

## Exhibit F – Operations (300 points total)

### 1. Claims Services (40 points)

Please limit response to four (4) pages, excluding any requested flow charts, examples, etc. Describe the Bidder's:

- a. Claims processing office. Including (6 points):
  - i. Location.
  - ii. Hours of operation (converted to Pacific Time).
  - iii. Number of employees working there.
  - iv. How long the office has been in service.
  - v. Is there a back-up Claims center and where is it located?
  - vi. What measures are taken to deliver a consistently high degree of Claims payment accuracy and timeliness?
- b. Willingness to propose dedicated Claims processing staff to serve the SEBB account. (2 points)
- c. Claims processing system. How long has the Bidder used the current Claims system? Provide a flow chart of the Claims adjudication process for both in- and out-of network claims. Include details from receipt of Claim to issuance of payment and EOB for a typical Clean Claim. If Subcontractors adjudicate any Claims, include separate flow charts for those entities. Are there any plans to change systems in the next five (5) years? (4 points)
- d. Internal performance standards. This should include what is being measured, the target, and the 2017 measurement results. (3 points)
- e. Claims runout time period, in months. (2 points)
- f. Ability to make revisions to benefits or benefit design prior to the new plan year starting. What is the average amount of time needed to make such revisions? (3 points)
- g. Provide a detailed disaster recovery plan for the SEBB Program account for vision care services, customer service, and Claims adjudication. Include where back up office locations, account management, Claims adjudication, and customer services would be provided from, and the number of back-up personnel available in emergency situations, and their location. (5 points)
- h. Fraud, waste, and abuse processes. (3 points)
- i. Ability to accept the customized HIPAA 834 compliant eligibility file found in Appendix 3 – *HIPAA 834 Compliant Eligibility File*. If the Bidder is unable to accept this format currently, will the Bidder be able to accept it by February 28, 2019? If not, provide an estimated date by when the Bidder will be able to accept the HIPAA 834 file. (6 points)
- j. Ability to deliver Member identification (ID) cards and other welcome materials to Members after the SEBB Annual Open Enrollment ends, no later than December 20 of each year. (3 points)
- k. Average turnaround time for member ID cards from the time the Bidder receives the updated eligibility file with newly enrolled Members to when the ID card is mailed, by completing Table 3 (3 points):

Table 1 – Average Turnaround Time

	Plan Standard	2017 Actual
New Member		
Replacement card		

If ID cards are out-sourced, please identify the vendor: \_\_\_\_\_

## 2. Member and Customer Services (40 points)

Please limit response to seven (7) pages. Describe the Bidder's:

- a. Customer service center and staff including (5 points):
  - i. Proposed SEBB Program customer service center location;
  - ii. Hours of operation (converted to Pacific Time);
  - iii. Size of SEBB Program support staff and to what extent the Bidder will commit dedicated customer service representatives to the SEBB account;
  - iv. Whether customer service staff would perform other roles, such as processing Claims;
  - v. Number of Covered Lives the Bidder's customer service center currently supports.
  - vi. How long the customer service center has been in service.
  - vii. Is there a back-up customer service center and where is it located?
- b. Current customer service staffing ratio (staff to customers/members) and its annual customer service staff turnover rate (2 points).
- c. Ability to participate in-person in the SEBB Program's Annual Open Enrollment benefit fairs, covering topics such as benefits and cost-sharing, network providers, Claim procedures, Member services, and informational tools and resources (3 points).
- d. Customer service phone system. Check all features currently offered by Bidder's customer service phone system (3 points):
  - i.  Toll-free Customer Service number
  - ii.  Call triage process (i.e., a phone tree)
  - iii.  Members' calls are queued in the order received
  - iv.  Call-back feature (so members don't have to wait on hold)
  - v.  Access to Customer Service after hours
  - vi.  Message system; member can leave a message with a call back the next Business Day
  - vii.  Recorded messages (i.e. hours of operation, in case of emergency instructions, etc.)
  - viii.  Interactive Voice Response System (IVR)
  - ix.  Other (specify): \_\_\_\_\_
- e. Support for culturally linguistic and diverse population through online and telephone communications. Describe the primary language(s) served and the availability of translation services for other languages. (2 points)
- f. Accommodations for members who are sight, hearing, and/or speech impaired, in accordance with the ADA. (2 points)

