**Please answer in detail on additional sheets.**

# GENERAL QUESTIONS

1. What is the location of your servicing group office?

2. How many employees do you have in the office(s) that will be servicing the county?

3. How many customer service representatives do you have to assist the county employees?

4. What is your toll free number?

5. How many years has your company been providing disability insurance?

6. What is the average amount of time taken to process a disability claim from date of submission to date of payment for STD and LTD? Please provide best case scenario, worst case scenario and average length of time.

7. How soon after the award of the contract by the County will brochures or booklets describing the insurance coverage and claim filing procedure be available to employees?

8. Describe your process or service model explaining proper payment of STD and LTD claims.

9. Describe your process of correcting claims paid in error.

10. Do you use in-house physician consultants to assist in reviewing claims or do you utilize an external firm for these services? If yes, is this an in-house consultant (on your staff) or an outside consultant?

11. Can you provide a cost management report?

12. Describe the procedures you would follow to assist the county in making the transition to your company?

13. At the time of renewal of the initial rate guarantee, will you offer Open Enrollment to county employees regardless of their current insurance status? How would you handle late enrollees? Explain your policy.

14. Provide a copy of your appeal process that is given to insured’s upon enrollment.

15. Please respond to the following regarding your integrated STD/LTD book of business:

* Number of integrated STD/LTD customers.
* Total number of covered lives across your STD/LTD book of business.
* Number of customers with between 2,000 to 3,000 lives.
* 2015 and 2016 retention.

16. Please provide your current financial ratings for each of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| * 1. A. M. Best
 | \_\_\_\_ | * 1. Standard’s & Poor
 | \_\_\_\_ |
| * 1. Moody’s
 | \_\_\_\_ | * 1. Duff & Phelps
 | \_\_\_\_ |

# BENEFIT DESIGN AND COST

17. Explain the service guarantees you will offer the county within your contract.

18. Will you be able to match the exact definition of disability as defined in the current carrier’s SPD?

**REPORTING CAPABILITIES**

19. What standard management reports will you provide to the county? Please provide a copy of your standard reporting package.

* 1. Confirm that we will be able to receive these reports at least on a monthly basis.
	2. Are these reports available electronically?

20. Can these reports be manipulated by the county?

21. Will your company furnish to the county, on a monthly basis, a report of all claims, including but not necessarily limited to such information as listed in the Scope of Services? (Attach a sample copy.)

22. How soon after the end of a policy year will an annual report be provided to the County?

# CLAIM ADMINISTRATION 23. Please answer the following in regards to your telephonic claim intake capabilities:

* 1. Will you provide the county with a dedicated 1-800 intake number at no charge?
	2. Does this number service calls relating to both STD and LTD?
	3. What are the hours of operation for telephonic intake?
	4. How are after hours calls handled?

24. Please provide the following statistics for your intake center. Include your standard/goal for each category as well as actual results for 2015 and 2016.

* 1. Call abandonment rate;
	2. Average speed to answer;
	3. Percentage of calls answered within 20 seconds;
	4. and CSR turnover rate.

25. Describe the claim filing process and procedure. Include your role, the county’s role, information required, etc.

26. Upon receipt of a claim, how is the claim assigned to a claim analyst (or nurse case manager if applicable)? Specifically,

* 1. Is claim assignment automated (i.e., system assigned) or does an individual assign claims to the appropriate claim examiner?
	2. What criteria are used to determine who will be assigned a specific claim?

27. Please provide statistics for the following:

* 1. Average time from receipt of claim to first claim activity.
	2. Average time from the notification/receipt of a claim (not receipt of all information) to the time of a pay or deny notification (do not provide average time to pay, deny or pend).

28. From what office(s) would routine administration and claims be handled?

**CLINICAL RESOURCES**

29. How many nurses are located in the claim office that will administer the county's claims?

30. In what situations are nurses utilized and who determines the need for this involvement?

31. For what percentage of cases are nurses utilized for both STD and LTD?

32. For what percentage of cases are physicians utilized for both STD and LTD?

33. Describe how psychiatric claims, including claims for substance abuse and chemical dependency, are managed. Please include any specialized resources and/or protocols available.

34. In what situations are Independent Medical Examinations (IME) and/or Functional Capacity Evaluations (FCE) used? What are your referral protocols?

35.Provide statistics regarding IME/FCE utilization for both STD and LTD.

**TRANSITION TO LTD**

36. Does the claims analyst who handles the STD claim also manage the LTD claim?

37. If a nurse was involved in the STD claim management, is the same nurse involved in LTD claim management?

38. Briefly describe your transition process from STD to LTD. Include steps performed to ensure a smooth transition and additional information that may be required of The County.

**VOCATIONAL REHABILITATION & RETURN TO WORK**

39. How many internal vocational rehabilitation consultants are located within the claims office that would be administering the county's claims?

40. In what situations are external vocational/rehabilitation vendors or consultants utilized? Describe and provide credentials for any external resources that your company may use.

**SOCIAL SECURITY ADVOCACY**

41. Please describe internal resources available to assist employees with their application and appeals.

42. What external resources do you utilize for SSDI feasibility assessments and/or employee assistance?

43. Please provide your SSDI approval statistics for your fully-insured block of business.

44. While an employee is collecting benefits, at what point do you start working with that employee to begin the SSDI process?

**ADDITIONAL BENEFITS**

45. What other additional benefits do you provide with the disability benefits (ie. Employee assistance program, travel assistance)?