

Questionnaire Instructions to OFFERORS:

*****DO NOT ALTER THE QUESTIONS OR QUESTION NUMBERING*****

- Please complete all appropriate sections of the questionnaire.
- **Provide answers to the questionnaires in Word format using the template provided.**
- Provide an answer to each question even if the answer is “not applicable” or “unknown.”
- Answer the question as concisely as possible.
 - If the question asks, “How many...” provide a number.
 - If the question asks, “Do you...” indicate Yes or No followed by any additional **brief** narrative explanation to clarify.
- **IMPORTANT: Be concise in your response.**
 - Use bullet points as appropriate.
 - Reconsider how to word any response that exceeds 200 words in length so that the response contains the **most important points** the OFFEROR wants displayed in the evaluation of responses.
 - Referring the reader to an attachment for further information should be avoided or used on a limited basis.
 - Any response that does not directly address the question, but only contains marketing information will be considered non-responsive.
- OFFEROR will be held accountable for accuracy and validity of all answers.
- RFP responses will become part of the contract between the successful OFFEROR and the EUTF.
- The submission of the OFFEROR’s proposal will be deemed a certification that the OFFEROR will comply with all requirements set forth in this RFP. If the OFFEROR is submitting a proposal for multiple plan audits, it will be assumed that all answers will apply equally to all options. If this is not the case, separate answers should be provided for each option.

NOTE: Answers to the questions must be provided in hard copy and WORD template format on CD - DO NOT PDF or otherwise protect the CD

The following questions are designed to provide information to evaluate the OFFEROR's capabilities since the decision to award a contract will not be based solely on cost. OFFERORS should be concise with its responses, which should begin with the most important points the OFFEROR wants the Evaluation Committee to read. Where information is requested specific to an audit category, the OFFEROR must provide a response for each category; "same as ___" may be used where the information is identical to a prior category response.

A. GENERAL COMPANY INFORMATION

A. GENERAL COMPANY INFORMATION	VENDOR RESPONSE
A-1. Identify your organization's company name, legal address, and headquarters address.	
A-2. State the name and address of the person authorized to make decisions and represent the company in connection with this RFP. Include the name, title, mailing address, telephone number, and e-mail address.	
A-3. State if your firm has operated under a different name within the past ten (10) years and provide that name that your firm previously operated under.	
A-4. Include a general organizational chart that gives an overview of all organizational units. Also provide a separate organizational chart(s) for the unit(s) responsible for conducting audit services.	
A-5. Identify the name, title, address, telephone number, and email address for the contact person authorized to negotiate and execute a contract resulting from this RFP process.	
A-6. Provide a brief summary of products and services offered by your firm.	
A-7. Within the last three (3) years, has your firm completed, or is it in discussion of any mergers or acquisitions of other organizations? If yes, provide a brief explanation.	

A. GENERAL COMPANY INFORMATION	VENDOR RESPONSE
<p>A-8. Describe the company ownership. Include information regarding any entity with more than a 10% ownership interest; specify <u>any</u> third party administrator (TPA) or related entity that has any ownership interest.</p>	
<p>A-9. Identify whether your firm currently performs any work for, provides services to, or receives compensation from any TPA or related entity identified in this RFP.</p>	
<p>A-10. Disclose fully any litigation instituted within the last five (5) years that involves your firm, any employee, any subsidiary or parent organization that directly affects or involves your firm's auditing unit, noting, in particular, litigation involving the EUTF, any EUTF agencies or any health plan vendors that provide services to the EUTF.</p>	
<p>A-11. Disclose any current project responsibilities that may present a conflict of interest, including other EUTF projects.</p>	
<p>A-12. Provide one (1) copy of the organization's most recent audited financial statements in a sealed envelope. Internally prepared financial statements must be submitted with a notarized attestation of the accuracy of information provided.</p>	

