ATTACHMENT 1-E

CUSTOMER SERVICE & ACCOUNT MANAGEMENT

1. **For member customer service, please provide responses to the following questions:**

   a. **Location(s) of customer services center(s)**

   MidAmerica's customer service and operations center (for plan participants) is located in Lakeland, Florida. MidAmerica also maintains a corporate headquarters office located in Tampa, FL.

   b. **Hours of operation**

   MidAmerica's Participant Service Center operates during the following hours:

Day	Time
Monday	8:30 AM-8:00 PM (Eastern Time)
Tuesday	8:30 AM-8:00 PM (Eastern Time)
Wednesday	8:30 AM-8:00 PM (Eastern Time)
Thursday	8:30 AM-8:00 PM (Eastern Time)
Friday	8:30 AM-6:00 PM (Eastern Time)

   c. **Number of customer service representatives (CSRs)**

   MidAmerica will supply MHC with a team of approximately 20 personnel from within our customer service department, known internally as the Participant Services team.

   Our team comprises Participant Services Representatives, two Participant Services Supervisors, and one Participant Services Manager. All team members are trained to handle all lines of business and products we service.

   Minimum requirements for PSRs include a two-year degree and previous experience utilizing similar customer service skill sets. It is also preferred that our PSRs be bilingual. While MidAmerica's PSRs are not required to complete any outside courses, they are provided with extensive, hands-on internal training focused on our nuanced products and services, as well as multiple incentives for continuing education and outside training opportunities. Goals and objectives for our PSRs include various certifications, such as Florida Life, Health & Variable Annuity Insurance License and LOMA (Life Office Management Association) professional designations.

d. Percent of CSRs working remotely vs. in a call center

Historically, all MidAmerica Participant Services Representatives have worked at our Lakeland operations center. All employees on the team live in the local area; MidAmerica has never and will never outsource or offshore its customer service functions.

Owing to the health concerns of COVID-19, MidAmerica rapidly deployed a fully functional, fully remote call center model in March 2020. The transition to a remote environment has been seamless, with record-breaking performance on call abandon rate and average speed of answer achieved within the first month of remote operations.

e. Number of CSRs/CSRs Team

MidAmerica operates two Participant Services teams, each led by a Supervisor. Each team is staffed to maintain equal size and a balance of experience and language capabilities, as we provide bilingual support in English and Spanish. Total team size can vary based on seasonal hiring patterns.

f. Average number of clients/CSR Team (Employers) – prior calendar year + YTD

Time Period	Average Employers/CSR Team
2019	1,060
2020 YTD	1,066

g. Average number of clients/CSR Team (Members) – prior calendar year + YTD

Time Period	Average Members/CSR Team
2019	351,746
2020 YTD	273,045*

*In 2019, MidAmerica completed divestiture of its TPA compliance line of business and associated customer base.

h. Average call abandonment rate - prior calendar year + YTD

Time Period	Average Call Abandonment Rate
2019	3.85%*
2020 YTD	3.67%*

* MidAmerica's call center platform (Cisco CJP) does not distinguish between "long" and "short" abandons in its reporting. We assess "short" abandons (i.e. caller selecting the wrong menu option and hanging up) to comprise the majority of our abandoned calls. MidAmerica's internal target abandon rate is <2.80%.

i. **Average speed of answer (to speak with live representative) – prior calendar year + YTD**

Time Period	Average Speed of Answer
2019	43 seconds**
2020 YTD	53 seconds**

Departures in early 2020 of several bilingual Participant Services Representatives have led to a small increase in overall Average Speed of Answer from 2019 to 2020 YTD. **Clients with priority handling—as requested by MHC in this RFP—will be configured with call queue acceleration (at no charge) and can expect Average Speed of Answer <25 seconds.

j. **Claims payment turnaround results**

Our most recent claims payment turnaround data for 2020 shows average claim days-to-paid of 1.5 business days for claims submitted with all required documentation via the MidAmerica Journey platform, which MHC and its participants would utilize.

