Appendix C2. Self-Insured Medical Questionnaire

This questionnaire must be completed if your organization is proposing self-insured medical plan administration for NDPERS.

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 additional information on services in response to a question please specifically indicate that it is not included in the covered services offered in your proposal. If not indicated those services will be considered to be a part of your proposed base fees. However, responses to all of 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 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.**

The questionnaire is broken down 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
- Reimbursements and Discounts
- Performance Standards and Guarantees
- HDHP/HSA
- Economy to be affected
- Fiduciary Responsibility

- Appeals Process
- Regulatory / Compliance
- Confidentiality
- Lawsuits/Claims
- Related Party Issues
- Discussion of Information Used to Manage Business
- Controls / Compliance
- Risk Management and Insurance Information

Organizational Background, Strength, and Experience

2001. Provide a brief description of your organization, including your company 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.).

2002. 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.

2003. Provide a copy of the most recent SOC 2 report.

2004. Provide a copy of any State or Federal regulatory audit performed within the last two years.

2005. 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

2006. 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.

2007. 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.

2008. 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.

2009. 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.

2010. 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.

2011. Describe how your organization differentiates itself from your competitors. Specifically, what makes your organization the best partner for NDPERS?

2012. 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.

2013. 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		

2014. 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.

2015. Confirm that your proposal includes any and all deviations to the Minimum Contract Requirements and other RFP requirements (via submission of Appendix F).

2016. 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.

2017. Has your company been involved in any mergers or acquisitions in the prior 24 months? If so, how will those events impact NDPERS?

References

2018. 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)

2019. 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

2020. 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, Incumbent Vendor and NDPERS staff
   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

2021. 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 individual(s) 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)

2022. Will you agree to let NDPERS switch account team members if NDPERS is dissatisfied with service or fit?

2023. What is the account team turnover rate (%)?

2024. 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.

2025. Will you provide any credits to support implementation?

2026. Please provide the requested information for the functions that will be servicing NDPERS in the table below:

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			❑ Yes *Specify Company Name:* ____________ ❑ No
Claims Processing			❑ Yes *Specify Company Name:* ____________ ❑ No

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*
Enrollment and Eligibility			❑ Yes *Specify Company Name:* ________________ ❑ No
Disease Management			❑ Yes *Specify Company Name:* ________________ ❑ No
Case and Utilization Management			❑ Yes *Specify Company Name:* ________________ ❑ No
Health, Education and Wellness Programs/Services (including dedicated wellness support staff)			❑ Yes *Specify Company Name:* ________________ ❑ No
Health Savings Account (HSA)			❑ Yes *Specify Company Name:* ________________ ❑ No
Pharmacy Benefits Management			❑ Yes *Specify Company Name:* ________________ ❑ No
Other (Specify functional area)			❑ Yes *Specify Company Name:* ________________ ❑ No

Communications and Website

2027. 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.

2028. 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?

2029. Describe how you handle communications for the post-65 programs that you will offer to NDPERS retirees.

2030. What reading grade level are your written and website communications written to? Are other languages available? What customization is allowed related to member communications?

2031. Does your website provide NDPERS specific plan information?

2032. Does your website offer a provider locator? What additional information does your site provide?

2033. Describe any additional web-based capabilities that could benefit NDPERS and our members.

2034. Do you have a mobile app and/or mobile ID card available to your members? Please describe the capabilities.

2035. 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. .

2036. Please provide a copy of your Accessibility Conformance Report (ACR) and the Voluntary Product Accessibility Template (VPAT).

Plan Administration

2037. 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.

2038. 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 prepared 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 in the base administrative fee.

   b. Are you prepared 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?

   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.

2039. 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 22).

2040. 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.

2041. 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.**

2042. 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		

2043. Please describe your standard (or proposed) financial arrangements with NDPERS under a self-funded arrangement including but not limited to: account requirements and process for claim payment, frequency of reimbursement to the administrator for claims paid, methodology for funds transfers, required reserves in claim account, etc.

