Benefits Technology RFP

Issued for [Client Name]

[Month Day, Year]

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# General Terms & Conditions

## CONFIDENTIALITY

The technology provider will regard and preserve as confidential all information obtained from any [Client Name] source or derived from information contained in any [Client Name] source information as a result of this RFP.

## WHO TO CONTACT ABOUT THIS RFP

All contact and questions with regard to this RFP must be directed to the following contacts:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | ROLE | EMAIL | PHONE NUMBER |
| <Insert> | <Insert> | <Insert> | <Insert> |
| <Insert> | <Insert> | <Insert> | <Insert> |

## RIGHTS RESERVED

[Client Name] reserves the right to:

* Discontinue or cancel an RFP event without obligation;
* Reject any or all bids or other terms submitted during any RFP event;
* Accept offers other than the lowest price offer;
* Invite any, all or none of the participants to interview prior to awarding any business;
* Award business on the basis of a bid or other terms submitted during an RFP event, without discussions or requests for best and final offers

## RESPONSE FORMAT & SUBMISSION DETAILS

Please provide your response to the RFP by sending and electronic version to [Client Email] by [Due Date] and including [Broker Email] as a copy.

## RFP TIMELINE

| DUE DATE | ITEM |
| --- | --- |
| MM/DD/YYYY | RFP issued to technology providers |
| MM/DD/YYYY | Questions due from technology providers |
| MM/DD/YYYY | Responses to questions due to technology providers |
| MM/DD/YYYY | Finalists notified |
| MM/DD/YYYY | Finalist demos |
| MM/DD/YYYY | Contract awarded |

# About [Client Name]

## WHO WE ARE

[Please provide a company background and complete the table below.]

|  |  |
| --- | --- |
| Brief Description |   |
| Mission |   |
| Headquarters Location |   |
| Additional Location(s) |   |
| Total Employees |   |
| Benefit-Eligible Employees |   |
| Plan Renewal Date |   |

## PROJECT OBJECTIVES

[Please provide an overview of your objectives for this project, success criteria and timing.]

|  |  |
| --- | --- |
| Project Objectives | [What do you hope to achieve with this project? * Reduced administrative effort?
* More engaged employees?
* Lower costs?
* Improved data accuracy?]
 |
| Success Criteria |  [What defines success for this project?] |
| Desired Timing | [In an ideal world, when would you go-live on a new system? Describe any timing considerations such as existing contracts.] |

## CURRENT SYSTEMS & PARTNERS

[Please complete the table below.]

|  |
| --- |
| HUMAN CAPITAL MANAGEMENT SYSTEMS AND PARTNERS |
| HR System |   |
| Payroll System |   |
| Talent Management |   |
| Workforce Management |   |
| BENEFITS ADMINISTRATION SYSTEMS AND PARTNERS |
| Benefits Consultant |  |
| Benefits Enrollment |   |
| Carrier Billing |   |
| ACA Measurement and Reporting |   |
| Employee Contact Center Support |   |
| COBRA Administration |   |
| FSA/HSA/HRA Administration |   |
| Dependent Eligibility Audits |   |
| Other Third-Party Administrator |  |

## BENEFITS OFFERED

[Please complete the table below about your current benefits. If you are planning to switch carriers at your next renewal, please add those notes.]

| BENEFIT PLAN | CARRIER | INTEGRATION  |
| --- | --- | --- |
| HEALTH |
| Medical |   |   |
| Prescription |   |   |
| Dental |   |   |
| Vision |   |   |
| LIFE AND DISABILITY |
| Life (employer-paid, term, workplace, universal, whole, etc.) |   |   |
| Accidental Death and Dismemberment |   |   |
| Long-Term Disability |   |   |
| Short-Term Disability |   |   |
| Workplace Disability |   |   |
| FINANCIAL |
| Flexible Spending Account |   |   |
| Health Savings Account |   |   |
| Health Reimbursement Account |   |   |
| 401(k) Retirement Plan |   |   |
| VOLUNTARY |
| Life (employee-paid, term, workplace, universal, whole, etc.) |   |   |
| Group Life |   |   |
| Accidental Death and Dismemberment |   |   |
| Long-Term Disability |   |   |
| Group Long-Term Disability |   |   |
| Short-Term Disability |   |   |
| Dental |   |   |
| Critical Illness |   |   |
| Accident |   |   |
| Cancer |   |   |
| Hospital Indemnity |   |   |

