

City of Cedar Rapids
FLEXIBLE SPENDING ACCOUNT ADMINISTRATION
VENDOR QUESTIONNAIRE
Effective January 1, 2018

Please provide your responses in the attached format, being as thorough as possible while keeping your responses brief.

QUESTION/TOPIC	YES	NO	EXPLANATION/COMMENTS
VENDOR BACKGROUND & REFERENCES			
1. Provide a brief overview of your organization, including number of years in the FSA administration business.			
2. Does your organization foresee potential mergers or acquisitions over the next year? The next 5 years?			
3. Please provide four references that are close to the City of Cedar Rapids' employee size and have self-funded health plan (3 active groups, 1 terminated group). Do you have any clients (current or former) that are municipalities?			
4. Confirm you have the capacity (account management and claims) to perform a successful implementation for a January 1, 2018 effective date. How many new groups do you anticipate will be added by your company on January 1?			
ACCOUNT TRANSITION & REQUIREMENTS			
1. You may be required to take over existing account balances as of 12/31/17 to manage claims run out <u>and</u> the 3 month grace period.			

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Describe your required process, data needed and any black out period(s) for submitting claims. Be sure to include this in your timeline.			
2. Would there be an additional fee or one-time charge for takeover management of the 2017 run out? Please provide pricing details.			
3. Will there be an additional fee or one-time charge for takeover management of the 3 month grace period claims? Please provide pricing details.			
4. Does your organization have the ability to perform electronic auto-substantiation of claims or do you issue FSA cards? If you utilize electronic claims, will you take a customized eligibility file specific to the City of Cedar Rapids? Will there be a fee associated with any of this?			
5. The City of Cedar Rapids allows a \$500 carry-over of flex funds. Is there an additional fee to keep an account open should a member not elect additional flex funds for the new calendar year?			
ACCOUNT MANAGEMENT SERVICES			
1. Who from your firm will be the dedicated Account Manager contact for the City of Cedar Rapids?			

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2. How many years of experience with flexible spending benefits does the dedicated Account Manager have?			
3. Describe your process for changing account managers (if allowed) should the need arise to do so.			
4. It will be required that your Sales and Account Service team remain involved throughout the relationship after the point of sale - - describe your process for managing these expectations.			
5. Who will be the responsible party that the City of Cedar Rapids will work with during initial implementation? Will this party change post-implementation? Please describe your process.			
6. Who will be the responsible party that Holmes Murphy will work with for renewals?			
CUSTOMER SERVICES			
1. Describe your customer service structure – at all levels: employees, The City of CR and HMA. Is there a separate customer service department for participants vs. administrators? If so, please describe.			
2. Does your customer service/account management structure differ by group or participation size?			

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3. What are your hours of operation for “live” customer service and assistance, both at the employee and HR levels?			
4. Does your organization have a “back up” plan for customer service and online data in case of inclement weather or a natural disaster?			
5. What is your customer service average call “speed to answer”?			
6. What is your customer service’s standard turnaround time for responding to employee or HR email inquiries and/or voice messages?			
7. Do you have an “issues tracking” system for your account management and customer services teams? Are all of your customer service representatives able to respond to employer and/or participant inquiries? (i.e., using the same system where employer or participant historical info is housed). Describe.			
8. Describe your process for escalating service or claims issues.			
CLAIMS & ONLINE SERVICES			
1. Do you provide 24-hour claims inquiry (IVR) and/or online? Describe.			
2. Describe the methods by which participants can file a claim and the detailed process for each.			

