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: 107 817 794#
Date: **Tuesday, May 17, 2022**
Time: 8:30 A.M.

I. MINUTES

A. April 12, 2022

II. PRESENTATIONS

A. Health Plan Executive Summary 2021 Quarter 4

III. GROUP INSURANCE

A. Draft Health Plan Request For Proposal – Derrick (Information)
B. Contract Amendment for Dental Plan – Rebecca (Board Action)
C. Medicare Part D Plan 2023 Premium Projection – Rebecca (Board Action)

IV. MISCELLANEOUS

A. Board Election Update – Aime (Information)
B. Budget – Derrick (Information)
C. HR Policy Manual – Scott (Board Action)
D. Legislative Update – Scott (Information)
E. Legislative Relations – Scott (Information)
F. Contracts Under $10,000 – Scott (Information)
G. Executive Director Compensation Recommendation – Kim Wassim (Board Action)

V. MEMBER *EXECUTIVE SESSION

A. Insurance Appeal Case #733 – Lindsay (Board Action)
B. Retiree Health Insurance Credit Appeal Case #737 – MaryJo (Board Action)
C. Retiree Health Insurance Credit Appeal Case #738 – MaryJo (Board Action)
D. Retiree Health Insurance Credit Appeal Case #739 – MaryJo (Board Action)

*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.

