

APPENDIX B – QUESTIONNAIRE AND INTERROGATORIES FORM

ITN 101-20 – GROUP MEDICAL AND PHARMACY STOP LOSS INSURANCE ITN

Please complete the entire ITN Questionnaire and Interrogatories. If a question is not applicable for your proposal, please put “n/a” for your answer. Please 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. Please 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.

Submission: It is required that each respondent complete the ITN Questionnaire and Interrogatories. Respondents are required to provide this information in your ITN response.

All questions in this questionnaire must be answered. Do not leave any questions blank. 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.

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Group Medical and Pharmacy Stop Loss Insurance

ITN 101-20

ITN QUESTIONNAIRE AND INTERROGATORIES FORM

1. Please provide the name of your company that is providing the specific stop loss coverage for your proposal to the JEA?

Name of company _____

Address _____

Current A.M. Best rating _____

Financial Size Category _____

2. Explain your ownership structure in detail. Have there been any ownership changes in the last five (5) years?
3. Provide company revenues for 2018 and 2019.
4. Does your company own this stop loss insurance company, or is this a third party vendor?
- Own Third Party Vendor

If this is a third party vendor, please provide the following:

Name of company _____

Address _____

Current A.M. Best rating _____

Financial Size Category _____

5. How long has your organization been in business providing stop loss insurance coverage?
6. How long has your organization provided stop loss insurance in the Jacksonville marketplace?
7. Has your company done business under other names? If yes, please provide historical background information. Identify any interests your organization may have with associated vendors (claims administrators, brokerage firms, managed care firms, etc.).
8. Is your company licensed to do business in:
- a. Florida: Yes No
- b. All 50 states: Yes No If no, please identify the states and territories in which you are not currently licensed.
9. Is your company's stop loss business underwritten through a trust?
- Yes No If yes, please provide details of the trust agreement.
10. Has your company or third party vendor ever been suspended from writing stop loss coverage in any state? Provide details of any stop loss related active judgments in which your company has been a party. This includes the company, its executives and any subcontractors. Include pending or resolved judgements in the last five (5) years as of the proposal due date.
- Yes No If yes, please explain your answer.
11. Please provide the number of stop loss clients your company currently has in your block of business.

	Current	2019	2018
Total Clients			

12. How much stop loss annualized premium do the clients above represent?

	Current	2019	2018
Annualized Premium			

13. Provide the number of stoploss clients your company currently has in your block of business in Florida.

14. Provide a brief overview of three (3) stop loss clients your company services in the Northeast Florida area:

	# of EEs	Length of Time Respondent has provided Stop Loss	Medical Carrier
Client #1			
Client #2			
Client #3			

15. What percentage of the risk does your company assume with your stop loss contracts?

If less than 100% percent, please identify the following:

- Name of reinsurer
- Address of reinsurer
- Tax ID
- Current A. M. Best rating
- Percentage of assumed liability

16. In what month do your reinsurance treaties renew? (If applicable.)

17. Please describe your company's or third party vendor's payment process for specific stop loss claim payments?

18. Please describe your disclosure process for pre-sale and at renewal (if different).

19. Please provide a specimen copy of your stop loss contract and any amendments. Please provide as an attachment to this section of your response.

20. Please provide a copy of your disclosure statements. Please provide as an attachment to this section of your response.

21. In all situations, we will require your company to negotiate directly with the Benefits Consultant engaged by the JEA. Will your company or third party vendor agree to negotiate directly for the following:

- a. Renewals: Yes No
- b. Specific and Aggregate contract concerns: Yes No
- c. Plan document/SPD adoption/approval: Yes No
- d. Plan amendments: Yes No
- e. Problem claims: Yes No
- f. Disputed claims: Yes No

