

# **[Company Name]**

## **Vision Plan**

**Request for Proposal**  
**MM/DD/YYYY**

## **INSTRUCTIONS TO BIDDERS**

### **Proposal Due Date:**

The deadline for receipt of proposals is no later than 5:00 p.m. (Time Zone) MM/DD/YYYY.  
Please send an electronic copy of your organization's RFP and (X) hard copies to:

[Insert Address]

### **Timeline:**

The timeline below is to be followed by all parties. GROUP NAME reserves the right to change or modify the dates below as necessary:

	<b>Date</b>
Release Request for Proposal	MM/DD/YYYY
RFP Questions Due	MM/DD/YYYY
RFP Answers/Addendum Release	MM/DD/YYYY
<b>RFP responses Due</b>	MM/DD/YYYY
Finalize Vendor Selection	MM/DD/YYYY
Begin Implementation	MM/DD/YYYY
Annual Enrollment Begins	MM/DD/YYYY
Plan Effective Date	MM/DD/YYYY

### **Criteria for Selection:**

Each vendor's response will be evaluated based on the categories outlined below. GROUP NAME will select the vendor determined to have the most attractive program in the overall evaluation at its sole and absolute discretion. The criteria GROUP NAME will use in selecting the administrator of its vision care program are as follows:

- Desired access to diverse network with independent, retail providers and online providers
- An aggressive philosophy towards:
  - High level of customer service
  - Cost containment
  - Efficient claims processing practices and systems

- Competitive rates with multi-year rate guarantee
- Savings beyond the funded benefit
- Ability to effectively administer plan design
- Willingness to implement performance guarantees for plan performance relating to service, provider access and financial controls
- Vision Wellness
- Security

## Vision Care Questionnaire

### Overview

1. How many years has your organization been in business?
2. Please describe the structure of your organization including your parent company and primary location/address and phone number of your company.
3. What differentiates your organization from other vision care benefit companies?
4. Describe your organization's financial condition and company ratings (A.M. Best, Moody's, etc.)?
5. Please provide your organization's most recent annual report and quarterly financial statements.
6. Describe your company philosophy. Are you involved in any philanthropic activities?

### Provider Network

1. Please describe your vision network.
2. Do you own or lease your network?
3. What type of reimbursement/payment method is used to reimburse participating providers?
4. If provider discounts are used, state the basis of the agreement. Are discounts based on provider charges or actual cost of service?
5. Describe any planned network changes that are underway or are planned for the future. Please specify the changes, status and target date.
6. Using the provided census data, provide a GeoAccess report based on estimated driving distance, including only in-network providers that accept all benefits and discounts outlined in your proposed plan design.
7. Does your network include retail chain providers? If yes, please identify any that administer benefits differently
8. Do you offer online, in-network options for purchasing contact lenses and glasses? If yes, please list all participating online providers. Are these providers affiliated with any physical dispensaries that offer fitting, adjustments, and servicing?
9. Are vision benefits automatically applied at checkout when using an in-network online provider?

10. Describe your organization's clinical, credentialing and recredentialing processes for in- network providers. Please confirm your retail providers are included in this process and describe how you monitor compliance.
11. Are all providers in your network credentialed and TPA or DPA/DEA certified?
12. How can the client or members recommend providers for possible inclusion in the network?
13. Describe how your organization monitors your provider network to ensure quality services and materials.
14. What percent of providers offer both exams and materials on-site?
15. What is the average turnaround time for exam appointments and materials?
16. Do providers have a choice of labs? Please describe your lab network.
17. What was your lab remake percentage last year?

#### **Benefits Administration**

1. What are the minimum participation requirements?
2. Please describe your organization's capabilities to administer vision benefits.
3. What innovations or new services/products have you implemented in recent years or are looking to implement in the coming years?
4. Describe the steps participants follow to obtain vision care services, both in- network and out-of-network.
5. Over the last three years, what percentages of claims were for services from in- network providers? Retail providers? Independent providers?
6. Can a member receive an exam from one provider and materials (frames, lens or contacts) from another provider?
7. Do members receive EOBs:
  - For network providers
  - For out-of-network providers
  - Online
  - Mailed