# Company Profile

Please provide short answers in the table.

|  |  |
| --- | --- |
| REQUIREMENTS | RESPONSE |
| Please provide your firm’s legal name, headquarters location including full address, phone, website URL, etc. |  |
| Who is the contact person from your company related to this RFP (please provide name, email and phone number)? |  |
| In what year was the company founded? |  |
| What is your company’s total number of employees? | #  |
| What % of your workforce is racially diverse (defined as non-white)?  | X% |
| What % of your workforce is female? | X% |
| What is your most recent employee Net Promoter Score? | X |
| Was your software designed and developed in-house (or purchased or acquired from another party)? | In House/Purchased/Acquired |
| Provide the number of years of experience offering benefits technology to the market. |  |
| Provide number of current employer customers using your benefits technology solution specifically (if you offer other products). What % of those customers are implemented and supported by your company versus a reseller? | #% |
| Describe your target customer including average size. |  |
| How many total employees are on your benefit technology platform?  | # |
| Has your company ever filed for bankruptcy? | Yes or No |
| Confirm if you have errors and omissions in insurance coverage. If yes, what are the limits and who is the carrier? | Yes or NoCarrier: Limits: |
| Are you licensed to broker insurance? |  Yes or No |
| Does your firm currently provide any products and services to [Client Name]? |  Yes or No |

Please provide a brief response to the questions below.

1. Describe your company’s ownership structure and if the company is owned by or affiliated with any health and welfare carriers or brokerage agencies.
2. Please list your office locations.
3. Describe the scope of products and services offered.
4. Provide a brief historical perspective of your company, highlighting key events in the formation and growth along with current mission and strategic goals.
5. What is your company’s official mission statement?
6. What are your company’s core values?
7. Briefly describe your go-to-market strategy. For example, how does your company sell its products? Describe your sales team structure and approach.
8. What is your company’s competitive advantage or key differentiating factors?
9. Describe your company’s leadership team.
10. What systems and metrics do you have in place to measure customer satisfaction? Provide metrics for the past 2 years for customer satisfaction.
11. What is your client retention rate for a recent 12-month period? Describe how you measure client retention (based on customer count, revenue, etc.).
12. Are you willing to consider committing to service-level guarantees if you are chosen as a finalist?
13. Describe your experience working with customers that have grown through acquisition.
14. Do you have any niche markets in which you believe your solution is an ideal fit? If yes, describe why your solution is an idea fit for those markets.
15. Describe your experience working with customers similar to [Client Name] in terms of size, industry and/or workforce.
16. Include a link to your company fact sheet, if available.

# References

Please provide three references of similar organizations currently using your benefits technology. We understand how important your references are to you; we will not contact your references unless you are selected as a finalist, and we will let you know in advance.

| ORGANIZATION | DESCRIPTION OF ENGAGEMENT | CONTACT INFO |
| --- | --- | --- |
| *Include company name, industry and number of employees.* | *Describe the products and services used by this customer, along with a timeline that explains when the customer initially contracted with you and when they went live with your technology.* |  *Include contact name, job title, role on the project, and contact information.* |
|   |   |   |
|  |  |  |
|   |   |   |

# Benefits Administration: The Employee Experience

## EMPLOYEE SHOPPING & ENROLLMENT

Please provide short answers in the table.

| REQUIREMENTS | RESPONSE |
| --- | --- |
| Can employees shop and enroll in their benefits from any device? In other words, is the software mobile-responsive? |  Yes or No |
| Does your system allow an employee to make new hire elections for the current benefits year and open enrollment elections for the new benefits year at the same time? |  Yes or No |
| Can the HR team determine the sequence in which employees enroll in their benefits? | Yes or No |
| Can employees save their progress as they shop and enroll in individual benefits, or do they need to complete the entire process to save their selections? | Yes or No  |
| Can employees see the impact on their paychecks as they complete the shopping and enrollment process?  |  Yes or No |
| Can employees only view the plans for which they are eligible? |  Yes or No |
| Can employee eligibility for one benefit be based on enrollment in another benefit, such as HSA eligibility requires enrollment in a high-deductible health plan? |  Yes or No |
| Can the employee be given options for coverage that vary depending on prior selections made, such as Spouse Life coverage amounts that are up to 50% of Employee Life coverage selected? |  Yes or No |
| Does your system display current plan year employee elections during the open enrollment process? |  Yes or No |
| Does your system support an employee experience in Spanish? | Yes or No |

Please provide a brief response to the questions below.