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Memorandum

TO: NDPERS Board

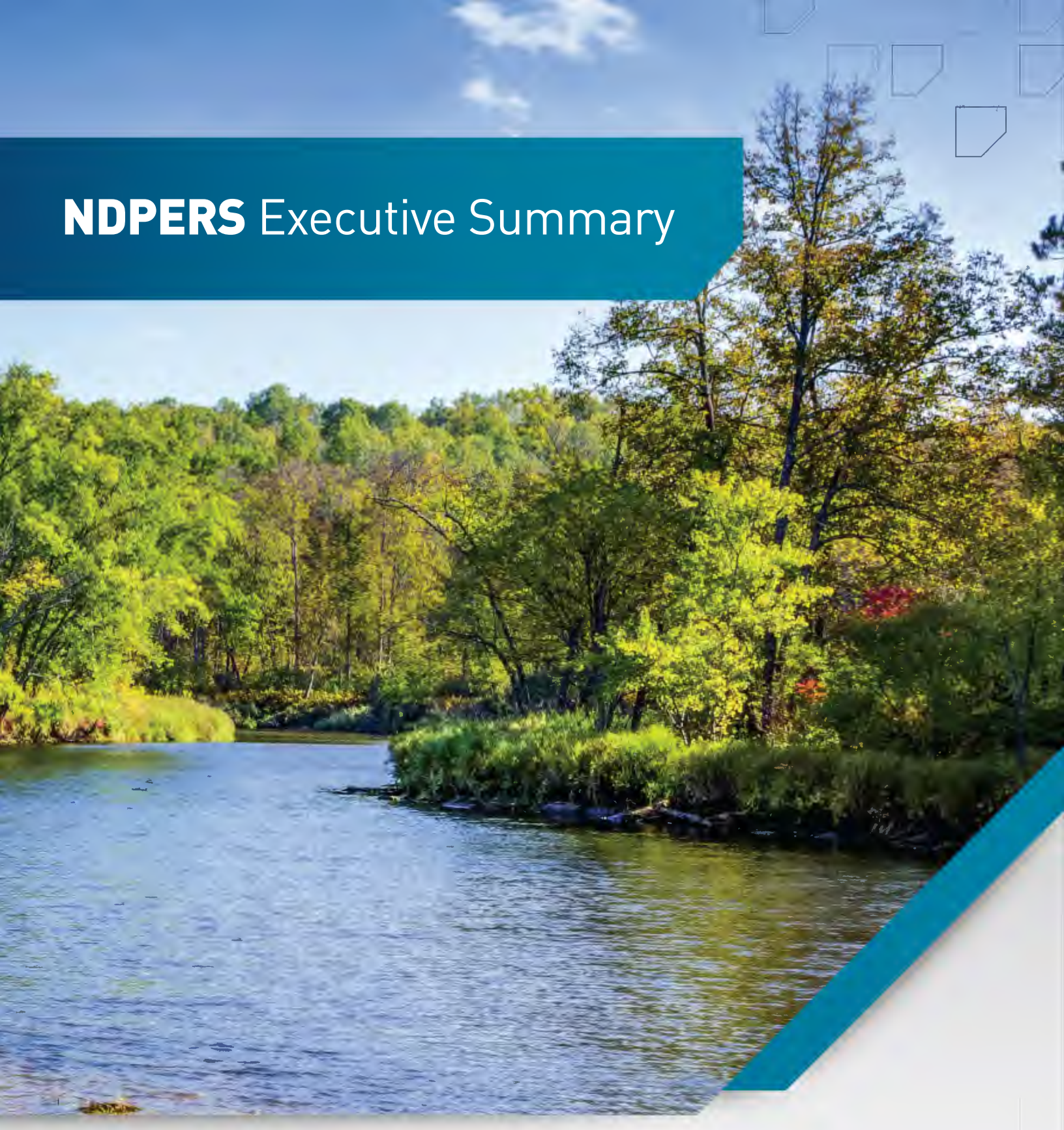
FROM: Rebecca

DATE: May 17, 2022

SUBJECT: SHP 2021 Quarter 4 Executive Summary

Sanford Health Plan (SHP) will be at the meeting to review the 2021 Quarter 4 Executive Summary and answer any questions you may have. The Summary is attached for your reference.

NDPERS Executive Summary



Quarter 4 | 2021

Presented May 2022

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM | SANFORD HEALTH PLAN

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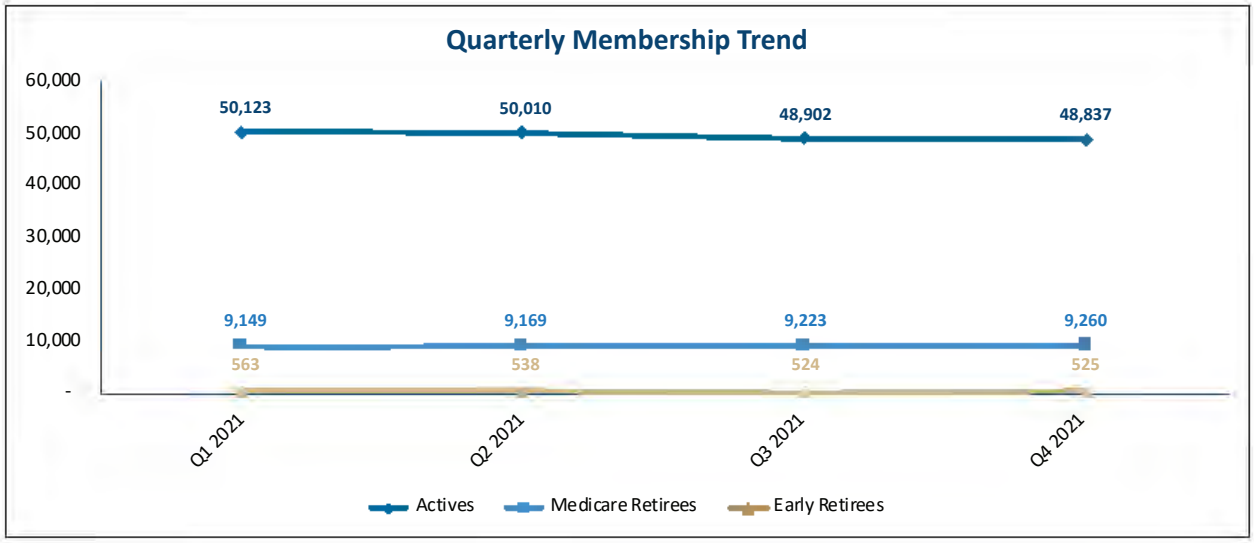
ANNUAL MEMBERSHIP SUMMARY