B. EXPERIENCE	
B. EXPERIENCE	VENDOR RESPONSE
<p>B-1. How long has your company been in business?</p>	
<p>B-2. How many years has your firm been conducting independent audits?</p> <p>1. Medical</p>	

B. EXPERIENCE	VENDOR RESPONSE
2. Dental 3. Vision 4. Life Insurance	
B-3. Describe the primary location(s) of the audit staff and IT resources who will be performing the audit. Indicate city and state. 1. Medical 2. Dental 3. Vision 4. Life Insurance	
B-4. Will any subcontractors be used to complete this project? If so, please identify the subcontractor and its role. Subcontractor must provide detailed responses to the questionnaire related to the services they will provide. 1. Medical 2. Dental 3. Vision 4. Life Insurance	
B-5. How many audits similar in scope to the services required by this RFP did your firm conduct during calendar year 2015? 1. Medical 2. Dental 3. Vision 4. Life Insurance	
B-6. Provide the number of 2016 audits completed or currently underway. 1. Medical 2. Dental 3. Vision	

B. EXPERIENCE	VENDOR RESPONSE
4. Life Insurance	
<p>B-7. Describe any significant actions taken or pending against your company or any entities of your company by clients that contested the results of your findings. Include separate information related to any subcontractor engagement.</p> <p>1. Medical</p> <p>2. Dental</p> <p>3. Vision</p> <p>4. Life Insurance</p>	
<p>B-8. Has your firm ever been prevented by a vendor from performing a client's audit? If yes, describe the circumstances.</p> <p>1. Medical</p> <p>2. Dental</p> <p>3. Vision</p> <p>4. Life Insurance</p>	
<p>B-9. Briefly describe any aspects of your audit process that are unique to your firm and that distinguish you from your competitors.</p> <p>1. Medical</p> <p>2. Dental</p> <p>3. Vision</p> <p>4. Life Insurance</p>	
<p>B-10. Identify any restrictions you believe the vendor may present in completion of the scope of services defined in this RFP.</p> <p>1. Medical</p> <p>2. Dental</p> <p>3. Vision</p> <p>4. Life Insurance</p>	

C. PROJECT TEAM

C. PROJECT TEAM	VENDOR RESPONSE
<p>C-1. Identify a single contact who will serve as project manager and point of contact whom the EUTF would contact to resolve audit issues, respond to inquiries, etc. Provide their name and contact information.</p>	
<p>C-2. Identify each supervisory individual who will be assigned to this project, along with their designated areas of responsibility. This person may be expected to serve as the technical contact whom the EUTF may contact.</p> <p>1a. Medical, HMSA</p> <p>1b. Medical, Kaiser (includes prescription drugs)</p> <p>1c. Medical, Royal State (chiropractic and supplemental coverages)</p> <p>2. Dental</p> <p>3. Vision</p> <p>4. Life Insurance</p>	
<p>C-3. What is the average industry experience of the audit team and individuals who will be assigned to the audit?</p> <p>1a. Medical, HMSA</p> <p>1b. Medical, Kaiser (includes prescription drugs)</p> <p>1c. Medical, Royal State (chiropractic and supplemental coverages)</p> <p>2. Dental</p> <p>3. Vision</p> <p>4. Life Insurance</p>	

C. PROJECT TEAM	VENDOR RESPONSE
<p>C-4. Indicate the use of any subcontracted personnel.</p> <p>1a. Medical, HMSA (includes prescription drugs)</p> <p>1b. Medical, Kaiser (includes prescription drugs)</p> <p>1c. Medical, Royal State (chiropractic and supplemental coverages)</p> <p>2. Dental</p> <p>3. Vision</p> <p>4. Life Insurance</p>	
<p>C-5. Identify all professional staff who will be responsible for the EUTF's account and their areas of responsibility. As an attachment, provide a resume for each team member that includes their name, title, task assignment, office of origin, education, professional expertise, number of years with your firm, and experience related to their assigned role.</p>	