1. Provide a short video or include a few representative screenshots of the experience for new hires.
2. Provide a short video or include a few representative screenshots of the experience for employees completing open enrollment.
3. Provide a short video or include a few representative screenshots of the experience for employees using a mobile device for benefits shopping and enrollment.

## EDUCATIONAL CONTENT & DECISION SUPPORT

Please provide short answers in the table.

| REQUIREMENTS | RESPONSE |
| --- | --- |
| Is the home page customizable based on employee characteristics? | Yes or No |
| Can educational content be added to the employee shopping/enrollment experience? Which content types/formats are supported (PDFs, MP4, etc.)? | Yes or No |
| Are the individual pages in the employee shopping and enrollment experience customizable? | Yes or No |
| Can different content display for different types of employees? | Yes or No |
| Can employer-specific documents (SPDs, FAQs, etc.) be made available for download within the enrollment experience, based on eligibility rules? | Yes or No |
| Do you offer plan comparison tools?  | Yes or No |
| Does the system provide a confirmation statement to the employee? Can it be emailed to the employee? | Confirmation Statement: Yes or NoEmailed: Yes or No |
| Does your system include a decision support recommendation engine? | Yes or No |
| List the types of benefits where recommendations are supported.  |  |
| Is your decision support tool designed and developed in house, or is it provided by a third party (if so, please identify)? | In House or Provided By Third Party |
| Do you offer educational videos for employees? How many?  | Yes or NoHow Many? |
| If you provide educational videos, what languages are supported? |  |
| If you provide educational videos, are you able to provide captions for viewers who are hearing impaired? | Yes or No |

Please provide a brief response to the questions below.

1. Do you have educational content that has been optimized and approved by carriers for use within your system for their specific products?
2. What is the ability of your benefits system to automatically send appropriate communications to employees electronically who experience benefit status changes (an approved EOI request, an approved eligibility document, etc.)?
3. Please describe your decision support tools and/or personalized recommendations in detail. Include a video or screenshots.
4. Please describe the logic used to make plan and coverage recommendations. Also, if cost data is used, what is the source of this data and how often is it refreshed?
5. Please provide a link to your educational video library.

## ENROLLMENT WORKFLOWS

Please provide short answers in the table.

| REQUIREMENTS | RESPONSE |
| --- | --- |
| Can employees submit life events throughout the plan year? | Yes or No |
| Does your system support core, ancillary/voluntary and financial account benefits? | Yes or No |
| Does your system support a dual enrollment period (i.e. employee in a new hire enrollment for one year while also in open enrollment for the next year, etc.)? | Yes or No |
| Can custom questions be added to employees’ enrollment workflow and reported on? If yes, how many? | Yes or NoHow many? |
| Can adding beneficiaries be included as part of the enrollment process? Can the system accommodate adding both primary and contingent beneficiaries?  | Included as Part of Enrollment: Yes or NoPrimary and Contingent: Yes or No |
| Can employees update their HSA contributions outside the annual enrollment window? | Yes or No |
| Can employees make lump sum and ongoing contributions to their HSA? | Yes or No |
| Can an employee’s record be flagged to indicate that a benefit is under a court order? | Yes or No |
| If an employee tries to change coverage when they have a court order, will the system automatically alert HR when they receive the request? | Yes or No |
| Can the employee review a confirmation statement online after elections or changes are made? Is it stored for ongoing retrieval? | Completion of Enrollment: Yes or NoOngoing Viewing: Yes or No |
| Does the benefit system allow configuration to support and administer life insurance and the need for EOI depending on the coverage amount requested? | Yes or No  |
| Can the rules for when EOI is required be different depending on whether the employee is a new hire, in open enrollment, or having a life event? | Yes or No  |
| Do you support ***online*** EOI questionnaires? Please list specific carriers supported. | Yes or No Carriers Supported: |
| Do you have an API that allows carriers to send EOI decisions to your system automatically? Please list specific carriers supported.  | Yes or No Carriers Supported: |
| Can you set EOI decisions to automatically expire after a certain period of time, if desired? | Yes or No  |
| Can you require that specific documents be provided by the employee related to certain benefits, dependent types (adopted certificate, marriage certificate, etc.) or life events? | Yes or No |
| For each employee enrollment, can the system pend certain benefits until a required document is provided (e.g., birth certificate)? | Yes or No |
| Can the system automatically review and approve documents, without HR intervention? | Yes or No (or, provide % of transactions that can be automated) |

Please provide a brief response to the questions below.

