL ISSUES

1	Indicate your willingness to comply with the following services/statements.		
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Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

	Response	Explanation
a	Pay for the cost of an independent third-party pre-implementation operational assessment and claim audit, as well as any follow-up deemed necessary by the audit.	
b	Generate STD approvals and benefit amounts that align with the client's pay period schedules?	
c	Provide LTD and STD (if requested) benefit payments through direct deposit, if the claimant requests it?	
d	Process benefit payments to LTD beneficiaries on a monthly basis (until death).	
e	Draft, revise, and finalize the policy and benefit summaries (booklets) for review by Aon Hewitt and M-DCPS.	
f	Provide all reasonable assistance as may be requested during the transition period, including the assignment of a dedicated implementation manager and participation at employee meetings, if required.	
g	Deliver an Administration and Implementation Manual containing all usual guidelines on such matters as eligibility, reports, plan summaries and procedures.	
	Provide SPDs in an electronic format for access via Internet or Intranet?	
h	Be responsible for costs of printing booklets, certificates, or SPDs as required.	
i	Sign contract by effective date.	
x		
x	Confirm ability to accept M-DCPS files and payment process.	
3	Are you willing to offer the following web-based services?	
x	Claims filing	
x	Claims tracking	
Service Centers		
7	Identify the location (city, state) of the office from which the following services will be provided.	
a	Claims intake	
b	Claims adjudication	
c	Clinical support services	
d	Customer phone/email enquiries	
e	Other administrative support services (identify service)	
8	Focusing specifically on the claim/service office(s) that would be used for The Client, indicate the performance results for calendar year 2012 and 2013 separately	
a	Financial Dollar Accuracy (as % of total claims processed)	
b	Procedural Accuracy (as % of total claims processed)	
c	Decisional accuracy - Have accepted proper liability for claim and correct decision made on meeting disability criteria (as % of total claims processed)	
d	Coding accuracy - Critical fields coded accurately including DOB, DOD, elimination period and diagnosis (as % of total claims processed)	

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

		Response	Explanation
e	Average number of business days in which claimants were contacted by vendor from date of claim receipt (Note LTD and STD separately)		
f	Average number of business days from receipt of all necessary information until claim determination (Note LTD and STD separately)		
g	Average number of business days from date of disability until claim determination (Note LTD and STD separately)		
h	% of claims where "his" Job to "any" Occupation transition decision was made on or before transition date		
i	% of claims where STD claim determinations (pay, pend or deny) were made within 5 business days of receipt of a complete claim		
j	% of claims where Social Security pursuit began within 14 business days from claim approval		
9	List below all services that you would subcontract under this program with The Client.		
a.	Service #1		
b	Service #2		
c	Service #3		
d	Service #4		
10	Vendor agrees to be held liable for the performance of any subcontracted services.		

VII.

	PERFORMANCE GUARANTEES		
	The Client intends to negotiate performance standards with the selected vendor. These are intended to encourage the vendor to perform at a high quality level in specific operational and administrative areas, relative to mutually agreed-upon performance metrics.		
1	Indicate your willingness to implement performance guarantees on this employer contract. If "Yes," indicate your agreement to negotiate performance guarantees on each of the specific items listed below.		
2	All of the metrics agreed to will be evaluated based on M-DCPS' results not the entire book of business		
	Implementation Guarantees		
3	95% of action items assigned to vendor will be completed or delivered by the due date indicated in the implementation plan		
4	Signed contract provided by effective date.		
	Account Service		
5	Client assessment of overall account management.		
6	Phone answer speed not to exceed 20 seconds		
7	Call abandon rate not to exceed 3%		
8	Claimant Satisfaction Survey - Vendor will monitor and maintain the satisfaction of claimants. 90% of claimants who respond to the survey will be "very satisfied" or "satisfied"		
	Claims Administration		
9	95% of STD claims processed within 10 business days.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

		Response	Explanation
10	95% of LTD claims processed within 45 business days.		
11	98% of STD determination notifications to employees will occur within 2 business days.		
12	98% of STD determination notifications to the employer will occur within 2 business days.		
13	98% of STD claims will have a speed of response from receipt of all necessary information to initial claim decision made within 3 business days		
14	98% of new STD claims will have a (3) point contact within two business days (includes employer, employee and medical provider)		
15	90% of claims transitioning from "his" Job to "any" Occupation where decision is made		
16	98% Decisional accuracy (Have accepted proper liability for claim and correct decision made on meeting disability criteria) - STD & LTD		
17	98% Financial accuracy (determination of correct payment amount, as percentage of total payment) - STD & LTD		
18	98% Coding accuracy (entry of date of disability, ICD9 Code, Social Security No., Hire date, Birth date, Salary, Social Security Code, Claim Status Code, etc.)		
19	90% of claimants within the 12 - 24 month period (count will begin from the date of disability) will have applied for Social Security or have an estimated offset. This will exclude employees that are not eligible for Social Security		
20	95% of claims will have an initiation of follow-up action following receipt of SS denial or appeal with 10 business days		
21	Maintain sufficient and appropriate trained staff who skills and experience match the specific job requirements for key functions to effectively perform the program services		
22	Document Negotiations - Changes to contract documents (including booklets) will be provided to M-DCPS within 45 calendar days from the date changes are agreed to by Vendor and M-DCPS. If a change requires a state filing, documents will be filed with the state within 30 calendar days of agreement on the provisions to be filed. Documents approved by the state will be provided to the M-DCPS within 30 calendar days from the date changes are approved by the state.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Disability Questionnaire

	Response	Explanation
23	Security Breach - Vendor shall notify M-DCPS within 5 business days (subject to any exception provided under applicable law), of any breach of security, intrusion, or any unauthorized access, acquisition, disclosure or use of customer/claimant information. Vendor will take prompt correction action to cure or mitigate any such Breach and shall take all actions pertaining to any such Breach requested by applicable federal and state laws and regulations and the agreement. In the event of a security breach due to the failure to follow established protocols, vendor shall be financially penalized in the amount of the metric penalty.	
	Penalty Limit	
24	Maximum amount at risk will equal at least 5% of total annual premium	

Request for Proposal (RFP) for M-DCPS

Initial Contract Period January 1,
2015- December 31, 2017

Short Term (Employer Paid) and Long Term Disability (Voluntary)

Short Term Disability (Match Current Benefits)	Assumed lives	Covered Benefit	Rate Per \$100
Standard (Employer Paid) Elim. 30 days, 60% to \$500 max weekly for 22 weeks.			
Standard Upgrade (EE Buy up) Elim. 15 days, 60% to \$500 max weekly for 24 weeks.			
High (EE Buy up for salaries in excess of \$43,000) Elim. 30 days, 60% from \$500 to \$1,000 max weekly for 22 weeks.			
High Upgrade (EE Buy up for salaries in excess of \$43,000) Elim. 15 days, 60% to \$1,000 max weekly for 22 weeks.			
Long Term Disability (Match Current Benefits)	Assumed lives	Volume	Rate Per \$1,000
Level 1 (60% up to \$1,800 monthly)			
Level 2 (60% up to \$3,000 monthly)			
Level 3 (60% up to \$5,000 monthly)			
Level 4 (60% up to \$7,500 monthly)			
Assumptions:			
1			
2			
3			
4			
5			
6			
Other Services (if applicable)-indicate Y, N or NA			
· Add M-DCPS logo to ID card			
· ID card replacement fee			
· Fees for standard communication materials			
· Fees for non-English communication materials			
· Fees for custom communication materials			
· Ad hoc reporting fees			
· Customized reporting fees			
· Member communications pertaining to vendor			
· Interest rate charged for late wire transfers			
· Member portal customization			
· Customized Summary Plan Description (SPDs)			
· SPD Amendments			
· Customized Summary of Benefits and Coverage (SBCs)			
· Other (please list)			

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
1.	a. The RFP describes task and benefit specifications (Section 2.0); Standards of Performance (Section 3.0); and Reporting Requirements (Section 4.0). Under the appropriate evaluation section below, you will be requested to affirm that you will fully comply and meet these specifications as stated. Be advised that failure to identify any deviation in response to the appropriate question constitutes a representation on the offeror's part that the specifications will be met precisely as written.		
	b. Appendices to this RFP and data files available to prospective offerors contain key claims and enrollment data. The Attachment 2 Schedules contain instructions and require the use of certain data and assumptions when completing your offeror's exhibits. If you have any demurrals, as defined above, and/or not used the data and/or assumptions, say such here and affirm that you clearly noted the exception in your response to the specific question.		
2.	Certain of the questions that follow may cause offerors to provide different answers for the PPO plan versus the DHMO plan options. Where this is the case, please clearly distinguish the differences and impact on the respective plans. As your written response to this question, please state that you understand and have complied with this requirement.		
2.	Please certify that you are in full compliance with the EDI standards.		
3.	You will be expected to sign the Commonwealth's Business Associate Agreement (See Exhibit One). Please state your agreement to do so here.		
	o. Provide an outline of your Business Continuity plan and describe how it will insure continuity of service during periods of business interruptions. The Business Continuity Plan should include a description of its backup IT System and identify the personnel it would use in the event of disruption of service. If you need more space, please use the "Explanation" column and/or worksheet. Indicate the question answered.		
LIABILITY/REGULATORY			
19.	Vendor has complied with all state insurance department filing requirements for all plans/products being offered in this quote in each state in which the Client has employees. Comment: Be sure to review the census file submitted with this RFP.		
	a. If the answer to the preceding question is " no ", for all plans/products quoted in this RFP for which the required state insurance department filing requirements have not been met, please specify the applicable plan/product and corresponding state.		
20.	Vendor is bonded.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

	Dental RFP 2015	Response	Explanation
	General		
21.	Vendor maintains a fidelity bond as required by ERISA.		Not ERISA
22.	Vendor maintains professional liability insurance that exceeds \$5 million per claim and \$20 million aggregate.		
a.	If not, please explain amount of coverage.		
23.	Liability insurance covers:		
a.	Dental review decisions		
b.	Dentist contracting		
25.	The vendor maintains executed contracts with all providers participating in the network.		
26.	The vendor provider contracts do not provide for any type of remuneration to your organization, such as commission, finder's fee, rebate, or other financial benefit.		
27.	Your organization is not a creditor of any provider in the network.		
28.	Vendor agrees to prepare and file all legal documents necessary to implement and maintain the plan, including policies, amendments, contracts, and required state filings.		
29.	Vendor agrees to provide necessary legal defense in the event of litigation, including all costs inuring thereto.		
	REFERENCES		
30.	Please include three current client references, of a size similar to the enrollment you anticipate under this contract, for whom you provide similar Dental services to those requested in this RFP, preferably public entities. At least one must be a plan with 50,000 or more employees.		
a.	Reference #1		
	Company Name		
	Contact Person		
	Title		
	Telephone #		
	Street Address		
	City, State, Zip		
	Services Provided by Vendors Organization		
	Number of Employees Covered		
b.	Reference #2		
	Company Name		
	Contact Person		
	Title		
	Telephone #		
	Street Address		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)
Dental Questionnaire
Questionnaire

Dental RFP 2015		Response	Explanation
General			
City, State, Zip			
Services Provided by Vendors Organization			
Number of Employees Covered			
c. Reference #3			
Company Name			
Contact Person			
Title			
Telephone #			
Street Address			
City, State, Zip			
Services Provided by Vendors Organization			
Number of Employees Covered			
31.	Provide two former client references for whom you previously provided similar Dental services. (The latter should not represent lost clients due to merger or other neutral causes.)		
a. Reference #1			
Company Name			
Contact Person			
Title			
Telephone #			
Street Address			
City, State, Zip			
Services Provided by Vendors Organization			
Number of Employees Covered			
b. Reference #2			
Company Name			
Contact Person			
Title			
Telephone #			
Street Address			
City, State, Zip			
Services Provided by Vendors Organization			
Number of Employees Covered			
32.	If applicable, please indicate the number of years your organization has been operational in providing dental services in the Commonwealth of Virginia.		
II. Qualifications of Staff			
ACCOUNT MANAGEMENT			
A designated account representative must be assigned to The Client. This account representative will have the responsibility and authority to manage the entire range of services discussed in this RFP and must be able to respond immediately to changes.			

