



NORTH DAKOTA  
PUBLIC EMPLOYEES  
RETIREMENT SYSTEM

# Board Meeting Agenda

**Location:** WSI Board Room, 1600 East Century Avenue, Bismarck ND  
By phone: 701.328.0950 Conference ID: 618 133 974#  
**Date:** Tuesday, April 11, 2023  
**Time:** 8:30 A.M.

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## I. MINUTES

- A. March 14, 2023
- B. March 28, 2023, Special Meeting

## II. PRESENTATIONS

- A. About the Patient Diabetes Management Program Annual Report – Jesse Rue

## III. GROUP INSURANCE

- A. 2022 Humana Performance Guarantees Update – Rebecca (Information)
- B. SHP Renewal Repricing Update – Rebecca (Information)
- C. Vision Plan Update – Katheryne (Information)

## IV. MISCELLANEOUS

- A. Quarterly Consultant Fees – Derrick (Information)
- B. Contracts Under \$10,000 – Scott (Information)
- C. Industrial Commission Letter – Scott (Information) **\*EXECUTIVE SESSION**
- D. Legislative Relations – Scott (Board Action) **\*\*EXECUTIVE SESSION**

\*Executive Session pursuant to N.D.C.C. §44-04-19.2, §44-04-19.2(1) and/or §54-52-26 to discuss confidential records or confidential member information.

\*\*Executive Session pursuant to N.D.C.C. §44-04-19.1(2) & (5) and §44-04-19.2 for Attorney Consultation.



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# Memorandum

**TO:** NDPERS Board

**FROM:** Rebecca Fricke

**DATE:** April 11, 2023

**SUBJECT:** About the Patient Diabetes Management Program  
Annual Report

Jesse Rue of the ND Pharmacy Association will be providing the Board with the 2022 Annual Report for the About the Patient Diabetes Management Program (Attachment).

NDPERS partners with the ND Pharmacy Association to provide our members this program pursuant to NDCC 54-52.1-16 and 54-52.1-17:

***54-52.1-16. Uniform group insurance program - Collaborative drug therapy program - Continuing appropriation.***

- 1. The board may establish a collaborative drug therapy program available to individuals in the medical and hospital benefits coverage group. The purpose of the collaborative drug therapy program is to improve the health of individuals in identified health populations and to manage health care expenditures.*
- 2. Under the program, the board may involve physicians, pharmacists, and other health professionals to coordinate health care for individuals in identified health populations in order to improve health outcomes and reduce spending on care for the identified health problem. Under the program, pharmacists and other health professionals may be reimbursed for providing face-to-face collaborative drug therapy services to covered individuals in the identified health population. To encourage enrollment in the plan, the board may provide incentives to covered individuals in the identified health population which may include waived or reduced copayment for related treatment drugs and supplies.*
- 3. The board may request the assistance of the North Dakota pharmacists association or a specified delegate to implement a formalized disease management program with the approval of the prescriptive practices committee established in section 43-15-31.4, which must serve to standardize chronic disease care and improve patient outcomes. This program must facilitate enrollment procedures, provide standards of care, enable consistent documentation of clinical and economic outcomes, and structure an outcomes reporting system.*

4. The board may seek and accept private contributions, gifts, and grants-in-aid from the federal government, private industry, and other sources for a collaborative drug therapy program for identified health populations. Any funds that may become available through contributions, gifts, grants-in-aid, or other sources to the board for a collaborative drug therapy program are appropriated to the board on a continuing basis.

**54-52.1-17. Uniform group insurance program - Collaborative drug therapy program - Funding.**

1. The board shall establish a collaborative drug therapy program that is to be available to individuals in the medical and hospital benefits coverage group. The purpose of the collaborative drug therapy program is to improve the health of individuals with diabetes and to manage health care expenditures.

2. The board shall involve physicians, pharmacists, and certified diabetes educators to coordinate health care for covered individuals with diabetes in order to improve health outcomes and reduce spending on diabetes care. Under the program, pharmacists and certified diabetes educators may be reimbursed for providing face-to-face collaborative drug therapy services to covered individuals with diabetes. To encourage enrollment in the plan, the board shall provide incentives to covered individuals who have diabetes which may include waived or reduced copayment for diabetes treatment drugs and supplies.

3. The North Dakota pharmacists association or a specified delegate shall implement a formalized diabetes management program with the approval of the prescriptive practices committee established in section 43-15-31.4, which must serve to standardize diabetes care and improve patient outcomes. This program must facilitate enrollment procedures, provide standards of diabetes care, enable consistent documentation of clinical and economic outcomes, and structure an outcomes reporting system.

4. The board shall fund the program from any available funds in the uniform group insurance program and if necessary the fund may add up to a two dollar per month charge on the policy premium for medical and hospital benefits coverage. A state agency shall pay any additional premium from the agency's existing appropriation.

This item is informational and does not require any action of the Board.



## ANNUAL REPORT FOR NDPERS

# About the Patient Collaborative Diabetes Drug ← Therapy Program

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North Dakota Pharmacy Services Corporation

**APRIL 2023**

Prepared by | Jesse Rue, PharmD, BCPS

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# In the lineup for today

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Here are the topics we will be discussing:

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1. Program Design
2. Key Health Indicators
3. Medication Related Problems
4. Member Engagement
5. Member Satisfaction
6. Budget Status Update

# Program Design



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At its heart, this is a program to optimize treatment plans and adherence for chronic illnesses

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# CALENDAR DIVIDED INTO THREE BLOCKS



Calendar  
divided  
into three  
segments



Visit made  
within each  
segment



When visit is  
made, copay  
reimbursement  
awarded for  
segment



Without a visit,  
reimbursement  
isn't awarded

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When a visit occurs during a block, the reimbursement is awarded for certain diabetes, hypertension and cholesterol meds as well as certain testing supplies.