For participants utilizing MidAmerica's debit card functionality to pay for reimbursement-eligible products and services at the point of sale—an increasing majority of our participant base—auto-substantiation rates approaching 90.0% have been logged year-to-date for 2020. This means that in nearly all cases where debit cards are used to access FSA, DCAP, HRA or HSA funds, participants are *instantly* reimbursed for their eligible health care expenditures, with no need to file a claim or provide supporting documentation at a later date.

k. **Written inquiry response time turnaround**

MidAmerica's Participant Services team adheres to a written inquiry response time SLA of 24 hours. If additional follow-up is needed, or if communication with another department is necessary, the case is escalated through Service Cloud Case Management by Salesforce, our Client Relationship Management (CRM) system. If more time is needed, updates will be provided to the participant in intervals of 24 hours or less. All participant inquiries and interactions are tracked within Service Cloud. This system enables our Participant Services Representatives (PSRs) to quickly gather participant and plan information from multiple systems in one consolidated, easy-to-use interface, furthering our ability to provide world-class customer service to our clients.

2. **Highlight your approach to receiving, tracking and resolving customer issues and questions.**

At MidAmerica, we pride ourselves on delivering white-glove service, which includes proactive outreach to both employers and participants to head off potential inconveniences before they cause dissatisfaction. For example, we execute daily reporting on submitted claims requiring further documentation for approval and assign cognizant team members

to conduct outbound outreach to affected participants as part of their daily caseload. This provides our participants with clear direction on needed actions to complete their claims, thereby expediting reimbursement and ensuring high satisfaction with our services.

In instances where customer issues require further research, our Participant Services team utilizes our Client Relationship Management (CRM) system known as Service Cloud Case Management by Salesforce. This system tracks all requests from participants, employer groups, and partners as cases that can be assigned to appropriate teams for resolution. Service Cloud allows our Participant Services Representatives to quickly gather participant and plan information from multiple systems in one consolidated, easy-to-use interface, furthering our ability to provide world-class customer service to our clients.

As part of MidAmerica's service offering, we will monitor MHC service trends through Service Cloud and provide a monthly employer dashboard that can help inform you of insights from participant inquiries and behaviors as well as transaction trends. This allows us to pinpoint any areas of service improvement or opportunities for education to improve the participant experience.

3. **Regarding customer telephone calls for your FSA, DCAP HSA or HRA accounts, what is the average percentage of inquiries resolved within the timeframes you track?**

   MidAmerica strives for first-call resolution for all telephone calls pertaining to FSA, DCAP, HRA, and HSA accounts. For calendar year 2019, MidAmerica's rate of first-call resolution was 80.38%. Our 2020 YTD first-call resolution rate is approaching 90%.

4. **How many telephone inquiries are received on your average day for FSA, DCAP, HRA or HSA accounts on any one day?**

   For calendar year 2019, MidAmerica averaged 166 calls per day pertaining to its FSA, DCAP, HRA, and HSA accounts.

5. **What security is provided through telephonic and Web-based information systems? How are PINs (Personal Identification Numbers) assigned and managed? What security training does your staff go through?**

   MidAmerica's telephonic customers are authenticated by the Participant Services team prior to discussion of any sensitive account information, with verification made via a check of the caller's employer and last 4 digits of the Social Security number. Sensitive information is accessed only to the extent needed to answer the participant's question or address their concern.

MidAmerica's web-based information systems utilize industry-leading security practices, including the following:

- Participant notifications are automatically generated whenever banking information, contact information, or access credentials (username/password) are modified.
- MidAmerica uses FortiGate firewalls and Cisco routers and switches. Only MidAmerica system administrators have access to these devices.
- Our network, workstations, and servers are protected with N-Able Security Manager anti-virus software.
- All email is scanned using virus detection software. We also use Barracuda Cloud for spam and malware detection.
- All MidAmerica workstation hard drives are encrypted using BitLocker and the use of USB drives is prohibited through group policy controls.
- Virus definition updates and scans are centrally controlled and monitored by our technology team. Full scans are performed weekly on all machines.
- The Kaseya platform we use to control virus updates and patch, and for vulnerability management, also enables us to monitor and detect spyware/malware.
- MidAmerica's data retention policy is driven by regulatory requirements and is dependent upon the type of data. Generally, we retain data for seven to ten years depending upon its classification.
- MidAmerica utilizes the Datto Cloud backup service. Therefore, all backups are digital and maintained offsite from our server infrastructure. Backup restoration is tested monthly and more robustly during our disaster recovery exercises.