22. For public entities, does your company or third party vendor have any restrictions or limitations on certain types of employees, for example, high wire electrical professionals, water management service providers or others?
- Yes No
23. Confirm your company is able to exchange data and communicate with Florida Blue (Blue Cross Blue Shield of Florida) and Prime Rx as the claims administrator.
- Yes No
24. How many stop loss policies do you have where the claim administrator is Florida Blue?
25. Could there be a situation in which your company or third party vendor would deny a claim that was for a covered benefit in the Plan Document?
- Yes No If yes, please explain your answer.
26. Is your company's stop loss contract guaranteed renewable?
- Yes No If no, describe your determination and notification methods.
27. Does your second year contract automatically renew as a paid contract?
- Yes No
28. Is your organization capable and willing to contact the claims administrator directly to obtain additional information related to large claimants?
- Yes No
29. When do you consider claims experience to be fully credible? Please describe.
30. Does your coverage transfer on a no-loss/no-gain full transfer of coverage?
- Yes No If no, please explain.
31. JEA requires preliminary renewal rates for the stop loss coverage 150 days prior to the effective or renewal date. Is your company in agreement to providing preliminary rates under this time table?
- Yes No
32. JEA requires firm rates for the stop loss coverage 90 days prior to the effective or renewal date. Is your company in agreement to providing firm rates under this time table?
- Yes No
33. Once firm rates are presented and accepted by the JEA and coverage is bound, JEA will not allow your company to impose any modification of benefit levels or rates during the guaranteed period agreed to in the contract. Will your company agree to this position?
- Yes No
34. Will you agree to no client signature required at new or renewal?
- Yes No
35. Does your organization offer "preferred" pricing based upon the client's network(s)?
- Yes No If yes, provide a listing of the networks your organization has rated; identify the status level for each and the associated percentage of savings discount.

Network Name	Status Level	% of Savings

36. Confirm you will provide rates net of commission.
 Yes No
37. Do you limit the percentage of covered lives that are COBRA and/or retirees?
 Yes No If yes, please provide details.
38. What percentage discount/credit is applied to your “first year” specific pricing, if applicable?
39. Is there a run-in limit on specific stop loss?
 Yes No If yes, what is the percentage or formula?
40. Does your company laser individuals at policy inception?
 Yes No
41. Do you laser individuals at renewal?
 Yes No If yes, indicate whether this applies only to those lasered under the initial contract terms, or if potentially large claimants are reviewed annually.
42. If you do not laser, will you laser upon request and offer a lower premium?
 Yes No
43. If you do laser, will you offer a premium increase instead of the laser?
 Yes No
44. Will your organization waive run-in limitations?
 Yes No If yes, at what cost/percentage?
45. What information do you require from the client, their claims administrator and/or Benefits Consultant to issue a renewal? Be specific regarding all claim experience and disclosure requirements.
46. What are your proof of claim and timely filing requirements for claim reimbursement requests?
47. What are your company’s timing requirements with respect to notification and claim filing?
48. Who has final claim decision making authority with respect to specific claims?
49. When do you consider a claim “paid”? Please be specific.
50. What is your company’s average turnaround time for specific stop loss claims submitted for reimbursement? (# of business days)
51. Provide accuracy percentage of 2019 stop loss claims processing.
52. Explain your organization’s underwriting guidelines for incorporating plan changes in the benefit plans.
53. Are requested plan changes to be approved in writing prior to implementation and/or renewal?
 Yes No
54. Are there any conditions or circumstances (i.e., diagnosis, procedure, medical services, etc.) that require pre-approval by your case managers?
 Yes No If yes, please list.
55. Is there a Centers of Excellence (for transplants or other disease states) provision in your stop loss contract?
 Yes No Please explain your answer.
56. If there is a Centers of Excellence (for transplants or other disease states) provision, is this a voluntary or mandatory program?
 Yes No Explain the consequences of non-compliance.
57. If the Centers of Excellence (for transplants or other disease states) provision is voluntary, do you offer any discounts for including it in the plan?

Yes No

58. Are there any contract limitations in your stop loss contract concerning the Centers of Excellence (for transplants or other disease states)?

Yes No If yes, please provide information on your limitations.

59. Are case management fees reimbursable to the client?

Yes No

60. Are case management fees included in an individual's lifetime maximum benefit calculation?

Yes No

61. Will you allow "non-covered" alternative care, if approved by your case managers?

Yes No

62. Are there any charges and/or fees that standardly do not apply to specific or aggregate coverage (example, shared savings fees)?

Yes No If yes, please explain.

63. Provide a listing of all specific conditions or diagnoses your organization considers to be "catastrophic".

64. Does your contract recognize all eligible employees, spouses, dependents, FMLA, retirees, and COBRA beneficiaries as defined by the employer's Plan Document/SPD and Supplement to the plan as provided?

Yes No

65. Other than the employer's Plan Document/SPD, does the contract allow for guidelines found in the employer's Employee Handbook (i.e., leave of absence policy)?

Yes No

66. Is there ever a situation in which you would deny a claim that was a covered benefit in an employer's Plan Document/SPD you had previously approved?

Yes No If yes, please explain.

67. Please identify any restrictions and limitations pertaining to an off anniversary termination.

68. Please detail the process involved in obtaining coverage for out-of-contract services.

69. If PPO access fees are payable as a percentage of savings, are the charges in excess of the specific deductible reimbursed?

