

TECHNICAL PROPOSAL PACKET
SP-18-0053

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:		State:	Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> African American <input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran
	AR Minority Certification #:	_____	Service Disabled Veteran Certification #:
	_____		_____
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.			
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ illegal immigrants during the aggregate term of a contract.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.			
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's proposal to be disqualified.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

CONFLICT OF INTEREST AFFIDAVIT

- This *Conflict of Interest Affidavit* is for the Prospective Contractor's disclosure of any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) as described and required in the RFP, Section 2.23.
- Per Section 2.23 of the RFP, this *Conflict of Interest Affidavit* will not be scored as part of the RFP evaluation. However, submission of this signed *Conflict of Interest Affidavit* along with the required disclosures if any, as stated in the RFP Section 2.23 is a Proposal Submission Requirement.
- Do not include additional information if not pertinent to the itemized request.
- Should the Prospective Contractor have any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) disclosures to make, the Prospective Contractor **shall** submit an additional document, as an attachment to this *Conflict of Interest Affidavit*, explaining the actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s).
- The Prospective Contractor **shall** include all information necessary to fully communicate the nature of the actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) including proposed mitigation measures.

Check the appropriate box below:

- Per Section 2.23 of the RFP, my company does not have any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) to disclose at this time.
- See the attachment to this *Conflict of Interest Affidavit* disclosing my company's actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s).

By signature below, the Prospective Contractor certifies that it meets the disclosure requirements as stated in Section 2.23 of the RFP to the best of its knowledge, and **shall** continue to meet disclosure requirements as stated in Section 2.23 of the RFP throughout the life of the contract.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 VENDOR QUALIFICATIONS AND CORPORATE STRUCTURE	
<p>A. Provide a statement of differentiation that distinguishes the products and services your company provides from other companies providing the same or similar services and provide the following information:</p> <ol style="list-style-type: none"> 1. Corporate Structure and Ownership including an organizational chart 2. Number of years your company has been providing services required in the RFP 3. Location of Corporate Office 4. Locations of all Sales/Support Offices specifying which office will be responsible for working with EBD 5. Information regarding professional/industry association memberships 6. A statement expressing the percentage of your company's revenue that is derived from providing services similar to those required by the RFP 7. Total dollar amount of all GPFSA, DCAP, LPFSA and HSA claims processed by your company in calendar year 2016 8. Audited financial statements for the past three (3) years or other financial documentation that accurately reflects your company's financial condition. Submit in electronic format only. 	5 points
<p>B. Provide an executive summary containing no more than three (3) pages detailing your company's understanding of the following:</p> <ol style="list-style-type: none"> 1. The services to be provided under any resultant contract 2. The Contractor's responsibilities under any resultant contract 3. Other information relevant to the services described in the RFP and necessary to fully communicate your company's understanding of the services to be provided and the responsibilities of the Contractor 	5 points
<p>C. List and describe your company's past experience with projects of similar scope. Specifically list and describe all projects administered and managed by your company that meet the five (5) year experience requirement.</p>	5 points