Personal Identification Numbers (PINs) can be set at the discretion of the participant via MidAmerica Journey—MidAmerica's online account portal—or by the participant contacting MidAmerica's Participant Services Center. To preserve the security of participants and their accounts, PINs are not set in advance, nor distributed via email or physical mail.

To ensure our personnel comply with the latest industry best practices for security, MidAmerica requires yearly compliance, privacy, and security training for all employees. This training is documented in employee records and covers information security procedures, Health Insurance Portability and Accountability Act (HIPAA) compliance, data protection, and security incident response procedures. New hire employees receive the same training before they are "released" to perform their job duties. Within the Participant Services team, this training is reinforced by weekly Quality Assurance (QA) evaluations for all representatives. These QA evaluations include checks of identity verification and other information security and privacy procedures as critical "pass/fail" items.

6. **Does your system provide real time integration of the information between the record keeping system and telephonic or web-based information systems? Does customer service have on-line access to the record keeping system?**

   Yes. MidAmerica's Participant Services Representatives have direct access to our record keeping and customer facing platforms, meaning all information they relay to our participants is the most up-to-date available. Additionally, our online account access platform, MidAmerica Journey, is directly integrated with our record keeping database, Relius. MidAmerica Journey is synchronized with Relius daily, ensuring that participants receive accurate account information and that account-linked debit cards reflect current balances available for use.

7. **Will you notify members of missing information and also when a claim is denied?**

   Yes. In the rare event a claim must be submitted manually, MidAmerica's record keeping systems automatically notify participants when additional information is required to process the claim.

   Our processing system generates specific notifications based on the action(s) required, helping participants quickly understand and compile needed items to complete a claim without the need to contact our Participant Services department. For participants with email addresses on file, these notifications are emailed; those participants without an email address will receive the notifications via postal mail. In addition to the automatically generated notifications, our Participant Services team conducts outbound phone outreach to participants with claims requiring more information and/or documentation to complete processing.

   MidAmerica also generates claim denial notifications for impacted participants and provides them in the same manner as claims requiring more information.

8. **Explain the escalation process when an issue cannot be resolved by service or the account manager.**

   Our Participant Services team is dedicated to providing exceptional customer service to all our plan sponsors and participants. If an issue cannot be resolved by the representative, our team follows an escalation protocol by which the issue is brought to the attention of the cognizant Participant Services Supervisor. Our Participant Services Supervisors are highly tenured employees with extensive expertise in all of our plans and strong cross-functional relationships with our various operations team leaders. In most cases, Supervisors are able to remedy issues either on the spot or within 24 hours (with daily updates provided as resolution progresses). Should additional escalation be required beyond the Supervisors, issues will continue to be elevated throughout the company leadership structure, starting with the Participant Services Manager and continuing, as needed, all the way to the company's Executive Leadership Team and CEO. In all cases, personal attention is given to ensure client and participant concerns are fully resolved to the satisfaction of all concerned.

9. **Describe how "systematic" (ongoing) issues are typically addressed and resolved (include time frame for resolution).**

   MidAmerica's monthly business reviews with strategic clients incorporate extensive reporting on plan performance, participant account activity, and any areas of concern identified by MidAmerica, the plan's participants, or the plan's employers. Through this process, we can quickly identify opportunities to address instances of dissatisfaction before they are repeated, working consultatively with employers to implement improvements to existing processes and improve satisfaction among participants.

   If at any time an issue is encountered by MHC—whether one-off or systematic, or at the employer or participant level—a simple email or phone call to MHC's dedicated Account Management team is all that is needed to begin the resolution process. Upon receiving notification of an area of dissatisfaction, the MidAmerica/NIS Account Manager for MHC will work quickly to pinpoint the specific pain points experienced by the employer(s) and/or participant(s). Next, the Account Manager will mobilize a cross-functional team of all required MidAmerica personnel to identify the issue's root cause, implement necessary fixes and/or process improvements, and verify robust resolution of the issue to the employer or participant's satisfaction. Throughout the resolution process, the Account Manager will consult extensively and frequently with MHC, its employers, and its participants to ensure that any proposed solutions are acceptable.