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# FRESH **ASSETS** MAINTAIN **VIBRANCY.**



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Program assets are continually refreshed to provide members with appealing and impactful educational materials, better standardizing their experiences.

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# Key Health Indicators

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Insight into program impact in 2022 for members with diabetes and hypertension

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# Some Background

**A few words on measures, prevalence, and personal impact to members.** Hypertension and diabetes impact health and quality of life in profound ways.

DIABETES

- 01** Quality Measures often require HbA1c <9%. Good control often considered HbA1c <7% depending upon variables.
- 02** Over 10% of people in North Dakota have diabetes.
- 03** Persons with diabetes experience health expenditures >2x those without and risk of early death increases by 60%.

HYPERTENSION

- 01** Quality Measures often report Hypertension control <140/90, whereas ACC/AHA define as <130/80.
- 02** Over 29% of North Dakota adults have hypertension.
- 03** About 7 of 10 people having their first heart attack have high blood pressure and 8 out of 10 having first stroke.

Adapted from Health Issues for the State of ND, Biennial Reports 2021 & 2023 University of North Dakota

# A1c data **for** Diabetes

Program care initiatives have helped members improve their Hemoglobin A1c measurement, which is critical for long term success.

## AVERAGE A1C IMPROVEMENT

Members improving their A1c for this program year did so by an average of 0.6 points.

**0.6 point**  
**A1c reduction**



# Pressure data for Hypertension

Program care initiatives helped members improve their blood pressure, which is critical in avoiding complications such as heart attack and stroke.

## UNCONTROLLED ACHIEVING CONTROL

We evaluated patients experiencing uncontrolled blood pressure in 2022 and tracked progress. Of those, 38% found control later in the year with blood pressure reading <130/80.

**38% controlled  
by end of year**



# Medication Related Problems




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Key to the program is resolving Medication Related Problems to avoid Adverse Drug Events

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# Adverse Drug Events remain a **persistent national problem.**



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**An ADE is an event resulting in harm from a medication. Identifying Drug Therapy Problems are a way for pharmacists to resolve issues **before they turn into a serious ADE.****

Intervening to mitigate or prevent these problems is an area where the pharmacist is addressing issues that remain unresolved elsewhere and is a unique contribution to care.

Pharmacists in this program are making over two interventions per member on average.