Eligibility

2044. Are ID paper/electronic cards the sole means of determining member eligibility? If not, please describe.

2045. 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.

2046. NDPERS will submit enrollments 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 data base and used for ID cards and all transactions/communications related to the member's participation in the plan. 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.

2047. Please describe how you handle manual eligibility updates and the turn-around/timing of such updates.

2048. Please describe your process in coordinating eligibility between the medical plan you propose and the carve-out Rx solution.

Customer/Member Service

2049. 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.

2050. Provide information on the operational metrics given to the client related to customer services and how often these are provided.

2051. 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?)

2052. Does your organization have online support, where a member can chat online with a customer service representative, or email a question to your organization?

2053. 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?

2054. Does your customer service inquiry system allow representatives to record comments so other customer service representatives can view previous notes to assist members?

2055. What is the location of your call center(s)? Of these, which call center location(s) would be responsible for servicing NDPERS members?

2056. Describe how you manage spikes in call volume.

2057. Does your call monitoring application also provide for monitoring of screen navigation as well as call recording?

2058. How do you ensure that your representatives are providing timely and accurate information?

2059. Provide your customer service goals and actual performance rates for your book of business for calendar year 2023, 2024, and 2025 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 – How is this measured and confirmed? What percent of calls were resolved at first point of contact? 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.

2060. Discuss your online services available to members, including details regarding information available through the portal.

2061. Do you have a mobile app and/or mobile ID card available to your members? Please describe the capabilities.

2062. 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

2063. 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	

2064. 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?

2065. Confirm that you are able to administer the current 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.

2066. Describe your claims processing system/platform and claims administration process. Are you expecting to have any system upgrades over the course of this contract?

2067. 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?

2068. 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?

2069. Are your EOBs customizable for the NDPERS plan?

2070. What is your frequency and method of distribution of EOBs?

2071. Provide information on the operational metrics given to the client related to claims processing and how often these are provided.

2072. How often do you audit your claims processing systems? What measures are in place to ensure claims accuracy?

2073. 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

2074. Describe your options for external system connectivity and data transfer including web enabled services/technology.

2075. 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?

2076. 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?

2077. 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.).

2078. 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 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.

2079. Describe your levels of security utilized in the proposed system and how each addresses HIPAA security rules/regulations.

Reporting

2080. Confirm your ability to provide the reports described in the RFP and provide samples.

2081. 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.

2082. Describe your process in providing customized ad-hoc reporting.

2083. Explain your ability to comply with the NDPERS current data warehouse arrangement by providing medical 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.

2084. 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.

2085. If requested, please confirm you will provide complete medical claims data to other authorized third parties at no cost.

2086. 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?

2087. Do you participate in the North Dakota Health Information Network (NDHIN) reporting?

Case/Utilization Management

2088. Provide a brief overview of your utilization management programs, including pre-authorization, prior approval, concurrent review, discharge planning, and large case management.

2089. 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?

2090. 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.

2091. 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 support?

2092. Please describe any enhancements that your organization plans to make to their case management and utilization management programs.

Health Risk Management Programs

2093. 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.

	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.
☐	Arthritis				
☐	Asthma				
☐	Cancer				
☐	Congestive Heart Failure				
☐	COPD				
☐	Depression				
☐	Anxiety				
☐	Diabetes				
☐	Low Back Pain				
☐	Stress				
☐	High Risk Pregnancy/ Prenatal Support				
☐	Hypercholesterolemia				
☐	Pain Management				
☐	Musculoskeletal				
☐	Renal Failure				
☐	Weight Management				
☐	Other, please indicate:				

2094. Briefly discuss each of the programs currently offered, identify if it is included in your cost proposal and if not the cost to add each program. 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.

2095. 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.

2096. Describe how you coordinate members involved in more than one program, for example members with diabetes and chronic heart failure.

2097. Describe the programs offered to patients with rare and chronic diseases. Is this program outsourced? Who is the current vendor?

2098. What is your organization doing to identify and reduce health outcome disparities by race, ethnicity, or other social determinants of health?