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

	Dental RFP 2015	Response	Explanation
1.	Name		
2.	Title		
3.	Street Address		
4.	City		
5.	State		
6.	Zip		
7.	Phone Number		
8.	Fax Number		
9.	E-mail		
10.	Number of accounts currently servicing		
11.	New case responsibility		
12.	Training, Education, Experience		
13.	Provide an organizational chart, including title and office location, that: (Name the file: [Your Organization's Name]_Dental Exhibit 1)		
a.	Identifies key personnel that will directly support this contract, and whose performance appraisal is impacted by their performance on this contract. Do not include first-line supervisor personnel at this point. Be sure to include, at least, the below functions. Also, please indicate the expected percentage of time that each manager will devote to this contract and the number of years of experience in handling contract similar in scope to the Commonwealth's.		
	Senior Corporate Officer with ultimate decision-making authority for this contract		
	Account Manager		
	Network Building/Provider Relations Manager(s)		
	Account Manager		
	Customer Service Manager		
	Dental Director		
	Utilization Review Director		
	Senior Underwriter		
b.	If in the foreseeable future there is a reasonable chance that any of these individuals will be reassigned, retire, or otherwise be unavailable to fulfill the duties described herein, please identify the replacement(s). Also, provide all of the requested information about any such individual.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
c.	Provide, as an attachment to your chart, resumes for these individuals. Resumes should clearly identify the number of years performing directly related activities and reference current, similarly situated customers..		
x	Confirm M-DCPS requires an on-site representative who has access to claims system.		
x	Confirm on-site representative is hired 90 days prior to 1/1/2015 to allow for training and participation in open enrollment.		
CLAIMS ADJUDICATORS			
14.	Number of full-time equivalent (FTEs) claims adjudicators that will be assigned to the Commonwealth's contract		
15.	Will these claims adjudicators be dedicated solely to the Commonwealth's contract?		
16.	What is your standard for assigning full-time claims adjudicators to the Commonwealth of Virginia's account?		
17.	What are the qualifications of the claims adjudicators to be assigned to the contract?		
a.	Educational Degree		
b.	Years of Experience		
c.	Number of Clients served		
18.	Do you anticipate hiring additional claims adjudicators to administer the contract?		
19.	If Yes, how many?		
20.	What type of formal training is done for your claims adjudicators?		
CUSTOMER SERVICE/CALL CENTER REPRESENTATIVE			
21.	Number of full-time equivalent (FTEs) customer service/call center representatives will be assigned to the contract		
22.	Will these customer service/call center representatives be dedicated solely to the Commonwealth's contract?		
23.	What is your standard for assigning full-time customer service/call center representatives to M-DCPS' account?		
24.	What are the qualifications of the customer service/call center representatives to be assigned to the contract?		
a.	Educational Degree		
b.	Years of Experience		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)
Dental Questionnaire
Questionnaire

Dental RFP 2015		Response	Explanation
General			
c.	Number of Clients served		
x	Bilingual staff		
25.	Do you anticipate hiring additional customer service/call center representatives to administer the contract?		
26.	If Yes, how many?		
27.	What type of formal training is done customer service/call center representatives?		
x	Confirm extension of customer services hours during open enrollment (nightly and weekends)..		
DENTISTS AND OTHER PROFESSIONAL STAFF-UTILIZATION MANAGEMENT			
28.	Please indicate the number of FTEs and qualifications of dentists and other health care professional staff employed by your company to provide utilization management.		
29.	How many dentists and other health care professional staff employed by your company and located on-site will be dedicated to the Commonwealth's contract?		
30.	What is your standard for assigning FTE dentists employed on-site dedicated to the Commonwealth's contract?		
31.	Do you anticipate hiring any additional dentists or other professional staff should you be awarded the Commonwealth's contract?		
32.	If Yes, how many?		
33.	During the dentist selection/credentialing process, primary verification is used to check the following items.		
a.	Graduation from an accredited US college of dentistry		
b.	Valid state license (for state of practice)		
c.	Board certification/eligibility appropriate to practice area		
d.	Federal and state DEA controlled substance registration and unrestricted prescribing privileges		
e.	Malpractice coverage		
f.	Detailed malpractice history		
g.	Detailed history of disciplinary action or litigation		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
h.	Membership in professional organization		
i.	Detailed history of general health		
j.	Detailed history of chemical dependency		
k.	Detailed history of mental health		
l.	Detailed history of conviction for fraud or felony		
34.	Can you state categorically that network management staff conduct primary verification on every participating dentist for each item answered in the affirmative above?		
35.	GFDs are recredentialed annually.		
36.	Specialty dentists are recredentialed at least every two years.		

Service and Quality			
We encourage you to explain any "No" responses using the "Explanation" column. If you need more space, please use the "Explanation" worksheet. Explanations should be numbered to match with "No" responses and must be brief. They cannot exceed 1,000 characters in the worksheet.			
37. a.	Customer satisfaction surveys are conducted annually.		
b.	If yes, describe the assessment methodology		
c.	Provide the most recent two years' patient satisfaction results for the network you are offering. Name the file: [Your Organization's Name]_Dental Exhibit 2		
38. a.	Affirm that you will have a fully trained, member service function devoted to administration of the Commonwealth's plan.		
b.	Where will the member service unit reside		
c.	What real-time data will be available to the representatives		
3. a.	Paragraph 3.6 of the RFP offers you the opportunity to propose additional standards of performance beyond those required by the RFP. If you wish to propose additional standards, list them in the worksheet named PerStand		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
b.	Provide sample reports that are used to monitor performance in these areas as separate attachment Name the file: [Your Organization's Name]_ Dental Exhibit 3.		
c.	Identify any member service factors not provided in the response to the above questions that you believe make you uniquely qualified to administer the Commonwealth's Dental plan.		
39. a.	How is work in progress treated for a patient who elects to participate in the managed dental plan?		
b.	What happens to work in progress when coverage is terminated?		
c.	Does your policy differ for orthodontia treatment?		
40. a.	Do you require pre authorization (submission of a treatment proposal for predetermination of costs) prior to service for any dental procedures or for treatment exceeding a specified dollar amount?		
b.	If Yes, please detail.		
41. a.	If member cost is greater than \$250, Dentists are required to follow the Least Expensive Alternative Treatment plan.		
b.	If member chooses a treatment option better suited to their individual needs the member is responsible for 50% of the cost.		

III

Administrative Capabilities			
1.	Affirm that you can meet all of the task requirements identified in task and benefit specifications (Section 2.0); Standards of Performance (Section 3.0); and Reporting Requirements (Section 4.0) and the Special Terms and Conditions in Section 8.0.		
2.	Affirm that you can provide the reports described in Section 4.0 of the RFP.		
3.	Include a complete list of the standard reports you can provide to the Commonwealth to demonstrate you are meeting the Administrative Standards as described in Section 3.0. [Your Organization's Name]_Dental Exhibit 4		
4.	Affirm that you will meet the claim file mandatory requirement described in paragraph 2.8.5.		
5.	Indicate below your 2013 calendar year results for each of the performance standards. For any that are not measured, note N/M in the box. For any that are measured in a different manner, explain the measurement and provide the results.		
<i>RFP Sub-Section 3.5</i>			
a.	Accurate Claims Processing		
	Can Report		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)
Dental Questionnaire
Questionnaire

Dental RFP 2015		Response	Explanation
General			
	2013 Results		
b.	Eligibility Update (7 days or less) Can Report		
	2013 Results		
c.	Timely Reports Can Report		
	2013 Results		
d.	Premium Projections Can Report		
	2013 Results		
	<i>RFP Sub-Section 3.8</i>		
e.	Patient Satisfaction Can Report		
	2013 Results		
MEMBER SERVICES			
6.	Describe your processes and controls in providing member services (by phone, letter in person and/or on-line)		
7.	The network's management information systems routinely collect information on patient complaints and this information is communicated to the participating dentist at least two times per year.		
8.	Each new member receives a member handbook or other relevant member materials that describes grievance procedures.		
x	Confirm whether ID cards are necessary for DHMO product.		
9.	Confirm time frame for accommodating appointment requests that Network Management requires.		
10.	There is a single toll-free, customer service telephone number for addressing claims payment, member services and any appeals.		
11.	You provide a dedicated individual or staff responsible for resolving claim disputes or other issues.		
12.	Members are able to switch dentists whenever desired.		
13.	Individual family members may select different dentists.		
14.	A toll-free customer service telephone number is operational 24 hours a day.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015	Response	Explanation
General		
15. A toll-free customer service telephone number is operational on normal business days between at least 9 a.m. and 5 p.m. in every U.S. time zone containing Commonwealth members.		
17. Can dental network members access emergency care 24 hours a day, 7 days a week via a national toll-free number?		
18. Can you accommodate dependents who attend college away from home?		
19. How are out-of-area dental emergencies handled?		
20. Upon request, patients and dentists are informed about the criteria used by the dental plan in approving or denying treatment.		
21. At least the following dentist-specific database information is available to members by calling the member services department: name, specialties, age, sex, years in practice, board certification, education, fluent languages, hours of operation and number of complaints.		
CLAIMS ADMINISTRATION		
We encourage you to explain any "No" responses using the "Explanation" column. If you need more space, please use the "Explanation" worksheet. Explanations should be numbered to match with "No" responses and must be brief. They cannot exceed 1,000 characters in the worksheet.		
22. You maintain geographically specific reasonable and customary (R&C) charge screens for dental procedures.		
23. Your company can provide claims adjudication at varying R&C percentiles beginning with the 50th percentile.		
24. The security of the system, includes safeguards against employee embezzlement and theft.		
25. Supply a sample EOB with EOB messages. Name the file: [Your Organization's Name]_Dental Exhibit 5.		
26. Describe the edits used to ensure the integrity of the data and to guard against duplicate payments		
27. Network dentists routinely submit claims to the network and the claims administrator (For example, is it a paperless process from the employee's point of view).		
28. Network members never have to submit claim forms for in-network services.		
29. Each of your networks serving Commonwealth's members is supported by a computerized, on-line direct access claims processing system containing plan/claim information storage and retrieval.		
30. Your system requires no manual operations at any point during the claims process.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
31.	Plan summaries are stored in the computer memory for screening purposes.		
32.	All dental procedures are coded using the ADA 4-digit code for in-network claims, out-of-network and out-of-area claims.		
33.	The claims system maintains on-line eligibility files that are updated at least weekly.		
34.	The claims system maintains dependent eligibility files.		
35.	Vendor can meet COB requirements.		
36.	COB data is updated at least annually.		
37.	Vendor can administer eligibility requirements.		
38.	The claims system automatically screens for duplicate bills.		
39.	Please note the source of your R&C information (HIAA, MDR, internally developed, other)		
40.	Please complete the reimbursement table shown in the worksheet " Reimbursement " in this workbook.		
41.	What is the suggested pre-determination of benefits threshold amount?		
42.	Confirm you can administer a \$250 pre-determination threshold amount.		
42.	Your dental plan has a defined program and process to systematically evaluate participating GFDs for cost, utilization, clinical outcomes, administration cooperation and member services satisfaction.		
43.	Indicate those utilization issues your management information system monitors to evaluate the amount and quality of dental care provided:		
a.	Identifies statistical data on members according to employer group		
b.	Identifies the number of member visits by employer group		
c.	Maintains patient complaints using telephone tracking system		
d.	Reports unusual utilization for a given participating dentist.		
MEMBERSHIP ACCOUNTING SERVICES			
44.	Confirm knowledge that COBRA is handled in-house.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)
Dental Questionnaire
Questionnaire

Dental RFP 2015 General		Response	Explanation
	Confirm acceptance of M-DCPS' file layout and payment process.		
45.	List the services that are included in you cost proposal versus those at an additional charge.		
a.	Network Access Fee		
b.	Administrative Overhead		
c.	Claims Processing Fee		
d.	800 Telephone Links (installation and usage)		
e.	Standard Reporting		
f.	5-10 Annual AdHoc Reporting Request		
g.	Utilization Review		
	Care Management		
h.	Member communication materials (ID cards, booklets)		
i.	Other (please specify)		
j.	Other (please specify)		
k.	Other (please specify)		
l.	Other (please specify)		
m.	Other (please specify)		
n.	Other (please specify)		
46.	Affirm that any additional charges identified is completely cross-referenced in your response to the cost forms		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)
Dental Questionnaire
Questionnaire