<p>D. List and describe the State, Federal, and/or local public entities that your company has provided services for in the past. Include the services provided, the dates your company provided the services, and how this experience provided your company with the capability to work with a geographically diverse population.</p>	<p>5 points</p>
<p>E. Detail the contract(s) and/or interest(s) held by your company with any operation located outside of the continental United States including a description of the relationship. Detail entities owned by your company or entities your company has a financial interest in (inside or outside the continental United States) that would receive compensation if your company were to be awarded a contract as a result of this RFP and describe the relationship.</p>	<p>5 points</p>
<p>F. Describe your company’s overall client retention rate over the previous two (2) years for your company’s complete book of business.</p>	<p>5 points</p>
<p>G. Detail your company’s philosophy, policies, and processes for providing transparent administration to its clients.</p>	<p>5 points</p>
<p>H. Describe your company’s experience coordinating the development, implementation, and management of Program(s) similar in size and scope to those required in this RFP.</p>	<p>5 points</p>
<p>E.2 IMPLEMENTATION</p>	
<p>A. Describe your company’s proposed implementation process that will provide for a successful implementation by the proposed Administration Services Start Date as stated in the RFP.</p>	<p>5 points</p>
<p>B. Provide a detailed Implementation schedule/timeline. Include all activities required for successful implementation and the timeframes for completing those activities including the following:</p> <ol style="list-style-type: none"> 1. Data transfer requirements 2. Suggested methods for timely data migration 3. Member/Plan Participant education and outreach 4. Training 5. Member account transfers 6. Debit card distribution 	<p>5 points</p>
<p>B. Detail your company’s implementation team members that will attend the initial 1-3 day(s) Implementation meeting(s) in Little Rock, Arkansas. Provide the following for each member of the implementation team:</p> <ol style="list-style-type: none"> 1. Name 2. Title 3. Experience and credentials <p>Describe what practices your company has found effective in similar meetings.</p>	<p>5 points</p>

<p>C. Describe your company’s experience with the implementation of projects in similar size and scope. Include timelines, goals, results, pitfalls, risk mitigation, and any other element necessary to fully communicate your company’s implementation experience. Detail the specific information generally requested of clients during these types of implementations.</p>	<p>5 points</p>
<p>D. Describe the risks your company anticipates EBD, the Plan, Programs, Members, and Plan Participants may face during the Implementation Period and your company’s plan to mitigate those risks.</p>	<p>5 points</p>
<p>E.3 ARCAP AND HSA ADMINISTRATION</p>	
<p>A. Provide a detailed description of the contractual relationship with your Custodian/Trustee.</p>	<p>5 points</p>
<p>B. Provide a sample of the following documents in electronic format only (CD or Flash Drive):</p> <ol style="list-style-type: none"> 1. Member Account Application(s) 2. Beneficiary Designation Form 3. Marketing/Education Material(s) 4. Summary Plan Description, Plan Document, or similar document 5. All other documents/information currently provided to prospective Members for other clients of your company 	<p>5 points</p>
<p>C. Describe your company’s processes and capabilities for sending alerts for any rejected, unexpected, and/or unintended funding to a Member’s account and the process for notifying clients upon each occurrence.</p>	<p>5 points</p>
<p>D. Describe your company’s accounting and business processes that provides for the correct crediting of Member accounts. Describe issues your company has faced in the past that caused the incorrect crediting of Member accounts and how your company provided for correction and the measures/processes instituted to prevent reoccurrence.</p>	<p>5 points</p>
<p>E. Describe the procedures your company currently has in place for the submission of Member/Plan Participant documentation and information.</p>	<p>5 points</p>
<p>F. Describe how the Affordable Care Act has affected the language in your company’s Summary Plan Description, Plan Document, or similar document and include how often your company reviews/ updates such documents.</p>	<p>5 points</p>
<p>G. Describe how the interest rate is determined for HSAs administered by your company, such as by a specific mutual fund or money market account, or by the custodian/trustee. Provide the current interest rate paid on your company’s HSAs and your Members’ average account balance over an annual period.</p>	<p>5 points</p>
<p>H. Detail the different fund investments offered by your company for HSAs. Include information regarding the following:</p> <ol style="list-style-type: none"> 1. Investment Options 	<p>5 points</p>

