APPENDIX A QUESTIONNAIRE

Solicitation 0900000545

**Questions are to be answered in a separate document and returned with the bid response. The question must be included before the answer. For each question, you should provide a full answer. Do not refer to other sections of your proposal, however if the questions are answered in a previous subsection of question(s) please note where specifically and elaborate as applicable; otherwise include the applicable information in the response to the question. Please answer the following questions in the various subsections as it relates to, or is applicable to, each category listed below:**

1. Health Flexible Spending Account

2. Dependent Care Spending Account

1. Provide your name and primary business address as well as a brief summary of services your company provides.
2. How long has your company been in business? How long has your organization provided FSA administration? Please provide the number of FSA claims processed for 2017, 2018, and 2019 for both Health and Dependent Care.
3. Do you outsource any portions of the FSA administration?
4. Have you ever conducted business under another name? If so, what name? Is your company a subsidiary or affiliate of another company? If yes, please explain and provide full disclosure of any direct or indirect ownership or control by any administrative service agency.
5. Describe any pending arrangements to merge or sell your company.
6. What controls do you have in place to ensure compliance with state and federal laws, including but not limited to Section 125 and HIPAA.  Do you provide indemnification protection in the case of noncompliance?  If yes, please indicate to what extent and include the contract language.
7. Have you been cited or fined or been threatened with citation or financial penalties within the last five (5) years by federal or state regulators for violations of federal or state laws and/or failure to implement regulations? If yes, explain fully.
8. Have you been involved in litigation in the last five (5) years arising out of your performance in the administration of group sponsored FSA plans? (Exclude routine matters involving participants and benefits that do not reflect on your performance under the contract/agreement with your clients.) If the answer is yes, please explain fully. What is the current status? If it has been resolved, what was the outcome?

1. Explain your company’s plan for a system back‐up in the event of a system failure or disaster.
2. What types of statements (including frequency) are provided to participants?
3. Describe your interactive voice response system capabilities and web, online capabilities for employers and participants.
4. Do you provide electronic and/or on-line internet access to enrollment/change forms, claims and communications materials?
5. Please provide samples of enrollment materials and other applicable communications documents and claim forms
6. How will maximum reimbursement amounts be funded in participant accounts? How and when will the employer pay for contributions?
7. Describe your reimbursement process in detail. Include location of office(s), funds transfers, average FSA claim turnaround time for the past 12 months (number of days from receipt of a claim), and the timeline for paying a claim. Start the timeline with your receipt of a claim on 7/1/16.
8. Are you able to accept rollover claims from medical, dental and/or vision providers? Describe your experience working directly with third-party administrators or insurers to automatically adjudicate an FSA reimbursement request when a claim is paid? Discuss briefly, indicating issues where the claims process is likely to have problems.
9. How may claims be submitted (online, fax, mail)? Include what claim documentation will you require from a participant in order to pay the claim.
10. Describe how you administer individual accounts in situations where the participant's request for reimbursement exceeds year-to-date contributions.
11. Describe your standard method for processing claim run-out after the plan year closes.
12. Can the administration fee(s) be paid by the employer, the participant, or a combination thereof?
13. Describe your debit card (and/or payment system options including, but not limited to, digital currencies, digital wallet, mobile payment, contactless payment, etc.…) functionality, include what account types can be used, non‐substantiated claims, claims exceeding the account balance, minimum reimbursement or claim amount, adjudication for recurring or multiple transactions, notification when claims are denied and appeals process.
14. Please describe the process of turning off the card/payment system if a participant fails to submit receipts when asked. What is the timing of this and how do you communicate with the participant that this is happening?
15. Does a participant automatically receive a debit card/payment system or do they request one? Does the participant have the choice to obtain a debit card/payment system?
16. What is the process and timeline for lost or stolen debit cards?
17. Please include a copy of standard reports that are provided to the employer.
18. Is there an additional charge if custom reports are needed? If so, how much?
19. Do you have a specific interface file format? If yes, please provide the specifications. How are the files submitted?
20. Do you require separate files for eligibility, employer contributions, and participant contributions?
21. How often can you accept an eligibility file to ensure that debit cards/payment systems are turned off in a timely manner?
22. What process ensures that terminated pparticipants’ debit cards/payment systems are deactivated?
23. Describe your customer service training program.
24. How do you measure the quality of your customer service?
25. Will a dedicated account manager or team be assigned? Can they be contacted via phone and/or e‐mail? Please list hours available.