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3. Describe your process for Dependent Care reimbursement.			
4. Outline your standard claims processing turnaround time, both during regular and peak periods throughout the year (i.e., year end, grace periods, etc.)			
5. Grace period: How do you handle the additional volume of claims during this peak time (staff volume, overtime)?			
6. Does your firm provide a dedicated website for participants to file claims, check balances and claims status? Please outline your online capabilities.			
7. Is your website/online claims reporting “real time”? If not, describe frequency of data updates.			
8. If applicable, how many claims can be filed online at one time?			
9. Does your system have the ability for participant to upload receipts in pdf form when filing claims online			
10. If you provide online claims submission and reporting services, what management system do you use? Should issues occur with this system, what processes do you have in place to establish prompt resolution and			

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notification to participants and HR contacts?			
11. Will <u>Plan Administrators</u> have online access to funding balances, check register, discrepancy reports, including non-HIPAA participant information online? Please provide detail.			
12. Describe your reimbursement methods, and pricing for those methods, if applicable. How do participants enroll in those reimbursement options?			
13. Will the City of Cedar Rapids have its own website portal, including their logo? If so, will this include their ability to post the SPD, pertinent forms, benefit summary, internal customized documents, etc.? If not, please describe your standard method.			
14. Please describe the file transfer process and what information you would need to implement? How often? Do you require term dates or do you use Term-By-Absence process?			
15. How frequently (and what method) do you notify participants when funds are running out or have been exhausted? Are there any additional charges for this service?			
16. Do you provide participant EOBs? If so, please describe that process (including denial notifications).			

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17. Describe your appeals process.			
18. Would your system be able to take a file feed from pharmacies, Medical TPA, Dental TPA and Vision TPA and process the automatic reimbursement? If so, please describe your process for each of the 4 identified above.			
DEBIT CARD			
1. Who is your debit card vendor? Do you have any plans to change vendors in 2018?			
2. Describe all debit card options as it relates to your quoted pricing. Is the debit card automatically embedded in your overall admin fee – meaning an “all or nothing” cost? An option available per participant cost, whereby each participant pays for the card upon activation? Or, the card is optional per participant?			
3. Would debit card substantiation be required if the City’s benefit plan copays were loaded into your system? Please describe all other situations where substantiation would be required.			
4. What is your audit process? How often or what kind of claim would require an audit?			
5. What is your notification process (mail, email, etc.) to member to provide receipts? At what point are card privileges suspended?			

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6. How many cards (per participant or family) are included in your pricing?			
7. Do you charge for additional cards for dependents? If so, provide pricing.			
COMMUNICATIONS & ENROLLMENT MTGS			
1. Describe what is included in your standard employee communications packets and/or enrollment materials and additional pricing, if applicable.			
2. What are your guidelines for producing customized materials and any costs associated with this?			
3. Who would be the responsible party to work with in producing enrollment materials during the initial implementation and in subsequent years?			
4. Who will be the responsible party that Holmes Murphy will work with during the plan year for needed employee materials or to attend employee meetings (either at annual enrollment or during the year)?			
5. What kind of communications will be provided to the HR department with regards to changes in the regulations, online services, etc?			
6. Describe your method for providing proactive communications to HR staff about			

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changes within your organization (i.e., claims processing, new features, enhancements, personnel), as well as changes to federal regulations. This could also apply to plan participants.			
DISCRIMINATION TESTING			
1. Does your firm provide discrimination testing? Is this included in your pricing?			
2. What are your requirements of the City in providing this service?			
3. Do you provide periodic testing thru out the year?			
4. Do you provide advice and suggestions when discrimination testing fails?			
FUNDING, PAYROLL and REPORTING			
1. Confirm you will provide an enrollment audit report to compare enrollment in your system prior to January 1, 2018 and as requested during the year.			
2. Describe your year-end accounting process. Approximately what date would the City of Cedar Rapids receive the report and any forfeited funds?			
3. Describe your reporting capabilities (i.e., check registers, discrepancy reports, etc.)			
TERMINATION			
1. Should the City of Cedar Rapids terminate its			

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relationship with your firm, please describe your termination fee for processing claims run out, your termination notification requirements, record keeping, and your cooperation in working with the new Flex vendor.			
MISCELLANEOUS			
1. Do you charge additional fees for producing the Plan Document, SPD or amendment preparation <u>or</u> revisions?			
2. Please provide a sample Administrative Agreement.			
3. Please provide your company website and/or demo link.			