- g. Methods offered to members to communicate with the Bidder for general and billing questions, communication with a provider, or anything else. How does the Bidder respond to the communications? Describe what types of transactional activities members can conduct via the Bidder's website. If members are able to submit questions to the Bidder's customer service center via email, what is the average response time? (3 points)
- h. Business processes, policies, and procedures used to ensure safeguards are in place for PHI when communicating with members by email. Include in the answer whether emails are secure. (3 points)
- i. Process for how the Bidder would provide customer service coordination with other HCA vendors. For example, in the event services provided need billed to the Member's medical benefit instead of their vision benefit. (2 points)
- j. Current methods of communicating and coordinating on clinical conditions and/or diagnosis with a Member's primary care physician or specialty care provider(s). (2 points)
- k. Customer service training program, Quality Control monitoring, and auditing processes. Describe the customer service representative account onboarding process. Include additional proposed annual customer service training on Annual Open Enrollment. (3 points)
- l. Process to provide feedback from Members to HCA. What cadence does the Bidder propose? What if feedback was urgent (needs reviewed within 24 hours) and needed escalation to HCA? (3 points)
- m. Customer service Performance Standard measures by completing Table 4 (5 points):

*Table 2 – Customer Service Performance Standards*

<b>Measure</b>	<b>Plan Standard</b>	<b>2016 Actual</b>	<b>2017 Actual</b>
Average speed to answer (measured from the time the call begins to ring in the Bidder's customer service center)			
Average call abandonment rate			
Average time for member issue resolution from initial notification			
First-call resolution percentage (member's issue is resolved to their satisfaction during first call)			
Customer Service Satisfaction Annual Survey			

- n. Process for conducting a Member satisfaction survey. Who conducts the survey? What is the frequency? How are the results used to make improvements? (2 points)

### 3. Communications (30 points)

Please limit response to three (3) pages, excluding any requested flow charts, examples, etc. Describe the Bidder's:

- a. Ability and resources to write, design, print and distribute the following customized materials for each of the Bidder's potential contracted SEBB Vision Plans and provide an example of each (5 points):
  - i. Enrollment welcome packet

- ii. ID cards
  - iii. Explanation of Benefits (EOB)
  - iv. Benefit summary comparison documents and other coverage documents
  - v. Claims denial letters
  - vi. Disenrollment letter
  - vii. Appeal denial letters
- b. Communication with Members over a calendar year to educate them about vision care services. Provide two (2) examples. (2 points)
  - c. Bidder must agree to comply with WAC 182-08-220 (c) and obtain advance written approval from HCA before distributing media announcements or advertising materials which includes any mention of SEBB or any group of enrollees covered by SEBB benefits. (1 point)
  - d. Ability and resources to write the COCs for the Bidder's potential contracted SEBB Vision Plans annually, in collaboration with HCA, so they are compatible with the Bidder's administration of the plan and HCA's responsibility for defining eligibility and enrollment terms. (3 points)
  - e. Process for distributing hard copies of the annual COC or other materials to Members, HCA staff, and Enrollees upon request. (Providing a postcard to Members to submit for a print version is acceptable.) (1 point)
  - f. Ability and resources to write, design, print, and provide an internet-ready and ADA-compliant electronic documents for each of the Bidder's potential contracted SEBB Plans. (2 points)
  - g. Ability and resources to write, design, print, and distribute a hard copy welcome packet for new Members (within thirty (30) Business Days of enrolling) and in future years, reenrolling Members (no later than December 20 of each year). These materials may include (4 points):
    - i. Cover letter
    - ii. Notice of Privacy Practices (print and distribute only)
    - iii. Web services promotional piece
    - iv. Postcard to request a hard copy of the COC
    - v. Other materials, including other vendor materials, as requested by the HCA
  - h. Ability and resources to design, print and distribute identification cards or replacement cards at no charge to all Members. Identification cards shall display an HCA-approved logo, the Bidder's log, and any other information needed by providers and Members to access benefits.(2 points)
  - i. Ability to reissue identification cards to all Members at no charge to Members or the state, when significant information changes are needed. (2 points)
  - j. Willingness to dual brand communications with the HCA and the appropriate plan or network logo and name, unless HCA requests single branding. (2 points)
  - k. Current methods of communicating with members electronically, including but not limited to email, mobile applications, and other methods. (3 points)
  - l. Ability to ensure all communications sent will relate directly to the Bidder's contracted SEBB Vision Plans. The Bidder may not send, help or allow any other person or entity to send any communications to Subscribers, Members, or Enrollees except those relating directly to the Bidder's contracted SEBB Vision Plans, unless authorized in writing in advance by the HCA. (3 points)