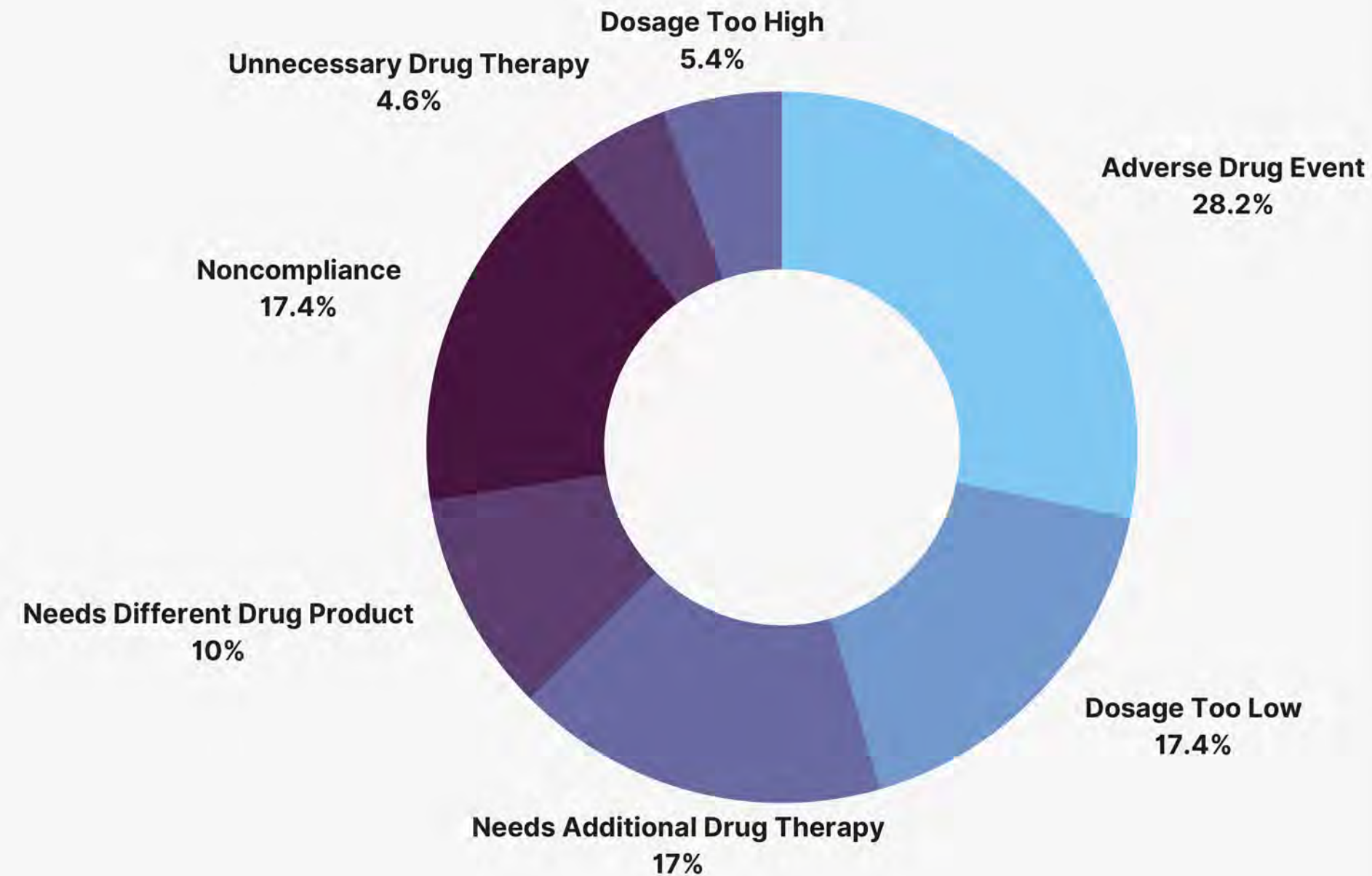
# Problems Identified

Identifies >2 problems per member on average

**From the Federal Office of Disease Prevention and Health Promotion:**

“Each year, ADEs in outpatient settings account for:

- Over 3.5 million physician office visits
- An estimated 1 million ER visits
- Approximately 125,000 hospital admissions



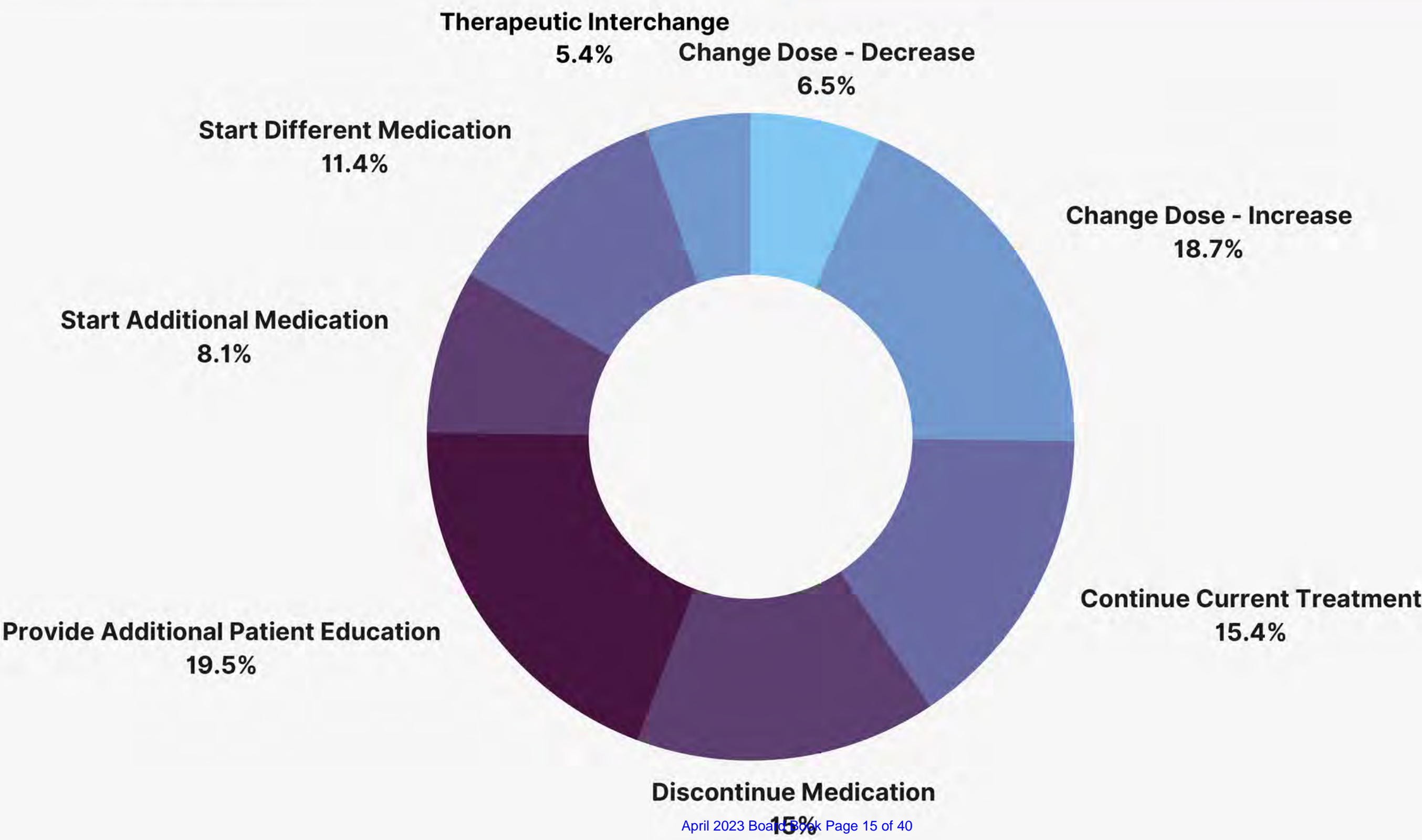
**THE GOOD NEWS IS THAT LARGE MAJORITY OF ADE'S ARE PREVENTABLE. REDUCING ADES IS EXPECTED TO RESULT IN SAFER AND HIGHER QUALITY HEALTH CARE SERVICES, REDUCED HEALTH CARE COSTS, MORE INFORMED AND ENGAGED CONSUMERS, AND IMPROVED HEALTH OUTCOMES.”**



# Problem Resolution

IMPROVEMENTS TO OVERALL CARE RESULTED FROM INTERVENTIONS DESCRIBED ABOVE AND IMPROVED SELF-MANAGEMENT EDUCATION THROUGH THE PROGRAM VISITS.

