Responses to Group Medical and Prescription Drug Coverage RFP Questions

	Question	Answer
1	Is it acceptable to respond solely to the group Medicare offering?	No, per the terms of the RFP, the Board is looking for one vendor to provide the services outlined within the RFP. While there are carve out options for Medical and Pharmacy, the entire population must be quoted.
2	If a vendor submits multiple bidding options, can responses to one questionnaire cross reference responses to other questionnaires.	Yes.
3	If a vendor submits multiple bidding options, will they have to submit multiple contracts and responses to Appendix F or each bidding option.	Yes, multiple contracts would be required. Only one response to Appendix F is necessary as long as all deviations are clearly defined and labeled as to which bidding option they refer to.
4	Do vendors need to submit hard copies of the cost proposal to Deloitte?	A hard copy of the cost proposal must be submitted in a separate, sealed envelope and clearly marked, “Cost Proposal” to NDPERS. The cost proposal does not need to be submitted as a hard copy to Deloitte. Instead, the cost proposal should be sent to Deloitte electronically in Excel.
5	Proposal submission V: Can we send our Qualitative Proposal & Cost Proposal to Deloitte via SFTP instead of emailing to Deloitte?	If a vendor’s preference is to provide responses via SFTP instead of email, that is acceptable; however, a hard copy is still required to be sent to NDPERS by the RFP deadline. Please reach out to Deloitte to set up SFTP if this is preferred instead of email.
6	As to the proposed contract appendix, are parties 1) supposed to redline / edit the “Minimum Contract Requirements” document and note the Requirements not agreed to on the deviations page, or 2) submit a completely new proposed contract (including items /	Both 1) AND 2) are required. All deviations to the “Minimum Contract Requirements” must be laid out in Appendix F, Item F1. In addition, a proposed contract incorporating the “Minimum Contract Requirements” from Appendix A must be submitted alongside the RFP proposal.

	matters / topics not included on the Minimum Contract Requirements) which includes the Minimum Contract Requirements that we agree to, and the ones we don't include on the deviations page, or 3) both 1 and 2 previously referenced. In order for bidders to comply with this section, clear direction must be given to bidders on what successfully meets this RFP bid element.	
7	Appendix C1 Questions 1019-1023: What is the definition of "Account Team"?	The account team are members of the successful bidders' team that work on the NDPERS account and interact with NDPERS. Examples include team members assigned to overall contract management, day-to-day account management and service, provider relations, etc.
8	Appendix C1 Question 1022: What time period is used to determine the turnover rate?	The most recent full year of turnover data available should be provided. The time period provided should be specified in the response.
9	Appendix C1 Question 1024: Is the table requesting the Geographical Locations for all Areas (i.e., Member Services, Claims Processing…) or just those that are outsourced?	Geographical location for all areas is requested regardless of outsourcing. The organization name should be provided if the area is outsourced.
10	Appendix C1 Question 1088 (Appendix C2 2093): Health Risk Management Programs- Indicate in the table below if you currently provide the care or disease management program listed, the number of members from ND-	Report for active members enrolled as of most recent date available and provide the date used.

	based employers currently enrolled, the cost per participant, and its accreditation status. Should we report this for active members enrolled as of 'today' or for total membership enrolled during a specific time period (i.e. July 2025-June 2026)?	
11	Appendix C1 Question 1096: Please describe the duration of redemption availability to ensure timely taxation reporting for the $250 wellness incentive.	The wellness redemption year runs January 1 through December 31. For active employees, if an employer elects, the employer will receive a monthly wellness redemption file for uploading into their payroll system. The state's payroll has opted to load for current tax year all wellness redemptions redeemed through October 31. November – December 31 redemptions are sent for the next tax year reporting. Retirees are sent a notice from SHP by January 31 outlining the total redemption dollars received in the previous calendar year.
12	Appendix C1 Question 1283: Please define Durable Medical Equipment in the context of the pharmacy benefit.	NDPERS is interested in understanding how vendors manage commonly required ancillary supplies through home delivery. Please comment on diabetic supplies including blood glucose testing supplies, monitors, lancets, infusion pumps, related non-drug supplies like catheters and tubing and any other capabilities that may improve accessibility or convenience for members.
13	Appendix C2: What is the intent for #2103 as there is no question listed?	#2103 was meant to be a header and was mistakenly displayed as a question.
14	Appendix C3 Question 3016: As a privately held company, our organization only releases its audited financial statements to a potential client's direct financial contact. Please provide the name and contact method for a financial contact to submit the requested documents.	Once awarded, this information becomes public record regardless of whether it is part of the overall submission or provided directly to a client financial contact.
15	What date span should be used to complete Appendix D2 Supplement?	Calendar Year 2025.

