

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.