#### 4. Online Services (30 points)

Please limit response to five (5) pages. Describe the following:

- a. How the Bidder complies with ADA requirements for online services. (2 points)
- b. HCA wants a Contractor who can provide a microsite for the SEBB Vision Plans. Please indicate whether the Bidder can provide a dedicated microsite for its SEBB Vision Plans, or if Members can only access plan information through the Bidder's Book-of-Business online services page. (10 points)
- c. Whether Enrollees can access public information regarding the Bidder's contracted SEBB Vision Plans online. If yes, describe the kinds of information that would be publically available. (5 points)
- d. Bidder's capability to provide Members with secure access to account information online. This would require secure sign-in, and a portal that includes PHI, such as services a Member has received. Describe the Bidder's capability to meet the following (10 points):
  - i. Sign-in security approach that achieves the OCIO security standards (see, Appendix 1 – *OCIO Standard 141.10 – Securing IT Assets*) and in coordination with other vendors that provide Member online services to ensure a single sign-on across sites.
  - ii. Ability for Members to login from the Bidder's SEBB Program-specific microsite.
  - iii. Personal and family Claims history that complies with HIPAA privacy requirements (e.g., some family members may need to be masked on diagnosis or age-related Claims), accumulator status, deductible status, and out-of-pocket maximum status.
  - iv. Secure email to and from customer services.
- e. How the Bidder ensures dependents age 13 and older have their diagnoses and vision care services kept private from the subscriber? (3 points)

#### 5. Member Engagement and Experience (30 points)

- a. Describe the Bidder's member-oriented websites, including desktop and mobile optimization. (8 points)
  - i. Is the website built and maintained by the Bidder or by an external vendor?
  - ii. How often are maintenance updates conducted?
  - iii. Do maintenance updates disrupt member access? If yes, what does the Bidder do to try to limit disruption?
- b. Describe Member-oriented website features, capabilities, and information that Members can access through the website. Provide **the link** to where members can access their information, along with a **dummy login** and **password** credential so HCA evaluators can test the features and capabilities of the resource. Check all of the features, capabilities, and information below that apply to the Bidder's website (10 points):
  - Appeals and Complaints
  - Benefits and coverage
  - Bidder's contact information
  - Claims look-up
  - Costs for services owed by subscriber

- Cost transparency tool (cost estimates; cost by provider, etc.); provide the link if available to the public:
- Customer service messaging, such as instant messaging with the Bidder
- Discount programs
- Explanation of Benefits (EOB) look-up/print
- FAQ
- Member accumulators; describe which are available for the member to access through the Bidder's website (i.e. remaining allowance)
- Member forms and documents; describe which forms and documents are available for members to view and or download:
- Member notices (check the box if "yes."):
  - Members review Appeal/Grievance status
  - Message from Bidder
  - Claim(s) processed
- Patient rights
- Payments to providers
- Print or order new cards
- Provider messaging and/or text messaging (member to provider)
- Up-to-date provider directory search. If applicable, check all of the information available to Members:
  - Accepting new patients
  - Language(s) provider speaks
  - Provider contact information (physical address, phone number)
  - Provider name
  - Provider network status
  - Provider ratings (quality, review, etc.)
- Others; describe each:

c. Describe promotion of tools and applications that make it easier for patients to conduct vision related transactions, including the ability to (4 points):

- i. Schedule appointments online.
- ii. Communicate with a provider online.

d. Describe the process for purchasing vision hardware online. (8 points)

- i. Are there specific website(s) the member can purchase vision hardware through? If yes, how does the member access them and how do they know if the provider is considered in-network?
- ii. Are the website(s) for purchasing hardware secure? Describe their security.
- iii. Can the member upload their prescription via their computer, smart phone, or tablet?

- iv. Is there free shipping when purchasing online?
- v. Is there free returns if the product is not of satisfaction to the member?
- vi. Can the member see a network provider in person to have adjustments made to their glasses, even if the glasses were purchased online? If yes, is there a cost to the member?

Tools available for use by employers through the Bidder's website; such as the use of reporting dashboards.

## 6. Appeals and Complaints (25 points)

Please limit response to four (4) pages, excluding any requested flow charts, examples, etc.

