

Appendix B: Response Template

1. Face Sheet	
Name of Vendor's Firm:	_____
Federal Tax I.D. Number:	_____
Principal Place of Business:	_____
Address:	_____
City:	_____
State and Zip:	_____
Contact Person:	_____
Title:	_____
Telephone:	_____
Fax:	_____
E-mail address:	_____

2. Minimum Requirements. Indicate in the table that you will meet these requirements. If you are not able to meet these requirements, your proposal may be dismissed from consideration.

North Dakota Public Employees Retirement System
RFP for Group Medical and Prescription Drug Coverage

#	Minimum Requirements	Response (Will Meet / Will Not Meet)
1	Electronic Data Collection and Reporting Requirements: Vendor must, at a minimum, meet the data collection and reporting requirements described in Section 1 under Reporting Requirements of the RFP.	
2	Vendor must be able to take current 834 electronic enrollment file (containing member eligibility) at no cost.	
3	Effective Date of Coverage: Vendor must be able to provide required coverages and services by July 1, 2027.	
4	Licensure: Vendor must have all applicable licenses required by North Dakota or agree to obtain necessary licensure prior to the effective dates of coverage.	
5	Term of Contract: NDPERS is required by state statute to solicit bids for coverage for a specified term not to exceed two years. NDPERS reserves the right to extend the agreement subject to negotiation with the successful Vendor pursuant to the terms in N.D.C.C. 54-52.1-05	
6	Premium and Administrative Fee Rates: Medical and prescription drug premiums (fully-insured proposals), stop loss premium rates (fully-insured proposals), as applicable, and administrative fees (self-insured proposals) must be guaranteed for a period of two years, from July 1, 2027 to June 30, 2029.	
7	Renewals: Renewals must be submitted to NDPERS in August of the year preceding the contract renewal date	
8	Fully-insured premium rates are to be re-projected in February of the contract renewal year to account for additional data experience. Rates can be lowered to reflect positive experience but cannot be increased.	
9	Vendor should parallel the existing coverage and financial terms for fully-insured coverage for two years including an HSA arrangement. NDPERS recognizes that different financial arrangements will be necessary to implement a self-insured program. Variances and exceptions to existing coverage can be offered in Appendix F.	

#	Minimum Requirements	Response (Will Meet / Will Not Meet)
10	Vendors agree to comply with all provisions of the Health Insurance Portability and Accountability Act of 1996 including, but not limited to providing certificates of creditable coverage. Vendors must also be in compliance with all HIPAA Privacy and HIPAA EDI requirements and be able to conduct all applicable employer/plan sponsor and provider transactions consistent with those requirements. Vendors will be expected to meet HIPAA security requirements when applicable to NDPERS. Vendors will also be expected to be in compliance with all ACA requirements and other federal regulations such as the No Surprises Act, Consolidated Appropriations Act, etc.	
11	Transition Management: Vendors agree, should they be selected, they will proactively manage the transition of coverage (e.g. claim accumulators, lifetime maximums, etc.) from the current carrier including the costs of managing the transition. Vendor must include all costs for transition in the proposal unless specified in Appendix F.	
12	Audit: N.D.C.C. 54-52-04.15 and N.D.C.C. 54-52-04.16 relating to the audit authority of NDPERS.	
13	Vendor must currently be in compliance of all federal regulations including housing claims data and submitting reporting per the Consolidated Appropriations Act and Transparency in Coverage rules	
14	North Dakota Requirements: Vendor must meet all requirements in the North Dakota Century Code including 54-52; 54-52.1 (except as noted in Request for Proposal Overview); and all requirements in the North Dakota Administrative Code and other applicable State Laws. Specific recognition of N.D.C.C. 54-52.1-12 should be acknowledged. Vendor must also comply with all applicable statutes of the North Dakota Insurance Commissioner.	
15	Ability to meet the specifications outlined in the RFP (including Appendix G unless specifically noted as an exception with a bold or differentiating type face in the table).	
16	Subject matter experts and other appropriate personnel will be available to attend Board meetings, legislative hearings, etc. as needed.	
17	Vendors have completed the requested information in Appendix J if they have asserted that any information is proprietary.	
18	All premium rates must be divisible by two.	

3. Affidavit of Non-collusion

I swear (or affirm) under the penalty of perjury:

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation);
2. That the attached proposal submitted in response to the Group Medical and/or Prescription Drug Coverage Request for Proposals has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment or services described in the Request for Proposal, designed to limit fair and open competition;
3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals; and
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

Responder's Firm Name: _____

Authorized Signature: _____

Date: _____

Subscribed and sworn to me this _____ day of _____

Notary Public: _____

My commission expires: _____

4. Conflicts of interest list

Vendors must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals. The list should indicate the name of the entity, the relationship, and a discussion of the conflict.

5. Compliance with Federal and State Laws Form

NDPERS — Federal and State Law Compliance Certification

1. The company shown below is or will be in compliance with Federal and State laws and does not knowingly violate North Dakota or United States Laws. The company shown below will obtain this certification from all subcontractors who will participate in the performance of this contract; and

I certify that the company shown below is in compliance with items 1 above and that I am authorized to sign on its behalf.

Name of Company: _____ Date: _____

Authorized Signature: _____ Telephone Number: _____

Printed Name: _____ Title: _____

Email Address: _____

6. Location of Service Disclosure and Certification

STATE OF NORTH DAKOTA

LOCATION OF SERVICE DISCLOSURE AND CERTIFICATION

LOCATION OF SERVICE DISCLOSURE
<p>Check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> The services to be performed under the anticipated contract as specified in our proposal will be performed ENTIRELY within the State of North Dakota.<input type="checkbox"/> The services to be performed under the anticipated contract as specified in our proposal entail work ENTIRELY within another state within the United States.<input type="checkbox"/> The services to be performed under the anticipated contract as specified in our proposal will be performed in part within North Dakota and in part within another state within the United States.<input type="checkbox"/> The services to be performed under the anticipated contract as specified in our proposal DO involve work outside the United States. Below (or attached) is a description of<ol style="list-style-type: none">(1) the identity of the company (identify if subcontractor) performing services outside the United States;(2) the location where services under the contract will be performed; and(3) the percentage of work (in dollars) as compared to the whole that will be conducted in each identified foreign location.

CERTIFICATION

<p>By signing this statement, I certify that the information provided above is accurate and that the location where services have been indicated to be performed will not change during the course of the contract without prior, written approval from the State of North Dakota.</p> <p>Name of Company: _____</p> <p>Authorized Signature: _____</p> <p>Printed Name: _____</p> <p>Title: _____</p> <p>Date: _____ Telephone Number: _____</p> <p>Email Address: _____</p>