8. How many days after a claim is processed does a member receive their Explanation of Benefits (EOB)?
9. Does your vision plan provide ID cards to all employees at no cost? How are these cards distributed to employees? Are ID cards required in order to receive services? Do you offer performance guarantees for ID card issuance before plan effective date?
10. Are ID cards accessible via the mobile app:  
 Apple  
 Android
11. How do providers recognize members? How is the appropriate benefit applied?
12. Are members limited to a certain frame selection or tower? If yes, what benefit is available for those who prefer frames not included in this selection?
13. Describe your contact lens benefit. Is the materials benefit separate from the contact lens fit and follow-up benefit?
14. What types and brands of contact lenses are covered under the plan? Is there a formulary for members to follow?
15. What is the cost for out-of-network frames?
16. Are copays deducted from out-of-network reimbursements?
17. How long do you guarantee rates?
18. We are requesting renewals be provided no later than <180> days prior to the effective date. Please confirm if you will be able to comply with this request.
19. Please confirm that all employees not actively at work on the coverage effective date will be covered to the same extent that they would have been under the prior carrier.
20. Describe discounts offered beyond the funded benefit.
21. What are some examples of “low” vision services?
22. Is preauthorization required to receive services?
23. Please describe how you handle service in progress upon takeover.
24. In addition to the requested plan design, what other plan enhancements can you offer GROUP NAME?
25. Describe your member cost transparency tools. How are they communicated to

members? Are there any additional fees associated with these services?

26. Describe the incremental value adds your benefit offers to enhance the member experience.

### Web Capabilities

1. Complete the attached chart regarding capabilities for participants on your website:

Service	Y/N
Provider Locator	
▪ Can members search for a provider based on hours, frame brands and other specific criteria?	
▪ Can members map driving directions to providers?	
▪ Can members make appointments through your provider locator?	
Plan Benefit Information	
Next Eligible Date of Service	
Out-of-Network Claim Form	
Print Customized ID Cards On-line for subscriber and dependents	
On-line EOBs	
Lasik Program Information	
Claims History and Claims Status	
Vision Wellness and Education Information	
Member Grievance Resolution	
Email Customer Service	
Regularly updated with special promotions for members	
Member out-of-pocket cost estimator	

2. What capabilities do employers have on your website?

3. How often is the website updated?

4. Do you have the ability to offer vision benefit cost estimates online, such as pre-treatment estimates? Please describe.

5. Do you have a mobile app? If yes, please describe its features and whether it's available through the App Store on iOS, Google Play or both. State the rating on your app. - how many respondents?

6. Do Customer Service Representatives see the same information as participants on the website?

7. Can members contact Customer Service Representatives through your member website?

### Implementation

1. What is your organization's preferred enrollment method?
2. Describe the Implementation Process/Timeline in detail, including the responsible party for action items. Please provide a sample implementation timeline.
3. What are your implementation process controls?
4. What type of enrollment communication does your organization provide? Please provide samples of communications and marketing materials.
5. Will you provide hard copies of open enrollment packets? (Yes/No).
6. Do you agree to attend annual health fairs and open enrollment events?
7. Does your organization perform a formal implementation satisfaction survey? If so, what are your implementations satisfaction results over the past 3 years?

### Eligibility

1. Describe your enrollment process.
2. What file formats do you accept (i.e. FTP or other secure file transport method)?
3. Describe your eligibility guidelines (domestic partner, adult dependent children, etc.)
4. Do you provide benefit administrators online access to maintain membership including add/change/delete functionality?
5. Do you provide post-processing reports? If so, what detail is provided and what is the turnaround time?
6. Are you willing to work with TPAs as part of the eligibility process? If so, describe.
7. What is the process if the client needs to change eligibility for a participant? Can the client perform real-time eligibility updates, view status of claims and access the reporting system?
8. Do you provide member ID cards to participants? Is there any cost for initial or replacement cards?

### Communication

1. Provide samples of standard promotional literature and associate communications materials.
2. Open Enrollment/Benefit Fairs:
  - Describe your capabilities to support Open Enrollment/Health Fairs. Can you be on-site? Can you provide 'virtual' support?

- Is there a cost associated with such support?
- Do you offer tools so benefit administrators can self-serve for additional Open Enrollment support?

3. In regard to the distribution of communications materials, please specify delivery formats and any costs associated with materials distribution.
4. How customizable are your communications (e.g., can you add the client's logo or make edits to the content)?

#### Account Management & Administration

1. Please outline the account management team that will be assigned to GROUP NAME upon contract award.
2. Please provide a resume for the proposed account manager.
3. Please describe your method for calculating renewal rates.
4. What type of online benefit management tools do you offer GROUP NAME's benefit administrators?