2099. What reporting can you offer NDPERS to track the efficacy of programs?

2100. Describe in detail your ability to provide online wellness programs. Compare to existing programs currently provided by NDPERS (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).

2101. 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

2102. 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/

2103. Network Accessibility and Disruption

2104. 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.

2105. Provide a listing or provider directory and link to the web for the provider networks you are proposing for NDPERS.

2106. Identify and describe your national preferred provider organization.

2107. Does your network exclude any major health systems or provider practices in North Dakota?

2108. 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?

2109. 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 maintain the existing NDPERS PPO program. Describe your process and approach for accomplishing this.

2110. How often is your provider network reviewed and updated?

2111. Are there quality metrics in place for your provider networks?

2112. 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.

2113. 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.

2114. 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.

2115. 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.

2116. Do you anticipate any significant provider contract changes for 2026 and beyond? Describe any expected changes.

2117. 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?

2118. 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		

2119. What strategies do you have in place to improve accessibility to licensed mental health providers?

2120. How many of your network providers specialize in working with first responders, law enforcement, and corrections staff?

2121. How many of your providers are self-identified as black, indigenous and people of color (BIPOC)?

2122. 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

2123. Describe the programs and methodologies currently in place to gather and measure meaningful provider quality and efficiency data that can be shared with members.

2124. 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?

2125. Please describe any predictive analytic capabilities you currently use or plan to use to manage quality of care and cost.

2126. 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.

2127. 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

2128. 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

2129. Please complete and submit Appendix D2.

2130. 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 DRG, fee schedule, etc.).

2131. 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).

2132. How often are your R&C databases updated? What data version of Usual, Customary, and Reasonable (UCR) are you using?

2133. 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?

2134. If a network physician directs a member to a non-network lab for services, how is that lab service paid?

2135. 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?

2136. Provide your estimate of the percentage of charges that will be processed in North Dakota under your network.

2137. NDPERS presently has a value-based contract in place with certain North Dakota providers. 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

2138. 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/liquidated damages 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.

2139. 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

2140. 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, the name of the service vendor and any other applicable information.

2141. Will your organization also provide banking services associated with health savings accounts paired with an HDHP plan?

Economy to be Affected

2142. Please indicate if you will have an office in North Dakota and where most of the work on this contract will be done?

2143. Please identify the number of employees you will employ in North Dakota pursuant to this contract.

2144. 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

2145. Confirm your organization will assume full fiduciary responsibility for claim determination.

Appeals Process

2146. Please describe your internal and external appeals process for self-insured plans.

   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.

Regulatory and Compliance

2147. 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.

2148. Do you have any disputes currently outstanding (or threatened) with any state or federal regulators related to any portion of your business? If so, what is the nature of these disputes?

2149. What is the relationship between you and state regulatory agencies including, but not limited to, state departments of insurance and health? What measures, if any, are being taken to maintain/ improve your regulatory relations?

2150. Provide a summary of any state department of insurance, state attorney general, U.S. Department of Labor and other state or Federal regulatory agency complaints filed against you, as well as information on complaints, grievances and appeals resulting from operations in the previous five years. Indicate what provider, member, plan sponsor or regulatory issue is involved, as well as, upheld/ overturned status and general nature of complaint or investigation. If the matter resulted in a corrective action plan (“CAP”), please provide a copy of the CAP.

2151. Have you been investigated or audited, directly or indirectly through an investigation or audit of a client/customer, by any state or Federal agency or other regulatory body (e.g., DOI, DOH, CMS, DOL, DEA, etc.) in the past three years? What were the findings and what steps are (were) being taken to address any deficiencies? Are you currently subject to or threatened with any state or Federal investigation or regulatory audit? Please provide copies of regulatory audit reports and your responses, if applicable.

2152. Have you been subjected to any fines or penalties, or been excluded/barred from any activities or programs as a result of regulatory or judicial action, within the past three years? If so, what was the nature of the underlying issue(s), and what was the penalty? What steps are being (were) taken to prevent recurrences? Any pending or threatened proceedings that could result in such penalties?