16	Are bidders permitted to use Rebate Credit or Rebate Credit Language?	NDPERS is willing to consider this in a proposal should it provide more value than current financial terms.
17	Do bidders get credit for quoting a low ingredient cost formulary with lower rebates?	The cost proposal will be considered holistically. Vendors are asked to submit a proposal that they feel best meets the needs of NDPERS along with justification on why this best meets the needs
18	Appendix D3, V: Please provide additional information on how bidders should price the following NDPERS programs: About the Patient, Healthy Pregnancy Program, Wellness Benefit Program ($250 incentive) - active and retirees, Fitness Center & Virtual Wellness Access for Medicare Retirees. Please confirm all programs are applicable to Rx Carve-out pricing.	Provide PEPM fees for each of these programs, or indicate if a. They are already included in other fees; or b. They cannot be offered.
19	Do the claims on E9.1 include IBNR?	No.
20	How should bidders provide additional underwriting assumptions, caveats, or fees for cost proposals? Should those be included as footnotes or supplemental attachment(s)?	Include as footnotes. Attachments can be submitted as well but we ask that this be incorporated into the cost proposal templates.
21	Appendix H: Performance Standards Goals 7 (Member Surveys): Is the survey expectation annually or biennial (every 2 years)? Measurement & reporting period state annual while	Surveys are expected to be conducted annually. The payment (if necessary) will be determined by reviewing the two years of survey results from the biennium. Note that vendors can propose modifications to the performance standards in Appendix H.

	dollars at risk state biannually (every 2 years).	
22	Appendix H: Item 12: Please confirm that hour references are business hours.	Confirmed.
23	Appendix H: Performance Standards Goals #15 (Health Risk Assessment), #16 (Worksite Interventions) and #45 (Medical Network Discount) all have 'Annually' as reporting period but no clarification on time period for dollars at risk. Current goals have value of forfeiture for the biennium. What is the time period for the value of forfeiture?	For Goals #15 and 16, the requirement will be measured as of June 30, 2028 (the midpoint of the biennium), and the dollars at risk will be paid once based on the results of the requirement as of June 30, 2028. Note that vendors can propose modifications to the performance standards in Appendix H. For Goal 45, the minimum average provider discount from in-network providers will be measured annually (at the end of each year of the biennium), and the payment will be assessed annually (i.e. there will be two possible times for payments to be made for not meeting this goal). Note that vendors can propose modifications to the performance standards in Appendix H.
24	Appendix H: Performance Guarantee #46 Pharmacy Network Discount: Can you clarify what you mean when asking us to confirm 40% below AWP for Brands and 50% below AWP for Generics? How were those values determined as they are outside the industry standard?	A discount guarantee for pharmacy benefits is requested. Note that vendors can propose modifications to the performance standards in Appendix H.
25	Should "modifications" in Appendix H be listed as a deviation in Appendix F or only in the medication column of Appendix H?	The modification column in Appendix H is sufficient.
26	Are there any concerns NDPERS	This information will not be provided at this time.

	has with the incumbent vendor.	
27	Are vendors required to submit both a medical and Rx quote?	No. Vendors can provide a quote for either bundled, unbundled, or both a bundled and unbundled quote. This means they can provide a standalone medical quote, a standalone PBM service quote, both quotes on a standalone basis, or a combined medical and PBM quote.
28	Is the current pharmacy pricing a pass through or traditional pricing arrangement?	North Dakota legislation passed in 2019 requires the NDPERS PBM contract to be a transparent PBM arrangement with 100% rebates passed through to NDPERS.
29	Please provide monthly volume of member calls handled by the call center.	This information will not be provided at this time.
30	Please provide the average number of prior authorizations, appeals, and grievances per month (or annually). Please provide the average number of DMRs (direct member reimbursement) per month (or annually).	This information will not be provided at this time.
31	Are there any in-house pharmacies? If so, please provide the NPIs/NABPs.	No.
32	Does the NDPERS currently cover GLP1s for weight loss? If yes, will that coverage remain in place for the go-live period?	No. GLP-1s are only available for the treatment of diabetes.
33	What is your typical formulary disruption (members) over the last three years based on formulary changes.	This information will not be provided at this time.
34	Can bidders provide GeoAccess results in pdf form?	Bidders should complete Appendix E1.3 and E2.2 that summarizes their GeoAccess results AND submit all their GeoAccess pdf files that detail the results.
35	Is NDPERS willing to accept alternative formulary arrangements?	NDPERS would like the PBM to propose a formulary that provides the best value to their members with almost no disruption.

36	The RFP states that “The contract to be awarded is a multi-year arrangement beginning July 1, 2027, and ending June 30, 2029” Please confirm whether the cost proposal is for the two-year base period only, or if separate cost proposal submissions should be prepared for the base period versus the renewal periods.	The cost proposal is for the two-year period only, although the Board will appreciate any multiyear guarantees if possible.
37	Are the NDPERS monthly board meetings in person, virtual, or hybrid?	Board meetings are at least monthly and are generally hybrid with most participants appearing in-person. Virtual participation is permitted.