1. Provide a video or screenshots of an automated EOI workflow for employees (an online questionnaire) and HR professionals (automated notification of the carrier’s decision for a specific employee).
2. Provide a video or screenshots where an employee is notified that eligibility documentation is required to cover a dependent, such as a marriage certificate to cover a spouse. Show how the document is added by the employee and how the document is reviewed and approved.
3. Do you have any other integrations with insurance carriers, such as provider directory integrations or member portal integrations? If so, provide a list of the carriers and types of integrations supported.

## LIFE EVENT/WORK STATUS PROCESSING

Please provide short answers in the table.

|  |  |
| --- | --- |
| REQUIREMENTS | RESPONSE |
| Are enrollment rules able to be defined for individual life events? | Yes or No |
| Can life event changes be initiated in the system by employees (marriage, birth of a child, death, divorce, etc.)? | Yes or No |
| Does the system automatically prompt “eligible” changes to benefit elections when life event changes are made? | Yes or No |
| Does the system have the functionality to limit the employee’s ability to make changes in the system by life event? | Yes or No |
| Does the system alert student status end date to employee and employer? | Yes or No |

Please provide a brief response to the questions below.

1. Describe how life event options are established and maintained in your system.
2. Provide a short video or include a few representative screenshots of the employee experience for making changes due to a life event.
3. How does the system handle benefit class changes where the employee is losing old benefits, is eligible for new benefits, and is keeping the benefits offered in both benefit classes?

## EMPLOYEE CONTACT CENTER SERVICES

Please provide short answers in the table.

| REQUIREMENTS | RESPONSE |
| --- | --- |
| Do you provide employee contact center services? | Yes or No |
| How many contact center facilities do you have? Where are they located (city and state)? | #Locations: |
| What are your standard contact center(s) hours of operation? Include time zone(s). |  |
| Can contact center hours be extended for specific customers? | Yes or No |
| What communication channels are supported (calls, emails, live chat) by your contact center? |  |
| What case management software do you use in the contact center? |  |
| Do you provide a unique toll-free number for each customer? | Yes or No |
| Do you have Spanish-speaking representatives? | Yes or No |
| Do you offer a Language Line to assist customers who speak other languages? | Yes or No |
| Are all inbound and outbound calls recorded? | Yes or No |
| What is your target abandonment rate? What is that metric for a recent 12-month period?  | %Metric: |
| What is your target average speed to answer? What is that metric for a recent 12-month period?  | %Metric: |
| What is your target % of calls answered within 30 seconds? What is that metric for a recent 12-month period?  | %Metric: |
| What is your average call length for a recent 12-month period? |  |
| Does your contact center support employees with password resets/system navigation? | Yes or No |
| Does your contact center support employees with benefit questions? | Yes or No |
| Does your contact center support employees with life event questions? | Yes or No |
| Does your contact center support employees with warm transfers to carriers and other third-party administrators? | Yes or No |
| Does your contact center process transactions for those without access to the online enrollment system? | Yes or No |
| Does your contact center support employees with QMCSO support calls? | Yes or No |

Please provide a brief response to the questions below.

1. Describe your contact center representatives. Specifically address the following:
	* Staffing, hiring and training models
	* Ongoing monitoring and coaching
2. Please describe the case tracking and update process that your customer service representatives use to record their interactions with employees.
3. How do you protect and verify the caller’s identification over the phone?

