ATTACHMENT A - TPA QUESTIONAIRE
ASO - CARRIER RESPONSE NEEDED
<Enter Your Company Name Here>

This sheet is designed for you to answer specific questions regarding the services offered by your organization. Thank you for your cooperation and assistance.

Topics:	Questions:	Your Answers:
Binding	When is Coverage or Services officially bound?	
Binding - Updated Data	Do you require updated data before binding coverage and if so, by when?	
Network and Administrator	Who is the underlying network and third party administrator assumed in the proposal (the actual network and administrator) that is being utilized?	
Participation Requirements	What are the participation requirements (including spousal waivers)?	
Employer Contribution Requirement	What is the employer contribution requirement?	
Dual / Triple Choice / Multiple Carrier	Do your rates increase if two plans or more are offered by either the same or competing carriers? If yes, please provide the increment of the increase and advise if the premium load is included in the rates provided.	
Renewal Timing	For this client we are requesting renewals be provided no later than 120 days prior to effective date. Please confirm if you will be able to comply with this request.	
Actively-at-Work	Confirm all employee not actively at work on coverage effective will be covered to the same extent that they would have been under the prior carrier.	
Pre-existing Condition Limitation	Define pre-ex as it applies to current and newly eligible members	
Account Management	List dedicated account team roles and or actual names. (names not necessary at this time if not available) Please indicate if you are willing to commit a dedicated account management professional to be on-site at the client for any period of time.	
Customer Service	List customer service center hours.	
Claims Office	Out of which office will claims be paid?	
Implementation	Please describe your implementation process and include a timeline.	
Enrollment Support	Please describe the open enrollment support offered with this proposal.	
Pre-Enrollment Hotline	Will you offer a pre-enrollment hotline or access to customer service during open enrollment and prior to the effective date?	

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Onsite Enrollment Meeting Support	Please also confirm your willingness to attend onsite enrollment meetings and any requirements for your attendance on-site.	
ID Cards	Please address the following:	
	How long does it typically take for ID cards to be issued?	
	Will you offer ID cards to each participating member of the family?	
	Can temporary ID cards be printed off your website?	
	Confirm that social security numbers are not utilized?	
	Do you use a third party to distribute ID cards? If so, where are they located?	
	Can the client's logo be included on the ID card?	
Enrollment and Eligibility Data	Please confirm your ability to accept enrollment and eligibility data in an electronic format at no additional charge.	
Eligibility Review	Can the client perform real time eligibility updates, view status of claims and access the reporting system?	
Experience Reporting	Please confirm whether you will be able to provide the following at no charge:	If no, what frequency is available?
	1. Monthly premium (or equivalent) vs. claims	
	2. Monthly enrollment by family status tier	
	3. Rolling 12-months and plan year-to-date large claims including diagnosis	
	4. Quarterly Utilization reporting	
	5. Detailed Claims information to Clinic and/or PBM	
Broker Access to Reporting System	Please confirm if Willis has direct access to reporting system.	
Billing	Can you provide bills in both electronic and paper format? Are all bills provided in one document or separately by lines of coverage? Can bills be run by multiple codes, include locations, departments etc.?	
Grace Period	What is the grace period for premium and/or fee remittance?	
Retroactivity	What are your retroactivity rules for additions, cancellations and terminations?	
Banking Info	Describe your banking arrangements including the following:	
	Name of bank used for master account.	
	Timing for funding and fixed costs requests (i.e. how often)	
	Basis for funding (issued or cleared)	
	Funding method (ACH Draft or transfer, wire, check)	
	Requirement for zero balance	
	Need for a compensating balance deposit by client? If yes, indicate amount.	