THIS IS THE FOUNDATION OF THE PROGRAM'S DESIGN.



# Member Engagement



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Chronic disease care improves when members are able to engage conveniently and often

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# Member Engagement

**While COVID continued to impact operations into 2022**, we were successful in achieving our fourth consecutive year of engagement growth. We remained encouraged by the resiliency of members, NDPERS leadership and staff, and providers in this program as stakeholders maintained commitment to improving member health.

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**151%**

Annual visits increased  
151% from 2018 to 2022

**2019**

Member visits increase 80% from prior year.

**2020**

COVID impact begins in March. Visits increase 5% for the year.

**2021**

COVID continues to ravage healthcare. Visits increase 27% for the year.

**2022**

COVID remains but lessens deeper into the calendar. Visits increase 4% for the year.



# Member Satisfaction



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Satisfaction with care received remains a strength of the program year over year

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# Member Satisfaction

## Remained Strong in 2022

Member satisfaction remains consistently strong and stable year to year, indicating belief that the providers have member's best interests in mind and are effective in improving health overall.



The provider's interest in your health = **4.88**



How well the provider helps you manage your medications = **4.86**



The provider's efforts to improve your health or stay healthy = **4.88**



The program services overall = **4.86**

**1 = Strongly Disagree to  
5 = Strongly Agree**



# Budget ← Status Update

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A snapshot of spend in 2022 compared with budgeted amounts

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# Budget status snapshot



CATEGORY	ANNUAL BUDGET	ACTUAL SPEND
PATIENT COPAY INCENTIVE	\$98,000	\$92,988
PROVIDER VISITS	\$66,000	\$64,720
ADMIN FEE	\$10,000	\$10,000
MARKETING	\$2,500	\$2,500
TOTAL	\$177,000	\$170,208

The **program is staying within budget** and is tracking **similarly to recent years.**

The table displays one year of budgeted expenses and demonstrates that the program is currently on target for budget goals during the biennium.

Copay reimbursement was offered for certain cholesterol medications beginning in summer 2019 and the project has stayed within budget.

# Gratitude

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**We appreciate the opportunity to deliver this report and are grateful to be part of your continued efforts to create healthier members and communities across North Dakota.**

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# Thank You



## **Contact**

Jesse Rue, PharmD, BCBS  
Clinical Coordinator  
About the Patient Programs

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# Memorandum

**TO:** NDPERS Board

**FROM:** Rebecca Fricke

**DATE:** April 11, 2023

**SUBJECT:** 2022 Humana Performance Guarantees Update

Julie Bodenski of Humana will be attending the meeting to review the results (Attachment 1) of the 2022 performance guarantees related to the Medicare Part D plan. The full list of performance guarantees and the results of each measurement can be found on Attachment 2. Please keep in mind that Humana became the vendor for this plan effective January 1, 2022 so this is the first time annual performance guarantees are being provided to the Board.

This item is informational and does not require any action of the Board.



## Memorandum

To: Board of Trustees - NDPERS  
From: Julie Bodenski, Humana  
Date: March 22, 2023  
Re: 2022 Performance Guarantee Results

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The 2022 Performance Guarantee results for the Humana Part D Prescription Drug Plan were delivered to NDPERS on February 28, 2023, summarizing that Humana met 100% of the service level standards across all twenty-seven (27) Performance Guarantees.

**Implementation** - all six (6) Performance Guarantees met:

- Assignment of the implementation team within 14 days of contract award date (8/18/21)
- Delivery of implementation project plan within 20 days of contract award date (8/18/21)
- Customer Service call center go-live prior to December 1, 2021
- All services fully operational on January 1, 2023
- Systems Training for NDPERS staff 60 days prior to January 1, 2023
- Initial implementation ID cards mailed at least 10 days prior to January 1, 2023

**Service level Performance Guarantees that remain in place** - twenty-one (21) Performance Guarantees:

- All (21) service level standards were met in 2022 and remain in place in 2023

**Opportunity** - Performance Guarantees #8.1 and #8.2 - Customer Satisfaction Surveys:

- Humana's "Voice of the Customer" survey results exceeded the PG of 90% or higher using a 1 to 5 scale of customer satisfaction
  - o Humana Book of Business membership results: 93.84%
  - o NDPERS membership results: 92.01%
- Humana is focused on a satisfaction detractor impacting Survey question "Easy to Address My Needs"
  - o Members expressed challenges with the CenterWell Pharmacy website
  - o Humana is taking action with ongoing digital efforts to improve the member experience

Thank you,



Julie Bodenski  
Group Medicare Senior Account Executive – Humana

Enclosures: 2022 Performance Guarantee Results  
Humana 2022 Customer Satisfaction Surveys  
Voice of the Customer Survey