- a. Provide an overview of the Bidder's Appeals process. Please include the following in the response (10 points):
  - i. Under which circumstances a member can submit an Appeal to the Bidder (medical necessity, non-covered services, claim denial, etc);
  - ii. How Appeals are received;
  - iii. How decisions are made;
  - iv. Who is involved in the decision making process (include the title, credentials, and qualifications for each person involved);
  - v. Completion timelines;
  - vi. In which circumstances clients are notified of Appeals being processed by the Bidder, such as in the event of an Appeal that is being escalated.
- b. Describe the Bidder's department responsible for processing Appeals and its location (e.g., locally or nationally). If Appeals will not be handled locally, describe how processes will be coordinated to assure compliance with applicable timelines defined by the Washington Patient Bill of Rights and potentially other requirements, such as contractual requirements? (5 points)
- c. Provide an overview of the Complaint process. Please include the following in your response (5 points):
  - i. How a Complaint is received;
  - ii. How Complaints are differentiated from Appeals;
  - iii. Who is involved in the decision making process (include the titles and qualifications of each person);
  - iv. Completion timelines;
  - v. How and when members are notified that their Complaints have been received and their results, and in which circumstances HCA would be notified.
- d. Describe and provide two (2) examples of how Complaint and Appeal results and information are used to improve the Bidder's Claims processing, Member services, and business processes, such as staff training and member experience when the ratio of overturned Appeals is high in a particular area or for a specific service or benefit. Describe how the Bidder uses Complaint and Appeals data to improve performance of network-provider feedback and training. (5 points)

## 7. Account Management (30 points)

HCA is looking for ASB(s) that can provide employees who will be knowledgeable, attentive, and responsive to HCA's administrative needs, which may be urgent or need a 24-hour turnaround time. The ASB(s) should provide employee resources in the following areas: account management, data analytics, communications, implementation, Information Technology (IT), and customer service.

Please limit response to eight (8) pages, excluding any requested flow charts, examples, etc. Describe the Bidder's:

- a. Full time employees who will be dedicated to this account, and provide (5 points):
  - i. Name, title, phone number, and email address;
  - ii. Full professional biographies for each employee, to include any licenses held, credentials, educational levels, years of experience, etc.;
  - iii. The location of each employee.
- b. Experienced subject matter experts assigned to manage all contracted functions for the size and complexity of this account including (10 points):
  - i. Participation in quarterly account management meetings with HCA staff to be held at the HCA headquarters in Olympia, WA.
  - ii. Participation in activities to analyze plan performance, identify improvement opportunities, design interventions, and coordinate implementation with the HCA.
  - iii. Ensure the account management team is responsive to the HCA's inquiries, contacts and requests, and keeps the HCA informed of new and outstanding issues.
  - iv. Report monthly and quarterly performance on utilization and SEBB Vision Plan costs. Present analyses and recommendations in response to reported performance outcomes.
  - v. Process to inform the HCA Account Manager(s) of state and federal law changes within fifteen (15) Days of notification, which the Bidder will be obligated to do.
  - vi. Account management team's location(s).
  - vii. Attend meetings of the SEB Board either in person or by phone.
- c. Capacities and approaches to customer relations, provider relations, and public relations when administering public sector vision plans in a highly transparent and politically active environment. Specifically address Bidder's past experience and successes in managing situations involving negative media exposure about plan policy and operations, oppositional lobbying efforts or special interest groups, provider associations, etc. and direct reporting of Complaints and Grievances to the Governor, Governor's senior staff, or cabinet-level agency heads regarding your entity's performance. (7 points)
- d. Ability to respond to legislative requests for written information, budget analysis, and data for HCA within a 24-hour timeframe. (8 points)

## 8. Emergency Response Account Management (25 points)

Please limit response to three (3) pages.

- a. Describe the Bidder's emergency response approach to maintain uninterrupted core business and operations during natural disasters or other system outages. (8 points)



- b. Describe the kinds of abnormal events to which the Bidder's emergency response applies. (3 points)
- c. Define what the Bidder classifies as core business and operations and give specific information that clearly relates the emergency response approach to the Bidder's Book-of-Business operations. (6 points)
- d. Describe the Bidder's emergency records management/back-up. (8 points)

## 9. Implementation Plan (40 points)

Bidder(s) must provide a comprehensive implementation plan for the time-period from November 1, 2018 through December 31, 2019. Below is a description of the work that must be included in the Bidder's implementation plan as well as expected milestone deadlines for completion of the different phases. Please provide a detailed implementation plan that addresses all key operational areas necessary to implement a program of this size.