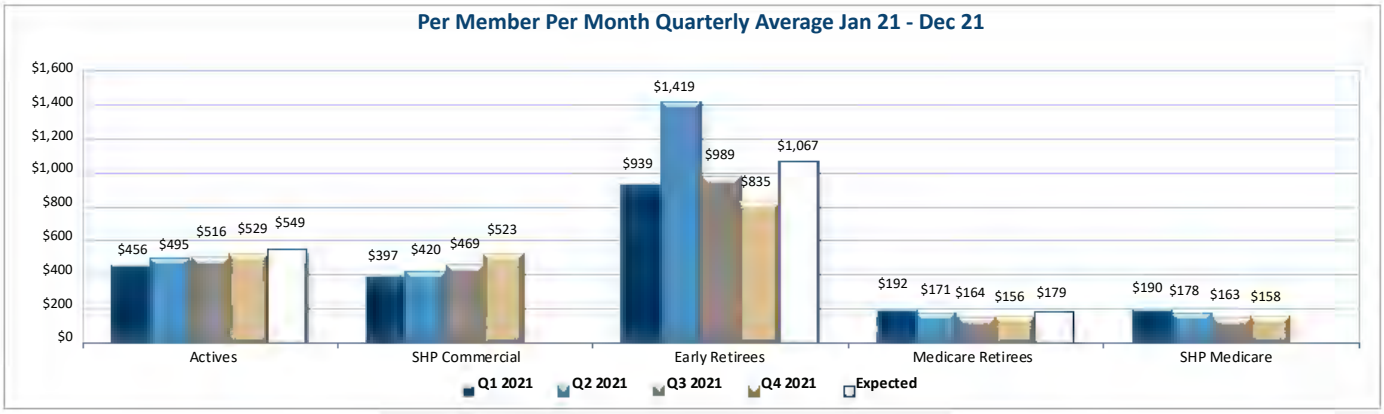
Summary

MEMBERSHIP COMPARISON						PERCENT CHANGE
	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q4 2020 - Q4 2021
Actives	51,483	50,123	50,010	48,902	48,837	-5.1%
Medicare Retirees	9,185	9,149	9,169	9,223	9,260	0.8%
Early Retirees	582	563	538	524	525	-9.8%

MEMBERSHIP TREND



PMPM SUMMARY



*Incurred between January 1, 2021 and December 31, 2021. Includes IBNR for January 1, 2021 through December 31, 2021, as of February 28, 2022.

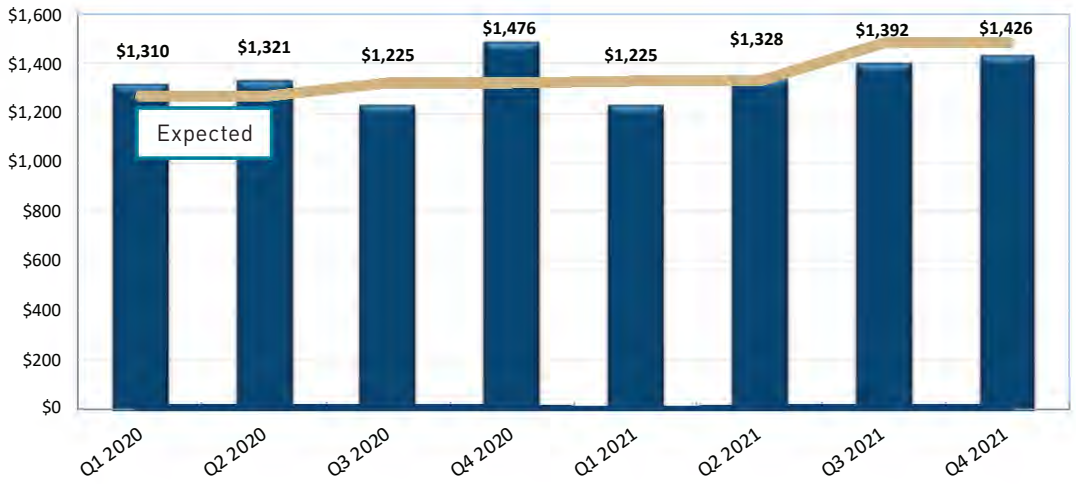
*Medicare Retirees PMPM excludes prescription drug coverage (Medicare Part D).

*Expected is January 1, 2021 - December 31, 2021.

Claims Analysis

PAID CLAIMS PER CONTRACT PER MONTH

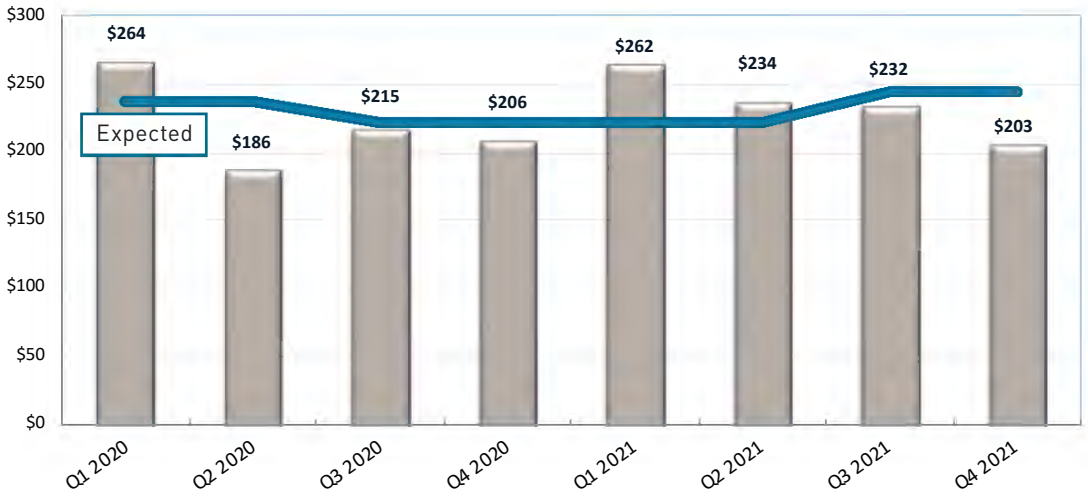
AVERAGE QUARTERLY INCURRED CLAIMS PER CONTRACT
Actives