# Humana's Group Medicare Performance Guarantee Quarterly Report Card

## North Dakota Public Employees Retirement Systems

## Attachment 2



### 2022 Group Medicare Performance Standards for MAPD

#### 4th Quarter Report Card

Contract Period 1/1/2022 - 12/31/2022

PG#	Category	Target	Humana's Recommended Standard & Measurement Criteria	Amount at Risk	4th Qtr 2022 Result	4th Qtr 2022 Target Met	4th Qtr 2022 Annual Average	4th Qtr 2022 Penalty	2022 Annual Target Met	2022 Annual Penalty
1	Implementation Team	14 days after award of contract by NDPERS board	Vendor will provide NDPERS with an implementation team no later than 14 days after award of contract to be responsible for accurate installation of all administrative, clinical and financial parameters	\$1,000 per day from day 15 forward for which a team has not been appointed	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Yes	\$0.00
2	Project Plan	20 days after award of contract by NDPERS board	Vendor will provide an implementation project plan no later than 20 days after contract award to be responsible for accurate installation of all administrative, clinical and financial parameters	\$1,000 per day from day 20 forward for which a team has not been appointed.	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Yes	\$0.00
3	Customer service call center will "go-live" on or before December 1, 2021	Compliance to be monitored and assessed by NDPERS	Vendor's customer service call center will be fully-operational to respond to member inquiries prior to the effective date to assist members with questions related to the new service and transition	\$1,000 for each calendar day after December 1, 2021.	Reported Q1, 2022 Only	Reported Q1, 2022 Only	Reported Q1, 2022 Only	Reported Q1, 2022 Only	Yes	\$0.00
4	All services will "go-live" and be fully-operational on January 1, 2022	Compliance to be monitored and assessed by NDPERS	All services will be fully-operational and the implementation plan complete on or before January 1, 2022	\$25,000 if not operational on January 1, 2022 and \$1,000 for each calendar day after January 1, 2022.	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Yes	\$0.00
5	Systems Training for NDPERS Staff	Compliance to be monitored and assessed by NDPERS	Vendor will provide training on the utilization of systems and reporting tools sixty (60) days prior to implementation	\$1,000 for each day less than 60 days prior to implementation	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Year 1, Quarter 1 Only	Yes	\$0.00
6	Plan Performance Review	Measurement methodology shall be measured from date of delivery of the plan performance review in calendar days	Within ten (10) calendar days following delivery of performance reviews to NDPERS, vendor shall develop and submit a corrective action plan (CAP) of issues identified for approval by NDPERS, and implement such plan within the time prescribed in the approved CAP.	Semi- annually  \$1,000 per calendar day beyond the due date	Met	Yes	Met	\$0.00	Yes	\$0.00
7	Identification Cards	At least ten (10) days before the effective date	For the initial implementation, accurate identification cards will be mailed.	\$5,000 for each day less than 10 days before the effective date	Reported Q1, 2022 Only	Reported Q1, 2022 Only	Reported Q1, 2022 Only	Reported Q1, 2022 Only	Yes	\$0.00
8.1	Customer Satisfaction Surveys	Vendor will provide annual survey results to confirm compliance with performance standard	Member satisfaction surveys will be designed by the vendor and approved by NDPERS. Vendor will invite a random sample of members to participate in the survey to collect a statistically significant number of completed surveys.  Member satisfaction rate will meet 90% or higher using a 1-5 scale of Completely Satisfied, Very Satisfied, Satisfied, Dissatisfied, Very Dissatisfied.  Final survey questions and methodology will be agreed upon by vendor and NDPERS.	Annually  \$25,000 per year	Reported Quarter 4 Only, Assessed Annually	Reported Quarter 4 Only, Assessed Annually	93.84%	Reported Quarter 4 Only, Assessed Annually	Yes	\$0.00
8.2	Customer Satisfaction Surveys - Illustrative Only	Illustrative Group Specific Results Only - see 8.1	Illustrative Group Specific Results Only - see 8.1	Illustrative Group Specific Results Only - see 8.1	Reported Quarter 4 Only, Assessed Annually	Reported Quarter 4 Only, Assessed Annually	92.01%	Reported Quarter 4 Only, Assessed Annually	N/A Illustrative Only	N/A Illustrative Only
9	Team Meetings	Compliance to be monitored and assessed by NDPERS	NDPERS requires monthly team meetings to address all planning / implementation, business, financial, clinical / formulary (including new drug review) and operational needs	Monthly  \$5,000 for each meeting missed	Met	Yes	Met	\$0.00	Yes	\$0.00
10	NDPERS board meetings	Compliance to be monitored and assessed by NDPERS	Vendor will participate in quarterly performance reviews to examine operational and financial performance	Quarterly  \$5,000 for each quarter missed	Met	Yes	Met	\$0.00	Yes	\$0.00
11	Electronic Eligibility	Vendor will provide quarterly reports to confirm compliance with performance standard	Eligibility files will be installed in an electronic medium, logged within eight (8) hours and status will be effective within vendor's system within eighteen (18) hours from date of receipt, seven (7) days per week.	Quarterly  \$500 for each missed file deadline	Met	Yes	Met	Reported Quarterly, Assessed Annually	Yes	\$0.00
12	Manual Eligibility	Vendor will provide quarterly reports to confirm compliance with performance standard	Manual eligibility will be loaded within eight (8) hours upon receipt or notification and must be applied and active in the vendor's system within one (1) business day.	Quarterly  \$500 for each missed file deadline	Met	Yes	Met	Reported Quarterly, Assessed Annually	Yes	\$0.00
13	Error Reports	Vendor will provide quarterly reports to confirm compliance with performance standard	An error report on all eligibility file updates will be produced within eighteen (18) hours from the update.	Quarterly  \$500 for each missed file deadline	Met	Yes	Met	Reported Quarterly, Assessed Annually	Yes	\$0.00
14	Data Files	Will be available to NDPERS on request	Monthly data files (membership, medical, pharmacy) will be available by the 15th of the following month.	Monthly  \$1,000 for each month not met	Met	Yes	Met	Reported Quarterly, Assessed Annually	Yes	\$0.00