Please limit response to ten (10) pages, excluding any requested flow charts, examples, etc.

- a. Describe the structure of Bidder's implementation team:
  - i. Names, roles, responsibilities, and experience level of team members. Identify which team members will be dedicated to the implementation of the SEBB account.
  - ii. Staffing plan for implementation team and key account team members listed in section 7, *Account Management* of this Exhibit. All must be active on the account during the RFP evaluation phase, including oral presentations. (15 points)
- b. Provide a detailed project management and implementation plan, including assigned staff and other resources, project management support, work breakdown structures, contingencies, strategies, and tactics. The implementation plan must address the following key areas and meet the key milestone due dates listed below (25 points):
  - i. On December 3, 2018, start OCIO Design Review process for the Bidder's technical implementation (For more information, see Appendix 1, *OCIO Standard 141.10 – Securing IT Assets* and Appendix 2 – *WATech OCS Design Review Checklist*).
  - ii. By June 3, deliver Claims data to HCA:
    1. If Contract is for fully insured Vision Plan(s) and Contractor is willing to participate in providing Claims data to HCA, then by June 3, 2019, build and successfully transfer a test data file to the HCA's data warehouse.
    2. If Contract is for self-insured Vision Plan(s), then Contractor will need to build and successfully transfer a test data file to the HCA's data warehouse
  - iii. By July 1, 2019, ensure the Claims adjudication (benefits and plan provisions) system is fully operational.
  - iv. By July 15, 2019 finalize:
    - All elements necessary to integrate the SEB Board approved wellness plan are operational (if applicable).
  - v. By August 1, 2019, submit:
    - Identification of key knowledgeable staff to support and attend benefit fairs.
    - Detailed project disaster plans for customer service and Claims adjudication.
    - A change management plan that addresses the impact of network changes on both the provider and Member community.

- A completed Claims Payment Audit that adheres to the following:
  - A professional audit of sample Claims after the ASB completes its system programming for 2020 benefits and Claim processing, and before live Claim processing commences January 1, 2020.
  - The ASB will perform a series of sample Claim adjudications of various types of Claims (comprehensive eye exam, lenses, frames, etc.) so auditors may confirm the ASB's Claim system is ready to accurately process SEBB Vision Plan Claims, all necessary plan features are correctly programmed, and accumulators are working.
  - Cooperation with auditors and expedition of the audit as needed. This audit will be performed by independent, professional auditors contracted at the expense of the ASB and completed (including corrective actions) by this date.
  - Additional processes, such as Appeals and Complaints, may be added to this implementation audit at HCA's sole discretion.
  
- vi. By August 1, 2019, ensure that the following will be fully tested, accepted, and operational:
  - Eligibility systems, including the ability to accurately accept and load the HCA's eligibility file.
  - All required data transfers and/or integrations with other HCA vendors, such as a wellness program vendor.
  
- vii. By September 2, 2019, finalize:
  - A fully operational customer service center and system that meets the required customer service standards available for Members, or for Enrollees that have questions regarding the ASB's contracted SEBB Vision Plan(s), or who may be considering joining the ASB's contracted SEBB Vision Plan(s).
  - ensure the Claims adjudication (benefits and plan provisions) system is fully operational.
  - Open Enrollment items including communication materials.
  
- viii. By September 30, 2019, ensure that:
  - No more than 0.5% of the eligibility files fail to reconcile.
  - Customized Member websites for the ASB's contracted SEBB Plans are fully developed, tested, and launched.
  - All Claims and provider networks are included in one resource for Members to receive EOBs and Claims information (electronically and paper based) and search for providers.
  - Customized Member websites for the ASB's contracted SEBB Plans.
  - All SEBB Vision Plan(s) are operational.

## 10. Annual Renewal Process (10 points)

The RFR process will be on an annual basis to adjust employee benefits in response to (a) new requirements under the ACA or other federal requirements; (b) changes requested by the SEB Board, or other internal policy drivers; (c) benefit design strategies promulgated by HCA; and/or (d) state legislative mandates and other changes. The purpose of the RFR is not to extend or re-negotiate the

Contract, but for both parties to determine resources necessary to implement possible benefit changes and other potential changes to any of the plans. These changes may result from a mandate from either within or outside HCA.

Please limit response to one (1) page. Describe the Bidder's:

- a. Resources for responding to and implementing annual proposals through the RFR process. (5 points)
- b. Process for absorbing any costs of these implementations each year within the premium. (5 points)