Yes No

70. Does your contract waive "Actively at Work" provisions for covered employees and dependents, based upon HIPAA guidelines and the employer's Plan Document?

Yes No

71. If a client acquires a new company or significantly increases the size of a division during the contract year, are you willing to waive the actively at work, dependent non-confinement and pre-existing condition limitation provisions for the newly acquired employees, their dependents, spouses, FMLA, retirees (if applicable), and COBRA beneficiaries?

Yes No If no, please explain.

72. JEA requests that Plan Document/SPD be the controlling document for all claim determinations. If your contract does not rely on the employer's Plan Document/SPD for stop loss claim determination, please explain your organization's position regarding coverage for the listed provisions.

a) Late entrant	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
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b) Annual Open Enrollment	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
c) Section 125 qualified change in status event	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
d) Work-related exclusions (worker's compensation vs. any gainful employment)	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
e) Non-medically necessary charges	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
f) Experimental and investigational procedures, drugs or treatment	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
g) Specialty medications	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
h) Biotech drugs	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
i) Transplants (describe any requirements and limitations)	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
j) Biologically-based mental disorders	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
k) Non-biologically-based mental/nervous, alcohol and substance abuse	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
l) Alternative therapies (e.g., acupuncture, homeopathic, naturopathic)	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
m) Administrative, investigative and legal services, including compensatory and punitive damages	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
n) Charges recoverable by a third-party (subrogation and/or Medicare)	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
o) Expenses that are incurred as a result of acts of war	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
p) Expenses that are incurred as a result of an act of terrorism on domestic and foreign soil	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
q) Expenses incurred while committing assault/felony	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
r) Expenses related to attempted suicide (whether sane or insane)	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails

s) Expenses related to self-inflicted injuries	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails
t) Expenses related to hazardous pursuits	<input type="checkbox"/> We will match the Plan Document <input type="checkbox"/> The stop loss contract prevails

73. Will you agree to accept for claims reimbursement the JEA plan documents, which is enclosed with the ITN?

Yes No

If you will not accept for claims reimbursement the JEA plan documents, please review the JEA plan documents and submit in writing in your proposal comments any potential gaps in coverage between JEA's plan documents and your stop loss policy/contract. If possible, offer solutions for noted gaps in coverage?

74. What is your organization's average turnaround time for specific claims submitted for reimbursement?

75. With respect to specific claims submitted for reimbursement, please describe any limitations (i.e., minimum dollar amounts).

76. Is the maximum benefit for specific stop loss the plan's lifetime maximum amount less the specific deductible (if applicable)?

Yes No

77. Do you offer advance funding or quick pay (simultaneous reimbursement) options for stop loss claims?

Yes No If so, please provide details including any additional cost.

78. When do you require notification of a specific claim?

% of Specific Deductible

Amount of Claim

Other – please explain

79. How does your company comply with the guidance regarding participation in clinical trials?

80. Under health care reform, non-grandfathered plans must include an external review option. A claim filed in a timely manner (consistent with the requirement of the stop loss policy) and denied by the claim administrator is subject to appeal. A claim properly incurred and adjudicated (denied) in one coverage period and subsequently appealed by the participant, including an external review, could easily extend beyond that coverage period.

How does your organization address claims that were denied in one coverage period and paid in another coverage period?

81. Is your company SSAE 16 SOC Type 2 compliant (An auditor's report will be required annually)?

Yes No If no, please describe your company's security system.

82. Data Privacy - JEA's data must only be stored within the Continental United States. Can your company comply?

Yes No

83. Data Confidentiality and Encryption – does your company have a Data Confidentiality and Encryption policy?

Yes No If no, please explain.

84. Access to Data Identity and Access Management - JEA wants to access to all the data pertaining to their stop loss contracts, policies and claims data. Will your company grant access to all of JEA's information and data as it pertains to the requested stop loss coverage?

Yes No

85. All shortlisted companies will be required to complete the JEA Cloud Procurement Evaluation Matrix (Appendix B) which has two critical minimum requirements. Can your Company meet the requirements listed below?

Can you provide a SOC 2 Type 2 Report?

Yes No

Will all of the JEA data be stored in the United States?

Yes No

I understand and hereby certify that all information provided in this ITN response document is true and correct. I am authorized to represent and bind my company to these responses.

This questionnaire was completed by: _____
(Signature required)

Print Name and Title: _____

On behalf of: _____
(Company Name and Complete Address)

Date: _____

Phone Number: _____ E-mail Address: _____

(End of Appendix B Remainder of Page Intentionally Left Blank)