# Benefits Administration: The HR Experience

## ELIGIBILITY MANAGEMENT

Please provide short answers in the table.

| REQUIREMENTS | RESPONSE |
| --- | --- |
| Can the system support different enrollment experiences based on eligibility groups (employee classifications, employment status, location, divisions/brands, union/non-union, etc.)? | Yes or No |
| Can the online enrollment system pose questions that drive eligibility and/or rates for benefits? (e.g., ask questions about smoking status for premium calculation or surcharges, etc.) | Yes or No |
| Does your system provide employment category (FT, PT, etc.) status monitoring to alert an employer of eligibility changes? | Yes or No |
| Does your system maintain full, chronological history of all eligibility and employment changes at the member level? | Yes or No |
| Can the system support plan dependencies (e.g. employee must be enrolled in HDHP Medical to elect the HSA plan)? | Yes or No |

Please provide a brief response to the questions below.

1. Describe the system’s ability to support different eligibility rules based on employee classifications, employment status, location, divisions/brands, union/non-union, etc.
2. Describe how you set an eligibility waiting period in your system.
3. Describe your dependent eligibility verification process. Include a video or screenshots.
4. Describe the process for a dependent aging off of coverage. Are administrators automatically notified when the event takes place?
5. Describe your ability to support spousal and tobacco surcharges.
6. Include a screenshot that shows the HR team member view of the history of changes made for a particular employee.

## BENEFITS ADMINISTRATION & ENROLLMENT

Please provide short answers in the table.

| REQUIREMENTS | RESPONSE |
| --- | --- |
| BENEFITS ADMINISTRATION |
| Do you have experience integrating with [Client Payroll System]?  | Yes or No |
| If so, do you support importing employee and dependent demographics from [Client Payroll System] into your system? | Yes or No |
| If so, do you support exporting payroll deductions into [Client Payroll System]? | Yes or No |
| Does your platform update benefit/deduction plans based on employee status change? | Yes or No |
| Can your platform assign a rate schedule to apply new rates with future effective dates for the new plan year? | Yes or No |
| Does your platform allow benefit costs to be set up for the new year while continuing processing for the current year? | Yes or No |
| Can your platform calculate imputed income? | Yes or No |
| Can your platform include pre-tax and post-tax benefits/deductions? | Yes or No |
| Does your platform support multiple types of life insurance, long-term disability and short-term disability plans? | Yes or No |
| ENROLLMENT |
| Can your system automatically enroll employees in required plans? | Yes or No |
| Can administrators include customized content based on eligibility status on specific enrollment pages? | Yes or No |
| Can the administrator view the status of all employee enrollments? | Yes or No |
| Does your platform support default benefits which can be set up for new hires? | Yes or No |
| Can your platform support unique enrollment dates for different benefit plans? | Yes or No |
| Can administrators complete enrollments on behalf of employees? | Yes or No |

 Please provide a brief response to the questions below.

1. Does your system support customer-specific online agreements and/or terms and conditions for employees to acknowledge within the shopping and enrollment process?
2. Describe the system’s ability for wellness program participation to impact employee contributions to premiums.

## EMPLOYEE COMMUNICATIONS

Please provide short answers in the table.

|  |  |
| --- | --- |
| REQUIREMENTS | RESPONSE |
| Does the platform offer the ability to email specific groups of employees (based on eligibility or other criteria) from within the system? If so, is there a limit to the number of communications that can be sent? | Yes or NoIs there a limit? Yes or No |
| Does the platform offer the ability to send text messages to specific groups of employees (based on eligibility or other criteria) within the system? If so, is there a limit to the number of text messages that can be sent? | Yes or NoIs there a limit? Yes or No |
| Does the system allow HR teams to schedule communications to be sent on a particular date at a specific time? | Yes or No |
| Can HR professionals preview, test and track communications campaigns? | Yes or No |
| Does the platform allow HR teams to create communications campaigns at any time of year (outside of specific OE or system-generated messages) to support general HR or wellness initiatives?  | Yes or No |
| Does the system support the ability to set up automated, multi-channel communication campaigns (automated drip of email- and text-based messages)? | Yes or No |
| Does the system allow for dynamic personalization in messaging templates and campaigns (e.g., tag to automatically pull in First Name)? | Yes or No |
| Does the system allow administrators to create and save message templates that can be used for new hires? | Yes or No |

Please provide a brief response to the questions below.

1. Show with a brief video or screenshots your system’s ability to communicate customer-specific messages to employees.
2. Describe any custom communications services or offerings you provide. Please provide any examples or screenshots.
3. Describe your print fulfilment capabilities.

