

Appendix C1. Fully-Insured Medical or Fully-Insured Medical & Prescription Drug Questionnaire

This questionnaire must be completed if your organization is proposing fully-insured medical with or without pharmacy coverage for NDPERS. If your organization is only proposing fully-insured medical coverage for NDPERS, you may leave questions related to pharmacy coverage unanswered by indicating that the question is not applicable.

To be considered and accepted, your organization must provide answers to the questions presented in this section. Each question must be answered specifically and in detail. Include both the question and the answer in your proposal response. An electronic copy of this questionnaire has been provided to facilitate your response.

Reference should not be made to a prior response unless the question involved specifically provides such an option. Vendors should refer to the earlier sections of this RFP before responding to any of the questions, to ensure that you have a complete understanding of the requirements with respect to your organization's proposal.

Vendors may include additional information that you consider relevant or useful to NDPERS. If you elect to provide information on additional services not specified in the RFP, please specify that these services are optional buy-ups and not included in the core services proposed. If not so indicated, those services will be considered to be a part of your proposed base premium. However, responses to all the questions set forth below must be provided.

This request for proposal (RFP) is intended to provide NDPERS with the necessary information to assess your capabilities and strategic fit. To the extent that you see opportunities to add value that is not explicitly identified in the RFP, please provide additional information.

If this proposal results in your organization being awarded a contract and if, in the preparation of that contract, there are inconsistencies between what was proposed and accepted versus the contract language that has been generated and executed, any controversy arising over such discrepancy will be resolved in favor of the language contained in the proposal or correspondence relating to your proposal. Vendors are reminded that **any and all deviations must be clearly identified and described in the RFP and the deviations worksheet provided in Appendix F.**

This questionnaire is divided into the following categories:

General and Medical

- Organizational Background, Strength, and Experience
- References
- Implementation and Account Management
- Communications and Website
- Plan Administration
- Eligibility
- Customer/Member Service
- Claims Administration
- Medical Information Technology
- Reporting
- Case/Utilization Management
- Health Risk Management Programs
- Network Accessibility and Disruption
- Cost, Quality, and Pay for Performance
- Credentialing and Contracting
- Reimbursement and Discounts
- Performance Standards and Guarantees
- HDHP/HSA
- Economy to be Affected

- Fiduciary Responsibility
- Appeals Process
- Actuarial Services

Pharmacy Benefit Management

- Compliance with North Dakota Statutory Requirements
- Pharmacy Benefit Management Organization General Information
- Pharmacy Benefit Clinical Management
- Specialty Pharmacy
- Formulary
- Data Analytics & Management Reporting
- Customer Service
- Retail Pharmacy Network
- Mail Service
- Eligibility
- Regulatory and Compliance
- Implementation

General and Medical

Organizational Background, Strength, and Experience

1000. Provide a brief description of your organization, including your company's history, organizational structure, services provided, location of headquarters, and length of time you have been in business. Describe any significant historical or future organizational developments (acquisitions, mergers, change in subcontracted vendors, etc.)
1001. Vendors responding to this RFP must be able to substantiate their financial stability. Provide a copy of your audited financial statement or other financial information. Include, at a minimum, a Balance Sheet and a Profit and Loss Statement, together with the name and address of the bank(s) with which you conduct business and the public accounting firm(s) that audit your financial statements. Other sufficient information may include a written statement from a financial institution confirming the creditworthiness and financial stability of the Vendor.
1002. Provide a copy of the most recent SOC 2 report.
1003. Provide a copy of any State or Federal regulatory audit performed within the last two years.
1004. Confirm that your organization agrees to be accountable for everything stated in and submitted as part of your proposal, even if not specifically addressed in the Minimum Contract Provisions in Appendix B.
1005. Indicate if your organization has been a party to litigation regarding a medical benefit plan contract or data security breach over the prior five years or at present. If so, provide details of the litigation or action. Failure to disclose this may constitute grounds for rejection of any proposal or termination of any contract.
1006. Indicate if your organization has been subject to any data breaches over the past five years. If so, provide specifics on what data was compromised and what corrective actions were taken.
1007. State whether the Vendor, its officers, agents or employees, who are expected to perform services under the NDPERS contract, have been disciplined, admonished, warned, or had a license, registration, charter, certification, or any similar authorization to do business suspended or revoked for any reason.

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- 1008. Include a description of your organization's major short-term strategic initiatives and your long-term strategic business plan. Specifically address cost containment efforts, providing specific examples of how you have made changes that resulted in savings for your clients.
- 1009. Does your organization have any planned administrative or service changes for the way you operate your entire book-of-business? If so, please describe how those decisions may impact the services proposed to NDPERS.
- 1010. Describe how your organization differentiates itself from your competitors. Specifically, what makes your organization the best partner for NDPERS?
- 1011. Identify all services that are currently outsourced or subcontracted, the name of the vendor/partner, and length of the relationship and the nature of the long-term partnership (e.g.: are the contracts expected to expire during the course of this contract?). Describe how you ensure quality customer service and timely and effective issue resolution. Specify which services may require a separate Business Associate Agreement (BAA) to be filed.
- 1012. What ratings have you received from the following third-party rating companies and organizations?

| Rating Organization | Rating | Date of Last Accreditation / Rating |
|---------------------|--------|-------------------------------------|
| A.M. Best | | |
| Standard & Poor's | | |
| Moody's | | |

- 1013. Are any of the services you are proposing to provide to NDPERS contracted outside the U.S.A.? Describe any business you do outside the U.S.A. and the financial impact, if any, of requiring those services to be provided within the U.S.A.
- 1014. Confirm that your proposal includes any and all deviations to the Minimum Contract Requirements and other RFP requirements (via submission of Appendix F).
- 1015. Confirm that you will conform to the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 as applicable to NDPERS. Confirm that you will conform to subsequent regulation such as the Consolidated Appropriations Act of 2021 as applicable to NDPERS.
- 1016. Has your company been involved in any mergers or acquisitions in the prior 24 months? If so, how will those events impact NDPERS?

