



Department of Civil Service

**REQUEST FOR INFORMATION
For**

New York State Paid Family Leave Benefit

**New York State Health Insurance Program
*Employee Benefits Division***

This is not a solicitation.

RELEASE DATE: February 22, 2017

RESPONSES DUE DATE: March 16, 2017

Responses are to be submitted to:

Mr. David Boland
Director, Employee Benefits Division, Room 1106
ATTENTION: Seth Johnson
New York State Department of Civil Service
Albany, New York 12239

For additional information, please contact:

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1.0 GENERAL INFORMATION

1.1 Purpose of the Request for Information

The purpose of this Request for Information (RFI) is to solicit information for use by the New York State Department of Civil Service (DCS) in developing a Paid Family Leave (PFL) benefit for its workforce and generally how disability insurance carriers plan to implement PFL to be compliant with Part SS of Chapter 54 of the Laws of 2016. All responses to this RFI are non-binding and become the property of New York State, for use at DCS' discretion. DCS is under no obligation to use any information or material submitted in response to this RFI.

Respondents are requested to provide responses to all questions included in this document. A response does not bind or obligate the Responder or the State of New York in any manner. No contract can or will be awarded based on the submissions. The State of New York thanks you for your assistance in this information collection process.

1.2 DISCLAIMER

This RFI is issued solely for informational purposes and does not constitute a procurement or solicitation. Since this RFI is designed as a tool to collect information and shall not result in a procurement contract by a State agency, it does not fall under the requirements of State Finance Law section 139-j and 139-k (the Procurement Lobbying Law) and there is no restricted period. However, we request that you direct your questions and response in writing to PFL2017RFI@cs.ny.gov.

1.3 New York State PFL Benefit Description

The 2016-17 Enacted Budget amended Article 9 of the Workers' Compensation Law to require all private employers to provide PFL to their employees and to allow for opt-in by public employers. When fully implemented, PFL provides for up to twelve (12) weeks of benefits to 1) care for a new child any time within the first 12 months after the child's birth or after the placement for adoption or foster care of a child with the employee; 2) to care for a family member with a serious health condition, including leave to care for a child, parent, grandchild, grandparent, spouse or domestic partner; or 3) to assist with family obligations when a family member is called into active military service. New York State PFL is a mandatory program for private employers and an optional program for public employers, that is solely funded through employee contributions. The table below summarizes the benefits as a percent of salary capped at the specific percentages of the

State Average Weekly Wage as reflected in Workers' Compensation Law section 204(2)(a).

Date	Number of Weeks	Percent of Salary	Percent of NYS Average Weekly Wages Cap
January 1, 2018	8	50%	50%
January 1, 2019	10	55%	55%
January 1, 2020	10	60%	60%
January 1, 2021	12	67%	67%

The Workers' Compensation Board has proposed addition of Section 355.9 and Part 380, as well as amendment of Parts 360, 361 and 376 of 12 NYCRR and the department of Financial Services has proposed addition of Part 363 to 11 NYCRR to provide guidance to employers, insurance carriers and employees regarding their rights and responsibilities in providing Paid Family Leave (PFL) coverage, requesting PFL, and the use of PFL benefits.

For additional information please refer to Part SS of Chapter 54 of the Laws of 2016.

2.0 REQUESTED INFORMATION

A. Company Demographics

Question	Company Response
Company Name	
Division/Location	
Headquarter Location	
Contact Name	
Title	
Email Address	
Phone Number	

B. A Respondent is encouraged to provide any information it believes may be relevant for the DCS to consider in evaluating its options for provision of Paid Family Leave benefits to any or all New York State employees. A Respondent is also encouraged to provide any information it believes may be relevant for any other public employer to consider when evaluating options for provision of Paid Family Leave benefits to their employees. A Respondent may provide comments, additional observations, strategies, and recommendations or any information that the Respondent believes may be of interest or use to the DCS in Section 2.20 of its response.

New York State Participation

2.1 Does your company have experience writing Disability Benefits (DB) Insurance in New York State?

- Yes
- No

How many individuals does your largest DB policy cover in New York?

- 1-5,000
- 5,000-10,000
- 10,000-25,000
- 25,000-50,000
- 50,000-100,000
- 100,000 +

2.2 How familiar is your company with the recent NYS legislation requiring employers to provide Paid Family Leave (PFL) insurance as well as the proposed Regulations?

2.2.a As every disability benefits policy must include PFL coverage as of January 1, 2018, will your company expand existing disability policies to include PFL coverage?

2.3 From the date of contract execution, how much time would you need to be prepared to process claims? Would the duration of the implementation period be dependent on the size of the covered employer? Please provide examples with covered individual thresholds.

2.4 Please describe in detail how your company would record and track employee eligibility for PFL, as well as process valid claims under each of the following methods. Please note which method is preferred.

2.4.a Company Based Eligibility Portal

2.4.a(1) Can your company develop an eligibility portal for Administrators to access and enter employee information and milestone dates?

2.4.a(2) Please list the required data fields.

