

## **ATTACHMENT 9 - Questionnaire**

### **General Information**

All vendors and carriers proposing benefit services to the City of Kingsville should complete this section.

### **Corporate Overview**

1. Provide the full name of your company, address, telephone and fax numbers. (Provide name of parent company, if any)
2. Provide an overview of your products, services, and business partners.
3. Provide your company's mission, vision, values, goals and philosophy of client/business relationships.

### **Implementation**

1. Provide a work-plan for the implementation of this account specifying the key activities, key information required from the current carrier and/or client to complete the conversion, assigns accountability, indicates the anticipated time frame to completion and outlines the success factors necessary for an effective, timely implementation.
2. Describe your initial enrollment procedures. Provide a sample of the enrollment packet to be provided to employees.
3. If applicable, describe how your system will accommodate partially or totally fulfilled deductible, coinsurance and benefit maximums from the current carrier.
4. Include a copy of all standard communication materials which are included in your quoted rates and fees. Specifically address any communications which are provided to assist with employee education for new clients.
5. What flexibility will the City of Kingsville have in customizing and/or modifying these materials?
6. Detail your capabilities for the preparation of Summary Plan Description (SOD) and Summary Benefit Coverage (SBC Plan Documents). Specify what costs each party is responsible for, if any.

### **Self-Funded Proposal (administration and stop loss):**

1. Are there any additional administrator or stop loss fees associated with your proposal?
2. Are there any additional administrators and/or carriers that assist with the administration, adjudication and/or reimbursement of claims?
  - a. If so, please list each vendor and their role.
3. Does your proposal include any specific banking arrangements?
  - a. Which bank(s) need to be used by City of Kingsville?
  - b. Is an initial deposit required? If so, please list the dollar amount?
  - c. Is there a minimum balance required? If so, please list the dollar amount.
4. Does your stop loss proposal include any dividends and/or return on premium options?
  - a. If so, please provide a detail description of the requirements and conditions.
5. Does your individual and aggregate stop loss coverage include COBRA participants?
6. Will your stop loss proposal mirror and reimburse (if applicable) any medical claim approved and processed from the administrator or carrier?
  - a. If not, please provide details.
7. Please describe your process and time of reimbursements should the individual and/or aggregate stop loss point be exceeded.
8. Please list any additional fees or fixed costs that will be billed through the claims account. All administrative costs as well as fees for clinical programs should be included in the fee and not quoted as per use charges, or claims charges through the bank or claims account.

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1. Insert a copy of your last two annual reports and/or financial statements to gain an understanding of your organization's financial strength.
2. Provide the current A.M. Best rating for your company.
3. Provide a sample of your contract and any required financial agreements.
4. PPACA contains a vast number of new taxes and fees. Provide a list of all taxes and fees and financial obligation of each included in your proposal. If proposal contains a multi-year agreement, provide for all years.
5. Did you use the City of Kingsville's experience in the development of your proposed rates? If not, on what bases were the rates developed?
6. Describe your underwriting guidelines for applicants' subject to medical review.
7. State any minimum participation requirements.
8. Provide a geo-access report using the following parameters:
  - a. Primary Care Physicians 0 – 50 miles
  - b. Specialist 0 – 50 miles
  - c. Hospitals 0 – 50 miles
9. What geographic areas constitute the service areas of the network?
10. What is the frequency your on-line network is updated?
11. What provisions are made for emergency care when the employee is away from service area?
12. Does the plan pay for only the least expensive alternate treatment?
13. Explain the "wash cycle" or premium computation for billing purposes. For example, if a member is enrolled mid-month due to a qualifying event such as birth is the group billed the entire monthly premium. Or is it dependent if they were enrolled prior to the 15<sup>th</sup> of the month or after the month?

**Claims Administration**

1. Provide the following information about the specific location from which claims administration services will be provided.
2. How do you establish "usual and customary" or "reasonable and customary charges"?
3. Indicate the hours of operation (please by time zone specific) for the office that will service this account.
4. Indicate the hours of operation (please be time zone specific) for the member customer service line.
5. Describe your claims processing workflow from the time a claim is received in your claim office until the claim is resolved and/or payment is made.

**Pharmacy Benefits**

1. Does your proposal include pre-authorization or step therapy on any medications? Provide details
2. How are compound, injectable, biotech and other specialty drugs covered? Do you have a designated pharmacy, wholesaler or manufacturer for these types of prescription drugs? What company is utilized?
3. How are formulary rebates handled?
  - a. What percentage of the rebate is passed on to the City of Kingsville and is it a direct reimbursement or applied to the claims cost?
  - b. If passed on to the City and not applied to claims cost, how often paid?
4. Does your organization receive any other monetary benefit from a drug manufacture other than formulary rebates?
5. How often do you change and/or alter pharmacy formulary lists? How are these changes communicated to City of Kingsville and its employees?
6. Please include your Pharmacy Administrative Services Agreement. Agreement should include clinical programs including step therapy, mandatory mail order and/or any compound medication limitations.