References

- 1017. Provide the following information on a maximum of three (3) of your largest plan clients for whom you provide services similar to those proposed in this proposal. References of similar size and scope to NDPERS are preferred; one must be your largest public sector client and one must be your largest North Dakota-based client.
 - a. Name of employer sponsoring plan and location
 - b. Type of services provided to plan sponsor
 - c. Plan inception date
 - d. Length of time as client
 - e. Number of contracts and members participating in the plan
 - f. Contact information (name, title, phone number, email address)

1018. Provide the following information for two (2) of your largest clients that have terminated services during the preceding 3-year period. References of similar size and scope to NDPERS are preferred.
- a. Name of employer sponsoring plan and location
 - b. Type of services provided to plan sponsor
 - c. Plan inception date
 - d. Length of time as client
 - e. Number of contracts and members participating in the plan
 - f. Reason for termination
 - g. Contact information (name, title, phone number, email address)

Implementation and Account Management

1019. Vendors must outline in detail the specific activities and tasks necessary to implement the NDPERS program. Be specific with regard to the following:
- a. Amount of total time needed to effectively implement the program
 - b. Activities/tasks and corresponding timing (Detailed Timeline)
 - c. Responsible parties and amount of time dedicated to implementation, broken out by Vendor, NDPERS staff, and any third-party involvement (if needed)
 - d. Any transition activities required with incumbent carriers, including data transfers and providing members adequate notice regarding current care or treatment plans at least sixty (60) days prior to a change
 - e. Length of time implementation team lead and members will be available to NDPERS
1020. Provide an overview of how the NDPERS relationship will be managed, both strategically and on a day-to-day basis. Include an organizational chart. Designate the names, titles, location(s), telephone numbers, and email addresses for the representatives listed below. For the account service individuals listed (b, c, d, e, and f below), provide brief biographical information, such as years of service with your company, experience as it relates to this proposal, and the number of clients for which they perform similar services.
- a. The key individual(s) representing your company during the proposal process;
 - b. The key individual(s) on your proposed implementation team;
 - c. The key individual(s) assigned to overall contract management;
 - d. The key dedicated individuals or team members responsible for day-to-day account management and service;
 - e. The key individual(s) responsible for provider contracting; and
 - f. The key individual(s) responsible for provider relations if different than letter e. above.
 - g. Medical and/or pharmacy director assigned to NDPERS (as applicable)
1021. Will you agree to let NDPERS switch account team members if NDPERS is dissatisfied with service or fit?
1022. What is your account team turnover rate (%)?
1023. Do you regularly survey your clients for their satisfaction with the quality of account management support provided by your firm? Please provide a copy of the assessment tool used and a copy of your most recent customer experience survey results.
1024. Please provide the requested information for the functions that will be servicing NDPERS in the table below:

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| Area | Geographical Location(s) and Organization Name (if out-sourced) | Hours of Operation (Specify PST/CST/EST) | Is this service Outsourced? Yes or No? If Yes, provide name of company to which the function is outsourced |
|---|---|--|---|
| Member Services | | | <input type="checkbox"/> Yes Specify Company Name: _____ <input type="checkbox"/> No |
| Claims Processing | | | <input type="checkbox"/> Yes Specify Company Name: _____ <input type="checkbox"/> No |
| Enrollment and Eligibility | | | <input type="checkbox"/> Yes Specify Company Name: _____ <input type="checkbox"/> No |
| Disease Management | | | <input type="checkbox"/> Yes Specify Company Name: _____ <input type="checkbox"/> No |
| Case and Utilization Management | | | <input type="checkbox"/> Yes Specify Company Name: _____ <input type="checkbox"/> No |
| Health, Education and Wellness Programs/Services (including dedicated wellness support staff) | | | <input type="checkbox"/> Yes Specify Company Name: _____ <input type="checkbox"/> No |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Yes Specify Company Name: _____ <input type="checkbox"/> No |
| Pharmacy Benefits Management | | | <input type="checkbox"/> Yes Specify Company Name: _____ <input type="checkbox"/> No |
| Other (Specify functional area) | | | <input type="checkbox"/> Yes Specify Company Name: _____ <input type="checkbox"/> No |

Communications and Website

1025. Are you willing to provide communication and marketing resources to work with NDPERS in the development of NDPERS-specific member communication materials (educational, open

- enrollment, benefit plan related, ongoing communications)? Describe the resources, sample communications, and your proposed approach and strategy/plan.
1026. How much lead time is necessary for you to guarantee that ID cards will be received by members prior to the plan year effective date of July 1, 2027?
1027. Describe how you handle communications for the post-65 programs that you will offer to NDPERS retirees.
1028. What reading grade level are your written and website communications written? Are other languages available? What customization is allowed related to member communications?
1029. Does your website provide NDPERS specific plan information?
1030. Does your website offer a provider locator? What additional information does your site provide?
1031. Describe any additional web-based capabilities that could benefit NDPERS and our members. Do you have a mobile app and/or mobile ID card available to your members? Please describe the capabilities.
1032. Confirm all services, deliverables, Apps software, and Web pages shall include all functionality necessary to materially comply with: (i) the Web Content Accessibility Guidelines (WCAG) 2.1, Level A and AA Success Criteria at a minimum; and (ii) all relevant [Accessibility Laws], as defined below. For purposes of this section (Web Site Accessibility), "Accessibility Laws" means the Americans with Disabilities Act and any applicable laws. .
1033. Please provide a copy of your Accessibility Conformance Report (ACR) and the Voluntary Product Accessibility Template (VPAT).

Plan Administration

1034. Confirm that you will communicate legislative changes related to the operations of the plan in a timely manner, and describe the support staff and process. Provide examples of materials you have used in the past to educate your clients on legislative changes/updates.
1035. What support will your organization provide NDPERS to comply with the obligations of the 2021 Consolidated Appropriations Act (CAA) Transparency in Coverage rules and Mental Health Parity rules? Provide responses to the following questions and include information regarding additional compliance items required by these rules and regulations not specifically listed.
- a. Are your claim systems and operational processes able to comply with the No Surprises Act effective as of January 1, 2022? Please describe how your organization will prevent Surprise Balance Billing and if these services are included at no additional cost.
 - b. Are you able to comply with provider directory accuracy requirements outlined in the No Surprises Act (if there is a network directory error and a plan participant uses an out-of-network provider they believe to be in-network, the cost-share cannot be more than in-network amount)?
 - c. Are you able to comply with member ID card requirements outlined in the No Surprises Act that include deductibles and out-of-pocket maximums for in-network and out-of-network coverage?
 - d. Will your organization, on behalf of NDPERS, create and provide machine readable files of in-network reimbursement rates and out-of-network allowed amounts and billed charges? Please specify that you will provide machine readable files for both medical and pharmacy rates.

- e. Will your organization have the ability to host the machine-readable files on a public website?
- f. Does your organization have an internet-based price comparison tool for plan participants? If so, please describe. If not, will you have a tool by July 1, 2027?
- g. Are you able to comply with the annual reporting requirements about health care and prescription drug spending? Specifically, please confirm that you will be submitting RxDC reporting on behalf of NDPERS.
- h. Mental Health Parity: Will your organization provide a full non-quantitative treatment limitations (NQTL) analysis and document a comparative analysis of the design and application of NQTLs for NDPERS' plans? Please provide a sample of what you will provide if NDPERS were subject to an audit.
- i. If there are additional costs for any of the services your organization will provide to assist NDPERS in complying with these regulations they must be listed as "other" fees in the cost template submitted with your proposal. Confirm your understanding of this requirement.