   Though MidAmerica has rarely encountered "systematic" issues with its service delivery, we would ensure any areas of dissatisfaction to MHC would be remedied as an all-hands effort. Should any issues be identified by MHC, we would expect to resolve them within two weeks (to the extent made feasible by our underlying software platforms and databases). Should more involved modifications to our platforms be needed to deliver excellent service to MHC, MidAmerica would make the necessary investments as part of its commitment to the partnership.

10. **Are you able to track and report employer-specific data showing member utilization of website tools?**

    Yes. MidAmerica will provide this data upon request and as part of its regular strategic client business reviews.

11. **How frequently do you adjudicate and process claims?**

    MidAmerica conducts daily adjudication, processing, and payment of participant claims during its standard business week (Monday-Friday). Auto-adjudicated and auto-substantiated claims—typically those linked to debit card transactions—can be adjudicated, processed, and paid at the point of sale at any time.

12. **What is your business continuity plan? Does your company have alternate business sites if the main site cannot be used?**

    MidAmerica maintains both a business continuity plan (for use when the company cannot work from its physical offices) and a disaster recovery plan (for use when routine access to data is compromised in some way).

MidAmerica's business continuity plan is to conduct operations "business as usual" from whatever remote environments are best suited to the issue at hand—for example, at employee homes when issues are encountered with our physical offices, or at safe locations when natural disasters threaten the safety of the Tampa Bay area. We do not maintain alternate business sites as we can operate MidAmerica indefinitely in the remote environment.

There is little differentiation between our normal operations and our operations under business continuity. Owing to COVID-19, MidAmerica has operated under its business continuity plan since March 2020 and has experienced no interruption or disruption to its standard service and processing timelines. We attribute this smooth transition to our robust IT environment, thorough procedures and training, disciplined managerial oversight, and a mission-focused culture that places the needs of our employers and participants at the forefront of everything we do.

13. What percentage of phone calls to your call center are recorded? How long are recordings retained?

All phone calls to MidAmerica's call center are recorded. Recordings are maintained for a minimum of one year in our secure, HIPAA-compliant cloud environment for customer service and training purposes.

14. How do you handle increased call volumes?

Having operated for more than 25 years, MidAmerica thoroughly understands the seasons in which peak call volumes are expected. Though we do not employ temporary call center staff during peak seasons (owing to the complexity of our products), we ensure overstaffing of the call center months in advance of peak season to ensure that any employee attrition does not negatively impact the call center's ability to meet inbound call demand. Generous overtime is incorporated into seasonal budgets, allowing Participant Services leadership to quickly add coverage to our phone lines in periods of increased call volume. Additionally, proactive attention to staffing allows for optimal management of shifts and vacation timing, facilitating appropriate manning in response to seasonal trends. Lastly, because all Participant Services staff are qualified to service all lines of business, both supervisors and managers are able to—and expected to—augment our call queues during busy seasons. As such, MidAmerica maintains a skilled and responsive call center that can easily respond to increased call volumes.

15. Are you willing to provide a dedicated customer service line for MHC members?

Yes. MidAmerica will provide a dedicated customer service line (and exclusive phone number) for MHC members. Callers using this dedicated line will receive priority handling to minimize average speed of answer and call abandonment rate.

16. **Describe the schedule for how often you issue release enhancements or system upgrades and the process for incorporating client suggestions for implementation into the release enhancements.**

    MidAmerica's database and record keeping systems undergo enhancements whenever updates become available from our software providers. Any changes made are clearly communicated to our partners, employers, and participants via coordinated communications handled by our Marketing team.

    Outside our software platforms, we regularly look for ways to make our plan sponsor and participant portals more intuitive and more valuable resources for plan information and retirement education. As client feedback is received—from our website survey data, business reviews, and participant communications—we partner with our software providers to pass on suggestions and assess the feasibility of implementing them. We regularly invest our own resources in partnership with our vendors to facilitate custom development work that enhances the experience for our employers and participants. Even within MidAmerica, customer suggestions are reviewed at every opportunity in the spirit of continuous procedural improvement, and many have been incorporated to streamline our claims experience.