*Incurred between January 1, 2021 and December 31, 2021. Includes IBNR for January 1, 2021 through December 31, 2021, as of February 28, 2022.

*NDPERS Active contracts have approximately 2.70 members per contract.

AVERAGE QUARTERLY INCURRED CLAIMS PER CONTRACT
Medicare Retirees

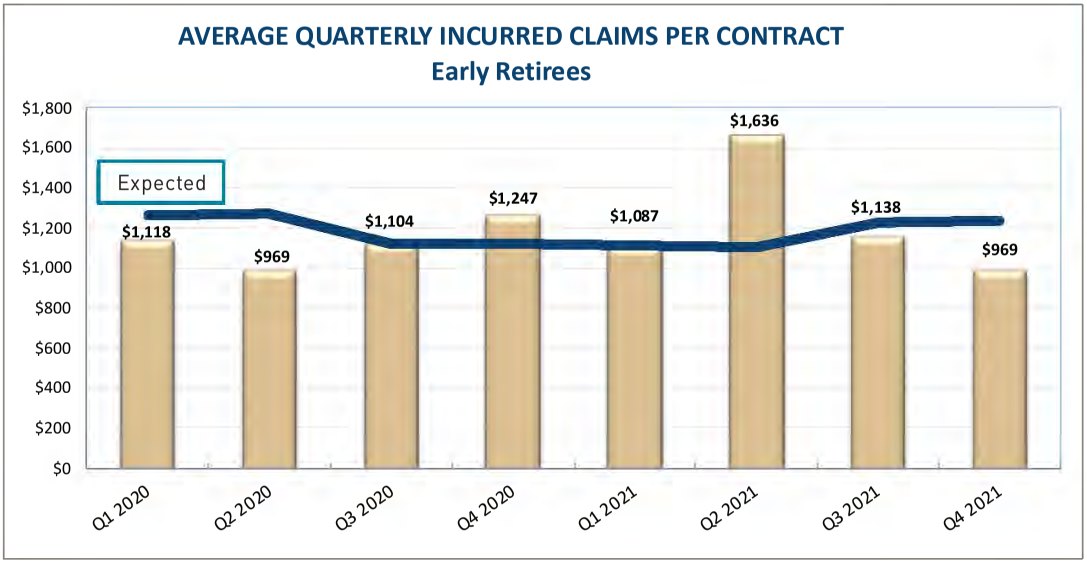


*Incurred between January 1, 2021 and December 31, 2021. Includes IBNR for January 1, 2021 through December 31, 2021, as of February 28, 2022.

*NDPERS Medicare Retirees contracts have approximately 1.37 members per contract.