## INTEGRATIONS

Please provide a brief response to the questions below.

1. Describe your EDI/data exchange capabilities with insurance carriers.
2. Describe your EDI/integration capabilities with HCM and payroll systems.
3. Do you have any out-of-the-box integrations available with HCM and payroll systems? If so, which ones? Are they API integrations or batch file integrations?
4. How does your system validate data imported from the client?
5. Do HR teams have visibilities into the data exchange / integrations? Specifically, can they see which employees are included on each file and the associated data that was sent?
6. Describe the process for handling data exchange errors.
7. Who is responsible for establishing integrations with carriers? Please describe the process.
8. How flexible is your system in terms of acceptable data formats? What are your requirements?
9. How often will data transfers take place?
10. Describe any APIs that you offer and provide a link to developer resources, if available.

## BILL CREATION & RECONCILIATION

Please provide short answers in the table.

| REQUIREMENTS | RESPONSE |
| --- | --- |
| Does the system support automated monthly bill creation?  | Yes or No |
| Does the system support preview versions of monthly bills?  | Yes or No |
| Can you support customer-specific billing groups (for grouping the data on the bills)? | Yes or No |
| Does your system support carrier-specific rules for prorating (for mid-month adds and terms)? | Yes or No |
| Does the system support self-billing? | Yes or No |
| Can you create carrier self-bill remittance statements? | Yes or No |

Please provide a brief response to the questions below.

1. Does your platform have tools to assist administrators in reconciling carrier bills? If so, please describe.
2. Does your platform have tools to assist with generating self-bills? If so, please describe.
3. Describe the configurability available for billing calculations.
4. Describe any services that you provide to assist with billing.
5. Does your company have any arrangements with insurance carriers that allow customers to self-bill from the system instead of receiving a carrier-provided bill (thus eliminating the need for carrier billing reconciliation)? Describe those carrier arrangements and please include a list of the carriers that support this.

## REPORTING & ANALYTICS

Please provide short answers in the table.

|  |  |
| --- | --- |
| REQUIREMENTS | RESPONSE |
| Are your reporting and data tools developed in house or provided through a third party? | Yes or No |
| Is reporting data real time? If not, how often is it refreshed? | Yes or NoHow Often:  |
| Does your system have point-in-time reporting capabilities? | Yes or No |
| Does your system provide benchmarks to help clients compare their metrics to other clients on your system? | Yes or No |
| Can HR professionals see employee participation data for each benefit? | Yes or No |
| Can HR professionals schedule reports to run on specific dates or intervals? | Yes or No |
| Does your platform allow for reports to be exported in Excel or other formats? Please list all supported export formats. | Yes or NoExport Formats:  |
| Can HR professionals customize the payroll, benefit and census data that appear on reports? | Yes or No |

 Please provide a brief response to the questions below.

1. Describe your reporting capabilities. Are reports available on demand or are they according to a predetermined schedule. How are they provided?
2. Provide a few screenshots of important analytics and benchmarks that can be provided to HR leaders within the system.
3. Provide a list of all standard reports.

## ACA MEASUREMENT & REPORTING

Please provide short answers in the table.

| REQUIREMENTS | RESPONSE |
| --- | --- |
| Does your system track the number of full-time and part-time employees based on the ACA definition? | Yes or No |
| Does your system provide employment category (FT, PT) status monitoring to alert an employer of eligibility changes? | Yes or No |
| Does your system provide look back calculators (FTE eligibility) for initial and ongoing measurement periods? | Yes or No |
| Will you prepare and generate eligibility notices for [Client Name]? | Yes or No |
| Will you distribute eligibility notices on behalf of [Client Name]? | Yes or No |
| Will you file forms 1094-C and 1095-C to the IRS on behalf of [Client Name]? | Yes or No |
| Are historical data and reports available to users with the ability to audit for ACA compliance? | Yes or No |
| Does your system calculate and provide a report of the average weekly hours worked per employee? | Yes or No |
| Do you provide transaction accuracy reporting (tracking of hours worked)? | Yes or No |
| Does your system support state-specific reporting requirements? If so, please list the states supported (and whether DC is supported). | Yes or NoSupported States: |

 Please provide a brief response to the questions below.