2.4.a(3) Please provide a chart outlining the processing of claims from initial input of data by the Administrator to the employee receiving the benefit. Please note where form submission will be required in the process.

2.4.b Eligibility File and Data Transfer

2.4.b(1) If an eligibility file is developed by the State in order to generate payroll deductions and premium payments, would the vendor also need to maintain an eligibility file or would the vendor rely on the State's (DCS) attestation of PFL eligibility that would be included on a claim form?

2.4.b(1)(a) If the vendor is required to maintain an eligibility file for PFL benefits, what system requirements do you have in place to receive eligibility files?

2.4.b(2) What data fields would your company need and are you capable of receiving an ANSIx.12834 EDI file?

2.4.b(3) Please provide a chart outlining the processing of claims from initial input of data by the Administrator to the employee receiving the benefit. Please note where form submission will be required in the process.

2.4.c Form Only

2.4.c(1) Does your company have the ability to administer this benefit using only paper forms to determine eligibility?

2.4.c(2) Please provide a chart outlining the processing of claims from initial receipt of the form to the employee receiving the benefit. Include any required interaction with the employer to determine eligibility and process the claim.

2.4.d Would your company recommend an eligibility verification method other than those listed above? If so, please describe the method.

2.5 Is your company able to produce accurate and detailed employee communications, such as summary of benefit and certificate(s), in accordance with the eligibility requirements outlined in the legislation?

- 2.5.a** How are such communications delivered? Are you able to deliver communications electronically?
- 2.5.b** Are you able to establish an employer specific website to provide claims processing information?
- 2.6** Please describe in detail how your company would administer PFL for NYS or other employers including recording and tracking employee eligibility for PFL, as well as processing valid claims.
- 2.7** Would claim reserves be established and maintained at the end of an annual reporting period for claims that are initiated during the reporting period but conclude in the next annual reporting period?

 - 2.7.a** How would either benefits and/or the reserves be handled at the end of a contract?
- 2.8** What other types of benefit data would you need to administer PFL for NYS or other employers?
- 2.9** What challenges would exist if there was a 3 day turnaround time for payment of a claim once it is validated? What about 5 day or 10 day turnaround?
- 2.10** What will be your company's largest challenge in establishing a PFL program in NYS?

Carrier Background and Experience with PFL

- 2.11** Does your company have experience writing group PFL policies in other states? If so, for how many years?
- 2.12** Does your company have experience writing group PFL policies for individual employers in New York State? If so, how many years?

2.13 How many covered individuals does your largest PFL policy cover, either in New York or in another state?

- 1-5,000
- 5,000-10,000
- 10,000-25,000
- 25,000-50,000
- 50,000-100,000
- 100,000 +

2.14 Describe in detail your insurance company's experience, if any, in implementing PFL programs.

2.15 What were your company's greatest challenges in implementing PFL programs in other States?

2.16 What is the average turnaround time to validate a PFL claim? What is the average turnaround time for payment once validated?

Validation Turnaround:

- 0-5 days
- 5-10 days
- 10-15 days
- 15-20 days
- 20+ days

Payment Turnaround:

- 0-5 days
- 5-10 days
- 10-15 days
- 15-20 days
- 20+ days

2.17 In your experience with other states, what percentage of PFL benefits are attributable to child bonding versus caring for a sick family member?

- 2.18** Is your company capable of paying claims both electronically and by issuing checks?
Please provide details on the payment processes and challenges your company might face in establishing such processes in New York.
- 2.19** Does your company have the ability to handle resolution of disputes through an Alternative Dispute Resolution system?

Other Information

- 2.20** Please provide any additional comments, observations, strategies, and recommendations or any additional information that your insurance company believes may be of interest or use to the State/DCS in its assessment.

3.0 ADMINISTRATIVE INFORMATION

3.1 Issuing Office and Inquiries

This RFI is issued by the DCS. All inquiries concerning this RFI should be directed to:

Mr. Seth Johnson
Employee Benefits Division, Room 1106
New York State Department of Civil Service
Albany, New York 12239
(518) 473-1788
E-mail: PFL2017RFI@cs.ny.gov

3.2 Incurring Costs

DCS will not be liable for any costs incurred by any entity or individual pertaining to the preparation and/or submission of responses to this RFI.

3.3 Pertinent Dates

The following timetable applies to this RFI:

Release of RFI: February 22, 2017

Due date for submission of responses: March 16, 2017

3.4 Submission of Responses to the RFI

Please send your response to:

Mr. David Boland
Director, Employee Benefits Division
ATTENTION: Mr. Seth Johnson
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3.5 Disclosure of Responses to the RFI

If any of the information in the response is considered confidential, proprietary or a trade secret, it must be clearly indicated on the appropriate page of the response. DCS cannot guarantee that information not labeled appropriately by the Respondent will not be released as part of the Freedom of Information Law request. Release of such materials is governed by the NYS Freedom of Information Law, which is pertinent part requires the requestor to provide specific justification as to why disclosure of particular information would cause substantial injury to the competitive position of the Respondent.