17. **Please describe your release process, notifications, quality assurance, and how we are kept up to date on any new functionality. Please provide examples.**

    MidAmerica is notified by its software and other partners whenever new releases are pending; testing, quality assurance, and other pre-release efforts are handled at the vendor level. Upon receiving notification from our vendors that a new release is pending, MidAmerica will construct and distribute any updates or communications required to ensure employers and participants are informed of what to expect.

    As an example of a "new release" communication, we have included a sample communication we distributed to employers and participants in conjunction with a software transition to our new participant and employer portal, MidAmerica Journey. Please see Exhibit D.

18. **Highlight your account management model and how the team would focus on helping MHC grow.**

    MidAmerica's Account Management team for MHC consists of MidAmerica's internal Account Management employees, as well as Account Representatives from National Insurance Services (NIS), our longtime partner and a major provider of benefit services to public sector employers throughout the country. Given the strategic nature of the MHC relationship, we also include the MidAmerica and NIS executive teams within our Account Management model.

    NIS Account Representatives (in the case of MHC, Adam Kuck) serve as local points of contact for all MHC entities and are home-based in Minnesota. They are deeply familiar with each MHC employer's plan design, and they provide personalized service to employers and their employees. This includes in-person consultation, employee education meetings, investigation of questions or concerns raised by the employer or employees,

and periodic business reviews to better understand plan performance and opportunities to save additional money. All NIS representatives are licensed and credentialed in their respective jurisdictions and are well-versed in the nuances of the Minnesota health and welfare benefit market.

MidAmerica's internal Account Management team comprises several of our most experienced and talented employees. Our Account Managers act as liaisons between the NIS field Account Representatives and the operational teams within MidAmerica. They rigorously analyze client feedback and plan performance to drive timely resolution to any concerns raised by MHC, its employers, or its employees. MidAmerica Account Managers work in consultation with NIS and our clients to ensure plan sponsors and participants are deriving maximum value and satisfaction from the FSA, DCAP, HRA, and HSA plans we provide. Account Managers are MidAmerica's strategic enablers—they elevate simple plan designs to custom solutions that optimize savings and delight our clients and participants with meaningful benefits and consistently excellent service.

Performance Guarantees and Liquidated Damages

The TPA or HSA custodian must perform at predetermined levels of accuracy, timeliness and administrative effectiveness. All parties acknowledge that it is difficult or impossible to quantify the actual loss that would be incurred due to TPA's or HSA custodian's failure to meet these predetermined performance levels. Thus, if the error rates listed below are exceeded, liquidated damages shall be assessed at the rate of 3% of the TPA or HSA custodian's monthly administrative fee for each of the following four areas: monetary errors, transaction errors, processing time, and telephone performance.

Monetary Errors: Payments having monetary errors shall not exceed 4% per month for HSA, VEBA or Account Based Plan claims. Monetary errors include, but are not limited to, overpayments, underpayments, and misapplied payments.

Transaction Errors: Transaction errors shall not exceed 3% per month for HSA, VEBA or Account Based Plan claims. Transaction errors include, but are not limited to, incorrect address, misplaced or lost claims data, improper identification of employees receiving services, dates of service, providers, or type of service.

Processing Time: Claims not being processed (awaiting check issuance) within five (5) days of receipt shall not exceed 2% per month for HSA, VEBA or Account Based Plan. Incomplete claims or claim items will be returned to the participant, electronically or by postal service, with a letter indicating the correct documentation needed within the same five (5) business days.

Telephone Performance:

- Abandoned call rate shall not exceed 3% of incoming calls.
- Busy signal/blockage rate shall not exceed 3% of incoming calls.
- Greater than 25 second hold shall not exceed 5% of incoming calls.
- Inquiry response greater than five (5) business days shall not exceed 2% of inquiries received for the quarter.
- Written inquiry response greater than three (3) business days shall not exceed 5%.

The selected administrator shall be required to cooperate with any audit program implemented by MHC or the VEBA Committee. MHC will review compliance with IRS Regulations, VEBA, HSA or Account Based Plan terms, monetary errors, transaction errors, processing time, and customer service. MHC and administrator shall mutually agree upon a definition of what constitutes an error under the foregoing performance requirements. In the case of a dispute as to the definition of an error, the determination of MHC will be conclusive.

Do you agree to all the above?

☑ *Yes or No (if no, please explain)*

Yes, MidAmerica agrees to all of the above.