1036. Confirm your ability to conduct annual employer Affordable Care Act (ACA) contribution testing to ensure compliance with ACA, and that a working paper of testing results will be prepared and shared with NDPERS, and this testing is included in the cost proposal (see Exhibit E22).

1037. Describe your proposed transition plan. At a minimum, the transition plan must address:

- a. Conditions or type of care that is typically transitioned;
- b. Individuals who are in a course of treatment or have prior authorizations or preapproval with the Incumbent Vendor;
- c. Transition process of current medical treatment;
- d. Transition of individuals in disease management programs;
- e. Communication of transition issues to all plan members.
- f. Member cost sharing and accumulators.
- g. Member secondary payer and Coordination of Benefits information
- h. Member Wellness incentive redemptions
- i. Identify any costs associated with the transition plan that are not included in the cost proposal

1038. Describe your process for Medicare Secondary Payer administration **including but not limited to: Roles and responsibility of the Vendor and NDPERS; identifying and recovering Medicare mistaken payments where NDPERS has primary responsibility, receiving payment and resolving outstanding issues, etc.**

1039. What is your total commercial and Medicare health plan enrollment? Complete the table below.

| Dates | Commercial | Medicare |
|--------------------|------------|----------|
| As of January 2024 | | |
| As of January 2025 | | |
| As of January 2026 | | |

Eligibility

1040. Are ID paper/electronic cards the sole means of determining member eligibility? If not, please describe.

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- 1041. If desired, can NDPERS update and maintain eligibility and check employee claim status online? Are there any special charges for access to and use of these tools? Please provide a sample ID and link to your site so NDPERS can review your system.
- 1042. NDPERS will submit enrollments, billing and/or premium remittance via a centralized electronic system. NDPERS will collect enrollment/eligibility information which will be provided to the successful Vendor on a data file that follows the HIPAA 834 file specifications. The indicative data provided on the 834 enrollment/eligibility file is to be loaded onto the successful Vendor's database and used for ID cards and all transactions/communications related to the member's participation in the plan. Premium payment information will be provided on a data file that follows the HIPAA 820 file specifications. Files will be transmitted using a secure file transmission process. The successful Vendor must be able to receive this data in that format and media. Please confirm you agree to allow this and outline any specific requirements you have related to submission of enrollment.
- 1043. Please describe how you handle manual eligibility updates and the turn-around/timing of such updates.
- 1044. If you are proposing to offer a standalone fully-insured medical plan, please describe your process in coordinating eligibility between the medical plan and the prescription drug plan.

Customer/Member Service

- 1045. Confirm if you will provide and maintain customer service staff acceptable to NDPERS. This unit will provide dedicated local and toll-free telephone numbers and shall respond directly to member inquiries regarding benefits, claim status, selecting participating providers, and provide general assistance with navigating on-line and other resources available through the health plan and NDPERS websites. Describe the structure and organization and provide an organizational chart of the unit you are proposing.
- 1046. Provide information on the operational metrics given to the client related to customer services and how often these are provided.
- 1047. Confirm the hours/days your customer/member service team is open for operations. How are calls handled that are received after hours (e.g. can member leave a voicemail?)
- 1048. Does your organization have online support, where a member can chat online with a customer service representative, or email a question to your organization?
- 1049. Will your organization identify a dedicated customer service/call center for the NDPERS account? If customer service/call center representatives are shared with other clients, on average, how many clients does one team service? What is the average length of service of the representatives?
- 1050. Does your customer service inquiry system allow representatives to record comments so other customer service representatives can view previous notes to assist members? How long will records and notes be housed?
- 1051. What is the location of your call center(s)? Of these, which call center location(s) would be responsible for servicing NDPERS members?
- 1052. Describe how you manage spikes in call volume.
- 1053. Does your call monitoring application also provide for monitoring of screen navigation as well as call recording?
- 1054. How do you ensure that your representatives are providing timely and accurate information?
- 1055. Provide your customer service goals and actual performance rates for your book of business for the 2023, 2024, and 2025 calendar years for the following:
 - a. Abandonment – What was the rate? How is this measured and confirmed? What was the average abandonment time?

- b. Busy rate – What percent of calls received a busy signal? How is this measured and confirmed?
 - c. Time to answer – What was the average time to answer a call? What percent of calls took longer than 15 seconds to answer? What percent took longer than one minute? On average, what was the maximum wait time to speak with a representative?
 - d. First call resolution –What percent of calls were resolved at first point of contact? How is this measured and confirmed? What percent of calls were resolved with a return call within three days after the initial call?
 - e. Member survey – Provide a copy of member survey responses.
1056. Discuss your online services available to members, including details regarding information available through the portal.
1057. Could you provide a call center in North Dakota? If so, what would be the additional cost? What are the proposed hours of operation?

Claims Administration

1058. Provide the following information regarding the claims administration unit that will handle the NDPERS account. If there is more than one claims processing location, provide information for each.

| | Claims Processing Unit |
|--|------------------------|
| Address/Location | |
| Phone Numbers | |
| Days and Hours of Operation | |
| Number of Members Serviced | |
| Number of Employer Groups Serviced | |
| Ratio of Claims Unit Staff to Members Serviced | |
| Volume of Claims Processed Daily | |

1059. Will your organization identify a dedicated team of claims processors for the NDPERS account? If processors are shared with other clients, on average, how many clients does one team service? What is the average length of service of the claim processors?
1060. Confirm that you are able to administer the NDPERS Dakota Plan (Grandfathered and Non-Grandfathered) and Dakota Retiree Plan designs, High Deductible Health Plan/HSA and benefit levels without manual intervention. If you are unable to administer the current plan designs, you must specify any plan design deviations proposed as specified in the RFP.
1061. Describe your claims processing system/platform and claims administration process. Are you expecting to have any system upgrades over the course of this contract?
1062. How do you determine reasonable and customary ("R&C") charge allowances? What methodology is used (e.g. FAIR, Medicare)? What percentile is used? How often are R&C schedules updated?

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- 1063. Are Explanations of Benefits (EOBs) provided to each dependent for their services and mailed to the subscriber's address on file unless a request has been made by the dependent for an alternative mailing address?
- 1064. Are your EOBs customizable for the NDPERS plan?
- 1065. What is your frequency and method of distribution of EOBs?
- 1066. Provide information on the operational metrics given to the client related to claims processing and how often these are provided.
- 1067. How often do you audit your claims processing systems? What measures are in place to ensure claims accuracy?
- 1068. Please describe any usage of automation or artificial intelligence used by your claims processing team. What controls are in place for these tools?