Dental RFP 2015		Response	Explanation
General			
SYSTEMS DEVELOPMENT			
47.	Provide the implementation date of the most recent substantive changes to your administration systems.		
48.	If a future change is contemplated between this date and January 1, 2015, please provide a brief description of the changes and implementation dates.		
IV	Benefit Cost Management and Administrative Cost		
1.	Provide % Savings from Gross Charges for the most recent two years' for Virginia clients		
a.	Pre-treatment review of large (define) treatment plans		
	2012		
	2013		
b.	Plan provisions savings		
	2012		
	2013		
c.	COB procedures		
	2012		
	2013		
d.	R&C determination for R&C plans		
	2012		
	2013		
e.	PAR (for participating networks)		
	2012		
	2013		
f.	PPO (for PPO networks)		
	2012		
	2013		
2.	If proposing an R&C plan, indicate the R&C percentile routinely used and the estimated number and percentage of Dentists in the Commonwealth that currently exceed your current profile		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
3.	For each key location listed in the worksheet named "Reimbursement", provide the Dental reimbursement fees. Some networks have different fee schedules for a given zip code. If there are multiple fee schedules used in any of the selected 5-digit zip codes, provide the set of fees that apply to the largest number of dentists in the zip code.		
4.	Provide a listing of the five dental treatment plans that you most closely monitor for over-utilization, high cost, and/or inappropriateness of care.		
a.	Dental Treatment 1		
b.	Dental Treatment 2		
c.	Dental Treatment 3		
d.	Dental Treatment 4		
e.	Dental Treatment 5		
5.	Provide details on your success in managing the appropriateness of care for these diagnoses in recent years compared to your "unmanaged" plan results or other normative benchmarks.		
a.	Dental Treatment 1		
b.	Dental Treatment 2		
c.	Dental Treatment 3		
d.	Dental Treatment 4		
e.	Dental Treatment 5		
6.	a. Please summarize the major elements of your program to assure treatment quality.		
	b. Describe the key quality outcomes reported to your senior management/Board of Directors in your most recently completed business year.		
7.	Describe the data driven elements of your provider performance evaluation program, the frequency of reporting, and your most recent two years' (or meaningful reporting periods) results.		
8.	a. How frequently do you review provider practice patterns?		
	List the key peer group comparative categories.		
	Category 1		
	Category 2		
	Category 3		
	Category 4		
	Category 5		
	Category 6		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
Category 7			
Category 8			
Category 9			
Category 10			
Other			
b.	Do you undertake any monitoring activities in addition to the above for dentists with a large number of plan participants?		
9.	As stated in the RFP, a statewide network of professional providers who, by contract, agree to accept the contractor's allowance (plus co-payments, if any) as payment in full for covered services, is required for a PAR and PPO network offering. Affirm here that you are proposing this type of arrangement.		
10.	Regarding access, define the scope and availability of your Dental network providers by completing worksheet named " Geo-Access " report with the below access standards. Also Include the entire report as an attachment. Name the file: [Your Organization's Name]_ Dental Exhibit 6		
11.	Include, as a supplemental attachment, specimen copies of the provider contracts that will apply to the network you are proposing. Distinguish clearly between PAR, PPO and DHMO networks (if applicable). Name the file: [Your Organization's Name] Dental Exhibit 7.		
11.	15. Describe the data analysis capabilities available to assist the Commonwealth in reviewing the effectiveness of plan design and, if applicable, the provider network.		

V.

Demurrals

1.	Please confirm that you meet mandatory requirements in section 2.9 ; or have provided demurrals detail in the redline submission of the RFP wrap document.		
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II.

DENTAL PLAN IDENTIFICATION/CONTACTS

1.	Dental Organization Name		
2.	NAIC for Liable Underwriting Source		
3.	Street Address		
4.	City		
5.	State		
6.	Zip		
7.	Web Address		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015 General		Response	Explanation
Dental Contacts		Response	Explanation
Please indicate the contact who can answer questions related to this dental RFP.			
8.	Primary Contact		
a.	Name		
b.	Title		
c.	Address		
d.	City		
e.	State		
f.	Zip		
g.	Phone Number		
h.	Fax Number		
i.	E-mail Address		
9.	Secondary Contact		
a.	Name		
b.	Title		
c.	Address		
d.	City		
e.	State		
f.	Zip		
g.	Phone Number		
h.	Fax Number		
i.	E-mail Address		

II.

DENTAL SPECIFICATIONS

Response

Explanation

3. Miami-Dade County Public Schools Logo: Miami-Dade County Public Schools may wish to have its logo appear on various printed materials. The designated vendor must agree to this at no additional cost and must ensure that logo placement and color requirements are met.

V.

DENTAL GENERAL PLAN INFORMATION

Response

Explanation

1. Model Type
2. Year network organized
3. Network ownership/controlling interest
4. Please provide the total number of providers in the Miami-Dade area for each of the following:

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015 General		Response	Explanation
a.	DHMO membership totals as of 1/1/2014		
b.	Total network PPO membership as of 1/1/2014		
c.	Total network PPO membership as of 1/1/2013		
d.	Total network PPO membership as of 1/1/2012		

DENTAL PLAN DESIGN AND FINANCIAL INFORMATION		Response	Explanation
5.	A detailed description of M-DCPS' current plan design can be found in the "Dental Plan Design(#)" worksheet. Please base your quotations on the proposed plan design in the worksheet " Dental Plan Design(#) ". Please note any deviations in your plan design from the proposed plan design in the " Dental Plan Design(#) " worksheet, using the column marked "Deviations "		
	Confirm you can administer taking over the Orthodontic Benefit if the patient was already fully banded prior to the effective date of the contract.		
9.	Please complete the lives assumptions by [family status/class] in the table below.		
a.	PPO Active Enrollment Assumptions Family Status/Class		
	Employee Only		
	Employee & Spouse		
	Employee & Child(ren)		
	Family		
b.	DHMO Active Enrollment Assumptions Family Status/Class		
	Employee Only		
	Employee & Spouse		
	Employee & Child(ren)		
	Family		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)
Dental Questionnaire
Questionnaire

Dental RFP 2015 General		Response	Explanation
I. Dental PPO Network Information			
1.	Has the dental Geo-Access reporting been completed using the requested parameters?		
2.	Please note the dental geo-mapping method used:		
3.	Number of general/family (GFDs) accepting new patients.		
4.	Number of members per general/family dentist.		
5.	Length of GFD contract		
6.	Number of GFDs who left the network during 2011 (due to both voluntary and involuntary reasons).		
7.	Reimbursement - Percent of GFDs' services paid by:		
	Capitation		
	Fee Schedule		
	Discounted fees		
	Incentive programs (bonus, withholds)		
8.	GFDs' average percent discount.		
9.	Percent of dental specialists who are board certified in network by type:		
	Endodontists		
	Oral Surgeons		
	Periodontists		
	Prosthodontists		
	Orthodontists		
10.	Length of dental specialist contract		
11.	Reimbursement - Percent of specialists' services paid by:		
	Capitation		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
	Fee Schedule		
	Discounted fees		
	Incentive programs (bonus, withholds)		
12.	Dental specialists' average percent discount.		
1.	Please attach a copy of your provider directory for each metropolitan market in which you can serve Miami-Dade County Public Schools. Name the file: [Your Organization's Name]_Dental Provider Directories.		

DENTAL MANAGEMENT CAPABILITIES		Response	Explanation
	We encourage you to explain any "No" responses using the "Explanation" column. If you need more space, please use the "Explanation" worksheet. Explanations should be numbered to match with "No" responses and must be brief. They cannot exceed 1,000 characters in the worksheet.		
1.	During the dentist selection/credentialing process, primary verification is used to check the following items.		
a.	Graduation from an accredited US college of dentistry		
b.	Valid state license (for state of practice)		
c.	Board certification/eligibility appropriate to practice area		
d.	Federal and state DEA controlled substance registration and unrestricted prescribing privileges		
e.	Malpractice coverage		
f.	Detailed malpractice history		
g.	Detailed history of disciplinary action or litigation		
h.	Membership in professional organization		
i.	Detailed history of general health		
j.	Detailed history of chemical dependency		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
k.	Detailed history of mental health		
l.	Detailed history of conviction for fraud or felony		
2.	Can you state categorically that network management staff conduct primary verification on every participating dentist for each item answered in the affirmative above?		
3.	Your dental plan has a defined program and process to systematically evaluate participating GFDs for cost, utilization, clinical outcomes, administration cooperation and member services satisfaction.		
4.	General/family dentists are not at any financial risk for specialty services.		
5.	As part of the network's quality assurance program, all GFDs are personally visited by a network staff prior to credentialing in order to assess the dental office environment and interview the dentist.		
6.	All participating GFDs are personally visited by a network staff at least once annually in order to reassess the dental office environment and interview the dentist.		
7.	The network's management information systems routinely collects information on patient complaints and this information is communicated to the participating dentist at least two times per year.		
	The network's management information systems routinely collects information on the following items and this information is communicated to the participating dentist at least two times per year.		
8.	Adherence to community standards		
9.	Appropriate use of services		
10.	Billing accuracy		
11.	Member satisfaction surveys are routinely conducted with a large enough sample so that statistically valid and reliable results are generated for each participating GFD.		
12.	Dentist-specific findings from member satisfaction surveys are shared with the dentist at least once annually.		
13.	Indicate those utilization issues your management information system monitors to evaluate the amount and quality of dental care provided:		
a.	Identifies statistical data on members according to employer group		
b.	Identifies the number of member visits by employer group		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
c.	Maintains patient complaints using telephone tracking system		
d.	Reports unusual utilization for a given participating dentist.		
14.	Upon request, patients and dentists are informed about the criteria used by the dental plan in approving or denying treatment.		
15.	At least the following dentist-specific database information is available to members by calling the member services department: name, specialties, age, sex, years in practice, board certification, education, fluent languages, hours of operation and number of complaints.		
16.	GFDs are recredentialed annually.		
17.	Specialty dentists are recredentialed at least every two years.		

II.

DENTAL MEMBER SATISFACTION AND ADMINISTRATION		Response	Explanation
1.	We encourage you to explain any "No" responses using the "Explanation" column. If you need more space, please use the "Explanation" worksheet. Explanations should be numbered to match with "No" responses and must be brief. They cannot exceed 1,000 characters in the worksheet.		
2.	Customer satisfaction surveys are conducted annually.		
3.	Each new member receives a member handbook or other relevant member materials that describes grievance procedures.		
4.	Network management requires that each dentist accommodate an appointment request within three weeks.		
5.	There is a single toll-free, customer service telephone number for addressing claims payment, member services and any appeals.		
6.	You provide a dedicated individual or staff responsible for resolving claim disputes or other issues.		
7.	During the 2011 plan year, the member services telephone abandonment rate was 5% or less.		
8.	During the 2011 plan year, at least 90% of telephone calls to member services were answered within 20 seconds.		
9.	During the 2011 plan year, 90% or more of new members received their ID cards by the effective date of coverage in each metropolitan area you served Miami-Dade County Public Schools' members.		
10.	Members are able to switch dentists whenever desired. Confirm any timing restrictions for changes to be effective.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
	Confirm each dependent member can choose dentists independently.		
	Confirm any age requirement for pediatrics.		
11.	Individual family members may select different dentists.		
12.	A toll-free customer service telephone number is operational 24 hours a day.		
13.	A toll-free customer service telephone number is operational on normal business days between at least 9 a.m. and 5 p.m. in every time zone containing Miami-Dade County Public Schools' members.		
14.	Provider Directories:		
a.	Confirm a limited number will be available for open enrollment and updates will be received quarterly to upload into enrollment system and District website.		
b.	Are provided free of charge at open enrollment to each member plus extra 10% volume to employer client		
c.	Have special notations for dentists no longer accepting new patients		
d.	Provide a toll free number for continuous updates and updated provider directories		
e.	Are available via the Internet		
15.	Can dental network members access emergency care 24 hours a day, 7 days a week via a national toll-free number?		
16.	Can you accommodate dependents who attend college away from home?		
17.	Please provide the following information:		
a.	The satisfaction rate for Plan Year 2011 for the network locations that will serve the most Pinellas County School members.		
b.	The number of formal grievances (written complaints to state agency) per 1,000 members for Plan Year 2011 for the network locations that will serve the most Pinellas County School members?		
c.	The average waiting times patients experienced in 2011 for urgently needed services for the network locations that will serve the most Pinellas County School members.		
d.	The average waiting times patients experienced in 2011 for routine check-up services for the network locations that will serve the most Pinellas County School members.		
18.	How are out-of-area dental emergencies handled?		
19.	How is work in progress treated for a patient who elects to participate in the managed dental plan? What happens to work in progress when coverage is terminated?		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015 General		Response	Explanation
X.	DENTAL CLAIMS ADMINISTRATION	Response	Explanation
We encourage you to explain any "No" responses using the "Explanation" column. If you need more space, please use the "Explanation" worksheet. Explanations should be numbered to match with "No" responses and must be brief. They cannot exceed 1,000 characters in the worksheet.			
1.	You maintain geographically specific reasonable and customary (R&C) charge screens for dental procedures.		
2.	Your company can provide claims adjudication at varying R&C percentiles beginning with the 50th percentile.		
3.	Network dentists routinely submit claims to the network and the claims administrator (i.e. is it a paperless process from the employee's point of view).		
4.	Network members enrolled in the PPO never have to submit claim forms for in-network services.		
5.	Each of your networks serving M-DCPS members will be supported by a computerized, on-line direct access claims processing system containing plan/claim information storage and retrieval.		
6.	Your system requires no manual operations at any point during the claims process.		
7.	Plan summaries are stored in the computer memory for screening purposes.		
8.	All dental procedures are coded using the ADA 4-digit code for in-network claims, out-of-network and out-of-area claims.		
9.	The claims system maintains on-line eligibility files that are updated at least weekly.		
10.	The claims system maintains dependent eligibility files.		
11.	You can accept eligibility information electronically (e.g., tape feeds, on-line access, etc.).		
12.	COB data is updated at least annually.		
13.	The claims system automatically screens for duplicate bills.		
14.	Please note the source of your R&C information (e.g., HIAA, MDR, internally developed, other)		
15.	For the claims office that will service Miami-Dade County Public Schools, what was the claims financial accuracy rate during 2011?		
16.	For the claims office that will service Miami-Dade County Public Schools, what was the claims financial accuracy rate during 2010?		
17.	For the claims office that will service Miami-Dade County Public Schools, what was the claims financial accuracy rate during 2009?		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
18.	What is the target claim error rate for the office that would process claims for Miami-Dade County Public Schools?		
a.	% financial accuracy		
b.	% procedural accuracy		
19.	The average and target turnaround times for clean claims for the office that would process claims for the most Pinellas County School members are:		
a.	4 Calendar Days		
b.	Current Average %		
c.	Target %		
d.	7 Calendar Days		
e.	Current Average %		
f.	Target %		
g.	10 Calendar Days		
h.	Current Average %		
i.	Target %		
20.	Please complete the reimbursement table shown in the worksheet "Reimbursement" in this workbook.		
21.	Confirm you can administer a \$250 pre-determination threshold amount.		
22.	List the locations of all claims offices that you propose to process claims for Miami-Dade County Public Schools. If you need more space, please use the "Explanation" column and/or worksheet. Indicate the question answered.		