2153. Is the process you use for late claim interest/penalties automated or manual? Please explain.

2154. Please provide a copy of your Compliance Plan including fraud, waste and abuse program (to the extent not provided in response to previous sections of the RFP). Have you had adverse findings in a Market Conduct exam within the last three years? If so, please provide details.

2155. Please provide the following:

a. Organizational and reporting charts for compliance operations (to the extent not provided in response to prior section of this RFP);

b. A review of compliance training requirements for employees and sub-contractors

c. Compliance monitoring and oversight policies and procedures;

d. Description of internal investigations and any self-disclosures.

Confidentiality

2156. Please provide a status report on your HIPAA and other privacy law compliance efforts. How are HIPAA and privacy compliance incorporated into your overall compliance activities?

2157. How frequently do you conduct audits for HIPAA compliance? Are you willing to share the results of those audits with us? Would you be willing to audit at a frequency required by NDPERS?

2158. Indicate your practice with respect to sharing members' medical and prescription information with providers, plan sponsors, pharmaceutical manufacturers or other commercial entities such as data aggregators.

2159. Identify your designated Privacy & Security Officers and describe their qualifications.

2160. Please indicate if you can comply with North Dakota Century Code (N.D.C.C.) 54-52.1-11 & 54-52.1-12.

Lawsuits/Claims

2161. What is the nature and extent (number of cases, potential financial or other exposure) of current litigation outstanding, or to the knowledge of management threatened, against you?

2162. Does any of this litigation involve: (i) multiple plaintiffs or a class of plaintiffs; (ii) any allegation of (A) criminal wrongdoing (including any Racketeer Influenced and Corrupt Organizations (RICO) claim), (B) violation of securities, antitrust or environmental statutes; (C) direct or vicarious malpractice on your part or you employees; or (D) any action or matter excluded from coverage under your insurance policies; or (iii) claims for (A) punitive or exemplary damages, or (B) compensatory damages in excess of $500,000? If so, what are the details of the suit?

2163. Are any claims pending, or to your knowledge threatened, against you or your officers or directors before any regulatory body or agency in connection? What is the nature and status of the claim(s)?

2164. Are you a party to any pending arbitration or mediation proceeding? If so, what is the nature and status?

Related Party Issues

2165. Describe any equity, financial or other interests you hold in vendors, suppliers, consultants and other business with which you have a commercial relationship related to your operations.

Discussion of Information Used to Manage Business

2166. Describe the capabilities of your financial reporting systems.

2167. Describe what information is available and how timely the information becomes available with regard to revenues, medical costs, and overhead.

2168. Describe how your profitability is tracked by product segment, by market and by customer.

2169. Describe how often financial closings are performed and how long it takes to get final results.

Controls/Compliance

2170. Describe your internal accounting controls and how the internal controls are monitored.

2171. Describe the structure of your Internal Audit function.

2172. Indicate whether internal/external audits have revealed any significant internal control deficiencies or weaknesses or other issues in the past three years.

2173. Indicate what your compliance policies are and indicate whether there have been significant failures over the past three years, including regulatory violations, affecting the health operations.

Risk Management and Insurance Information

2174. Confirm proposal meets all regulatory requirements.

2175. Confirm proposal meets N.D.C.C. 26.1-36.6-03: 26.1-36.6-03. Self-insurance health plans - Requirements.

   a. The following policy provisions apply to a self-insurance health plan or to the administrative services only or third-party administrator, and are subject to the jurisdiction of the commissioner: 26.1-36-03, 26.1-36-03.1, 26.1-36-05, 26.1-36-10, 26.1-36-12, 26.1-36-12.4, 26.1-36-12.6, 26.1-36-13, 26.1-36-14, 26.1-36-17, 26.1-36-18, 26.1-36-19, 26.1-36-23, 26.1-36-29, 26.1-36-37.1, 26.1-36-38, 26.1-36-39, 26.1-36-41, 26.1-36-44, and 26.1-36-46.