# Humana's Group Medicare Performance Guarantee Quarterly Report Card

## North Dakota Public Employees Retirement Systems



### 2022 Group Medicare Performance Standards for MAPD

#### 4th Quarter Report Card

Contract Period 1/1/2022 - 12/31/2022

PG#	Category	Target	Humana's Recommended Standard & Measurement Criteria	Amount at Risk	4th Qtr 2022 Result	4th Qtr 2022 Target Met	4th Qtr 2022 Annual Average	4th Qtr 2022 Penalty	2022 Annual Target Met	2022 Annual Penalty
15	Claims Financial Accuracy	Claims Financial Accuracy will be 99% or greater, each year of the biennium. Measured as the absolute value of financial errors divided by the total paid value of audited dollars paid based on quarterly internal audit of statistically valid sample.	Vendor will provide annual reports to confirm compliance with performance standard	Annually \$12,500 per year	99.99%	Yes	99.99%	Reported Quarterly, Assessed Annually	Yes	\$0.00
16	Claims Payment Accuracy	Vendor will provide annual reports to confirm compliance with performance standard	Claims Payment incidence Accuracy will be 98% or greater, each year of the biennium. Measured as the percent of Claims processed without financial payment error.	Annually \$12,500 per year	99.99%	Yes	99.99%	Reported Quarterly, Assessed Annually	Yes	\$0.00
17	Claims Processing Accuracy	Claims Procedural Accuracy will be 95% or greater, each year of the biennium. Measured as the percent of Claims processed without non-financial error.	Vendor will provide annual reports to confirm compliance with performance standard	Annually \$12,500 per year	99.99%	Yes	99.99%	Reported Quarterly, Assessed Annually	Yes	\$0.00
18	Claim Timeliness	Clean claims processing within 14 calendar days will be 95% or greater, each year of the biennium. Measured from the date the claim is received to the date claim is processed	Vendor will provide annual reports to confirm compliance with performance standard	Annually \$12,500 per year	100.00%	Yes	100.00%	Reported Quarterly, Assessed Annually	Yes	\$0.00
19	Average Speed of Answer	Vendor will provide semi-annual reports to confirm compliance with performance standard	Average Speed of Answer will be 30 seconds or less, each year of the biennium. Vendor will have an established measurement process that shall be reviewed with NDPERS	Semi-annually \$10,000 per year	6.96 seconds	Yes	8.59 seconds	Reported Quarterly, Assessed Annually	Yes	\$0.00
20	Call Abandonment	Vendor will provide annual reports to confirm compliance with performance standard	Call Abandonment rate will be 5% or less, each year of the biennium	Annually \$10,000 per year	0.17%	Yes	0.22%	Reported Quarterly, Assessed Annually	Yes	\$0.00
21	a.) Call Accuracy and Timeliness	Vendor must evaluate a statistically valid sample of inquiries with reports provided.	a.) 95% percent of callers receive accurate information. Calls requiring additional research is excluded from the computation of this metric.	Annually \$12,500 per year	95.80%	Yes	96.75%	Reported Quarterly, Assessed Annually	Yes	\$0.00
	b.) First Call Resolution		b.) 95% percent of inquiries must be resolved during the initial call (excluding appeals, billing, errors and escalations).		96.68%	Yes	95.78%	Reported Quarterly, Assessed Annually	Yes	\$0.00
	c.) Written Inquiry Response Time (Timeliness)		c.) ≥ 90% response to written inquiries within 30 calendar days		90.28%	Yes	100.00%	Reported Quarterly, Assessed Annually	Yes	\$0.00
22	Prescription drug turnaround time – clean prescriptions	Vendor will provide quarterly reports to confirm compliance with performance standard	98% within two (2) business days if no intervention required	Quarterly \$1,000 for each point below standard-	99.02%	Yes	97.80%	Reported Quarterly, Assessed Annually	Yes	\$0.00
23	Prescription drug mail dispensing accuracy	Vendor will provide annual reports to confirm compliance with performance standard	99.9% Mail service dispensing accuracy rate. Fields measured include member name, drug strength, directions, quantity and prescriber name.	Annually \$12,500 per year	99.99%	Yes	99.99%	Reported Quarterly, Assessed Annually	Yes	\$0.00
24	Prescription drug home delivery member notifications	Vendor will provide annual reports to confirm compliance with performance standard	Vendor is required to notify a member when a mail service prescription is changed or there is any expected shipping delay and provide reporting details to NDPERS capturing all occurrences by member/DOS/Issue	Annually \$12,500 per year	Met	Yes	Met	Reported Quarterly, Assessed Annually	Yes	\$0.00
25	Prescription drug specialty pharmacy delivery	Vendor will provide annual reports to confirm compliance with performance standard	98% of prescriptions will be delivered and received by patients on the specified date of delivery	Annually \$12,500 per year	Reported Quarter 4 Only, Assessed Annually	Reported Quarter 4 Only, Assessed Annually	99.30%	Reported Quarter 4 Only, Assessed Annually	Yes	\$0.00

North Dakota Public Employees Retirement Systems



2022 Group Medicare Performance Standards for MAPD

4th Quarter Report Card

Contract Period 1/1/2022 - 12/31/2022

PG#	Category	Target	Humana's Recommended Standard & Measurement Criteria	Amount at Risk	4th Qtr 2022 Result	4th Qtr 2022 Target Met	4th Qtr 2022 Annual Average	4th Qtr 2022 Penalty	2022 Annual Target Met	2022 Annual Penalty
26	Network Pharmacy Access	Vendor will provide annual reports to confirm compliance with performance standard	Pharmacy network composition will not be reduced by more than 5% in North Dakota compared to the network submitted in the RFP	Annually \$12,500 per year	Met	Yes	Met	Reported Quarter 4 Only, Assessed Annually	Yes	\$0.00
27	Data Systems Availability and Adjudication	Book of business level	Guarantees an annual average 99% system availability of the point-of-sale adjudication system on a book of business basis. This standard excludes downtime attributed to regularly scheduled systems maintenance or systems downtime	Annually \$12,500 per year	100.00%	Yes	100.00%	Reported Quarterly, Assessed Annually	Yes	\$0.00
4th Quarter 2022, all standards met, penalties are assessed annually.										