<ul style="list-style-type: none"> 2. Limitations 3. Restrictions 4. Communication material(s) 5. Custom investment options, pre-established investment models, or other options 	
<p>I. Describe your company’s options for allowing the Member to select multiple custodians and how the services your company provides for comprehensive HSA administration is affected by the Member’s selection of multiple custodians.</p>	<p>5 points</p>
<p>J. Detail how many actively managed accounts your company currently supports. Do not include any account totals for the custodian or other administrators using the same administration system.</p>	<p>5 points</p>
<p>K. Describe your company’s method of handling liability to an HSA Member for miscommunication or erroneous information from your company regarding the Member’s HSA.</p>	<p>5 points</p>
<p>E.4 COBRA ADMINISTRATION</p>	
<p>A. Provide a detailed statement expressing your company’s understanding of what it means to provide comprehensive COBRA administrative services.</p>	<p>5 points</p>
<p>B. Describe your company’s most noteworthy qualifications for providing COBRA administrative services. Specifically highlight your company’s qualifications that distinguish you from your competitors.</p>	<p>5 points</p>
<p>C. Provide samples of the COBRA related communications sent to Members/Plan Participants in electronic format only such as a CD or flash drive.</p>	<p>5 points</p>
<p>E.5 ADMINISTRATION SYSTEM</p>	
<p>A. Describe your company’s system used to provide the services specified in the RFP and include the following:</p> <ul style="list-style-type: none"> 1. The length of time the system has been in full operation 2. The capabilities the system has for providing a single sign-on / Trusted Link between necessary applications 3. The capabilities for accepting electronic transfer of eligibility 	<p>5 points</p>
<p>B. Provide a sample login or detailed color printed screenshots with a description of layout and purpose of single secure website/portal.</p>	<p>5 points</p>
<p>C. Describe the major system conversions occurring within your company within the past two (2) years and any major system conversions planned to occur in the future.</p>	<p>5 points</p>
<p>D. Describe your company’s process for clients to request enhancements to your company’s administration system and website based on non-standard benefit design and provide the average turnaround time for system and website changes or enhancements.</p>	<p>5 points</p>

<p>E. Describe the method your company uses to gather data necessary for non-discrimination testing including a sample of the forms provided for public sector use and the frequency of reporting. Detail any other testing available.</p>	<p>5 points</p>
<p>F. Describe the process by which your company educates and disseminates information to clients regarding legislative and regulatory changes to its clients and how your company incorporates these changes into its administration system. Include samples of such client communications.</p>	<p>5 points</p>
<p>G. Provide a copy of your company's most recent IT Audit including an auditor opinion, auditor testing, and the results.</p>	<p>5 points</p>
<p>H. Describe how your company ensures that all payments are in accordance with the approved benefit design.</p>	<p>5 points</p>
<p>E.6 CUSTOMER SERVICE</p>	
<p>A. Describe your company's capabilities, to track, record, archive, retrieve, and report on customer services calls. Include information regarding the following:</p> <ol style="list-style-type: none"> 1. Average Hold Times 2. Average Abandonment Rates 3. Average time for call to be answered 4. Initial Call Resolution Rate 	<p>5 points</p>
<p>B. Describe your customer service call escalation procedure.</p>	<p>5 points</p>
<p>C. Detail the average tenure and turnover rate of your customer service staff.</p>	<p>5 points</p>
<p>D. Describe the following as they pertain to your company's customer service staff:</p> <ol style="list-style-type: none"> 1. Types of Pre-employment screenings administered 2. Criminal Background Checks required 3. Types and frequency of all training administered 	<p>5 points</p>
<p>E. Provide information pertaining to how your company staffs its customer service department. At a minimum include information on the following:</p> <ol style="list-style-type: none"> 1. Number of employees per shift 2. Number of shifts 3. Staff available during 11:00 a.m.-1:00 p.m. CST 4. The number of Spanish speaking customer service staff 5. Office location 6. Ratio of customer service staff per 1000 Members 	<p>5 points</p>