#### Vision Wellness

1. Describe your organization's vision wellness program. Be specific.
2. Do you have disease-specific programs (i.e., diabetes) included as part of your vision plan?
3. Do you have the ability to build in a credit/allowance to go toward wellness events/initiatives?
4. Do you collect medical diagnosis codes within your routine vision claims? Is there a charge to provide a data feed to a third-party data aggregator?
5. What type of wellness communication support do you provide to benefit administrators and providers?

#### Plan Activity Reporting

1. Describe your reporting capabilities and frequency. Provide a sample of typical reporting capabilities. Please include any additional fees associated with reporting.
2. Is customized or ad hoc reporting available for GROUP NAME? If so, what is the associated cost?
3. What type of claims reporting is available? Are monthly claims and eligibility

reporting available? Can you provide sample reports?

4. Are reports available online?

### Customer Service

1. Where is your customer service team located? Do you support members as well as providers with this service team? If not, please describe.
2. Describe call center days/hours of operation. How many hours of live-agent support are provided weekly, and do you provide live-agent assisted service hours on Sundays?
3. How many customer service agents do you have on staff?
4. Describe your IVR features. Is the IVR available 24/7?
5. How do you log and track member inquiries? Do you monitor volume, type and resolution of inquiries?
6. Do members have the option to contact Customer Service Representatives by texting?
7. Describe your training program, qualifications and experience for customer service personnel. Be specific.
8. Do you provide Customer Service Representatives who speak Spanish? Any additional languages?
9. How do you serve members who are hearing impaired?
10. Describe the procedures for monitoring quality of service and member satisfaction.
11. Are your customer service calls recorded and are the calls available to be reviewed?
12. Please describe your customer service capabilities on your member website. Can members contact your customer service representatives online?
13. What are the most recent results of your customer service/member satisfaction survey?
14. Describe your organization's process for member appeal and grievances.

### Claims

1. Please identify the location of the claims office through which claims service is provided.
2. Are members required to submit in-network or out-of-network claim forms?

Describe the process.

3. Provide the following claims processing statistics:

	Standard	2019 Results	2020 Results
Claims processed in 5 business days			
Claims processed and paid in 10 business days			
Claim processing accuracy			
Financial accuracy			

4. Do you offer an on-line claims processing system for providers? If so, does this system provide real-time calculation of member out-of-pocket costs?
5. What percent of claims are received electronically?
6. What percent of claims are auto adjudicated?
7. What percent of claims are paid in-network? How often do you reimburse providers for in-network claims? How often do you reimburse members for out-of-network claims?
8. What is your average turnaround time on a clean claim? An investigated claim?
9. What are your quality control standards for payment accuracy? How is performance monitored?
10. Is your organization SSAE18 accredited?
11. Do you perform internal claims audits to ensure accuracy? What system do you have in place to identify fraudulent claims?
12. If you are selected as the benefit administrator, will you permit claims audits by a third-party auditor?
13. Please describe how you handle participant claims appeals.
14. How are your claims processors evaluated?

Billing

1. Describe your current billing procedures. Include information on the timing for billing/payment reconciliation and monthly changes in enrollment.
2. Describe your standard banking procedures/funding arrangements.
3. What is the grace period for premium and/or fee remittance?

4. Can you provide bills in both electronic and paper format?
5. Are all bills provided in a single document or separately by lines of coverage or plan type?
6. Can bills be run by multiple codes, locations, departments, etc?

#### **Performance Guarantees**

1. Outline specific performance guarantees that you are willing to offer, including the proposed penalties.
2. Please provide your standards for claims administration (i.e., accuracy, turnaround time).
3. Similarly, please provide your standards for customer service (i.e., phone response times, reporting timeliness and accuracy, and customer satisfaction).

#### **Security**

1. Is your organization fully compliant with all applicable HIPAA regulations?
2. How do you ensure client confidentiality consistent with current HIPAA requirements, as well as Electronic Data Interface (EDI) requirements? Include in your overview the steps you have taken to ensure compliance.
3. Please include a copy of your privacy statement or policy.
4. Describe your company's disaster recovery and contingency plans. Has it ever been implemented?
5. Describe your general confidentiality and security procedures.
6. Describe the physical protection of your facilities, including access authorization to areas housing sensitive information and equipment.