X.

DENTAL OTHER INFORMATION		Response	Explanation
1.	Please include copies of current marketing materials that you feel would be of assistance to Aon Consulting in evaluating your program. Name the file: [Your Organization's Name]_Dental Marketing Materials.		
2.	Please include copies of current member enrollment materials that you feel would be of assistance to Aon Consulting in evaluating your program. Name the file: [Your Organization's Name]_Dental Enrollment Materials.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
3.	Please attach a copy of a plan experience report that you feel would be of assistance to Aon Consulting in evaluating your program. Name the file: [Your Organization's Name]_Dental Sample Experience Reports.		
4.	Please attach a dental implementation schedule. Name the file: [Your Organization's Name]_Dental Implementation Schedule.		
5.	Please attach a chart of your Reasonable and Customary Charge Levels. Name the file: [Your Organization's Name]_Dental Charge Level Chart.		
6.	Please provide a list of dental clients terminated in the last year. Name the file: [Your Organization's Name]_Dental Client Termination List.		

1.

DENTAL LEGAL/CONTRACTUAL/ COMPLIANCE		Response	Explanation
Liability/Regulatory			
1.	Vendor has complied with all state insurance department filing requirements for all plans/products being offered in this quote in each state in which Miami-Dade County Public Schools has employees.		
	Comment: Be sure to review the census file submitted with this RFP.		
2.	If the answer to the preceding question is "no" , for all plans/products quoted in this RFP for which the required state insurance department filing requirements have not been met, please specify the applicable plan/product and corresponding state.		
3.	Indicate status as a small or minority business enterprise, or provide a plan to incorporate small or minority business in your proposal.		
4.	Vendor is bonded		
5.	Vendor maintains a fidelity bond.		
6.	Vendor maintains professional liability insurance that exceeds \$5 million per claim and \$20 million aggregate.		
a.	If not please explain amount of coverage.		
7.	Liability insurance covers:		
a.	Dental review decisions		
b.	Dentist contracting		
8.	Please describe any judgment or settlement during the past three years or pending litigation that could result in judgments or settlements in excess of \$100,000.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
9.	The vendor maintains executed contracts with all providers participating in the network.		
10.	The vendor provider contracts do not provide for any type of remuneration to your organization, such as commission, finder's fee, rebate, or other financial benefit.		
11.	Your organization is not a creditor of any provider in the network.		
12.	For this proposal, confirm that the risk is held entirely by your organization.		
a.	If it is not, indicate the percentage of the risk passed on to other firms.		
b.	Provide treaty details of any ceded risk. If you need more space, please use the "Explanation" column and/or Worksheet .		
13.	Vendor agrees to prepare and file all legal documents necessary to implement and maintain the plan, including policies, amendments, contracts, and required state filings.		
14.	Vendor agrees to provide necessary legal defense in the event of litigation, including all costs inuring thereto.		
15.	Vendor agrees to indemnify and hold Miami-Dade County Public Schools harmless for Vendor's negligence or for Vendor's failure to perform under the Agreement. Miami-Dade County Public Schools shall not provide any indemnity in favor of the Vendor. Vendor agrees to language contained in worksheet "Hold Harmless".		

Dental Contractual		Response	Explanation
16.	January 1, 2015 is to be the contract effective date		
17.	The contract is to be issued in Florida unless you obtain permission from Aon Consulting to use an alternative situs.		
18.	January 1st will be the first contract anniversary date		
19.	The vendor agrees not to appoint any agent, general agent, or broker, nor authorize payment of any kind to a party not approved in writing by Miami-Dade County Public Schools.		
20.	We understand that terminology and contract provisions may vary among the involved vendors. We will permit such alternative language provided benefit payment levels are not adversely impacted.		
21.	The vendor shall cause Miami-Dade County Public Schools and its welfare program to be the named insured thereunder. The vendor shall provide proof of such insurance to Miami-Dade County Public Schools at or prior to the execution of the contract.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Dental Questionnaire

Questionnaire

Dental RFP 2015		Response	Explanation
General			
26.	Please include a copy of a sample employer contract that includes all exclusions and limitations that the vendor expects will apply to Miami-Dade County Public Schools. Name the file: [Your Organization's Name]_Sample Dental Employer Contract.		

Dental Officer		Response	Explanation
46.	Vendor's completed proposal contains the form (included in the worksheet, "Officer"), signed by a company officer, attesting to compliance with RFP specifications and the accuracy of all responses.		

Request for Proposal (RFP) for M-DCPS

Initial Contract Period January 1,
2015- December 31, 2017

Dental Plan(s) Rates- Fully Insured Voluntary

DHMO Plan (Match Current Benefits) Retirees included	Assumed lives	Monthly Rate	Monthly Premium	
Employee				
Employee & Family				
Standard Indemnity (Match Current Benefits) Retirees included				
Employee				
Employee & Family				
High Indemnity (Match Current Benefits) Retirees included				
Employee				
Employee & Family				
Assumptions:				
1				
2				
3				
4				
5				
6				
Other Services (if applicable)-indicate Y, N or NA				
· Add M-DCPS logo to ID card				
· ID card replacement fee				
· Fees for standard communication materials				
· Fees for non-English communication materials				
· Fees for custom communication materials				
· Ad hoc reporting fees				
· Customized reporting fees				
· Member communications pertaining to vendor				
· Interest rate charged for late wire transfers				
· Member portal customization				
· Customized Summary Plan Description (SPDs)				
· SPD Amendments				
· Customized Summary of Benefits and Coverage (SBCs)				
· Other (please list)				

Dental In Network Access

Please prepare a “**Geo-Access**” report using the parameters in the table below. Note that it is important that you follow the exact parameters. The report should show provider availability for General/Family Dentists (GFD's) and specialists (SCDs) [specify specific dental specialties, if applicable]. Please also provide information on those zip codes where the access standard is not met. See the “**Census**” worksheet for census information. Your report should note the 5-digit zip code, city name and county. Label **Attachment: Dental Geo Access Report**. Provide in excel format.

Type of Dentist	Number of Dentists	Miles from Residence
General/Family Dentist	2	10
Specialist Dentists	2	10
Endodontists	2	10
Oral Surgeons	2	10
Periodontists	2	10
Prosthodontists	2	10
Orthodontists	2	10
Other Dentists	2	10



Provider Disruption Report

Provider Utilization: Dental Provider

Incumbent Data Request for Physician Provider Utilization

Plan Type [DHMO, Standard, Indemnity] ==> Note to Client Team: Send out one data request worksheet per plan type being requested

Instructions:

- Please provide the data requested for physician providers that represents 100% of total claims paid for calendar years 20XX and 20XX.
- EXCLUDE** data for ARPs (anesthesiologists, radiologists, pathologists), free-standing labs and X-ray facilities, and home health care; they should be included in the Ancillary Provider section.
- EXCLUDE** data for outpatient surgical facilities in this section; they should be included in the Facility Utilization Section.
- Do not sort, add, or delete any columns.

Dental Providers

Tax ID	National Provider Identifier (if available)	Provider First Name	Provider Middle Initial	Provider Last Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider Office State	Provider Office 5-Digit ZIP Code	Number of Unique Claimants	Number of Claims Processed	Total Paid Claims	Claims Paid—In or Out-of-Network? (In/Out)	Single-Case Agreement in Place? (Y/N)
123456789	9876543210	John	J	Doe	100 Main Street	Suite 200	Anytown	NY	12345	15	100	\$95,000	Out	N

Facility Utilization

Incumbent Data Request for Dental Facility Utilization

Plan Type (DHMO, Standard, Indemnity) ==> Note to Client Team: Send out one data request worksheet per plan type being requested

Instructions:

- Please provide the data requested for inpatient and outpatient facilities that represents 100% of total claims paid for calendar years 20XX and 20XX.
- INCLUDE** data for outpatient surgical facilities in this section.
- EXCLUDE** data for ARPs (anesthesiologists, radiologists, pathologists), free-standing labs and X-ray facilities, and home health care; they should be included in the Ancillary Provider section.
- Do not sort, add, or delete any columns.

Dental Providers

Tax ID	National Provider Identifier (if available)	Facility Name	Facility Office Address 1	Facility Provider Office Address 2	Facility Office City	Facility Office State	Facility Office 5-Digit ZIP Code	Facility Type	Number of Unique Claimants	Number of Claims Processed	Total Paid Claims	Claims Paid—In or Out-of-Network? (In/Out)	Single-Case Agreement in Place? (Y/N)
123456789	9876543210	XYZ Hospital	100 Main Street	Suite 200	Anytown	NY	12345	Outpatient	3	75	\$150,000	In	N

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Vision Questionnaire

	Response	Explanation
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Plan Design

	Your company agrees to duplicate all current benefits/provisions as described in this RFP and accompanying documentation. If your company does not intend to duplicate the current plans exactly, all deviations must be specifically identified in your response to this RFP.	
	What services are included in a covered eye exam?	
	Do all locations provide both exams and materials? If not, what percentage will provide both services?	
	Can a participant receive an eye exam at one provider and the glasses/lenses from a different provider?	
	What does your contact lens benefit cover? Describe any limitations.	
	If a member requires an eye exam for both glasses and contact lenses, what is the cost? Will this be considered (and billed) as two separate exams? If so, what the costs for each exam?	
	What is your home delivery costs for contact lens?	
	Explain your Lasik benefit.	
	Do members receive discounts for lens or frames options not included in your proposed plan? If yes, please provide details.	
	Describe your "value added" services.	
	What are your vision plan exclusions?	
	What is your procedure for referring members back to their medical plan provider if you detect serious health issues of the eyes?	
	Do you offer laser-eye surgery discounts? If so, please provide details.	
	Do you offer contact lens implant surgery discounts? If so, please provide details.	
1.	Proposed vision plan is approved in all states.	
a.	If no, list states where your vision plan has not been approved.	
3.	Indicate the rate guarantee period being proposed.	
4.	The Client is considering implementing an employer paid vision plan, in which the employer would pay for employee only coverage. Additional coverage would be available as a buy-up to employees. Would this change vision rates?	
x	If so, please provide new rates.	
5.	Does your proposal include an approved network from which members must receive services or are out-of-network services covered?	
6.	A geo access report is attached matching the parameters requested broken out by Independent Professionals and Retail. Name the file: [Your Organization's Name] Vision Geo Access.	
6.	A provider directory is attached with your proposal	
7.	Number of participating labs.	
8.	List the proposed plan exclusions and pre-existing conditions that are not covered.	

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Vision Questionnaire

		Response	Explanation
9.	Indicate your participation requirements.		
10.	Plan design deviations are noted on the plan design worksheet within this RFP.		