D. PROJECT MANAGEMENT	
D. PROJECT MANAGEMENT	VENDOR RESPONSE
<p>D-1. How long after being awarded this business would your organization be ready to conduct a kick-off meeting with EUTF representatives?</p>	
<p>D-2. Explain how you will establish coherent guidelines that will ensure consistency of techniques, methodology used, and standardization of operations for all audits.</p>	
<p>D-3. How will the EUTF remain informed on your progress with each audit?</p>	

<p>D-4. The EUTF anticipates an in-person discussion for each audit report; fee is to be included in the cost proposal. Who will present the audit reports to the EUTF?</p> <ol style="list-style-type: none"> 1. Medical 2. Dental 3. Vision 4. Life Insurance 	
<p>D-5. Include a timeline demonstrating the first audit period of this proposed contract; display targeted dates for delivery of the preliminary draft reports to EUTF and the anticipated date(s) for their review comments and/or discussion. The timeline should assume notice of award on January 17, 2017.</p>	

E. DATA SECURITY

E. DATA SECURITY	VENDOR RESPONSE
<p>E-1. Do you have a Social Security number privacy policy in place?</p>	
<p>E-2. Describe the type of encryption, security and privacy procedures utilized by your firm when handling protected health information.</p>	
<p>E-3. What specific safeguards does the company have in place to prevent theft of confidential participant information?</p>	

F. OPERATIONAL REVIEW

F. OPERATIONAL REVIEW	VENDOR RESPONSE
<p>F-1. Provide an overview of your operational review process (limit one (1) page). Further detail is required in response to the following questions.</p>	

F. OPERATIONAL REVIEW	VENDOR RESPONSE
<p>F-2. Confirm the proposed services will address the review components identified in the RFP Audit Scope. Identify any tasks not included and provide a brief explanation with your reason; include any variations between benefit categories.</p>	
<p>F-3. How will your review of coordination of benefits (COB) look separately at primary and secondary insurance coverage responsibility? How will you evaluate the processing methodology used by the vendor (i.e., pay and pursue vs. pursue and pay)?</p> <ol style="list-style-type: none"> 1. Medical 2. Dental 3. Vision 	
<p>F-4. How will you report on the vendor's subrogation opportunities pursued, recovered or lost? If this service is outsourced, will you determine the outcome of individual cases?</p> <ol style="list-style-type: none"> 1. Medical 2. Dental 3. Vision 	
<p>F-5. How will you determine that the vendors have an adequate system to identify potential areas of claim abuse such as fraudulent claims, duplicate claims, overcharging by providers, unnecessary physician services, etc.?</p> <ol style="list-style-type: none"> 1. Medical 2. Dental 3. Vision 	
<p>F-6. How will you decide that appropriate administrative procedures are followed by the vendor to insure compliance with contractual obligations?</p> <ol style="list-style-type: none"> 1. Medical 	

F. OPERATIONAL REVIEW	VENDOR RESPONSE
2. Dental	
3. Vision	
4. Life Insurance	
F-7. How will you assess and document claims payment and claims appeals turn-around time to ensure that standards are strictly enforced for both? 1. Medical 2. Dental 3. Vision	
F-8. Briefly identify any modifications in your proposed review elements to those listed in the Scope of Work defined in Section IV of this RFP. 1. Medical 2. Dental 3. Vision 4. Life Insurance	

G. MEDICAL AUDITS (INCLUDES CHIROPRACTIC, SUPPLEMENTAL COVERAGES, DENTAL, VISION, & LIFE)

Responses to the following questions should clearly explain if the validation steps will include a sample or 100% review of all claims. Identify the sample size and any vendor variations where appropriate. Refer to Attachment 6 for a summary of carrier audit policies.

The following table details the Audit Components applicable to each Carrier; further detail is outlined in Section IV, Scope of Work.