1. Does your system alert administrators that employees are approaching and/or over the minimum hour threshold to meet ACA requirements? If so, describe the alert process.
2. Does your system track the various ACA measurement periods: measurement, administrative and stability? If so, describe how they are tracked.
3. Describe the process of setting up ACA Measurement and Reporting within your platform. What are examples of settings that need to be configured? How long does it take?
4. Describe how you generate and prepare Forms 1094-C and 1095-C.
5. How does the system handle corrections to 1094-C and 1095-C forms?

## TECHNOLOGY IMPLEMENTATION

Please provide a brief response to the questions below.

1. What is your methodology/philosophy for effectively managing the implementation process?
2. What is your typical implementation timeline for an organization of this size (x,xxx or more employees)?
3. What factors cause implementations to take longer than your standard timeline?
4. What factors cause implementations to take less time than your standard timeline?
5. Describe the typical implementation project team. Who is the primary point of contact during implementation?
6. Describe how you test the setup and configuration of benefits during the implementation process.
7. Describe the key milestones in the implementation process.
8. What training is provided to administrators during implementation?
9. Describe your process for requirement gathering. What information do we need to provide to you before we can begin the implementation process?
10. How do you measure customer satisfaction with the implementation process? Can you provide recent survey results or metrics from actual customers?

## HR SUPPORT

Please provide a brief response to the questions below.

1. Describe your HR administrator initial onboarding and training program.
2. What ongoing training is offered?
3. Are there help and support tools built within the system? If so, please describe.
4. Do you offer different levels of support to meet the needs of different types of customers? If so, please describe the options offered.
5. Describe the roles and responsibilities of each ongoing support/client service team member after implementation.
6. Describe how you manage the workload of each ongoing support team. For example, how many clients or member lives does each team manage?

# Information & Data Security

Please provide short answers in the table.

| REQUIREMENTS | RESPONSE |
| --- | --- |
| Do you use 256-bit encryption for web interaction? | Yes or No |
| Are your data files encrypted during transmission (e.g., SFTP)? | Yes or No |
| Confirm compliance with all HIPAA requirements and regulations. | Yes or No |
| Is your platform one single database or multiple? | Single or Multiple |
| Where do you store customer data? | Describe Data Centers |
| Are you SSAE18 SOC 2 Type 2 audited?  | Yes or No |
| Are you ISO 27001 certified? | Yes or No |
| Are you GDPR compliant? | Yes or No |
| Are you CCPA compliant? | Yes or No |
| Are you using any deprecated software? | Yes or No |
| Do any third parties have access to your customer data? Please list all sources. | Yes or No |
| Do you have an InfoSec policy and how often is it reviewed/updated? | Yes or NoReview Frequency:  |
| Do you use a vulnerability management process? | Yes or No |

Please provide a brief response to the questions below.

1. Describe your encryption protocol.
2. How are data files protected once received at the destination?
3. Describe the “front door” protection (e.g., IDs and passwords).
4. Is security within your platform role-based or user-based? Please describe.
5. Describe your process for storing client data (e.g., servers, locations, cloud).
6. Please detail your background check policy for employees, including if it’s performed by a third party.
7. What redundancy and security processes are used to ensure continuity of service?
8. Describe your firewall and intrusion protections for your internal network and third party hosted network.
9. What is your network access policy/approach as it relates to external interfaces?
10. Describe your data breach plan.
11. Does your system support multi-factor authentication? If so, please describe.
12. Do you perform stress testing for peak periods to check system performance? If so, describe results from a recent stress testing event.
13. Do you have security education training? If so, how often and what type?

# Technology, Architecture & Updates

Please provide a brief response to the questions below.

1. Are you primarily a technology company or a service company?
2. Describe your software delivery model (SaaS, Hosted, etc.) If your software delivery model is SaaS or Hosted, where is the application hosted? Is client software required?
3. Is there any additional software required from [Client Name] to use your benefits technology platform?
4. How often do you release new versions of your software?
5. Are all customers on the same version of your software?
6. What is the notification process for upgrades, server maintenance, downtime, etc.?
7. How many people do you have working on Research and Development initiatives (R&D) (i.e. product development for benefits technology)? How much do you spend annually on R&D (specifically for benefits technology platform if you have multiple products)?
8. What is the average downtime for upgrades?
9. Provide an overview of your system architecture including data structure and backend database (SQL, Oracle, etc.)
10. What Web browsers do you support? Please list all supported browsers and versions.