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Working Deposit	Please provide the detail as to whether you require a working deposit.	
	Is a working deposit required?	
	How is the amount calculated?	
	When is it payable?	
	Are mid-year adjustments expected?	
	What are the rights upon terminations?	
Claim Reimbursement	What is the method of claim reimbursement for claim payments (i.e. wire transfer, ACH)?	
Network Issues	Are there presently any notable network issues or concerns (major remigrations in process) within the regions where employees of this prospect reside?	
Network Details	How often are your contracts renegotiated? How do you communicate non-renewal of providers?	
Provider Reimbursement	Does provider reimbursement differ depending on whether funding is insured or self-insured?	
Unused HSA Funds	What flexibility is available with respect to the treatment of unused funds?	
Debit Cards - HSA	Do you offer debit cards that deduct from the HSA?	
Automatic Rollover	Do you have an automatic rollover feature (claim applied against deductible can be automatically filed with HSA for reimbursement).	
HDHP - HSA Data Integration	Does your website integrate information between HDHP and HSA, or do separate websites need to be accessed (with different log-in etc.)	
HSA Interest	Please describe how interest will be earned and allocated and the options available to employers.	
HSA Statements	How do members access account balance and related information? If statements are mailed, please indicate frequency.	
Centers and Specialty Care Arrangements	Describe any special arrangements you have with recognized centers for specialty care (for transplants, NICU and/or other High Cost/Low Volume procedures.)	
Transplant Coverage	Are there special caveats for transplant coverage?	

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Topics:	Questions:	Your Answers:
Transplant Networks	Are there special transplant networks required and if so, are they consistent with the network coverage or the underlying network?	
Transplant - Travel	Are there payment restrictions for transplant related travel?	
Transition of Care	Describe the transitional rules for an employee or dependent with an on-going condition such as cancer or pregnancy, currently under the care of a provider who is not in your network.	
Plan Document - Stop Loss Contract	Is the determination for eligibility, covered expenses, etc. consistent between the plan document and the stop loss contract?	
Actively at Work	Does the stop loss contract include an actively at work requirement? Dependent non-confinement requirement? Other limits to initial eligibility for coverage?	
Run-In	Is there a run-in limit imposed?	
Closed Claims	<Confirm if there are any claims that have been closed but not paid. If there are any, confirm that the stop loss carrier will cover those claims.>	
Caveats/Contingencies	Are there any caveats/contingencies? <i.e. laser?>	
Plan Disclosure	Is a plan disclosure form required? If so, what is the timeframe and are both the client and the administrator required to complete the disclosure?	
Contract Guarantee	Does the contract guarantee a non-laser at renewal? If not, what is the maximum renewal cap guaranteed?	
Transfer of Data	When will the transfer of data between the administrator, prior insurer and the new stop loss insurer occur and for which data sharing components? Who is responsible?	
Format for Transfer of Data	What format of data sharing do you require?	
Aggregating Specific	Is there an aggregating specific?	
Premium Rates/Factors	When is a change to the premium rates/factors allowed during the contract period?	
Advancement Feature	Is there a specific advancement feature included in the agreement?	
Claims Administration	Please describe how you will administer the following claim scenarios?	
	Claims spanning multiple policy periods.	
	Pended claims?	

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Topics:	Questions:	Your Answers:
	Adjudicated but not paid claims?	
	Bundled hospital claims?	
	Audited claims?	
	Subjugation claims?	
References	Please provide references for 3 existing similarly situated customers and for 3 customers recently lost.	

THE ESCAMBIA COUNTY SCHOOL DISTRICT
WELLNESS - CARRIER RESPONSE NEEDED

<Enter Your Company Name Here>

This sheet is designed for you to answer specific questions regarding the wellness services offered by your organization. Thank you for your cooperation and assistance.