Underwriting

What is your current vision trend used for purposes of rating?		
Describe any assumptions and caveats utilized when rating this product.		
On an in-network basis, what are the fee schedule allowances (i.e. claim costs) that would be charged M-DCPS for exams, frames, lenses and contacts?		
What is your discount off of retail prices or Reasonable & Customary allowances? Provide the information separately for exams and materials.		
Explain the methodology and assumptions to be used for the renewal process?		
Please provide a copy of the rate development for your proposal.		

KV.

Customer Service

1.	Number of full-time staff members.		
2.	Location of customer service center that will be responsible for Pinellas County Schools.		
3.	Members may access information via an Interactive Voice Response System.		
4.	Members may access information via a secure Internet network connection.		
5.	List the languages for which bi-lingual customer service representatives are available.		
6.	Average hold time per call in your Customer Service unit.		
7.	Describe any quality assurance and continuous quality improvement programs in place.		
8.	Describe any performance guarantees included in your proposal.		

Product/Contract Provisions

Please complete the following table:		
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	Florida
Vision Membership (as of January 2014)	
# of Providers	
% Providers in Independent Practice	
% Providers in Chain Stores	
% of network providers who are Opticians	
% of network providers who are Optometrists	
% of network providers who are Ophthalmologists	
List your top 10 network retail chains (if applicable)	
Please complete the following table based on 2013 experience:	

Average in-network utilization

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Vision Questionnaire

	Response	Explanation
Other than member copays, what were the average member out of pocket expenses?		
Other than member copays, what percent of members had no out of pocket expenses?		
Other than member copays, what percent of members had no out of pocket expenses for frames?		

Provider Networks

Please confirm the completion of the questions surrounding network access in the tab " Vision Network Access ".		
Please provide the GeoAccess reports used to respond to the previous question.		
In the tab " Disruption File ", please indicate whether each provider is currently in your Vision network.		
If you have renegotiated any provider contracts in the last 12 to 24 months, what was the financial impact to your organization and your customers?		
Do you agree that the vendor must perform a GeoAccess analysis on (at least) an annual basis and make reasonable efforts to contract with additional vision providers where minimum access standards are not met?		
Please provide an excel file listing all the zip codes in your national vision PPO network service areas.		
What is your average in-network utilization (%) for your vision PPO plan (2013 book-of-business)?		
For your vision PPO product and other than member copays, what were your average member out-of-pocket expenses (systemwide)? Answer should reflect CY2013.		
For your vision PPO product and other than member copays, what percent of members had no out-of-pocket expenses? Answer should reflect CY2013.		
Do you include retail chains in your network? If yes, list the chains by name.		
What are your credentialing standards?		
What percentage of ophthalmologist/optometrist offices maintain the ability to dispense eyewear?		
What is the procedure if a participant or M-DCPS requests a provider to be included in your network?		
What is the annual turnover rate of the providers in your network?		
Do members receive better benefits, higher discounts and/or lower copays by utilizing a certain subset of providers in your network? If yes, please explain.		
What is your average network savings?		

Vision Compliance, Privacy and Confidentiality

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Vision Questionnaire

		Response	Explanation
1.	The vendor agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by the organization available to the Secretary of the Department of Health and Human Services for purposes of the Secretary of the Department of Health and Human Services determining organization's compliance with the privacy rules.		
2.	Indicate status as a small or minority business enterprise, or provide a plan to incorporate small or minority business in your proposal.		
3.	The vendor adopts and implements written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of member information used for any purpose.		
4.	The vendor will not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law.		
5.	The vendor agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Vendor agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI.		
6.	The vendor agrees to mitigate, to the extent practicable, any harmful effect that is known to vendor of a use or disclosure of PHI by vendor in violation of the requirements of the federal privacy rule.		
7.	The vendor agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the vendor agrees to the same restrictions and conditions that apply to vendor with respect to such information.		
8.	The vendor agrees to (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits, (ii) report to the plan sponsor any security incident (within the meaning of 45 CFR § 164.304) of which vendor becomes aware, and (iii) ensure that any vendor employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by the vendor agrees to implement reasonable and appropriate safeguards to protect such PHI.		

IV.

VISION PLAN IMPLEMENTATION/ ADMINISTRATION

1.	A vision plan implementation schedule is included with your proposal		
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Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS) Vision Questionnaire

		Response	Explanation
	Confirm acceptance of M-DCPS' file layout and payment process.		
2.	What information would be required from Miami-Dade County Public Schools for implementation?		
3.	If requested by Miami-Dade County Public Schools, vendor is agreeable to customizing enrollment and claim forms.		
4.	Please confirm your capabilities for:		
a.	Working with M-DCPS and their TPA for annual enrollment and new hire enrollment.		
b.	Accepting enrollment information electronically		
c.	Accepting enrollment information via fax for emergency updates.		
d.	Accepting enrollment information via paper for COBRA participants.		
5.	Describe the services available to assist claimants in filing a claim and to maximize benefits.		
6.	Describe the reports available to Pinellas County Schools on a monthly, quarterly and annual basis.		
7.	Vendor is able to provide reports on an ad hoc basis.		

Request for Proposal (RFP) for M-DCPS

Initial Contract Period January 1, 2015-
December 31, 2017

Vision Plan Rates- Fully Insured Voluntary

Vision Plan (Match Current Benefits) Retirees included	Assumed lives	Monthly Rate	Monthly Premium
Employee			
Employee & Family			

Assumptions

1
2
3
4
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Other Services (if applicable)-indicate Y, N or NA

· Add M-DCPS logo to ID card				
· ID card replacement fee				
· Fees for standard communication materials				
· Fees for non-English communication materials				
· Fees for custom communication materials				
· Ad hoc reporting fees				
· Customized reporting fees				
· Member communications pertaining to vendor transition				
· Interest rate charged for late wire transfers				
· Member portal customization				
· Customized Summary Plan Description (SPDs)				
· SPD Amendments				
· Customized Summary of Benefits and Coverage (SBCs)				
· Other (please list)				

Vision In Network Access

Please prepare a “**Geo-Access**” report using the parameters in the table below. Note that it is important that you follow the exact parameters. The report should show provider availability for Independent Professionals and Retail Chains [specify specific specialties, if applicable]. Please also provide information on those zip codes where the access standard is not met. See the “**Census**” worksheet for census information. Your report should note the 5-digit zip code, city name and county. Label **Attachment: Vision Geo Access Report**. Provide in excel format.

Type of Vision Provider	Number of Vision Providers	Miles from Residence
Independent Professionals	2	15
Retail Chains	2	15

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Group Legal Questionnaire

	Response	Explanation
PROVIDER NETWORKS:		
Please provide a listing of all contracted group legal and senior advocate providers that are located in the Tri-County area (Miami-Dade, Broward, and Palm Beach).		
Is the coverage available in all states? If no, please identify the states where it is not available?		
Please identify areas outside the US where coverage is available (e.g. Puerto Rico, Guam, etc.)		
Who is eligible to enroll? Are family members covered? Is a domestic partner covered?		
How are premiums paid by enrolled employees? for a ported participants' coverage?		
Is the coverage portable and how does a terminated or retired employee pay the premiums?		
Is the plan design and cost the same for a ported participants' coverage?		
What is the monthly fee for the plan design you are proposing? Are there any significant common matters that you may not be initially proposing but which could be included for additional cost (e.g. DWI)? If so, please describe, and identify the increment.		
Are the plan benefits the same in every state? If not, please explain any differences.		
Is the rate guaranteed? For how many years?		
Please submit samples of all materials you provide to participants for enrollment, fulfillment and claims.		
Please describe the attorney network:		
a. What criteria are used to select attorneys (experience, practice expertise, ratings, etc.)?		
b. What procedures do you use to manage the network?		
c. Please indicate the total number of attorneys in your network and in each state.		
d. Please explain how you determine if an employee population is well-aligned with your attorney network.		
e. What is the level of attorney access for employees? Please provide a geo-match analysis in 3 views: (1 attorney in 10 miles, 1 attorney in 15 miles and 1 attorney in 30 miles).		
f. What coverage guarantee do you provide when employees do not have access to a network attorney within a specified distance?		
g. Does each attorney provide all covered legal services or does the network include specialists?		
h. What measures and methods do you use to assure that the attorneys are providing satisfactory services? Do you perform surveys? What are the results? How frequently are your attorneys re-qualified?		
i. Does the network attorney provide all legal services or do you have a structure that separates a "telephone" attorney from the network attorney?		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Group Legal Questionnaire

	Response	Explanation
j. Please fully describe how your model works in the context of three "participant experience" scenarios:		
<ul style="list-style-type: none"> • When a participant simply needs telephone advice? • When a participant needs to meet with an attorney for a common legal matter? • When a participant needs to meet with an attorney for a specialized legal matter? 		
Is there a benefit schedule for using an out-of-network attorney? Please provide the schedule.		
How is the attorney network accessed by employees?		
Confirm there is not a gatekeeper and the employee can contact the attorney directly.		
How does the employee find and contact the attorney?		
Does the employee have a choice of using any network attorney?		
May the employee change attorneys?		
Will there be a means of identifying bilingual speaking attorney(s)?		
What is the procedure to resolve a complaint from a participant about an attorney?		
Has your company been sued by a participant due to your actions or the actions of a network attorney?		
PLAN DESIGN		
Does your plan provide legal services for uncomplicated legal matters? Indicate yes or no next to each service and any limitations (Co-Pay, Caps, Waiting Periods, Time Limit, etc.) that might apply:		
·Unlimited Telephone Advice		
·Unlimited Office Consultations		
·Small Claims Court Assistance		
·Document Preparation		
·Document Review		
·Letter Writing		
·Telephone Calls		
·Divorce (Uncontested)		
·Divorce (Contested)		
·Immigration Assistance		
·Pre-Nuptial Agreement		
·Name Change		
·Identity Theft		
·Juvenile Court Proceedings		
·Adoptions		
·Uncontested		
·Contested		
·Financial Planning Services		
·Tax Audit Protection		
·Tax Collection Defense		
·Tax Advice		
·Criminal Misdemeanor Defense		
·Guardianship:		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Group Legal Questionnaire

	Response	Explanation
· Uncontested		
· Contested		
· Powers of Attorney		
· Motor Vehicle Protection:		
· Traffic Violations		
· License Protection/Recovery		
· Will Preparation (Simple, Standard)		
· Living Wills		
· Irrevocable Trusts		
· Health Care Proxy		
· Codicils		
· Complex Wills (with tax advice and financial planning)		
· Bankruptcy		
· Debt Collection Defense		
· Defense of Civil Damage Claims		
· Deeds		
· Mortgages		
· Promissory Notes		
· Affidavits		
· Installment Sale Contracts		
· Lease Contracts		
· Plaintiff in Property Dispute		
· Defendant in Property Dispute		
· Home Equity Loan		
· Purchase of Home		
· Sale of Home		
· Refinance of Home		
· Property Rights With Neighbors		
· Property Titles		
· Contract Dispute as Plaintiff/Defendant		
· Property Dispute as Plaintiff/Defendant		
· Estate Settlement		
· Pet Liabilities		
· Administrative Hearings		
· Social Security		
· Medicare		
· School Related Disputes		
· Veteran's Benefit		
· Zoning Variance		
· Building Codes		
· Incompetency Defense		
· Trial Coverage as Defendant:		
· Civil		
· Criminal		
· Reduced Contingency Fees		
· Other Legal Services (please list)		
What legal services are specifically excluded or restricted/limited in some way? Please describe fully.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Group Legal Questionnaire

	Response	Explanation
If a legal service is excluded, is legal representation available at a discount and would the network attorney provide consultation without charge? If so, what is the discount? How is the application of it monitored?		
How does a participant access an attorney during non-business hours in an emergency?		
Confirm enrollment will be provided by M-DCPS or their TPA.		
Confirm acceptance of M-DCPS' file layout and payment process.		
How is your program most-frequently communicated to employees (brochures, emails, newsletter, benefits portal, etc)?		
Confirm no cost is assumed by M-DCPS for communication materials and distribution.		
Confirm communication materials can be customized.		
Please provide a sample communications campaign and timeline.		
Confirm you will accept files from M-DCPS or their TPA for enrollment.		
Please describe your utilization reports, how often they are provided and provide a sample.		
Confirm knowledge of reporting to be included in annual report.		