Medical Information Technology

- 1069. Describe your options for external system connectivity and data transfer including web-enabled services/technology.
- 1070. Describe your privacy protection and data security standards (e.g., HIPAA, PHI). Describe certifications and other external audits. Describe the test criteria used to ensure the standards are met. Can you supply the results? Have you completed external ethical hacking tests?
- 1071. Are there any major system enhancements or conversions planned or being considered within the next 36 months? How are regulatory items managed in the release process? For packaged applications, what is the process and duration to upgrade a vendor release to the released version? What is the process used to maintain operating systems? What is the potential impact on NDPERS implementation?
- 1072. Describe your business continuity and disaster recovery plans for internet, eligibility, claims process and information management (data warehouse) systems. As part of the response, highlight any adjustments in the plan according to the magnitude and duration of the disaster (e.g., outages of one day, vs. a week, month, etc.).
- 1073. Have you had any security breaches involving electronic protected health information (PHI) or personal financial information? If so, what was the scope of the breach? Were disclosures made to affected individuals? What operations changes, if any, were implemented after the breach? Describe your capabilities to support management of PHI data including security breach response protocols. Do you have insurance to cover a breach? Describe how you will manage NDPERS risk exposure as a result of a breach.
- 1074. Describe your levels of security utilized in the proposed system and how each addresses HIPAA security rules/regulations.

Reporting

- 1075. Confirm your ability to provide the reports described in the RFP and provide samples.
- 1076. Describe your online reporting capabilities. Please describe the data/information and types of reports that can be accessed and downloaded from your online system. Please also specify if external users will have the capability of generating custom reports.
- 1077. Describe your process in providing customized ad-hoc reporting.
- 1078. Explain your ability to comply with the NDPERS current data warehouse arrangement by providing medical and pharmacy claims and enrollment data to NDPERS in a format agreed upon between you and NDPERS no less than monthly and within three months of award of contract.
- 1079. Please confirm that you will provide a monthly medical file feed, at no cost, to an NDPERS specified vendor to integrate with pharmacy claims and laboratory data.

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- 1080. If requested, please confirm you will provide complete medical claims data to other authorized third parties at no cost.
- 1081. Is your organization able to share information regarding wellness and disease management activities to be used in the data warehouse? If yes, what type of information is available?
- 1082. Do you participate in the North Dakota Health Information Network (NDHIN) reporting?

Case/Utilization Management

- 1083. Provide a brief overview of your utilization management programs, including pre-authorization, prior approval, concurrent review, discharge planning, and large case management.
- 1084. Does your organization offer an advocacy program that members can utilize to help with coordinating/managing a newly diagnosed disease for themselves or another covered member?
- 1085. What is the source of the criteria used for the following:
 - a. Determining surgical necessity and whether a second opinion is required.
 - b. Determining approved length of stay.
 - c. What percentile of the book-of-business data is used?
 - d. Approximately what percentages of review cases are referred to a physician because the initial review and attending physician cannot reach agreement on the proposed level of care?
 - e. Does this percentage vary between medical/surgical and psychiatric/substance abuse cases? If so, provide variances.
- 1086. What is the process for identifying members for large case management and how are claims transferred to case managers?
 - a. What are the automatic and manual triggers to identify cases for large case management? Are there controls and oversight in place for the automatic triggers?
 - b. How do you ensure that large cases are appropriately managed?
 - c. How do you calculate case management savings?
 - d. How do you work with medical group and hospital staff in the case management function?
 - e. How is data privacy handled when claims trigger case management?
- 1087. Please describe any enhancements that your organization plans to make to their case management and utilization management programs.

Health Risk Management Programs

- 1088. Indicate in the table below if you currently provide the care or disease management program listed, the number of members from North Dakota-based employers currently enrolled, the cost per participant, and its accreditation status.

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| | Program | Number of Members Enrolled (ND) | Is Cost Included in Proposal? (Y/N) | Cost if Not Included (Per Contract Per Month or PCPM) | Accredited? If so, indicate accrediting organization. |
|--------------------------|--|--|--|--|--|
| <input type="checkbox"/> | Arthritis | | | | |
| <input type="checkbox"/> | Asthma | | | | |
| <input type="checkbox"/> | Cancer | | | | |
| <input type="checkbox"/> | Congestive Heart Failure | | | | |
| <input type="checkbox"/> | COPD | | | | |
| <input type="checkbox"/> | Depression | | | | |
| <input type="checkbox"/> | Anxiety | | | | |
| <input type="checkbox"/> | Diabetes | | | | |
| <input type="checkbox"/> | Low Back Pain | | | | |
| <input type="checkbox"/> | Stress | | | | |
| <input type="checkbox"/> | High Risk Pregnancy/ Prenatal Support | | | | |
| <input type="checkbox"/> | Hypercholesterolemia | | | | |
| <input type="checkbox"/> | Pain Management | | | | |
| <input type="checkbox"/> | Musculoskeletal | | | | |
| <input type="checkbox"/> | Renal Failure | | | | |
| <input type="checkbox"/> | Weight Management | | | | |
| <input type="checkbox"/> | Other, please indicate: | | | | |

1089. Briefly describe each of the programs currently offered, if it is included in your cost proposal, and, if not, the cost of adding each program not included. Do you currently track and report specific clinical outcome measurements for each of the conditions for which care/disease management is offered? Please list them.
1090. Are you willing to customize your care/disease management programs and services for NDPERS? If so, please explain and provide an example of a program you developed and utilized with another client. Include any ROI or outcome data that was measured on the effectiveness of the program.

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1091. Describe how you coordinate members involved in more than one program, for example members with diabetes and chronic heart failure.
1092. Describe the programs offered to patients with rare and chronic diseases. Is this program outsourced? Who is the current vendor?
1093. What is your organization doing to identify and reduce health outcome disparities by race, ethnicity, or other social determinants of health?
1094. What reporting can you offer NDPERS to track the efficacy of programs?
1095. Describe in detail your ability to provide online wellness programs. Compare it to the existing program presently in the NDPERS program (see Exhibits 1, 2, & 25. Specifically identify any deviations from the existing programs. Include any future enhancements that are planned, including planned date for roll-out of the new feature. Describe Wellness incentives you offer. Compare and contrast that with the existing incentives. (See Exhibits 1 & 2).
1096. Describe your ability to support NDPERS Wellness initiatives by providing the administrative services for:
- a. NDPERS Diabetes Program (About the Patient Program coordinated with the ND Pharmacy Assoc.)
 - b. Dedicated Wellness Program Consultant and Educators
 - c. Healthy Pregnancy program
 - d. New programs or mandates
 - e. Diabetes Prevention Program
 - f. \$250 Wellness Incentive with required tax reporting to employers and retirees
 - g. Silver & Fit, or comparable program, for Medicare retirees
1097. Describe your ability to support the employer-based wellness program and the wellness benefit funding program. See current wellness program here as reference:
<https://ndpers.nd.gov/employers/employer-resources/employer-based-wellness/>

