[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:

	Date
Release Request for Proposal	MM/DD/YYYY
RFP Questions Due	MM/DD/YYYY
RFP Answers/Addendum Release	MM/DD/YYYY
RFP responses Due	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 both independent and retail providers

- An aggressive philosophy towards:

  - High level of customer service

  - Cost containment

  - Efficient claims processing practices and systems

- Consistent application of benefits at all network providers

- Competitive rates with multi-year rate guarantee or cap

- 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

Vision Care Questionnaire

<u>Overview</u>

1.   What differentiates your organization from other vision care benefit companies?

2.   Provide a brief history of your organization.

3.   Describe your organization's financial condition and company ratings (A.M. Best, Moody's, etc)?

4.   Provide three references of equivalent size and industry, including one new client reference from the past year. Please note contact names, addresses, e-mail addresses, and phone numbers as well as the periods of time for which the contracts have been in existence and the number of members covered.

5.   Is your organization SSAE16 accredited?

<u>Benefits Administration</u>

1.   Describe the steps participants follow to obtain vision care services, both in-network and out-of-network.

2.   Over the last three years, what percentages of claims were for services from in-network providers? Retail providers? Independent providers?

3.   Can a member receive an exam from one provider and materials (frames, lens or contacts) from another provider?

4.   Are all in-network providers required to consistently administer all benefits, regardless of provider type (ie: independent or retail provider)?

5.   Do members receive EOBs:

   ☐ For network providers
   ☐ For out-of-network providers
   ☐ Online
   ☐ Mailed

6.   What is the turnaround time before a member receives an EOB?

7.   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?

8.   Are ID cards accessible via mobile app:

   ☐ Apple
   ☐ Android

9.   How do providers recognize members? How is the appropriate benefit applied?

10. 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?

11. On average, how many frames per provider fall within GROUP NAME'S proposed frame allowance?

12. Describe your contact lens benefit. Is the materials benefit separate from the contact lens fit and follow-up benefit?

13. What types and brands of contact lenses are covered under the plan? Is there a formulary for members to follow?

14. Can members access their frame allowance and contact lens allowance within the same plan year?

15. How long do you guarantee rates?

16. Describe discounts offered beyond the funded benefit.

17. Are copays deducted from out-of-network reimbursements?

18. Is preauthorization required to receive services?

19. In addition to the requested plan design, what other plan enhancements can you offer GROUP NAME?

20. Describe your standard billing/banking procedures/funding arrangements.

Implementation

1. Describe the Implementation Process/Timeline in detail, including responsible party for action items.

2. Please provide a resume of the proposed implementation manager.

3. Does your organization perform a formal implementation satisfaction survey? If so, what are your implementations satisfaction results over the past 3 years?

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 management manager.

3. What type of online benefit management tools do you offer GROUP NAME's benefit administrators?

Provider Network

1.   Using the provided census data, provide a geo-access report for the proposed network for the following (results based on "Estimated Driving Distance" AND only including in-network providers that accept all in-network benefits and discounts as listed on your proposed plan design).

RFP Standards - Overall Network		
	Access Standard	
Network	Urban/Suburban 2 in 10	Rural 1 in 20
	%	%

2.   Do you provide in-network access to retail chains? (In-network defined as accepting all in-network benefits.) Please note if any retail providers administer the benefit differently or if you only have certain locations in-network.

3.   Do you offer online, in-network options for purchasing contact lenses and glasses? If so, please provide a list of all on-line, in-network providers.

4.   When a member visits an online, network provider, are their specific benefits applied to pricing to give an immediate, automatic out-of-pocket?

5.   Describe your organization's credentialing and recredentialing process for in-network providers. Please confirm all of your retail providers are included in this process.

6.   Describe how your organization monitors your provider network to ensure quality services and materials.

7.   What percent of providers offer both exams and materials on-site?

8.   What is the average turnaround time for exam appointments and materials?

9.   What was your lab remake percentage last year?

10.   Do providers have a choice of labs? Please describe your lab network.

Customer Service

1.   Describe call center days/hours of operation. Do you provide live-agent assisted service hours on Sundays?

2.   Describe your IVR features. Is the IVR available 24/7?

3.   Describe your training program for customer service personnel. Be specific.

4.   Do you provide Customer Service Representatives who speak Spanish? Any additional languages?

5.   Describe the procedures for monitoring quality of service and member satisfaction.

6.   What are the most recent results of your customer service/member satisfaction survey?

7.   Describe your organization's process for member appeal and grievances.

8.   Please describe any awards your call center has received. Be specific – name each award and the year it was awarded.

Claims

1.   Provide the following claims processing statistics:

	Standard	2014 Results	2015 Results
Claims processed in 5 business days			
Claims processed and paid in 10 business days			
Claim processing accuracy			

2.   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?

3.   What percent of claims are received electronically?

4.   What percent of claims are auto adjudicated?

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 reporting available for GROUP NAME? If so, what is the associated cost?

3.   Are reports available online?

Eligibility

1.   What file formats do you accept (i.e. FTP or other secure file transport method)?

2.   Describe your eligibility guidelines (domestic partner, adult dependent children, etc.)

3.   Do you provide benefit administrators on-line access to maintain membership including add/change/delete functionality?

4.   Do you provide post-processing reports? If so, what detail is provided and what is the turnaround time?

5.   Are you willing to work with TPAs? If so, describe.

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 ID Cards On-line	
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	

2.   Do CSRs see the same information as participants on the website?

3.   How often is the website updated?

4.   Do you have a mobile app? If yes, please describe its features and whether it's available through iTunes, Google Play or both.

Performance Guarantees

1.   Outline specific performance guarantees that you are willing to offer.

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

<u>Vision Wellness</u>

1.   Describe your organization's vision wellness program. Be specific.

2.   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?

3.   How many health plans/data aggregators do you transmit claims data to?

4.   What type of wellness communication support do you provide to benefit administrators and providers?