Request for Proposal (RFP) for M-DCPS

Group Legal Plan Rates- Fully Insured Voluntary

Initial Contract Period January 1,
2015- December 31, 2017

Group Legal (Match Current Benefits) Retirees included	Assumed lives	Monthly Rate	Monthly Premium
Group Legal Plan Rates- Fully Insured Voluntary			
Senior Advocate Program			

Assumptions

1

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Other Services (if applicable) indicate Y, N or NA

· Add M-DCPS logo to ID card				
· ID card replacement fee				
· Fees for standard communication materials				
· Fees for non-English communication materials				
· Fees for custom communication materials				
· Ad hoc reporting fees				
· Customized reporting fees				
· Member communications pertaining to vendor transition				
· Interest rate charged for late wire transfers				
· Member portal customization				
· Customized Summary Plan Description (SPDs)				
· SPD Amendments				
· Customized Summary of Benefits and Coverage (SBCs)				
· Other (please list)				
·				

Legal Network Access

Please prepare a “**Geo-Access**” report using the parameters in the table below. Note that it is important that you follow the exact parameters. The report should show provider availability for Independent Professionals and Retail Chains [specify specific specialties, if applicable]. Please also provide information on those zip codes where the access standard is not met. See the “**Census**” worksheet for census information. Your report should note the 5-digit zip code, city name and county. Label **Attachment: Legal Geo Access Report**. Provide in excel format.

Type of Legal Provider	Number of Legal Providers	Miles from Residence
Independent Professionals	2	15
Retail Chains	2	15

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Hospital Indemnity Questionnaire

	Response	Explanation
Plan Design Underwriting Contract Provisions		
Please refer to the attachment “ Claims Experience - HIP.xls ”, “ Plan Changes - HIP.xls ” and “ Rate History - HIP.xls ” for the benefits being marketed.		
Your company agrees to duplicate all current benefits/provisions as described in this RFP and accompanying documentation. If your company does not intend to duplicate the current plans exactly, all deviations must be specifically identified in your response to this RFP.		
Is the program available in all States? If not identify any States where the plan is not offered.		
If Policy is situated in the Employer’s headquartered State will all employees have access to the same coverage and rates regardless of what State they reside in?		
Please describe your company’s Hospital Indemnity Insurance Program relative to the following:		
a. How many years has your company been offering Hospital Indemnity Insurance?		
b. What is the current total annual written premium, number of insureds, number of policies in-force and policy retention rate?		
c. What is the total number of corporate clients?		
d. Please comment on your successes in both fully and partially voluntary environments where this product is associated with an HDHP program.		
Please confirm children can be covered as dependents from time of birth.		
Please specifically describe what services are covered for newborns.		
Are grandchildren covered?		
What is your definition of Doctor?		
What is your definition of Hospital?		
What is your definition of Hospitalization? Be specific as to what days are covered.		
Confirm observation is not covered.		
Confirm rehabilitation is not covered.		
Confirm self-inflicted wounds are not covered.		
Do you have the capability to allow an employee and their dependents to choose different levels of coverage?		
Describe your waiver of premium provision.		
How will participants request and receive benefits under this plan?		
What benefit limitations does this plan require?		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Hospital Indemnity Questionnaire

	Response	Explanation
What injuries or sicknesses are excluded from coverage?		
What was the actual average claim processing time for the last two calendar years for Hospital Indemnity claims in the office that will be processing these claims?		
Describe any assumptions and caveats utilized when rating this product.		
Please fully describe the plan(s) you propose.		
Is the product policy-basis Individual or Group?		
If Group, please provide a sample Master Policy and Certificate		
If Individual, please provide a sample Policy.		
Confirm your understanding M-DCPS is not bound by ERISA.		
What benefit amounts are available?		
Is there a participation requirement?		
What are the underwriting criteria for acceptance/rejection of an applicant or is coverage Guaranteed Issue?		
For what reason(s) would an applicant be declined for coverage?		
Is coverage Guaranteed Renewable?		
Is there a Pre-Existing Conditions clause? Please describe.		
Describe how admissions that extend from one plan year to the next.		
For what period of time are rates guaranteed?		
What are the proposed weekly rates?		
Confirm the rates are based on daily level of benefit.		
What factors affect the rates (age, gender, smoker/non-smoker, benefit amount, etc.)?		
Is there a		
How is maternity coverage provided?		
Please describe any optional riders and their monthly cost?		
Is the coverage portable when an employee terminates or retires?		
a. Would the premium change and how would it be collected?		
b. Does coverage terminate due to age and, if so, at what age?		
Please describe the claims process.		
Please describe the claim verification process.		
How do you propose to communicate the plan to employees?		
Will you provide both hard copy and electronic communication materials?		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Hospital Indemnity Questionnaire

	Response	Explanation
How do you propose that the materials be distributed to employees?		
Please supply samples of your communication materials.		
What are the responsibilities of the client in supporting the communications, enrollment and ongoing administration of the plans?		
Does your company administer the program?		
Will you provide the client with a Hold Harmless Agreement?		
Please list the steps in the implementation process within a generic timeline.		
Have any issues/complaints been brought to any State Insurance Department relating to your company's activities involving the Hospital Indemnity Insurance product? What has been the disposition of these complaints?		
Has there ever been any regulatory action or sanction taken against your company regarding this product.		
Is your Hospital Indemnity Insurance product HSA and/or HRA compatible? Please state reasons why your Hospital Indemnity Insurance product is or is not compatible with an HSA or HRA and provide any documentation to support your position.		
Please include the following attachments with your proposal: <ul style="list-style-type: none"> - Samples of communication literature (brochures, etc.) - Sample application and enrollment materials - Sample Administrative Agreement (or similar, if applicable) - Sample Policy 		
Confirm all communications must be approved by M-DCPS		
Does the coverage provide a "lump sum" benefit on first occurrence or "reimbursement of expenses" plan design?		
What benefit amounts are available? What benefit amounts do you recommend in view of M-DCPS' population and geography?		
Is there a wellness/health screening benefit? If yes, how may it be offered?		
What conditions/illness are covered? Are the conditions/illnesses covered for the same benefit amount? Is there ever a reduction in benefits?		
Confirm coverage is Guaranteed Issue.		
Confirm coverage amount cannot be increase while an employee is out on leave.		
Please list all policy exclusions, including any state variations.		

Request for Proposal (RFP) for M-DCPS

Hospital Indemnity Plan Rates- Fully Insured Voluntary

Initial Contract Period January 1, 2015-

Hospital Indemnity Plan- \$50 per Day (Match Current Benefits) Retirees included	Assumed lives	Monthly Rate	Monthly Premium
Employee			
Employee & Family			

Hospital Indemnity Plan- \$100 per Day (Match Current Benefits) Retirees Included	Assumed lives	Monthly Rate	Monthly Premium
Employee			
Employee & Family			
Family Only			

Hospital Indemnity Plan- \$150 per Day (Match Current Benefits) Retirees included	Assumed lives	Monthly Rate	Monthly Premium
Employee			
Employee & Family			
Family Only			

Assumptions
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Other Services (if applicable)- indicate Y, N or NA				
· Add M-DCPS logo to ID card				
· ID card replacement fee				
· Fees for standard communication materials				
· Fees for non-English communication materials				
· Fees for custom communication materials				
· Ad hoc reporting fees				
· Customized reporting fees				
· Member communications pertaining to vendor				
· Interest rate charged for late wire transfers				
· Member portal customization				
· Customized Summary Plan Description (SPDs)				
· SPD Amendments				
· Customized Summary of Benefits and Coverage (SBCs)				
· Other (please list)				

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

ID Theft Questionnaire

	Response	Explanation
Plan Design Underwriting Contract Provisions		
Describe the group discount vs. direct purchase, if any.		
What is the term of coverage? Are policies automatically renewed?		
Does your company have underwriting partners? Identify when they are used.		
Please provide a proposal to assist employees faced with identity theft issues. Include a full description of all services included. This program should be electable independent of other voluntary benefit plans.		
How does your organization differ from that of your competitors?		
Are retired employees eligible to continue coverage at the same premium rates as active employees?		
May retired employees pay for coverage directly to Contractor?		
What materials are distributed to the employees (please provide samples)?		
Are the materials customized? Who is responsible to print and distribute the materials? Provide a calendar/timeline for distribution.		
All materials have to be reviewed and approved by M-DCPS.		
Describe the initial implementation process:		
Please confirm implementation meetings will be held with M-DCPS.		
What data do you require from the client?		
What conversion privilege is offered to terminated employees or dependents losing eligibility?		
How long have you offered an identity theft product to employers? Do you partner with other companies to offer this service?		
Will the coverage contain a pre-existing condition with respect to any proceeding, services or event occurring or impending prior to the effective date of the covered person's coverage under the Plan? If so, explain in detail.		
Explain the handling of services for uncompleted proceedings or services when the coverage of an individual person terminates or at termination of the policy or contract with Proposer by the Plan.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

ID Theft Questionnaire

	Response	Explanation
Explain in detail how proposed plan will coordinate with other insurance or programs. The explanation should include how the program will determine priorities.		
What is the current employer enrollment (covered lives) for your identity theft protection product?		
Please confirm that your identity theft prevention services include 90 day fraud alerts and/or credit freeze with at least three credit bureaus.		
Will you be able to offer insured employees the optional services of ongoing triple credit bureau and personal records monitoring?		
Please confirm that you will reimburse insured employees for actual losses associated with unauthorized use of credit card, debit card, funds transfer card, or check registered in the employee's name.		
What services (i.e. web-sites, credit bureau monitoring tools, or professionals) are available to help educate, assist, and resolve identity theft cases for insured employees?		
Please describe the services that you plan to use to stop identity theft and credit fraud.		
Please confirm that when insured employees become victims of identity theft and credit fraud, you will provide fraud affidavits to creditors and institutions on their behalf.		
Do you offer insured employees access to a "Call Center" for general information related to identity theft breach?		
Identify any coverage limits by event and confirm there is no deductible. The insurance will cover attorney fees, lost wages, miscellaneous expenses, and triple credit monitoring.		
Will you be able to offer, by employee request, a family identity theft insurance protection and initial credit reports and monthly updates.		
Will you be able to provide a separate enrollment processes for credit restoration vs. credit monitoring services?		
Must have at least five years of experience in the administration of your product. Please indicate the number of years of experience your company has in the administration your product.		

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

ID Theft Questionnaire

	Response	Explanation
What percent of the eligible group would you expect to participate in the program after year 1, after year 2, after year 3? Is there a minimum participation requirement?		
Describe how the program is communicated to employees		
Confirm eligibility is determined by M-DCPS.		
Does the plan guarantee coverage for the employee, spouse/domestic partner, or dependent during the initial enrollment period? If not, please explain.		
Confirm dependent age is determined by M-DCPS.		
Confirm enrollment will occur through M-DCPS or their TPA. All authentication will be handled by you.		
Does the Employee complete an application?		
Can an employee enroll on the website?		
Provide a sample welcome package.		

Request for Proposal (RFP) for M-DCPS

Initial Contract Period January 1,
2015- December 31, 2017

ID Theft Plan Rates- Fully Insured Voluntary

ID Theft Plan (Match Current Benefits) Retirees Included	Assumed lives	Monthly Rate	Monthly Premium
Employee			
Employee & Family			

Assumptions

1
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3
4
5
6

Other Services (if applicable)- indicate Y, N or NA

· Add M-DCPS logo to ID card				
· ID card replacement fee				
· Fees for standard communication materials				
· Fees for non-English communication materials				
· Fees for custom communication materials				
· Ad hoc reporting fees				
· Customized reporting fees				
· Member communications pertaining to vendor				
· Interest rate charged for late wire transfers				
· Member portal customization				
· Customized Summary Plan Description (SPDs)				
· SPD Amendments				
· Customized Summary of Benefits and Coverage (SBCs)				
· Other (please list)				



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015	Response	Explanation
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I.