Network Accessibility and Disruption

1098. We are requesting that Vendors provide a GeoAccess network accessibility and disruption analysis in Appendix E1. If you are proposing a combination of owned and leased networks, please provide your results separately by network. This GeoAccess analysis must be provided for your proposed NDPERS network(s). When providing GeoAccess, please provide supporting documentation as an attachment to your response.
1099. Provide a listing or provider directory and link to the web for the provider networks you are proposing for NDPERS.
1100. Identify and describe your national preferred provider organization.
1101. Does your network exclude any major health systems or provider practices in North Dakota?
1102. Describe how an employee or dependent that requires care while outside of North Dakota will be provided services. Example: a dependent who requires care over an extended period while away from home (e.g. student attending college). Do you have “guest” or “visitor” status programs for people who are temporarily domiciled outside of the service area?
1103. Confirm your willingness to negotiate and maintain NDPERS-specific provider contracts to allow for cost control mechanisms and alignment of contract and plan years. Also discuss how you would maintain the existing NDPERS PPO program. Describe your process and approach for accomplishing this.
1104. How often is your provider network reviewed and updated?

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- 1105. Are there quality metrics in place for your provider networks?
- 1106. Does your organization offer telehealth services beyond those required in North Dakota statute? If so, please describe the network available, how services are billed, and provide a general overview of the program.
- 1107. Does your organization offer any narrow or tiered networks? If so, please describe these network options including level of discount differences between the option and your traditional network.
- 1108. Does your organization offer a wrap network option for members who reside in regions outside the primary network’s geographic coverage? If so, please describe the structure and access guidelines for your wrap network, as well as the level of discount differences between the wrap network and your traditional network.
- 1109. Does your organization offer any value-based-care networks? If so, please describe these networks, including the criteria for provider inclusion, the performance metrics used to evaluate providers, and the frequency of provider evaluation.
- 1110. Do you anticipate any significant provider contract changes for 2026 and beyond? Describe any expected changes.
- 1111. Describe your process for negotiating out-of-network costs. Do you retain any portion of savings or charge any fees as a result of out-of-network negotiations?
- 1112. Complete the table below by type of behavior health specialist.

| Behavioral Health Network | Mental Health Providers | Chemical Health Providers |
|---|--------------------------------|----------------------------------|
| A. Percent of NDPERS population within 30 minutes or 30 miles of a specialist | | |
| B. Percent of providers accepting new patients | | |
| C. Average wait time to secure an appointment | | |

- 1113. What strategies do you have in place to improve accessibility to licensed mental health providers?
- 1114. How many of your network providers specialize in working with first responders, law enforcement, and corrections staff?
- 1115. How many of your providers are self-identified as black, indigenous and people of color (BIPOC)?
- 1116. Please describe your telehealth services as it pertains to mental and chemical health:
 - a. Have your telehealth services expanded as a result of the pandemic? If so, will the changes be permanent?
 - b. Please describe how telehealth visits are reimbursed to providers. Are reimbursements equal to regular office visits?

Cost, Quality, and Pay for Performance

- 1117. Describe the programs and methodologies currently in place to gather and measure meaningful provider quality and efficiency data that can be shared with members.
- 1118. Describe any online transparency tools you have available that members can access to view quality and/or cost information on your network providers. Provide access to this site. How often is the information updated on the site?
- 1119. Please describe any predictive analytic capabilities you currently use or plan to use to manage quality of care and cost.
- 1120. Describe in detail the performance standards you currently have in place with your contracted physicians, provider groups, hospitals, and other providers. Outline the types of measures utilized, how you monitor and track these measures, how providers are held accountable, and how frequently the data is compiled and shared with the physicians and provider groups.
- 1121. Describe your participation in pay-for-performance initiatives. To what extent do these activities impact the health care costs of NDPERS or claims incurred by its covered population? What percentage of your contracts are pay-for-performance? How is this likely to change in the next 2-3 years?

Credentialing and Contracting

- 1122. Briefly describe the initial credentialing process. How often are physician, hospital, and other contracts (labs, imaging facilities, Durable Medical Equipment (DME), home health care) reviewed?

Reimbursement and Discounts

- 1123. Provide the reimbursement methodologies (by percentage) agreed to in your contractual arrangements to reimburse inpatient and outpatient hospital services (e.g., discount from charges, case rate, per diem, global Diagnosis-Related Group (DRG), fee schedule, etc.).
- 1124. Provide the reimbursement methodologies (by percentage) used to reimburse professional services (e.g., fee-for-service from billed charges, fee-for-service with discount, percent of Resource-Based Relative Value Scale (RBRVS), capitation).
- 1125. How often are your R&C databases updated? What data version of Usual, Customary, and Reasonable (UCR) are you using?
- 1126. Do you negotiate discounts with non-network providers on a case-by-case basis? Please describe your negotiation process (including criteria used to determine when this will be done.) Do you charge for these special negotiations? If so, how is that charge assessed to NDPERS?
- 1127. If a network physician directs a member to a non-network lab for services, how is that lab service paid?
- 1128. If certain specialties (e.g. radiology or anesthesiology) or services (e.g. ambulance) are not represented in your network of providers, do you have the ability to pay these services as in-network if they were completed at an in-network facility?
- 1129. Provide your estimate of the percentage of charges that will be processed in North Dakota under your network.
- 1130. NDPERS presently has a value-based contract in place with certain providers in North Dakota. See Exhibit E27. Discuss your ability to offer the same or similar program. Identify if any additional cost would be required for such an option.
- 1131. Provide details on any recent, upcoming, or anticipated changes to the risk-based contracting profile of your network (e.g. Accountable Care Organizations (ACOs), innovative contracts, changes to the level of provider risk, etc.).

Performance Standards and Guarantees

As described in Section I. Overview of this RFP, health plan Vendors are required to comply with performance standards and guarantees that include a financial incentive/forfeiture which is negotiated as part of the renewal process. See Appendix H for a copy of these performance standards and guarantees. You are required to offer your performance standards and guarantees for the Board's consideration using Appendix H. It is a priority for the Board to have a comprehensive set of standards and guarantees relating to this plan.

1132. Please confirm you have completed Appendix H and confirm your willingness to comply with the performance standards and guarantees or provide suitable alternatives. Identify your process for measurement and audit availability. Identify any additional standards and metrics your organization would be willing to include.