- a. Is your contract and/or agreement specific to your pharmacy benefit?
  - b. Does your contract clearly list the following?
    - i. Discounts/fees/rebates applied and guaranteed to your claims utilization
    - ii. Define under what circumstances those discounts/fees/rebates guarantees are applied to your claims
    - iii. Describe what detailed information you will have access to relative to your claims utilization and experience.
7. Regarding the pharmacy benefit, what is the percentage of fill that needs to be used prior to the next fill?
  8. Do you allow a 90-day prescription to be filled at a retail pharmacy? If yes, please provide guidelines.
  9. Provide a copy of your Formulary List including specialty medications and how they are covered.
  10. Can you provide a prescription disruption report if provided prescription utilization? How long would it take to generate this report?
  11. The City of Kingsville requests a vendor who will be proactively involved with the City as a “source of information on legislative, market, industry, etc. issues. Describe how your firm will offer this required partnership.
  12. Provide a list of retail pharmacy chains and independent pharmacies currently participating in your network within a 50-mile radius of Kingsville.

**Claim Office Performance – Quality and Accuracy**

1. What are your standards for claims processing accuracy?
  - a. Payment Accuracy (%)
  - b. Procedural accuracy (%)
  - c. Financial accuracy (%)
  - d. Volume per day
2. What is your actual claims turnaround time for the office that will process claims for this account?
3. Describe the procedures employed by the claims processors to review medical claims for compliance with benefits to measure reasonableness of charges and to determine the appropriateness of service. Are there separate groups of reviewers for network claims, appeals, etc.?
4. Describe your procedures for the handling of claim disputes and/or appeals.

**Reporting**

1. Describe your standard offering of management reports by providing a brief description of each available report, including the frequency and available sorting options (i.e. sorted by department, coverage type, age, gender, etc.)
2. Indicate which reports are included in your quoted rates & fees.
3. Describe the options available from your organization for reporting capabilities beyond the standard package.
4. Does Plan holder have real-time access to on-line information for billing, eligibility and enrollment and/or to make changes to benefits? If yes, please describe. If no, what on-line services are available to the Plan holder?

**Coordination of Benefits (COB)**

1. Describe your COB administration procedures.
2. Describe your procedure for verifying a claimant has no other coverage.
3. If there is an indication of other coverage, describe your process for claim payment.
4. Describe procedure for dependent verification.

**Subrogation**

1. Describe your procedures for identifying and investigating potential subrogation claims.
2. Is subrogation performed in-house or outsourced to another vendor? If outsourced, please provide the name of firm utilized.
3. What are your average subrogation savings?
4. What is the percentage fees charged for this service?

#### **Cost Containment Programs**

1. Describe any features of your system and/or firm that have been developed to reduce medical benefit costs.
2. Is a hospital bill audit program offered? If so, describe your audit procedures for hospital including: who conducts the audits? What thresholds are used to determine which claims are audited? Is it included in your quoted rates and fees?

#### **Utilization Review**

1. Provide a detailed description of your core capabilities and procedures for the following services:
  - a. Pre-admission certification
  - b. Continued stay review
  - c. Discharge planning
  - d. Outpatient management
2. Are all hospitalizations, regardless of diagnosis included in pre-admission certification?

#### **Appeals**

1. What are the procedures for appealing a utilization review decision, including how many levels of appeal you use, who participates on the appeal panel(s) and who the decision-makers are at each level?
2. What is the turnaround time standard for responding to appeals?
3. What are the time frames for filing an appeal and for receiving a response to an appeal question at each appeal level?

#### **Wellness**

1. What health education and/or wellness programs are available through your organization? Please describe in detail. Is there an additional cost for any of these services?
2. Describe your firm's ability to assist the City of Kingsville in enhancing the current wellness program.
3. Do you offer any free biometric screening events? If yes, what is the minimum participation requirement and will the results of the screenings integrate into the employee's on-line portal?
4. What disease management programs do you offer? Is there an additional cost?

#### **Customer Tools**

1. Describe the consumer tools you provide to assist the consumer in managing their own health care, increased responsibility and the like (i.e., thing like health information, navigation, coaching and information about lower cost treatment or mediations, etc.)
2. Describe the tools your company utilizes to provide consumers with access to their account information, balances, claims and transaction tracking, etc.
3. Describe all reporting capabilities you provide to consumers and employer groups. Provide examples.

#### **Customer Service and Satisfaction**

1. Provide your full customer service call center capabilities and work flows and briefly describe.
2. What are your customer service hours?
3. What are the metrics you use to measure your customer service performance? What is the frequency of measurement? Describe your performance against these metrics in the last 12 months.
4. Outline your procedures and reporting for handling customer disputes, inquiries and complaints both

to plan and employers.

5. How often does your company conduct an employee/member satisfaction survey? Submit a copy of your survey document.

**Other Services**

1. Provide any information on additional utilization management services not specifically referenced above. Include brief program descriptions with any associated fees.