<p>F. Provide detailed information regarding the customer service team that will have direct contact with Members/Plan Participants. Describe the customer service assistance and the year-end tax filing forms that will be provided to Members including:</p> <ol style="list-style-type: none"> 1. Tax Form 8889 2. 1099-SA 3. 5498-SA 	<p>5 points</p>
<p>G. Describe your company’s abilities in and experience with providing comprehensive customer service to clients.</p>	<p>5 points</p>
<p>H. Describe your company’s phone system’s automated functionality including what information is accessible to Members.</p>	<p>5 points</p>
<p>E.7 EDUCATION AND ENROLLMENT SERVICES</p>	
<p>A. Describe the procedures your company uses to increase employee participation levels for programs similar to the ARCap and HSA Programs. At a minimum, provide the following information:</p> <ol style="list-style-type: none"> 1. Your company’s use of mass mailings, targeted marketing, and individual meetings with employees to increase participation 2. In electronic format (such as a CD or flash drive) provide samples of your company’s Member communication pieces used to communicate the advantages and benefits of participation in a Health Savings Account and Flexible Spending Account. 	<p>5 points</p>
<p>B. Provide details regarding the increase in participation levels other clients of your company have experienced for similar Programs and how those increases were realized. Provide the projected increases in participation over the next three (3) years for the ARCap and HSA Programs using similar strategies.</p>	<p>5 points</p>
<p>C. Describe your company’s education and enrollment process in detail. At a minimum include the following in your response:</p> <ol style="list-style-type: none"> 1. Staff responsible for processing and completing enrollments including their experience and qualifications 2. Brochures, benefit election and other forms, and/or other information used in the enrollment process. Provide the information in electronic format only such as a CD or flash drive. 3. Education and training materials designed and produced by your company and used in the past to educate your company’s clients, Members, Plan Participants, and other applicable designated parties. Provide this information in electronic format only such as on a CD or flash drive. 	<p>5 points</p>
<p>D. Describe the meeting styles previously used by your company during Open Enrollment sessions. Describe the advantages and disadvantages of both the presentation style and benefit fair style formats.</p>	<p>5 points</p>

<p>E. Describe the Member self-service capabilities offered by your company including any internet based / online methods of enrollment.</p>	<p>5 points</p>
<p>E.8 CLAIMS ADMINISTRATION</p>	
<p>A. Provide a detailed description of your company's claims submission process and claims adjudication software systems. Include information regarding automated and manual checks for non-eligible expenses.</p>	<p>5 points</p>
<p>B. Provide a flowchart to demonstrate the processing of each type of account based claim (HSA, GPFSA, LPFSA, DCAP, COBRA). Indicate each manual or computer system interface from the time a claim is received until it is paid, rejected, or denied. Describe each step on the flowchart including the following:</p> <ol style="list-style-type: none"> 1. Any sorting or batching conventions 2. Method of establishing inventory 3. Assignment of claim numbers 4. Initial inspection for completeness 	<p>5 points</p>
<p>C. Provide the location of the facility where claims are processed and paid. Describe your company's system for monitoring claims administration performance.</p>	<p>5 points</p>
<p>D. Provide a detailed description of the ways Members can electronically store receipts and supporting documentation on-line to support distributions from their HSA. At a minimum, include the following information:</p> <ol style="list-style-type: none"> 1. The length of time images are stored in your company's system 2. A description of how and when images are archived 3. A description of how Members would access the archived documentation 	<p>5 points</p>
<p>E. Detail the percentage of claims related Member complaints received by your company during 2016. At a minimum include the following information:</p> <ol style="list-style-type: none"> 1. Average length of time between receipt of complaint and response 2. Top three (3) types of complaints 3. Steps taken for resolution 	<p>5 points</p>
<p>F. Provide a detailed description of how Members may view claim detail information and an accurate, real-time account balance using the following methods:</p> <ol style="list-style-type: none"> 1. Member website/online 2. Automated phone system/IVR 3. Customer Service 	<p>5 points</p>