HDHP/HSA

1133. Describe how your organization will administer the HSA option. What details are provided to individuals that select this option, the enrollment process, claim reimbursement options, limit monitoring, ability to accept employee pre- & post-tax contributions, record-keeping, fees, reporting capabilities, the name of the service vendor and any other applicable information.
1134. Will your organization also provide banking services associated with health savings accounts paired with an HDHP plan?

Economy to be Affected

1135. Please indicate if you will have an office in North Dakota and where most of the work on this contract will be done?
1136. Please identify the number of employees you will employ in North Dakota pursuant to this contract.
1137. Of your total administrative fee, please estimate the amount that will be spent in North Dakota and the amount that will be spent outside the state.

Fiduciary Responsibility

1138. Confirm your organization will assume full fiduciary responsibility for claim determination.

Appeals Process

1139. Please describe your internal and external appeals process for fully-insured plans. This includes any limits to appeals as well as rights and responsibilities.
- a. What is the timeline to respond to appeals?
 - b. Is there a clinical protocol to distinguish medical necessity from administrative benefit denials?
 - c. Describe the medical standards of care utilized when reviewing an appeal.
 - d. How and when do you communicate to patients and providers?
 - e. Provide an overview of the staff involved in reviewing appeals, as well as their qualifications and experience. Do different staff review initial and secondary appeals?
 - f. Describe the process/approach utilized for cases where agreement cannot be reached between the patient and the health plan.

Actuarial Services

1140. As part of the fully-insured contract NDPERS is asking that the Vendor's actuary will do certain actuarial work for the Board. Confirm your ability to provide these services and that they are included in the cost proposal:
- a. Develop estimates of the cost of adding/deleting benefit provisions to the plan
 - b. Provide NDPERS estimates of potential premium cost for 2029-2031 in the first half of 2028
 - c. Provide NDPERS actuary with actuarial analyses of proposed legislation and plan design changes.
 - d. Actuarial services NDPERS may request.

Pharmacy Benefit Management

If you are proposing fully insured medical with prescription drug coverage, the following section of this questionnaire (below) must be completed. If you are submitting a fully insured medical only bid these questions do not need to be answered.

The responses to this questionnaire should be based on the organization or operations that will administer the pharmacy benefits for eligible NDPERS employees and dependents.

Compliance with North Dakota Statutory Requirements

1141. Indicate that you will comply with all the requirements of North Dakota Century Code (N.D.C.C), including chapter 54-52.1.
1142. Indicate if you could comply with the preference criteria in 54-52.1-04.15.
1143. Indicate if your proposal includes:
- a. Compliance with 54-52.1-04.16
 - b. Does not include compliance 54-52.1-04.16
 - c. Includes both
1144. Indicate any areas of the North Dakota Century Code you cannot meet and why.

Pharmacy Benefit Management Organization General Information

1145. Please provide the legal name of the company that will be providing the pharmacy benefit management (PBM) services in this contract.
1146. Please describe the PBM's corporate governance structure.
1147. Where is the PBM headquartered?
1148. How many years has the PBM been in operation?
1149. How many commercial plan sponsors does the PBM serve?
1150. Does the PBM have ownership stake in any pharmacies or drug manufacturing channels?
1151. How many government (Federal, State, Local) plan sponsors does the PBM serve?
1152. How many member lives are in the PBM's book-of-business?
1153. How many member lives does the PBM serve in North Dakota?
1154. How many total lives are in the PBM's book-of-business (e.g. "all lives", includes other health plans, rebate aggregation, etc.)?
1155. Does the PBM outsource any of its operations or business functions? If so, which functions and through which organization(s)? Please provide a list of all locations/countries where the PBM's outsourced functions take place. Specify which services may require a separate Business Associate Agreement (BAA) to be filed.

- 1156. Please provide a copy of the PBM's audited financial statement or other financial information. Include, at a minimum, a Balance Sheet and a Profit and Loss Statement, together with the name and address of the bank(s) with which the PBM conduct business and the public accounting firm(s) that audit the PBM's financial statements. Other sufficient information may include a written statement from a financial institution confirming the creditworthiness and financial stability of the PBM.
- 1157. What teaming arrangements, joint marketing arrangements and/or partnerships does the PBM currently have in place with other organizations (health plans, PBMs, Pharmacies, Others)? Please Describe.
- 1158. Does the PBM have strategic advantages in North Dakota that make it a better choice for NDPERS than other vendors?
- 1159. How are the PBM's strategic initiatives aligned to provide greater transparency in the pharmacy landscape?
- 1160. Does the PBM contract supporting the fully-insured contract expire during the course of the NDPERS biennium (2027 – 2029)?
- 1161. What unique and differentiated capabilities does the PBM offer to NDPERS? Are there any difference in capabilities between a standalone and integrated medical and pharmacy offering?

Pharmacy Benefit Clinical Management

- 1162. Please describe your approach to clinical management in the pharmacy benefit.
- 1163. Please provide a list of your clinical programs with a short description of each and associated cost for each program. At minimum, please include prior authorization, step therapy, quantity limits, drug utilization review, opioid management, diabetes management, compound management, and specialty drug management programs. If applicable, please include return-on-investment guarantees or measurement metrics for each program.
- 1164. Based on the plan design currently in place, the drug utilization, and the demographics, what are three specific recommendations to reduce cost and/or improve the health of NDPERS members (without changing plan design elements like copays)?
- 1165. Please describe the accreditations you maintain (URAC, JCAHO, NCQA).
- 1166. Please describe your capabilities of combining pharmacy data with medical data for individual members to coordinate care, case management, and utilization oversight.
- 1167. Please describe your Pharmacy & Therapeutics Committee (P&T) and the formulary review process.
- 1168. Please describe your approach or solutions to manage compound medications. Please note if you have a dollar threshold for prior authorization, exclusion strategy, or another approach.
- 1169. Please discuss how you measure adherence. Do you track medication possession ratio (MPR) and/or proportion of days covered (PDC)? Are there other factors you evaluate for certain therapeutic classes?
- 1170. Do you align your performance measurement with national quality measures (e.g. HEDIS)?
- 1171. What tools and programs do you utilize to shift percent of membership toward formulary and preferred/generic drugs? Specify how this works with regards to biosimilars.
- 1172. What measures are in place to control cost and utilization when GLP-1 drugs are prescribed for diabetes? Which GLP-1 medications are preferred, covered, excluded, or require prior authorization? How is authorization for GLP-1 drugs determined? Does this follow regulatory guidance? Are there quantity limits in place for the GLP-1 drugs? How are patient outcomes measured for those that take GLP-1 drugs?

