

**APPENDIX B – INTERROGATORIES/QUESTIONNAIRE
ITN 99066 – FSA/HSA/HRA MANAGEMENT SERVICES**

Please complete the entire ITN Interrogatories/Questionnaire. If a question is not applicable for your response, please put “n/a” for your answer. Do not answer a question by referring to another section of this ITN.

Please do not change the question numbering, format or category of any of the questions. If you require additional space for your answers you may attach additional information at the end of the questionnaire. Indicate in your answer that there is an attachment to this section. Label and number each attachment with the appropriate name of section, page number and question number.

**DO NOT ALTER, ERASE OR WHITE OUT ANY OF YOUR ANSWERS, OR
PROVIDE ANSWERS REFERRING TO OTHER ANSWERS YOU HAVE
PROVIDED IN OTHER SECTIONS. EACH QUESTION MUST BE
ANSWERED.**

It is mandated that each respondent complete the ITN Interrogatories/Questionnaire in Section 3.2. Please submit by the ITN deadline date listed in Section 1.1.3. If your company fails to send the requested information your response shall be eliminated from this ITN solicitation.

Information Regarding Contractor

1. Does Respondent have a local office in Jacksonville staffed with sales and/or service representatives? Yes ___ No ___ If yes, please provide information on the local staffing that will be available to JEA. If no, where is the closest sales and service office?
2. What is the current membership Respondent has nationally for the following products and services?

	Clients	Participants
Health Care Accounts		
Dependent Care Accounts		
Health Savings Accounts		
Health Reimbursement Accounts		

Proposed Administration Services

3. Confirm Respondent can provide administration services as outlined in Appendix A – Technical Specifications. Provide detailed listing to any deviations for the administration services outlined. Failure to disclose deviations that contribute to additional costs may result in the selected Respondent being financially liable for the additional costs.
4. Confirm response includes the following services at no additional cost to JEA.
 - All required FSA/HSA/HRA Plan Documents (non-ERISA) Yes ___ No ___
 - Document updates and revisions to comply with new and existing federal legislation and IRS regulations Yes ___ No ___
 - Marketing and enrollment materials Yes ___ No ___
 - Provide reasonable number of representatives to conduct group meetings during JEA’s open enrollment period in October/November of every year Yes ___ No ___

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- Provide periodic education and informational sessions for eligible employees to promote the benefits of participating in the FSAs/HSAs/HRAs Yes ____ No ____
- Provide periodic education and informational sessions to JEA HR to confirm processes, address legislative and/or procedural changes, etc. Yes ____ No ____
- Non-Discrimination Testing for all eligible Section 125 and 105(h) benefits as applicable. Yes ____ No ____

Technology

5. Describe the FSA/HSA/HRA administration website services and features JEA's HR department and members would have available. Please provide snapshots/demo site.
6. Is a mobile application available for members? Yes ____ No ____ If yes, please describe.
7. What cyber-security protocols does Respondent have in place to safeguard and protect participant information from a data breach? Has Respondent had a breach to Respondent's data/system in the past 5 years? Yes ____ No ____ If yes, please provide details regarding the breach and how it was resolved. Please describe the encryption technology used to protect participant information.

Eligibility and Claims Administration

8. Does JEA have the ability to access the Respondent's database in real time for purposes of entering adds/deletes if applicable? Yes ____ No ____
9. When using FSA/HSA/HRA debit cards what are Respondent's requirements for the participant to submit purchase receipt documentation as applicable?
10. How does Respondent handle debit card purchases that are fraudulent or do not qualify for FSA reimbursements?
11. How and when are participants notified of potential forfeitures?
12. What percentage of claims are auto adjudicated?
13. What percentage of fully documented FSA/HRA claims do you turn around in
 - Two (2) Business Days _____
 - Five (5) Business Days _____
14. Does Respondent own and maintain the claim payment system or does your organization utilize a TPA?

Member/Client Service

15. JEA requires assistance during their Open Enrollment each year. Please outline the type of enrollment assistance Respondent will provide JEA for the annual open enrollment.
16. Do Respondent's member service representatives have multi-lingual capabilities? Yes ____ No ____ If yes, what are Respondent's non-English capabilities?

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17. Provide current telephone performance statistics of Respondent's member service unit in regard to:

- Number of calls per day _____
- Average length of call _____
- % of Abandoned calls _____
- Average hold time _____
- Average time to answer _____

18. Can Respondent track and report on customer service activity by client? Yes _____ No _____

Data Services

19. Provide a specific list and a sample package of the Respondent's standard reports for FSA/HSA/HRA that will be provided to JEA at no additional charge, and at what intervals these reports will be available.

20. Are reports available online? Yes ____ No ____

- How many people can get access?
- Can JEA request their Contractor/Broker/Consultant have online accessibility?
- Is there a charge for online accessibility?
- Any special computer specifications needed to get online reports?

21. Does Respondent offer customized claim reporting to its clients? Yes ____ No ____ If yes, please explain what customized reports are available and any additional costs.

22. Confirm Respondent provides management reports to document reimbursements paid in excess of contributions and forfeited contributions for current and terminated employees. Yes ____ No ____ If yes, please provide a sample of the report. If not, please explain how this situation is reported.

Implementation

23. Provide samples of the following communication materials in Respondent's submittal.

- Sample plan flyers and program description
- Web site address
- Sample enrollment kits

24. Is Respondent willing to customize the above materials during implementation and on an on-going basis, as may be needed throughout the year and annually, thereafter? Yes ____ No ____
Is there an additional charge for customization? Yes ____ No ____ If yes, provide the additional charges.

25. Provide the name and location of the bank or financial institution Respondent uses to provide and process the FSA/HSA/HRA debit card transactions.