GENERAL PLAN INFORMATION		Response	Explanation
1.	Legal Company Name		
2.	Corporate Office Address: Street Address		
3.	City		
4.	State		
5.	Zip Code		
Contacts		Response	Explanation
Please indicate the contact who can answer questions related to this RFP.			
7.	Primary Contact		
a.	Name		
b.	Title		
c.	Address		
d.	City, State, Zip		
e.	Phone Number		
f.	Fax Number		
g.	E-mail Address		
8.	Secondary Contact		
a.	Name		
b.	Title		
c.	Address		
d.	City, State, Zip		
e.	Phone Number		
f.	Fax Number		
g.	E-mail Address		

Plan Information		Response	Explanation
9.	What is the date your first group Long Term Care Policy was issued?		
10.	Please provide the following information related to your group Long Term Care product experience as of December 31, 2013:		
a.	Number of employer plans in effect		
b.	Enrolled Lives		
c.	Employee Enrollment Percentage (Enrolled EEs/Eligible EEs):		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015	Response	Explanation
d. Average Issue Age		
e. Age Distribution (% of book of business)		
Under 30		
30-39		
40-49		
50-59		
60-69		
70-79		
Over 79		
f. Participation rate by age group (% participation of book of business):		
Under 30		
30-39		
40-49		
50-59		
60-69		
70-79		
Over 79		
g. Distribution of enrollees:		
Active employees		
Active employee Spouses/Domestic partners		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015		Response	Explanation
	Retirees		
	Retiree Spouses		
	Parents, In-laws, Grandparents		
h.	Percentage of men versus women enrollees		
i.	Percentage of participants that elected the non-forfeiture provision when offered as an option		
j.	Percentage of participants that elected automatic inflation (compound or simple) when offered as an option		
k.	Percentage of participants that elected return of premium at death when offered as an option		
l.	Percentage of employer groups offering non-forfeiture:		
	as part of the base plan		
	as an option		
m.	Percentage of employer groups offering automatic inflation (compound or simple):		
	as part of the base plan		
	as an option		
n.	Percentage of employer groups offering return of premium:		
	as part of the base plan		
	as an option		
11.	Inforce Long Term Care Annual Premium:		
a.	2013 annual premium		
b.	2012 annual premium		
	What is your target employer size?		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015	Response	Explanation
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a.	What is your target employer or industry type(s)?		
b.	Do you have a minimum group size?		
	If so, indicate your minimum group size.		
c.	Do you have a maximum group size?		
	If so, indicate your maximum group size.		
	Total number of full-time employees who are directly employed by your organization who work on your group Long Term Care product (excluding field sales)?		
14.	Is your organization licensed to sell group Long Term Care insurance in all states?		
a.	If not, in which states are you not licensed and when do you anticipate obtaining licensure?		

II.

PROGRAM DESIGN		Response	Explanation
1.	Adhere to the proposed plan design shown in the worksheet "Plan Design" in preparing the quote.		
	Review and detail deviations from the proposed plan(s) design in the worksheet "Program Spec."		
2.	Please list the eligible participants (e.g.: employees, spouses, domestic partners, parents, grandparents, etc.).		
a.	Is there an age limit for employees enrolling?		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015		Response	Explanation
	If yes, indicate the age limit.		
b.	Is there an age limit for dependents, including adult children?		
	If yes, indicate the age limit.		
3.	What are the underwriting requirements for each classification of participant? If guaranteed issue or short-form underwriting is available, please describe the required conditions.		
a.	Employees		
b.	Spouses		
c.	Domestic Partners		
d.	Parents		
e.	Grandparents		
f.	In-laws		
4.	Do you provide coverage for employees and eligible family members who are working outside of the United States?		
a.	If yes, explain how coverage will work		
5.	Does your program have any minimum participation or minimum enrollment requirements?		
a.	If yes, what are the requirements and what action will be taken if enrollments fall below the minimums either initially or at a later date?		
6.	Describe any linkage requirements (i.e. must the employee enroll for the spouse, parent, etc., to enroll)?		
7.	Do you allow family members to continue coverage if the employee terminates coverage or employment?		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015		Response	Explanation
a.	If yes, will family members continue to pay current rates?		
8.	Define available long term-care services covered. Provide your definition for each of the services listed below:		
a.	Licensed skilled, intermediate or custodial nursing homes		
b.	Home health care services (RN, LVN, LPN, physical or occupational therapist, medical social worker, home health aide, and homemaker)		
c.	Adult day care services		
d.	In-patient and at-home hospice care		
e.	Assisted living facility (or Alzheimer's facility)		
f.	Personal care nursing, habilitation and rehabilitation		
g.	Social services, case management, and other assistive technology		
h.	Respite care services		
9.	Does your policy include coverage for services provided by a continuing care or life-care retirement community?		
10.	Does your plan include a restoration of benefits provision?		
a.	If yes, please describe.		
11.	What ranges of daily benefit amounts are available?		
a.	What is the highest amount available on a guaranteed issue basis?		
12.	What benefit durations are available?		
a.	What is the longest duration available on a guaranteed issue basis?		
13.	What benefit percentages are available for the following:		
a.	Inpatient Hospice		
b.	Assisted Living Facilities		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015		Response	Explanation
c.	Home Health Care		
d.	Adult Day Care		
e.	Are all benefit percentages available on a guaranteed issue basis?		
14.	What elimination periods are available?		
a.	Are all elimination periods available on a guaranteed issue basis?		
15.	Describe your lifetime maximum formula with examples. Provide an example of how the lifetime benefit is calculated when the policy includes an inflation protector.		
16.	Please describe your elimination period in detail.		
a.	How are days counted?		
b.	Do they have to be consecutive?		
c.	Are days of services/expense required?		
17.	Provide details on how pre-existing conditions are treated in the policy including information regarding satisfaction of the elimination period as it relates to the pre-existing condition.		
a.	Can pre-existing conditions be covered at any time if the claim begins during the pre-existing period?		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015			Response	Explanation
b.	How is the beginning of the claim determined for purposes of the pre-existing condition clause?			
18.	Under what conditions will you waive the pre-existing condition provision?			
19.	Provide details on how your premium waiver provision is administered.			
20.	Please describe your plan's return of premium at death feature.			
a.	Please describe the reduction schedules available.			
21.	Please describe your plan portability feature.			
22.	What inflation protection features are available to individual insureds?			
a.	Who is eligible for inflation increases?			
b.	How is the inflation increase determined?			
23.	Describe all of the non-forfeiture provisions available and the cost impact.			
a.	Do policyholders retain a partial benefit if they let their policy lapse?			
24.	Describe any Coordination of Benefits provisions that your policy may have.			
a.	If included in the policy, indicate what plans will be coordinated with the long-term care policy.			
b.	Describe in detail how the long-term care waiting period and payment formula are calculated if the policy is secondary.			
25.	Describe all policy exclusions in detail.			
a.	Are there policy exclusions for employees who may become disabled due to countries in civil conflict, war or through acts of terrorism?			
26.	Are your policies "federally qualified" long-term care insurance policies?			



27.

ELIGIBILITY FOR BENEFITS	Response	Explanation
What are the criteria for determining benefit eligibility? Please address functional and cognitive impairment separately.		
What information is required by the attending physician?		
What assessments are required by your organization and at whose expense?		
Is a particular skill level required to complete the assessments (i.e., geriatrician)?		
If yes, please provide details on the particular skill level required.		
Provide your definition of activities of daily living used in benefit eligibility determination.		
Describe the process used to determine ability or inability to perform each ADL.		
What criteria are used to measure the need for supervision and monitoring of people with cognitive and other mental impairments?		
How do you measure the service needs of people with cognitive and other impairments?		
Does your plan provide coverage for informal caregivers, e.g., family members?		
Please explain how the use of informal caregivers may be covered.		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015	Response	Explanation
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5.	When benefits are approved, how often is re-certification required?	
6.	If benefits are denied, what is the appeal process?	

IV.

APPLICATION/EVIDENCE OF INSURABILITY	Response	Explanation
1. Submit a sample of your application forms and any health statements that would be required for each class of participants. Name the file: [Your Organization's Name]_Application Forms_Health Statements .		
2. Please describe the procedures used to process applications and health statements including the extent the applicant and/or the attending physician is contacted for additional information.		
3. Are there any medical conditions that would result in automatic rejection for LTC coverage?		
a. If yes, please explain.		
4. What is your acceptance rate for underwritten applicants?		
5. What is the average turnaround time for processing an application?		
6. Describe the appeals process for rejected applicants.		

V.

ADMINISTRATION AND BILLING	Response	Explanation
1. Please explain/describe your billing procedures.		
a. Is payroll deduction available?		
b. Do you offer automatic checking account deduction?		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015		
	Response	Explanation
2.		
	Is there a price differential for insureds that are direct billed versus payroll deducted?	
3.	If yes, please identify any fees for direct billing.	
4.	Please describe your process for making up missed payroll deductions?	
5.	Describe the process for transferring an insured from the group plan to a direct-billed plan.	
a.		
	Are there any circumstances in which a participant would not be eligible to retain coverage on an individual basis?	
6.	What are the premium payment options available for spouses and other eligible family members?	
a.		
	Are modal discounts available?	
b.	If so, please describe.	
7.		
	Is payroll deduction available/required for employees and/or spouses?	
a.		
	Does this vary by size of account?	
8.		
	What is the grace period for payment of premium?	



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015		
	Response	Explanation
a.	Outline the notification procedures in the event of the nonpayment of premium by direct bill participants.	
9.	Provide a sample of your standard reports. Name the file: [Your Organization's Name]_Reporting Package .	
a.	Please state the frequency that these reports will be produced.	

VI.

CLAIMS PROCESSING/CUSTOMER SERVICE		
	Response	Explanation
1.	Provide the address of the office that will process claims.	
2.	Provide a profile of the manager of the claims office. Name the file: [Your Organization's Name]_Manager Profile .	
3.	Describe the process of how an insured applies for benefits.	
a.	Include copies of all required forms the insured, physician and/or facility needs to complete. Name the file: [Your Organization's Name]_Claim Package .	
b.	Are physical exams or interviews normally required?	
c.	If so, who conducts the exam or interviews and at whose expense?	
4.	Explain the procedures for filing a claim.	
5.	What is the average turnaround time for the approval of the claim?	
6.	Are benefit payments made directly to the insured/patient or can they be assigned to a family member or provider?	
a.	What circumstances would allow benefit payments to be made to a family member?	



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015	Response	Explanation
7.		
Do you offer case management?		
a.		
If so, please describe.		
b.		
Is it voluntary or mandatory?		
c.		
Do you or another entity perform it?		
8.		
What are the qualifications of your case managers?		
a.		
What training do they undergo?		
9.		
Is there a maximum time period claimants are allowed to submit a claim from the date of occurrence?		
If yes, what is the maximum time period?		
10.		
Is a toll-free information hotline available for participants?		
a.		
If so, is this number for enrollment, customer service, etc.?		
b.		
What are the hours of operation?		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015	Response	Explanation
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c.	Is the information line available during open enrollment as well as throughout the year?	
d.	Are special facilities available for the hearing impaired?	
11.	What performance standards do you currently monitor?	
12.	What performance guarantees (if any) are available?	

VII.

	Response	Explanation
1.	Provide an outline of a typical communications plan. Please supply samples of communication materials that would be given to the various classes of plan participants. Name the file: [Your Organization's Name]_Communication Samples.	
2.	What involvement is typically expected from the benefits department to support the enrollment process?	
3.	Do your rates include the full cost of communications including the production and distribution of promotional materials?	
4.	How do you communicate periodic inflation adjustment offers?	
a.	Are the communications personalized?	
5.	If a plan is changed in the future, who will be responsible for communicating all plan and premium changes to the insureds?	
a.	Please describe how this will be done.	

VIII.

LEGAL/CONTRACTUAL CONSIDERATIONS	Response	Explanation
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Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools

Questionnaire

Long Term Care RFP 2015		Response	Explanation
1.	Please confirm that your organization has complied with all state insurance department filing requirements for all plans/products being offered in this quote in each state in which the Client has employees.		
<i>Comment: Be sure to review the census file submitted with this RFP.</i>			
a.	If the answer to the preceding question is "no", for all plans/products quoted in this RFP for which the required state insurance department filing requirements have not been met, please specify the applicable plan/product and corresponding state.		
2.	Provide a sample Long Term Care policy. Name the file: [Your Organization's Name]_Sample Policy.		
3.	How many days notice do you require for cancellation of this contract?		
4.	Vendor agrees to the Hold Harmless language set forth in the worksheet " Hold Harmless. "		
5.	How much notice is given in the event a change in the premium rates is requested?		
6.	What reserve transfer information is typically released to the client at cancellation?		
7.	If a client decides to cancel its group Long Term Care plan or legislation dictates termination or a significant modification of the plan, describe how reserves can be transferred. Include any withdrawal penalties or other charges resulting from cancellation of the policy or the movement of the reserves to another insurer.		
8.	Have any lawsuits been filed in the last 5 years against the company for any aspects of this product?		
a.	If so, please describe.		

Privacy and Confidentiality	Response	Explanation
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Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015			Response	Explanation
9.	The vendor adopts and implements written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of member information used for any purpose.			
10.	The vendor ensures that data shared with employers, whether fully insured or self-insured, is not individually identifiable, unless specific authorization is provided by members or a HIPAA plan amendment is in place.			
11.	Confidentiality of patient information protected by written confidentiality policies and procedures.			
12.	Data shared with employers not patient identifiable without patient consent or a HIPAA plan amendment is in place.			
13.	The organization will not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law.			
14.	The organization agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Organization agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI.			