<p>G. Provide the percentage of claims suspended for any reason in 2016. Provide the top three (3) reasons for suspension.</p>	<p>5 points</p>
<p>H. Provide a detailed description of the different ways a Member can submit a claim. At a minimum, include information regarding the following methods:</p> <ol style="list-style-type: none"> 1. Mobile Application (i.e. iPhone, iPad, or Android applications) 2. Website 3. Fax and/or paper 	<p>5 points</p>
<p>I. Provide a detailed description of the methods used to process pending claims, including the following:</p> <ol style="list-style-type: none"> 1. Follow-up with Members in order to obtain information applicable to claims 2. Screening of claims to avoid payment duplication 3. Procedures to assure consistency of claims payment in accordance with the Plan 	<p>5 points</p>
<p>J. Based on your company's experience, describe the best method to facilitate the collection of funds from a large employer in order for your company to pay claims. Describe your company's process for issuing claims payments to Members and the turnaround time for claims to be processed and paid.</p>	<p>5 points</p>
<p>K. Describe how your company manages deductions for Members who are utilizing the Family and Medical Leave Act (FMLA) and/or Leave Without Pay (LWOP).</p>	<p>5 points</p>
<p>L. Describe your company's capabilities of processing a large number of claims and the turnaround time typically experienced. Include a description of any time-saving technological approaches used by your company and the number of claims processed by your company in 2016.</p>	<p>5 points</p>
<p>M. Describe how your company administers a claims grace period.</p>	<p>5 points</p>
<p>N. Describe your company's preferred approach of requesting supporting documentation from a Member. Include suggestions for final collection from employee payroll with the understanding that EBD considers payroll adjustment/deduction the collection method of last resort.</p>	<p>5 points</p>
<p>E.9 KEY PERSONELL AND STAFFING</p>	
<p>A. Provide the credentials including a resume of the dedicated account manager your company will assign to the EBD account. Detail the authorizations, job description, and responsibilities the dedicated account manager will have while managing the EBD account.</p> <p>If the dedicated account manager is not currently known, detail the credentials your company will require of a dedicated account manager and the authorizations, job description, and responsibilities your company will assign to a dedicated account manager for the EBD account if your company is awarded a contract.</p>	<p>5 points</p>
<p>B. Describe the types and levels of other support staff, such as in the areas of eligibility/Membership, cash disbursement, etc. Provide the location of the support staff by function to be assigned to the EBD account.</p>	<p>5 points</p>

<p>C. Detail the staff your company has available to administer and manage the EBD account. Detail the years of experience your company's senior staff has in administering and managing projects similar to this RFP.</p>	<p>5 points</p>
<p>D. Describe the staff member(s) responsible for operations, claims, accounting, and privacy/security information. Include the following for the staff member(s) responsible for each department.</p> <ol style="list-style-type: none"> 1. Name 2. Title 3. Experience and credentials 	<p>5 points</p>
<p>E.10 PAYROLL PROCESSING AND DOCUMENTATION SUBMISSION</p>	
<p>A. Provide a detailed description of your company's procedures used to process various and multiple payroll files to reconcile established deductions/elections in a timely manner. Include the processes used for files received electronically and in paper format.</p>	<p>5 points</p>
<p>B. Provide a detailed description of your company's proposed procedures to provide payroll interface for the transfer of information to and from the Arkansas Administrative Statewide Information System (AASIS).</p>	<p>5 points</p>
<p>E.11 REPORTING</p>	
<p>A. Provide a specific list, description, and a sample package of your company's standard reports including the frequency of report generation. Provide sample reports in electronic format only such as a CD or flash drive.</p>	<p>5 points</p>
<p>B. Provide a detailed description of the process for clients to request reports not currently available and the estimated time until receipt by the client.</p>	<p>5 points</p>
<p>C. Describe your company's process for handling a client's request for ad hoc reports. Include the turnaround time for receipt of report by the client.</p>	<p>5 points</p>
<p>D. Describe the process clients use to request additional information or clarification of the data contained in a report. Include the turnaround time for providing the requested information to clients.</p>	<p>5 points</p>
<p>E.12 COMPLIANCE, PRIVACY, AND SECURITY</p>	
<p>A. In electronic format (CD or flash drive) provide a copy of your company's emergency operations plan. At a minimum include the following:</p> <ol style="list-style-type: none"> 1. A detailed disaster recovery plan 2. A detailed business continuity plan 	<p>5 points</p>
<p>B. In electronic format only (CD or flash drive), provide copies of your company's privacy, security, and breach notification policies and procedures.</p>	<p>5 points</p>
<p>C. Provide a detailed explanation of insurance, bonding, and guarantees offered by your company in the event of issues caused by loss of operations due to an emergency or disaster.</p>	<p>5 points</p>