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# Memorandum

**TO:** NDPERS Board

**FROM:** Rebecca Fricke

**DATE:** April 11, 2023

**SUBJECT:** SHP Renewal Repricing Update

As is the practice following a renewal, NDPERS has requested SHP to review the renewal increase provided last fall to determine if the recent claims experience is favorable and warrants a lower renewal increase. This review is done prior to the start of the new biennium. Staff anticipated that the recent claims experience still supports the original rate increase calculation and that a lower increase is not warranted. As you can see from the attached memo, SHP agrees.

This item is informational and does not require Board action. Staff from NDPERS and SHP will be at the Board meeting should you have questions.



April 3, 2023

Scott Miller  
Executive Director  
North Dakota Public Employees Retirement System  
PO Box 1657  
Bismarck, ND 58502-1657

February Re-evaluation of the 2023-2025 Biennium Rates

Scott,

The NDPERS renewal increase has been reviewed using incurred claims through December 31, 2022, with claim payments through February 28, 2023. As is standard practice, NDPERS is re-evaluated each February prior to the biennium renewal to assess whether favorable claims experience warrants a lower renewal increase. With the February re-evaluation, Sanford confirms the emerging claim experience still supports the original rate increase calculations and does not warrant a lower rate increase. Let me know if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "G Pence", with a stylized flourish at the end.

Gregory Pence, FSA, MAAA  
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# Memorandum

**TO:** NDPERS Board

**FROM:** Katheryne Korom

**DATE:** April 11, 2023

**SUBJECT:** Group Voluntary Vision Benefits Plan Request for Proposal (RFP)

We received five proposals by the March 31<sup>st</sup> deadline for The Group Voluntary Vision Benefits Plan RFP that was issued on February 1, 2023. These five proposals were received from: VSP Vision Care, EyeMed, Humana, Aflac, and MetLife. Buck consultants have started their proposal review process.

Following are the key dates for the proposal process:

Date	Activity
February 1, 2023	RFP is issued.
February 24, 2023	Written questions regarding proposals must be received by NDPERS no later than 5:00 p.m. (CDT).
March 10, 2023	NDPERS posts responses to all questions received.
March 31, 2023	Proposals must be received by NDPERS no later than 5:00 p.m. (CDT).
May 2023	NDPERS Board review of proposals.
June 2023	Finalist interviews and Best and Final Offers due, if deemed necessary by the NDPERS Board
End of August 2023	Selection and award of contract by NDPERS.

Buck Consultants will analyze the proposals and narrow them down to 3 or 4 for NDPERS to review.

If you have any questions, we will be available at the NDPERS Board Meeting.

This update is informational.





**North Dakota**  
**Public Employees Retirement System**  
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# Memorandum

**TO:** NDPERS Board

**FROM:** Derrick Hohbein, CPA

**DATE:** April 11, 2023

**SUBJECT:** Consultant Fees for the Quarter Ended March 2023

Attached is a quarterly report showing the consulting, investment, and administrative fees paid during the quarter ended March 2023.

This is informational only.

Attachment

**North Dakota Public Employees Retirement System  
Consulting/Investment/Administrative Fees  
For the Quarter ended March 31, 2023**

Attachment

Program/Project			Fee Type	Jan-23	Feb-23	Mar-23	Fees Paid During The Quarter	Fees Paid Fiscal Year-To-Date
<b>Actuary/Consulting Fees:</b>								
Mid Dakota Clinic	Retirement Disability	Time charges					- \$	1,350
Ice Miller	Legal fees Employee benefit matters		5,117	3,121	2,079	10,317	\$	17,796
Deloitte	Legislative Analysis		3,575		25,350	28,925	\$	34,206
Deloitte	Claims Projections					-	\$	38,350
Deloitte	Consulting		10,481			10,481	\$	12,106
State Auditor's Office	PBM Audit	Time charges	41,486	17,663	28,646	87,795	\$	216,361
Buck Consulting	Life/Dental/Vision RFP	Fixed Fee	5,833	5,833	5,833	17,499	\$	34,166
OSG	Microfiche Conversion	Per Document Fee	2,013	13,885	3,604	19,502	\$	19,502
Gabriel Roeder Smith & Company	Retirement	Fixed Fee	26,000			26,000	\$	103,000
Gabriel Roeder Smith & Company	RHIC	Fixed Fee				-	\$	14,400
Gabriel Roeder Smith & Company	GASB 67/68	Fixed Fee	6,750			6,750	\$	26,750
Gabriel Roeder Smith & Company	GASB 74/75	Fixed Fee	5,000			5,000	\$	7,000
Gabriel Roeder Smith & Company	Actuarial Factor Updates	Fixed Fee				-	\$	19,300
Gabriel Roeder Smith & Company	Projections	Fixed Fee				-	\$	15,000
Gabriel Roeder Smith & Company	Legislation	Time Charges	18,955	19,210	14,450	52,615	\$	105,920
Gabriel Roeder Smith & Company	Retirement	Time Charges		5,580		5,580	\$	13,873
Gabriel Roeder Smith & Company	RHIC	Time Charges				-	\$	-
Gabriel Roeder Smith & Company	Deferred Comp	Time Charges				-	\$	-
Gabriel Roeder Smith & Company	Flexcomp	Time Charges				-	\$	-
Callan & Associates	Asset Allocation & Liability Study	Fixed Fee				-	\$	-
Callan & Associates	Investment Consultant Expenses	Fixed Fee	12,450			12,450	\$	37,350
Callan & Associates	Record Keeper Search	Fixed Fee				-	\$	-
<b>Audit Fees:</b>								
Clifton Larson Allen	Annual Audit Fee	Fixed Fee	25,891			25,891	\$	115,141
<b>Legal Fees:</b>								
ND Attorney General	Administrative	Time charges	1,654	2,269	3,072	6,994	\$	20,187
<b>Investment Fees:</b>								
SIB - Investment Fees	Retirement (DB)	% Allocation	1,801,678	1,799,356	1,803,939	5,404,973	\$	16,292,469
SIB - Investment Fees	Ret Health Credit	% Allocation	136,875	139,804	141,968	418,647	\$	1,237,486
SIB - Investment Fees	Insurance	% Allocation	14,704	15,806	16,620	47,130	\$	127,124
SIB - Administrative Fees	Retirement (DB)	% Allocation	55,031	73,293	58,697	187,021	\$	489,785
						6,057,771	\$	18,146,864
<b>Administrative Fee:</b>								
Sanford Health Plan	Health Plan	Fixed fee	1,229,992	1,229,600	*	2,459,592	\$	9,916,556