# Financial Summary

## SCOPE OF SOFTWARE AND SERVICES

Please indicate whether the following functionality for your platform is developed and provided in-house or via an outsource partnership with another technology or service provider.

| POSSIBLE PRODUCTS AND SERVICES | IN-HOUSE OR OUTSOURCED? | ADDITIONAL FEE? |
| --- | --- | --- |
| Core Benefits Enrollment | In-House or Outsourced | Yes or No |
| Voluntary Benefits Enrollment | In-House or Outsourced | Yes or No |
| Decision Support for Employees | In-House or Outsourced | Yes or No |
| EDI Integrations with Insurance Carriers | In-House or Outsourced | Yes or No |
| API Integrations with Insurance Carriers | In-House or Outsourced | Yes or No |
| Integrations with HCM or Payroll Providers | In-House or Outsourced | Yes or No |
| Call Center for Employees | In-House or Outsourced | Yes or No |
| Dependent Audits (One-Time) | In-House or Outsourced | Yes or No |
| Dependent Audits (Ongoing Verification) | In-House or Outsourced | Yes or No |
| Health Savings Account Admin (HSA) | In-House or Outsourced | Yes or No |
| Health Reimbursement Account Admin (HRA) | In-House or Outsourced | Yes or No |
| Flexible Spending Account Admin (FSA) | In-House or Outsourced | Yes or No |
| ACA Reporting - Federal | In-House or Outsourced | Yes or No |
| ACA Reporting - State | In-House or Outsourced | Yes or No |
| COBRA Administration | In-House or Outsourced | Yes or No |
| Direct Billing | In-House or Outsourced | Yes or No |
| Billing Reconciliation and Self-Billing Tools | In-House or Outsourced | Yes or No |
| Billing Reconciliation and Payment Services | In-House or Outsourced | Yes or No |
| Automated Employee Communications (Email) | In-House or Outsourced | Yes or No |
| Automated Employee Communications (Text) | In-House or Outsourced | Yes or No |
| Custom Employee Communications Materials | In-House or Outsourced | Yes or No |
| Total Compensation Statements – Printed | In-House or Outsourced | Yes or No |
| Total Compensation Statements – Online | In-House or Outsourced | Yes or No |
| Other – Please Describe/List: | In-House or Outsourced | Yes or No |

## SOLUTION FOOTPRINT

|  |  |
| --- | --- |
| Benefits-Eligible Employees: X,XXX       | Benefits-Ineligible Employees: X,XXX            |

|  |  |  |
| --- | --- | --- |
|   | INCLUDED | FEE |
| PRODUCT FUNCTIONALITY |
|    Online Benefits Administration | Yes or No |  |
|  Decision Support | Yes or No |  |
|    ACA Measurement and Reporting  | Yes or No |  |
|  Reporting/Analytics Tools | Yes or No |  |
|    Integrations with HCM/Payroll Systems | Yes or No |  |
|    Integrations with Insurance Carriers | Yes or No |  |
| INITIAL SETUP AND RENEWAL |
|    Implementation | Yes or No |  |
|    Data Conversion | Yes or No |  |
|    Annual Renewal | Yes or No |  |
| ADDITIONAL SERVICES |
|    HR/Administrative Support | Yes or No |  |
|    Employee Support/Contact Center | Yes or No |  |
|    Human Resources Outsourcing | Yes or No |  |
|    Billing Reconciliation and Payment | Yes or No |  |
|    FSA/HRA/HSA Administration | Yes or No |  |
|    COBRA Administration | Yes or No |  |
|    Personalized Employee Communications | Yes or No |  |
|  Dependent Eligibility Verification – Initial Audit + Ongoing | Yes or No |  |
|    Dependent Eligibility Verification – Ongoing | Yes or No |  |

## FEE SUMMARY

|  |
| --- |
| RECURRING FEES |
| Benefits-Eligible Employees | $     Per Benefits-Eligible Employee Per Month |
| Benefits-Ineligible Employees | $     Per Benefits-Ineligible Employee Per Month |
| ONE-TIME FEES |
| Setup and Implementation | $     Per Employee |