- A – Administrative Procedures Review
- B – Eligibility Comparison to EUTF’s records
- C – Electronic Analysis of all claims with Target Sample validation
- D – Statistical Sampling (required for HMSA and Kaiser)
- E – Assessment of Performance Guarantees

Carrier	A	B	C	D	E
a. HMSA	Yes	Yes	Yes	Yes	Yes
b. Kaiser	Yes	Yes	Yes	Yes	Yes
c. Royal State (chiro & supplemental)	Yes	Yes	Yes	N/A	Yes
b. HDS Dental	Yes	Yes	Yes	N/A	Yes
c. VSP	Yes	Yes	Yes	N/A	Yes
d. Royal State (life)	N/A	Yes	Yes	N/A	N/A
e. US Able Life	Yes	Yes	Yes	N/A	Yes

G. MEDICAL AUDITS	VENDOR RESPONSE
G-1. Provide an overview of your proposed claims review process (limit one (1) page per type of benefit). Distinguish modifications due to administrative contractor and/or benefit plan.	
G-2. Identify the number of audits your firm conducted during calendar years 2014 and 2015 with:	
a. HMSA	
b. Kaiser	
c. Royal State	
d. HDS Dental	
e. VSP	
f. US Able Life	
G-3. Will your staff be assigned to work sequentially or concurrently?	
G-4. Do you anticipate overlapping work assignments in order to meet the EUTF's deadline?	
G-5. How long (e.g., weeks, months) will it take your staff to complete each of the audits requested?	
a. HMSA	
b. Kaiser	

G. MEDICAL AUDITS	VENDOR RESPONSE
<ul style="list-style-type: none"> c. Royal State d. HDS Dental e. VSP f. US Able Life 	
<p>G-6. What is your process for reconciling issues identified with the vendor?</p>	
<p>G-7. What steps will your auditors take to minimize disruption and reduce the impact of the audit on plan administrators and their staff?</p>	
<p>G-8. How will your auditors resolve problems/discrepancies that may occur during the audit (i.e., interpersonal problems or interpretation of contractual obligations)?</p>	
<p>G-9. If your audit uncovers claims administration weaknesses, how are these discussed with the vendor prior to inclusion in your final report?</p>	
<p>G-10. Explain how your auditors emphasize and/or report on areas which, if changed or corrected, could result in cost savings to the program.</p>	
<p>G-11. Confirm the claims audit will include electronic testing of 100% of all claims processed for each of the following. Provide an explanation if the proposal does not electronically test 100% or does not perform the stated task for a specific benefit category.</p> <ul style="list-style-type: none"> a. Patient eligibility on the date of service(s) with comparison to EUTF records; b. Potential duplication of payments; c. Reimbursement of expenses excluded or limited by plan design; 	

G. MEDICAL AUDITS	VENDOR RESPONSE
<ul style="list-style-type: none"> d. Appropriate patient cost-shares (i.e., copayment, deductible, coinsurance); and e. Consistency in coordination of benefits, including subrogation and workers' compensation (not applicable to life). 	
<p>G-12. How will you verify the validity of any processing errors discovered during an electronic review of claims?</p>	
<p>G-13. State the stratified selection methodology and minimum sample size to be surveyed for measurement of overall administrative performance to achieve the required 95% confidence, and whether confidence is projected for incidence and/or financial accuracy.</p> <ul style="list-style-type: none"> a. HMSA b. Kaiser 	
<p>G-14. Each performance guarantee requires confirmation of the measures self-reported to EUTF. Provide an overview of the process you propose to ensure compliance with performance guarantees.</p> <ul style="list-style-type: none"> a. Call center response b. Claim processing c. Claim service d. Eligibility updates 	
<p>G-15. Confirm each sampled claim will be reviewed for the administrative components outlined in the Scope of Work (Section IV). Provide an explanation if a stated task(s) is not proposed for all claims and distinguish counts accordingly.</p>	
<p>G-16. Indicate how your auditors define errors; explain any weighting. Will your definition be consistent with that used in</p>	

G. MEDICAL AUDITS	VENDOR RESPONSE
the administrator's established guarantees?	
G-17. Provide your definition of payment and non-financial errors with mention of any overlap in classification of procedural errors and payment errors.	
G-18. How will you evaluate the automated system used to process/pay claims? How will you make an assessment of any systems that are not automated?	
G-19. How will you assess how well manual systems are integrated with automated systems?	
G-20. How will you assess system edits, linkages among systems and the frequency and level of manual intervention by administrators/staff?	