Topics:	Questions:	Your Answers:
Health Risk Assessment (HRA)	Do you have a health risk assessment tool (survey) on your Web site for members to complete?	
	Can employees not currently enrolled in the medical plan complete the HRA and have their results included with the client's group?	
	Was the HRA tool developed by your organization or do you utilize another vendor's tool? Please provide the vendor name if tool is outsourced.	
	What information does your HRA request/require from participants? Please provide a sample HRA. Please confirm the client can customize the HRA by deleting certain questions and/or by adding questions specific to their population.	
	The client may want to offer basic screenings (cholesterol, blood pressure, blood sugar, weight) as part of the HRA process. The client may offer on-site screenings for employees. Please confirm if your organization can provide on-site screenings at multiple locations? How will you facilitate this process, including, scheduling, staffing, etc. Are there a minimum number of participants per location?	
HRA Reporting	How will you report aggregate results to the client? Please provide a sample report.	
	How will you report specific feedback to participants? Please provide delivery options and a sample report of results. What is your commitment for turnaround times?	
Lifestyle Change Support	Please list any specific lifestyle change based modules available.	
	Does your web site have information on seasonally appropriate issues (i.e., benefits of using sunscreen, how to avoid Lyme Disease, etc.)? If yes, please describe.	
	Do you provide enrollees with literature to enhance health awareness (i.e., quarterly newsletter, magazines, etc.)? Please note frequency and type of communication. Please confirm that there are no additional costs associated with the distribution of these materials.	
	Please outline the smoking cessation assistance available to the client's members and any associated costs. Your response should include formal classes, Web-based tools, community resources, etc.	

WELLNESS - CARRIER RESPONSE NEEDED

<Enter Your Company Name Here>

This sheet is designed for you to answer specific questions regarding the wellness services offered by your organization. Thank you for your cooperation and assistance.

Topics:	Questions:	Your Answers:
	Please outline the healthy eating/weight loss assistance available to the client's members. Your response should include formal classes, Web-based tools, community resources, etc.	
	Please outline the physical exercise assistance available to employees? Your response should include formal classes, Web-based tools, community resources, etc.	
	Please list any other key programs (in addition to smoking cessation, healthy eating/weight loss and physical exercise) available to members and outline any associated costs.	
	Does your organization offer discounted fitness center memberships? If yes, what is the name of the network?	
	Please indicate if your plan tracks preventive care compliance. If yes, please outline criteria and tracking method.	
	Do you proactively outreach to members? If so, what are your criteria for identifying participants? What methods of outreach do you use and under what circumstances do they vary? How do you measure participation and at what frequency?	
	Indicate if your plan directly contacts patients to improve compliance with treatment protocols: Woman > 50 Mammogram, Man or Woman > 55 Cholesterol check, Children Immunizations, Elderly Flu shot, Elderly Colon cancer, Diabetics Eye exam	
	Do you offer interactive Web-tools such as online chats with a wellness counselor, nurse, etc.?	
Third Party Vendors	If a third party vendor is used, will the wellness data be integrated with the healthcare claims system? (i.e. are participants identified for disease management programs through screening results.	
	Do you provide incentive tracking for clients? (i.e. If premium discounts are given to employees who participate in HRA or screening events, can you provide lists of individual participants?)	

THE ESCAMBIA COUNTY SCHOOL DISTRICT
GEO ACCESS - CARRIER RESPONSE NEEDED

<Enter Your Company Name Here>

This sheet is designed for you to answer specific questions regarding the geographic access you are proposing. Please respond to these questions and provide a complete GEO ACCESS Report for the defined standards in the RFP. Thank you for your cooperation and assistance.

Question	Your Answers:
What is the definition used in your GEO Access Report for an Access Point?	
If a provider has two office locations, is s/he counted two times?	
If a practice contains five providers, are they counted as five?	
If a practice has three providers and three office locations, are they counted as nine?	
If a provider works 10hrs a week, are they counted? Do you have a minimum office hours?	
How often is a provider re-credentialed?	
How long does it take to remove a terminated/deceased/retired provider from the database used for GEO Access?	

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THE ESCAMBIA COUNTY SCHOOL DISTRICT
GEO ACCESS - CARRIER RESPONSE NEEDED

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This sheet is designed for you to answer specific questions regarding the geographic access you are proposing. Please respond to these questions and provide a complete GEO ACCESS Report for the defined standards in the RFP. Thank you for your cooperation and assistance.

Question	Your Answers:
Are practices not accepting new patients included in your count?	
Confirm your GEO is based on Eligible employees, not enrolled.	
Are distances based on driving distances or straight-line distances?	
What GEO Access Software/Technology do you use for your analysis?	