<p>D. Provide a detailed description of any breaches, complaints, or grievances regarding protected health information (e.g., security or privacy) for your company’s complete book of business. At a minimum include the following:</p> <ol style="list-style-type: none"> 1. Event date and description 2. Resolution or ongoing details 	<p>5 points</p>
<p>E. Provide a detailed description of any event where your company’s employee(s) willfully committed acts that compromised Member information including any that did not involve personal health information.</p>	<p>5 points</p>
<p>F. Provide information regarding the Cyber Liability Insurance carried by your company.</p>	<p>5 points</p>
<p>G. Provide a detailed description of your company’s HIPAA policies and procedures.</p>	<p>5 points</p>
<p>H. Provide a detailed description of your company’s internal security policies, procedures, practices, and the system utilities used to protect Member social security numbers and other elements of personal information from your company’s employees who do not have a valid “need to know”.</p>	<p>5 points</p>
<p>I. Provide a detailed description of training provided to your company’s employees/staff including Internal Revenue Code Sections, ADA, HIPAA and other regulatory issues/laws.</p>	<p>5 points</p>
<p>J. Describe the method your company uses to remove or mask a Member’s social security number from any printed report, letter, or other form of communication.</p>	<p>5 points</p>
<p>K. Explain how your company will monitor and control unauthorized attempts to access EBD files.</p>	<p>5 points</p>
<p>L. Describe the intrusion detection and monitoring tools your company utilizes. Include information regarding the frequency your company conducts penetration testing and vulnerability scans.</p>	<p>5 points</p>
<p>E.13 DEBIT CARD</p>	
<p>A. Provide a detailed description of the connection between your company’s card administration platform and claims administration software.</p>	<p>5 points</p>
<p>B. Provide a detailed description of any connection with any merchant who currently supports an IIAS.</p>	<p>5 points</p>
<p>C. Provide a detailed description of how your debit card administration system utilizes email for efficient and cost effective Member communication.</p>	<p>5 points</p>
<p>D. Provide a detailed description how email notifications are provided to the Members regarding the following:</p> <ol style="list-style-type: none"> 1. Status of debit card transactions 2. With specific identification dealing with auto-substantiation 3. Claims submission requirements 4. Debit card status 	<p>5 points</p>
<p>E. Describe in detail your company’s method of communicating the following to Members:</p>	<p>5 points</p>

<ol style="list-style-type: none"> 1. Process of using the debit card 2. Receiving and understanding email notifications 3. How to contact customer service 	
<p>F. Describe in detail the process (including contact information) Members would follow for questions regarding the following:</p> <ol style="list-style-type: none"> 1. Charge-backs 2. Stolen Cards 3. Unauthorized transactions 4. Other non-typical debit card customer service issues 	5 points
<p>G. Provide information on how the debit card may be customized for your company's clients, including Plan branding.</p>	5 points
<p>H. Provide a sample (front and back) of your standard debit card. An actual plastic card is preferred but printed images are also acceptable.</p>	5 points
<p>I. Provide a detailed description of all auto-substantiation parameters available to the Plan.</p>	5 points
<p>J. Describe your company's process for taking an electronic claims import for medical or pharmacy claims to substantiate debit card transactions or for automatic reimbursement of non-debit card transactions. Include the following information:</p> <ol style="list-style-type: none"> 1. Data file specifications 2. Timing issues 3. Eligibility concerns 4. Other relevant information 	5 points
<p>K. Describe your company's recommended process to facilitate claims offset for non-substantiated debit card transactions and the options available within your company's administration system to deviate from the recommended process.</p>	5 points
<p>L. Provide details regarding the reasons your company's debit cards have been offline at any time within the past two (2) years. Include the length of time the debit cards were offline for each occurrence.</p>	5 points