H. MEDICAL AUDITS – HMSA AND KAISER	
H. MEDICAL AUDITS – HMSA / KAISER	VENDOR RESPONSE
H-1. Will you determine if pre-certification for out-of-network admissions has been obtained by the vendors prior to benefit determination?	
H-2. How will you confirm that vendors subscribe to appropriately established reasonable and customary fee criteria?	
H-3. Describe your methodology for evaluating that DRGs are grouped correctly.	
H-4. Describe how you will assess plan cost savings (hospital audits, large case management).	
H-5. How will you confirm accuracy of the total amount of "out-of-pocket expenses" paid by enrollees separate and/or apart from the required co-pays based on plan provisions for the date of service?	

H. MEDICAL AUDITS – HMSA / KAISER	VENDOR RESPONSE
H-6. How will you confirm that benefit accumulations are accurately maintained on-line?	
H-7. How will you assess denied/pending claims (e.g., request for additional information, medical peer review, external audit/investigation)?	
H-8. Describe your methodology for reporting on claims backlog and its effect, if any, on the claims adjudication process.	
H-9. How will you identify claims processing problems or areas in need of further audit?	
H-10. Describe how you will report on overpayment by type (hospital, provider, member), the total amount of refund dollars collected by the vendor, reasons for overpayment and recommended methods for reducing overpayment.	
H-11. How will you determine and document if an adequate system of reviews is used when problem claims are encountered from either subscribers or providers?	
H-12. What steps will you take to review, evaluate and report on the accuracy and efficiency of the claim submission process, including electronic data interface between hospitals, providers and vendors?	
H-13. How do you review surgical services including claims paid for related/unrelated surgeries and bundling and unbundling of procedures?	

FEE PROPOSAL

The EUTF reserves the right to reject any and all proposals; to waive any informalities or irregularities in the proposals received; and to award by item or total or any combination of proposals deemed most favorable to the EUTF.

Proposals are requested on an all-inclusive rate, which shall remain fixed for the period of the contract.

All costs must be included on these sheets in order to be reimbursed. For proposals that include the use of subcontractors, subcontractor personnel and costs shall also be calculated as part of the OFFEROR’s total cost.

I. FEE PROPOSAL

I. FEE PROPOSAL	VENDOR RESPONSE
I-1. Confirm your fees are presented on an “all inclusive” basis, including travel expenses and an in-person report presentation.	
I-1. Confirm your understanding that the EUTF may alter the audit schedule (i.e., skip or combine years); therefore, the auditor must prepare an audit schedule for each year and submit for EUTF’s approval before work commences.	
I-3. Confirm your fee will remain valid 90 days from the proposal due date.	
I-4. Ten percent (10%) of your fees will be subject to Performance Guarantees that will be negotiated and agreed upon prior to contract award. Indicate the percent you are willing to put at risk for the following categories:	
a. Continuity in project manager and lead technical personnel.	
b. Updates to the EUTF at least every two (2) weeks.	
c. EUTF Administrator satisfaction rating to encompass ease in contract execution, implementation, ability to maintain the project timeline, and content of the written report (e.g.,	

I. FEE PROPOSAL	VENDOR RESPONSE
<p>clarity, non-technical explanation of findings, appropriate recommendations).</p>	
<p>I-5. Confirm your understanding that if the EUTF does not respond to your Performance Guarantees before the award of the contract, the EUTF does not infer or imply acceptance by the EUTF. The EUTF reserves the right to negotiate both financial and non-financial performance guarantees with the successful OFFEROR.</p>	

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