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# Memorandum

**TO:** NDPERS Board

**FROM:** Scott Miller

**DATE:** April 11, 2023

**SUBJECT:** Contracts under \$10,000

Attached is a document that shows the contracts under \$10,000 that I have signed since the last update. Please let me know if you have any questions on any of these contracts.

This topic is informational only.



# Attachment

## Contracts Signed During 2023:

Vendor	Amount	Notes
NDIT	\$ -	Service Level Agreement
Spherion Staffing	~ \$7,200	Temporary Staffing for Admin Services

## New Contracts:

Vendor	Amount	Notes
Marco	\$ 3,654.49	Replacement of North & Batch Printers
Inter Office	\$ 1,179.44	Chair
Central Services	\$ -	Staff authorization to pickup printed materials



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# Memorandum

**TO:** NDPERS Board

**FROM:** Scott

**DATE:** April 11, 2023

**SUBJECT:** Industrial Commission Letter

Each of you received the letter from the Industrial Commission with questions regarding how we administer contributions and benefits for highly compensated employees. We will have updates as we work through the questions. We may need to go into executive session if the Board would like to address specific member information, or information that may be clearly related to a specific member.



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# Memorandum

**TO:** NDPERS Board

**FROM:** Scott

**DATE:** April 11, 2023

**SUBJECT:** Legislative Relations

Attached is our internal tracking list for legislation. We'll go over some of that and discuss other Legislative topics.



## **INDEX OF BILLS:**

<b>Bill #</b>	<b>Description</b>	<b>Status</b>
HB 1039	DB Closure with 1/1/24 effective date	Failed House
HB 1040	DB Closure with 1/1/25 effective date	Passed House
HB 1088	State Investment Board (SIB) Make-up – amended	Conference Committee for Amendments
HB 1095	Comprehensive Medication Management Program	Passed Both
HB 1146	Infertility Benefits	Failed House
HB 1150	TFFR membership – military exception	Signed by Governor
HB 1183	Changes definition of Peace Officer, retirement eligibility	Passed House
HB 1219	TFFR Technical Corrections – monitor for RTW provisions	Passed Both
HB 1271	TFFR RTW – opt to pay or not pay EE contributions	Failed House
HB 1278	Requires contracts to include written support of fossil fuels & ag	Failed Senate
HB 1309	BCI benefit change, vesting change	Passed Both
HB 1321	NDPERS Board Make-up/Contracting for health insurance (Kasper)	Failed Senate
HB 1345	Priority to companies that support energy & ag in ND	Passed House
HB 1368	Prohibits contracts with companies that boycott Israel	Passed Senate with Amendments
HB 1379	Legacy interest fund/earnings fund	Passed House
HB 1411	Prosthetic devices	Signed by Governor
HB 1413	Cost sharing & payments made by 3 <sup>rd</sup> party	Conference Committee for Amendments
HB 1416	Freedom of provider choice	Passed Both
HB 1429	Contract restrictions	Conference Committee for Amendments
HB 1442	State Employee Personal Information	Failed House
HB 1469	Public Funds – Investment	Failed House
HB 1486	DB Closure with 1/1/25 effective Date, split ADEC	Failed House
HB 1501	Soybean Council Privatization	Conference Committee for Amendments
HB 1539	Eliminates EBPC and has PERS bills reviewed by Legislative Management	Delayed Bill
SB 2023	NDPERS Budget	Passed Senate
SB 2031	Canadian Drug Reference Pricing	Failed Senate

SB 2130	Peace Officer Definition	Signed by Governor
SB 2135	Dental Benefit Assignment	Signed by Governor
SB 2140	Insulin Cap	Passed Both
SB 2158	CHAND Study	Signed by Governor
SB 2160	Telehealth parity	Failed Senate
SB 2164	NDPERS Board Make-up (Legislator from each chamber)	Passed Senate
SB 2171	Governor's 3 <sup>rd</sup> Health Plan Option	Failed House
SB 2239	ADEC Cont, 1% EE Cont, DB Remain Open, DC option	Passed Senate
SB 2258	TFFR RTW, critical demand	Failed House
SB 2378	Clinician-administered drugs	Signed by Governor
SB 2389	Prior Authorization/Changed to a study	Signed by Governor

Highlight are those bills that failed OR that we are monitoring but not currently testifying at.