- 1173. How do you measure the return on investment on clinical edits on an ongoing basis? What kind of reports and services do you provide to evaluate existing clinical edits and model return on investment for future clinical edits?
- 1174. Provide a description of your prior authorization process, including type of personnel involved in the process and average turnaround time.
- 1175. Please describe the process for any step therapy programs that you may offer.
- 1176. Do clients have access to your system to enter administrative prior authorization overrides?
 - a. How does the process work?
 - b. Is training provided?
 - c. Will your client be able to report on volume of overrides and outcomes determination?
- 1177. Describe your quality assurance measures for your prior authorization process. What reports and tools do you provide for clients to assess if state/federal/NCQA quality measures (e.g. timeliness, overturn rates, accreditation) are met?
- 1178. Describe how you calculate return on investment of prior authorizations performed. What reports do you provide to your clients to assess ROI, denial rate, appropriateness of denials? Are there differences in the prior authorization process for fully-insured groups compared to your self-insured book-of-business?
- 1179. Explain your process around instances when your prior authorization team cannot immediately contact the provider (i.e., how often do you attempt to contact the provider, what methods do you use to contact the provider, what do you do when you get no response). Include details of timing for each step.
- 1180. Please describe how members are notified of denials and expiration of prior authorizations.
- 1181. Describe all programs related to identification and management of potential abuse by members, providers, and pharmacies.
- 1182. Please provide a list of real-time utilization (concurrent) review elements at retail pharmacies and with mail order. How are interventions managed? How are outcomes of interventions documented?
- 1183. Does your Retrospective Drug Utilization Review (RDUR) Program target physicians and members? How do you notify physicians and members?
- 1184. Please provide a list of RDUR edits. What is the timeframe for intervention? Is the intervention automated? Fax? Is there a survey collected to assess the usefulness of the intervention? Are responses charted to provide auditable savings results?
- 1185. Do you work with any electronic medical record (EMR) companies to provide prescription drug information to prescribers?
- 1186. Are you capable of receiving data and integrating it from an EMR?
- 1187. Do you have a preferred partner for electronic prior authorization and eligibility/formulary verification?
- 1188. What percentage of claims in your book-of-business are e-prescribed?
- 1189. Please provide sample reports that document savings of clinical programs (case management, disease management, utilization review, etc.) that NDPERS will be receiving monthly, quarterly, etc.

Specialty Pharmacy

- 1190. How many specialty pharmacies do you operate?
- 1191. Are your specialty pharmacies owned or subcontracted?

1192. Which specialty pharmacy would primarily service the NDPERS account?
1193. Is the proposed specialty network an open network (where members can use any specialty pharmacy) or exclusive network (members may only use Vendor's network)?
1194. Please describe your approach to specialty pharmacy. Please focus on the aspects that differentiate your services in the market.
1195. Are members contacted before each specialty fill? If so, is the outbound call made by a representative or an automated call?
1196. What is the average length of time spent with a member prior to the first fill of their specialty medication?
1197. Do you have pharmacists and technicians that are dedicated to serving members with certain disease states?
1198. Please describe any specialty patient assistance programs that are offered. Describe how you can maximize the value of these programs for the member and the plan.
1199. For any specialty patient assistance programs, describe if your programs are income based and/or rebate compliant.
1200. Please describe your strategy (formulary or more broadly), and how you engage your fully-insured clients on coverage decisions related to high-cost therapies (e.g., CAR-T, Zolgensma).
1201. Please describe specialty site-of-care programs or initiatives or partnerships.
1202. Please describe solutions available to address rising costs of prescription drugs and how this affects total cost of care.
1203. Please describe how drug coupon programs and other copay assistance programs work with a member's pharmacy plan. Do these accumulate towards a member's out-of-pocket maximum?
1204. Please confirm that specialty products shipped in error, damaged in shipment, lost in transit, left by courier without confirmation of receipt and rendered unusable by NDPERS due to negligence or error in delivery process will not be the financial responsibility to NDPERS. How are these types of shipment errors reported to NDPERS?
1205. Describe your specialty drug trend forecasting services. For example, how is the specialty drug pipeline monitored and what modeling tools are available to demonstrate the financial impact to the Client?
1206. What percentage of Limited Distribution Drugs commercially available do you have access to?
1207. What is the process for procuring any limited distribution drugs that you currently do not have access to?
1208. Do you have infusion services? Can you arrange for nurses or other assistance on behalf of the member?
1209. Please provide a copy of your proposed specialty drug list including national drug code (NDC), drug name, and formulary tier in excel format. Please include on the specialty drug list, or provide as a separate list, indicators for limited distribution drugs and include a separate indicator if you are an authorized distributor for that product.

Formulary

NDPERS formulary has three coverage tiers. Tier 1 includes formulary generic drugs, Tier 2 includes formulary brand drugs, and Tier 3 includes all non-formulary products. Please provide a quote based on your formulary that best aligns with NDPERS current structure. Include a designation for which drugs are specialty and which are Limited Distribution Drugs (LDD).

- 1210. Please describe your formulary offerings.
- 1211. Please indicate which formulary is being proposed for NDPERS, and why?
- 1212. If your proposed formulary is exclusionary, how many products are excluded?
- 1213. How frequently is your proposed formulary updated?
- 1214. If desired, could you grandfather existing members for a select period of time (1-3 fills, 1 year, indefinitely)?
- 1215. Does the proposed formulary require compliance with formulary utilization management controls (prior authorization and/or step therapy and/or quantity limits) or are all formulary and clinical utilization management programs an "add on" after the formulary is selected?
- 1216. Does your formulary include all generics in the lowest cost tier and all brands in the preferred or non-preferred tiers or does your proposed formulary tier brand and generic products according to different criteria?
- 1217. Please discuss your position regarding "lowest net cost" as it relates to your formulary strategy and your flexibility in facilitating a "lowest net cost" strategy for clients.
- 1218. Does your proposed formulary exclude drug products that are high-cost with low clinical value (e.g. combination products where the combined products could be bought separately for a fraction of the cost)?
- 1219. Do you have controls or procedures to manage drugs that rapidly increase in price? Please describe how you monitor drug price inflation and the options that plan sponsors may have to mitigate this risk.
- 1220. Will you agree to maintain one comprehensive Maximum Allowable Cost (MAC) list for NDPERS at retail and mail throughout the term of the contract?
- 1221. Will you agree to utilize the lowest price MAC list compared to any other PBM maintained MAC list for NDPERS?
- 1222. Please confirm you will provide a copy of the MAC list, including NDC and drug prices upon request.
- 1223. If desired, could you grandfather existing members for a select period of time (1-3 fills, 1 year, indefinitely)?
- 1224. Does your fully-insured proposal include any rebate payments back to the client?
- 1225. Please provide a copy of your proposed Formulary including National Drug Code (NDC), drug name, and formulary tier in Excel format.
- 1226. Complete Appendix E2 – Network Access & Formulary Match

Data Analytics & Management Reporting

- 1227. Describe data analytic and reporting capabilities currently available.
- 1228. Specify any predictive analytics used with your reporting capabilities and describe controls in place.
- 1229. Is there an extra charge for data analytic services? If so, what are the charges?
- 1230. Describe or provide samples of standard reports around cost and utilization for the plan and its customers.
- 1231. Please confirm that you will provide a monthly prescription drug file feed, at no cost, to an NDPERS specified vendor to integrate with medical claims and laboratory data.
- 1232. If requested, please confirm you will provide complete pharmacy claims data to other authorized third-parties at no cost.