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015			Response	Explanation
15.	The organization agrees to mitigate, to the extent practicable, any harmful effect that is known to organization of a use or disclosure of PHI by organization in violation of the requirements of the federal privacy rule.			
16.	The organization agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by organization agrees to the same restrictions and conditions that apply to organization with respect to such information.			
17.	The organization agrees to provide access to PHI in a "designated record set" in order to meet the requirements under 45 CFR §164.524.			
18.	The organization agrees to make any amendment(s) to PHI in a "designated record set" pursuant to 45 CFR §164.526.			
19.	The organization agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by organization available to the Secretary of the Department of Health and Human Services for purposes of the Secretary of the Department of Health and Human Services determining organization's compliance with the privacy rules.			
20.	The organization agrees to document such disclosures of PHI and information related to such disclosures as would be required to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528.			



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015	Response	Explanation
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21.	Effective as of April 21, 2005 (or April 21, 2006 for a "small plan"), the organization agrees to (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits, (ii) report to the plan sponsor any security incident (within the meaning of 45 CFR § 164.304) of which organization becomes aware, and (iii) ensure that any organization employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by the organization agrees to implement reasonable and appropriate safeguards to protect such PHI.	
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HIPAA Compliance	Response	Explanation
22.	Vendor certifies that it reports to the national Healthcare Integrity and Protection Databank (HIPDB) as required and, as may be necessary, submits inquiries to the HIPDB to determine whether any final adverse legal actions have been taken against its member providers.	
23.	Vendor certifies that it is in full compliance with HIPAA's administrative simplification standards relating to electronic data interchange (EDI).	
24.	Vendor will not require that enrollment and eligibility information be electronically transmitted by Client to Vendor and comply with EDI.	
25.	Vendor certifies that it is in full compliance with HIPAA's regulations protecting the privacy of individually identifiable health information.	
26.	Vendor agrees to provide Aon access to protected health information under the employer's health plan if Aon executes a Business Associate Agreement with the health plan.	

IX. PRICING AND FINANCIAL	Response	Explanation
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Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015	Response	Explanation
1. Provide your cost and pricing proposal in the "Financial" worksheet.		
2. Do you offer discounts if multiple family members enroll for coverage?		
3. Is your Long Term Care policy community rated/pooled or experience rated?		
4. What loss ratio assumption is used in developing current pricing?		
5. Provide the following information used to develop premiums:		
a. Listing of reserves and methodology used to develop them		
b. Details on each component built into retention		
c. Lapse rate assumptions		
d. Utilization assumptions for nursing home and home health care		
6. Does your initial rating include a full recognition of future claims experience or does it include a partial recognition of future claims?		
a. If partial, indicate the number of years of anticipated claims costs plus expenses that are included in your pricing formula.		
7. Indicate your willingness to provide a 3 year rate guarantee for this group.		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015		Response	Explanation
a.	If you are willing to provide the requested rate guarantee, confirm that have you have reflected it in your financial quotation.		
8.	Do you guarantee any maximum increase that can be applied at any one time or over the life of the policy after the guarantee period is over?		
a.	If yes, please provide specifics.		
9.	Under what conditions can premiums be raised?		
10.	Please provide the average premium rate increases (in percentages) applied to your Long Term Care book of business from the date your first group policy was issued to the present.		
11.	In the event Medicare or other federal, state or local legislation provides long term care coverage, this group long term care program may no longer be necessary or need to be significantly amended. Describe what would happen to excess reserves.		
a.	Would the reserves be refunded to the participants or used to reduce future premiums?		
12.	Describe in detail how Long Term Care reserves are invested.		
a.	How is interest credited?		
13.	Are there any fees that are not included in your standard pricing that would be the responsibility of the employer?		
a.	If yes, please describe.		
14.	A copy of your most recent audited financial statement. Name the file: [Your Organization's Name]_Audited Financial Statement.		
15.	Provide your company's most recent rating or filing (identify date) from each of the following:		
a.	A.M. Best		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015		Response	Explanation
	Rating		
	Date		
b.	Standard & Poor's		
	Rating		
	Date		
c.	Moody's		
	Rating		
	Date		
d.	Fitch		
	Rating		
	Date		
16.	Do you have reinsurance for your plan?		
a.	If so, describe such coverage (amount of risk transferred, type of reinsurance, name of reinsurer, criteria of selecting the reinsurer).		
b.	If not, do you anticipate acquiring such reinsurance in the future?		
17.	Have you prepared your financial quotation net of commissions], as requested. Provide your cost and pricing proposal in the "Financial" worksheet.		
x	Please state how long your proposal is valid.		

X.

OTHER INFORMATION	Response	Explanation
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Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015		Response	Explanation
1.	Your completed proposal contains the form (included in the worksheet "Officer"), signed by a company officer, attesting to compliance with RFP specifications and the accuracy of all responses.		
2.	Please provide three of your employer client references of similar size/industry in the locations that will be serving most of The Client's employees.		
a.	Reference #1		
	Company Name		
	Contact Person		
	Title		
	Phone Number		
	Fax Number		
	E-mail Address		
	Network Name		
	Members Enrolled		
b.	Reference #2		
	Company Name		
	Contact Person		
	Title		
	Phone Number		
	Fax Number		
	E-mail Address		
	Network Name		
	Members Enrolled		
c.	Reference #3		
	Company Name		
	Contact Person		
	Title		
	Phone Number		
	Fax Number		
	E-mail Address		
	Network Name		
	Members Enrolled		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools
Questionnaire

Long Term Care RFP 2015

Response

Explanation

3.	Please provide three of your <i>terminated</i> employer clients of similar size/industry in the locations that will be serving most of The Client's employees.		
a.	Reference #1		
	Company Name		
	Contact Person		
	Title		
	Phone Number		
	Fax Number		
	E-mail Address		
	Network Name		
	Members Enrolled		
b.	Reference #2		
	Company Name		
	Contact Person		
	Title		
	Phone Number		
	Fax Number		
	E-mail Address		
	Network Name		
	Members Enrolled		
c.	Reference #3		
	Company Name		
	Contact Person		
	Title		
	Phone Number		
	Fax Number		
	E-mail Address		
	Network Name		
	Members Enrolled		



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools

Program Specifications

Program Specifications	Proposed	Deviations
Eligible Participants	Full time active employees and their spouses. Parents, parents-in-law, grandparents, and grandparents-in-law of employees and their spouses, Retirees and their spouses.	
	Spouses, parents, parents-in-law, grandparents, and grandparents-in-law may enroll regardless of whether the employee or spouse enrolls	
Individual Underwriting:		
Employees	Guaranteed Issue up to \$350 DMB for employees actively at work on the effective date of the plan and any open enrollment in future plan years. New employees will be eligible for Guaranteed Issue after a Service Waiting Period of 30 days. Active employees work 20 hours per week minimum	
	Employees on leave of absence or short term disability at time of initial enrollment will be eligible to enroll in the program upon returning to full-time employment.	
Spouses/Extended Family Members	Spouses and extended family members of eligible employees may enroll at any time with evidence of insurability, whether or not the employee enrolls	
Retirees	Retirees, their spouses, parents, parents-in-law, grandparents and grandparents-in-law may enroll at anytime with evidence of insurability.	
Participation Requirements	None	
Covered Services:		
Nursing Home	100% of the DBA	
Inpatient Hospice	100% of the DBA	
Assisted Living Facilities	100% of the DBA	
Home Health Care	75% and 50% of the DBA	
Adult Day Care Services	75% and 50% of the DBA	
Respite Care	Carrier standard benefit	
Informal Care	Carrier standard benefit	
Alternate Plan of Care	Carrier standard benefit	
Restoration of Benefits	Carrier standard benefit	



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools

Program Specifications

Program Specifications	Proposed	Deviations
Benefit Eligibility	Participants may become eligible for benefits when they are unable to perform two out of six activities of daily living or when they exhibit significant cognitive impairment. Inability to perform means requiring human assistance or regular supervision to accomplish the activity properly and safely.	
Benefit Amounts	\$100/day, \$200/day and \$300/day	
Maximum Lifetime Benefit Options	3 yrs and 5yrs	
Waiting Period	90 days	
Case Management:	Provide case management to all plan participants on a voluntary basis. Provide participants in benefit status access to on-site case management services.	
Model Type	Carrier Standard Model	
Pre-existing Conditions	None	
Waiver of Premium	Included in base plan	
Return of Premium upon death	Included in base plan	
Fully Portable	Yes, at the same benefit level	
Inflation Protection	Guaranteed Issue periodic inflation protection (Future Purchase Option) included in base policy with option to purchase Automatic/Compound Inflation feature.	
Non-forfeiture	Offer as employer option	
Additional Standard Benefits/Features	List, if any	
Other Optional Benefits/Features	List, if any	
	Age	Amount Refunded



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools

Financial Pricing/Quotation

[Base Plan: 3 Year Duration]

		[without compound auto-inflation]			[with compound auto]	
Daily Maximum Benefit:		\$100	\$200	\$300	\$100	\$300
Monthly Rates:						
Ages	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
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	63					
	64					
	65+					



Request for Long Term Care Proposal (RFP) for Miami-Dade County Public Schools

Financial Pricing/Quotation

[Base Plan: 5 Year Duration]

		[without compound auto-inflation]			[with compound auto]	
Daily Maximum Benefit:		\$100	\$200	\$300	\$100	\$200
Monthly Rates:						
Ages	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
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Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)
Explanation

This worksheet should be used to provide additional explanations.

Explanations must be numbered to correspond to the question to which they pertain and they must be brief.

[illegible]

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Flexible Benefits

Officer Certification

Please have an Officer review and sign this worksheet to confirm the information is valid.
Please print this worksheet and fax it to the attention of the consultant named in the RFP.

OFFICER'S STATEMENT	
Carrier Legal Name	
Carrier Marketing Name	
Street Address	
City	
State	
Zip	
Telephone #	
Fax Phone #	
Web Address	
Name of Officer completing statement	
Title of Officer completing statement	
Telephone number of Officer completing statement	
Email address of Officer completing statement	

I certify that our response to Aon Consulting's RFP (Request for Proposal) is complete and accurate to the best of my knowledge and contains no material omissions or misstatements. I acknowledge that Aon Consulting's clients will rely upon the information included in our response to make decisions concerning the life benefits that are offered to their employees.

Officer's Signature

Date Signed

Request for Proposal (RFP) for Miami-Dade County Public Schools (M-DCPS)

Flexible Benefits

Hold Harmless Language

Vendor agrees to the following Hold Harmless language:

a) Health plan shall indemnify and hold harmless Miami-Dade County Public Schools, its respective directors, officers, employees (acting in the course of their employment, but not as claimants) and agents, against any and all liability or expense (including the cost of legal defense or settlement) which was caused by the malpractice of health care professionals under (health plan), which was caused by the professional services provided or not provided by health care professionals under (health plan), or which was caused by (health plan's) negligent or intentional misconduct, breach of this Agreement, fraud, or its breach of fiduciary responsibility in the case of an action under ERISA, related to or arising out of this Agreement or Miami-Dade County Public Schools's role as employer or Plan sponsor.

b) Miami-Dade County Public Schools shall indemnify and hold harmless (health plan), its affiliates and their respective directors, officers, employees or agents, against any liability or expense (including the cost of legal defense or settlement) which was caused by Miami-Dade County Public Schools's negligent or intentional acts or omissions, breach of this Agreement, fraud, or its breach of a fiduciary responsibility in the case of an action under ERISA, related to or arising out of this Agreement or Miami-Dade County Public Schools's role as employer or Plan sponsor. However, the company shall not indemnify and hold harmless (health plan), its affiliates and their respective directors, officers, employees or agents, against any liability or expense (including the cost of legal defense or settlement) which was caused by the malpractice of health care professionals under (health plan) or which was caused by the professional services provided or not provided by health care professionals under (health plan).

c) The party seeking indemnification under (a) or (b) above must notify the indemnifying party promptly in writing of any actual or threatened action, suit or proceeding to which it claims such indemnity applies. Failure to notify the indemnifying party shall be deemed a waiver of the right to seek indemnification.

d) The party seeking indemnification may assume responsibility for the direction of its own defense at any time, including the right to settle or compromise any claim against it without the consent of the indemnifying party, provided that in doing so it shall be deemed to have waived its right to indemnification except in cases where the indemnifying party has declined to defend against the claim.

e) The indemnification obligations of the plan and Miami-Dade County Public Schools shall terminate upon the expiration of the Agreement except as to any matter concerning which a claim has been asserted by notice to the other party at the time of such expiration or within 365 days after effective date of Agreement termination.