- 1233. What data types can you currently take-in and integrate for analytic purposes (e.g., Rx claims, lab data, utilization reports, etc.)?
- 1234. How do you notify/advise clients of new drugs in the pipeline and potential budget impact as well as benefit design implications?
- 1235. Describe what applications are used to deliver results (e.g., dashboard web-based reporting)
- 1236. What is your ability to provide web-based reporting? Does the user have the ability to create custom queries, drill-downs, etc.?
- 1237. Do you provide on-line training for web-based reporting? Please describe.
- 1238. How do you communicate drug recalls and warning notifications?
- 1239. What is your ability to provide customized and/or ad-hoc reporting and associated fees, if any?
- 1240. What is your ability to generate prior authorization (PA) reports that define denied and approved PAs, percentage of total requests approved, turnaround times and costs by product, group, region?
- 1241. Describe or provide samples of standard reports around cost and utilization for the plan and its customers.
- 1242. Please confirm that you will support NDPERS with any reporting requirements to support compliance with regulatory requirements. This includes RxDC reporting, housing of machine-readable files, transparency in coverage reporting, etc.
- 1243. Include sample copies of available reports.

Customer Service

Please answer the following if the customer service operations are different than the customer service operations for the medical segment of the business, including, but not limited to.

- 1244. What is the location of the PBM call center(s)?
- 1245. What call center(s) would be responsible for servicing NDPERS members?
- 1246. Describe your use of Interactive Voice Response (IVR).
- 1247. Will the PBM have a dedicated phone number for NDPERS?
- 1248. Is the pharmacy call center available to members 24/7/365?
- 1249. Is a pharmacist available to members 24/7/365?
- 1250. Can a member leave a message at the member service line after hours? If so, what is the protocol for responding to this message?
- 1251. What is your first call resolution rate in the pharmacy call center?
- 1252. Do you have the capability to record 100% of the calls?
- 1253. Does your call monitoring application also provide for monitoring of screen navigation as well as call recording?
- 1254. Does your customer service inquiry system allow representatives to record comments so other customer service representatives can view previous notes to assist members?
- 1255. Describe in detail the training and qualifications of the customer service representatives. How will they be trained and educated on NDPERS specifics and new initiatives?
- 1256. How will you assist with notifying members when the formulary status of medication has changed?

1257. Do you track Net Promoter Score (NPS)? If so, please provide the most recent NPS and describe if it applies to specific business segments (e.g. customer service).
1258. How do you define/track member complaints and/or grievances?
1259. How do you report the complaints and grievances?
- What are your turnaround times? Describe your workflow process.
 - How are complaints/grievances tracked by reason code?
 - Do you maintain a complaint log? Describe your complaint resolution process.
1260. Will the appeal process for pharmacy service be different than for medical services: If so describe the appeal process. Provide materials used for member, physician, and pharmacy notification and provide your workflow process including turnaround times. How do you manage the process differently for states with unique requirements?
1261. Describe how written inquiries are handled.
1262. Please describe your member website and member portal.
- Can your website provide NDPERS specific plan information?
 - Does your website offer a pharmacy locator? Does the site offer information on retail stores that are open 24 hours/day?
 - Can members see their prescription drug claim history on the website?
 - Describe the web-enabled pricing comparison tools available to your members. Will the pricing tool account for NDPERS plan design?
 - Does your web-enabled pricing comparison tool provide pricing detail by pharmacy?
1263. Does your mobile app and/or mobile enabled website include the following:
- Formulary information
 - Network pharmacy lookup
 - Plan design information
 - Member ID card
 - Claims history
 - Family claims history
 - Drug price lookup by pharmacy

Retail Pharmacy Network

1264. Please describe your retail pharmacy network strategy and how it is differentiated from competitors.
1265. List any stake you may have in the retail networks.
1266. List the name of your proposed network and the number of retail pharmacies that participate in North Dakota and nationally.
1267. Based on the member zip data in Exhibit E9, please submit a Geo-Access analysis.
1268. Please describe your credentialing process including the process for removing pharmacies from the network. How often is credentialing/re-credentialing undertaken?
1269. Describe your 90-day retail network (including % of ND pharmacies in-network) and potential cost savings to NDPERS.

1270. Does your retail network contracting recognize some of the unique challenges of largely rural state? If so, how?

Mail Service

1271. How many mail service pharmacies do you operate?
1272. Where are your mail pharmacies located? Which mail service pharmacy would primarily service the NDPERS account?
1273. Are your mail service pharmacies owned or subcontracted?
1274. Do you have a program at the mail facility to align and bundle shipments for members with more than one prescription?
1275. How do you assure patient consent to send an order prior to shipping?
1276. Are there any items/medications you do not ship (e.g. controlled substances)?
1277. What company or companies do you have shipping contracts with for the mail service?
1278. Can members track their mail order prescriptions?
1279. Can you deliver mail or specialty medications to the member's location of choice (e.g. home address, office, doctor's office, hospital, pharmacy, neighbor's address)?
1280. How long will you hold a prescription that requires an intervention before returning, filling, or calling members?
1281. Do you retain member credit cards? If so, what security measure do you employ to protect this information?
1282. Is payment required before orders are shipped? If not, what is the maximum outstanding balance owed before you hold orders?
1283. Do you provide Durable Medical Equipment items through the mail pharmacy?
1284. Are you willing to agree that medications shipped in error, damaged in shipment, lost in transit, left by courier without confirmation of receipt when requested, and rendered unusable by NDPERS due to negligence or error in delivery process will not be the financial burden to NDPERS or our patients? How are these types of shipping errors reported to NDPERS?

Eligibility

1285. Please describe any differences in eligibility management for the prescription drug benefit compared to the medical benefit.

Regulatory and Compliance

1286. Please detail your due diligence process used in retaining the proposed PBM. Including but not limited to: review of any outstanding disputes, that the PBM is fully licensed, complaints from providers and covered members, fines, integrity of data systems, any data breaches, lawsuits, etc.

Implementation

1287. Pharmacy related implementation detail should be included in the medical section of your response.