PAID CLAIMS PER CONTRACT PER MONTH

Claims Analysis

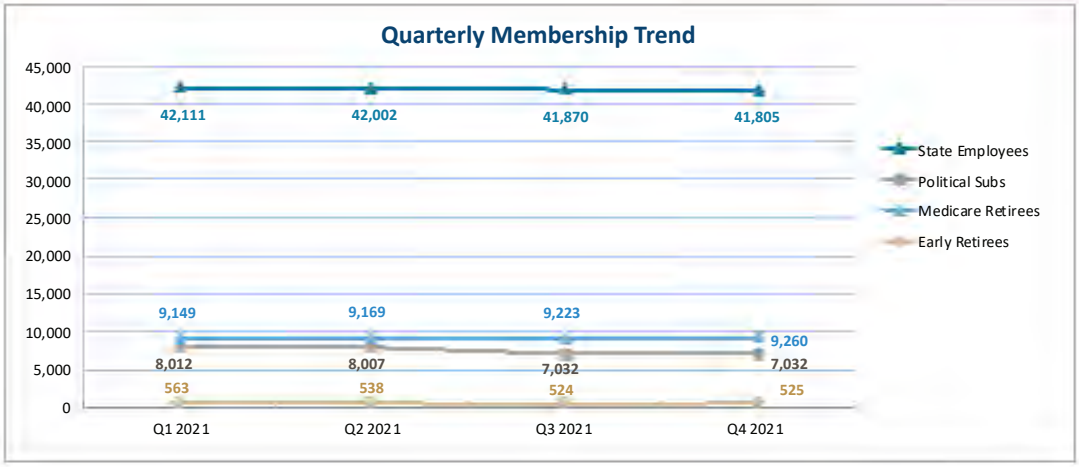


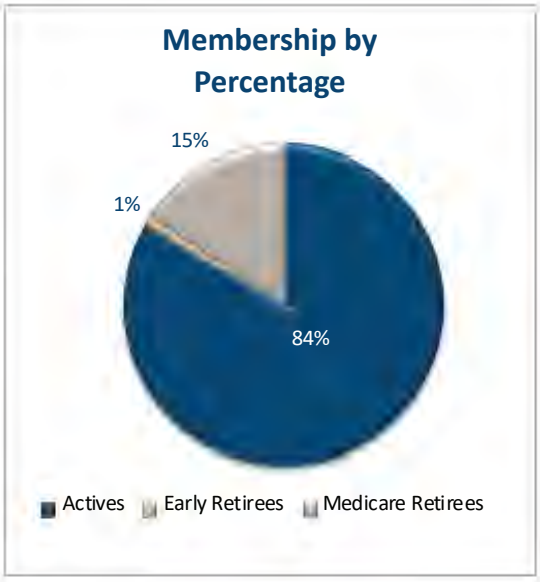
*Incurred between January 1, 2021 and December 31, 2021. Includes IBNR for January 1, 2021 through December 31, 2021, as of February 28, 2022.

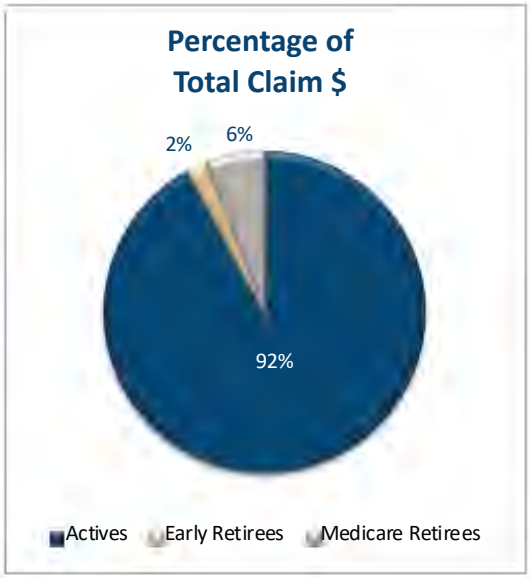
*NDPERS Early Retirees contracts have approximately 1.16 members per contract.

Membership & Utilization

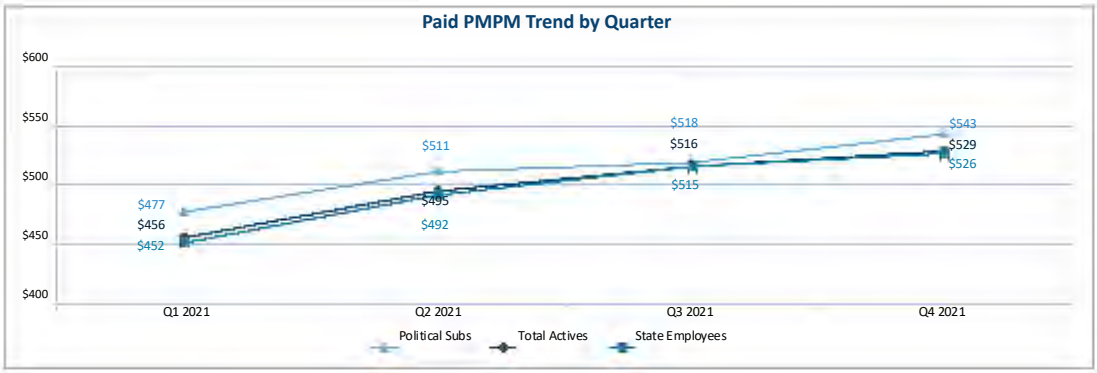
MEMBERSHIP PERCENTAGE





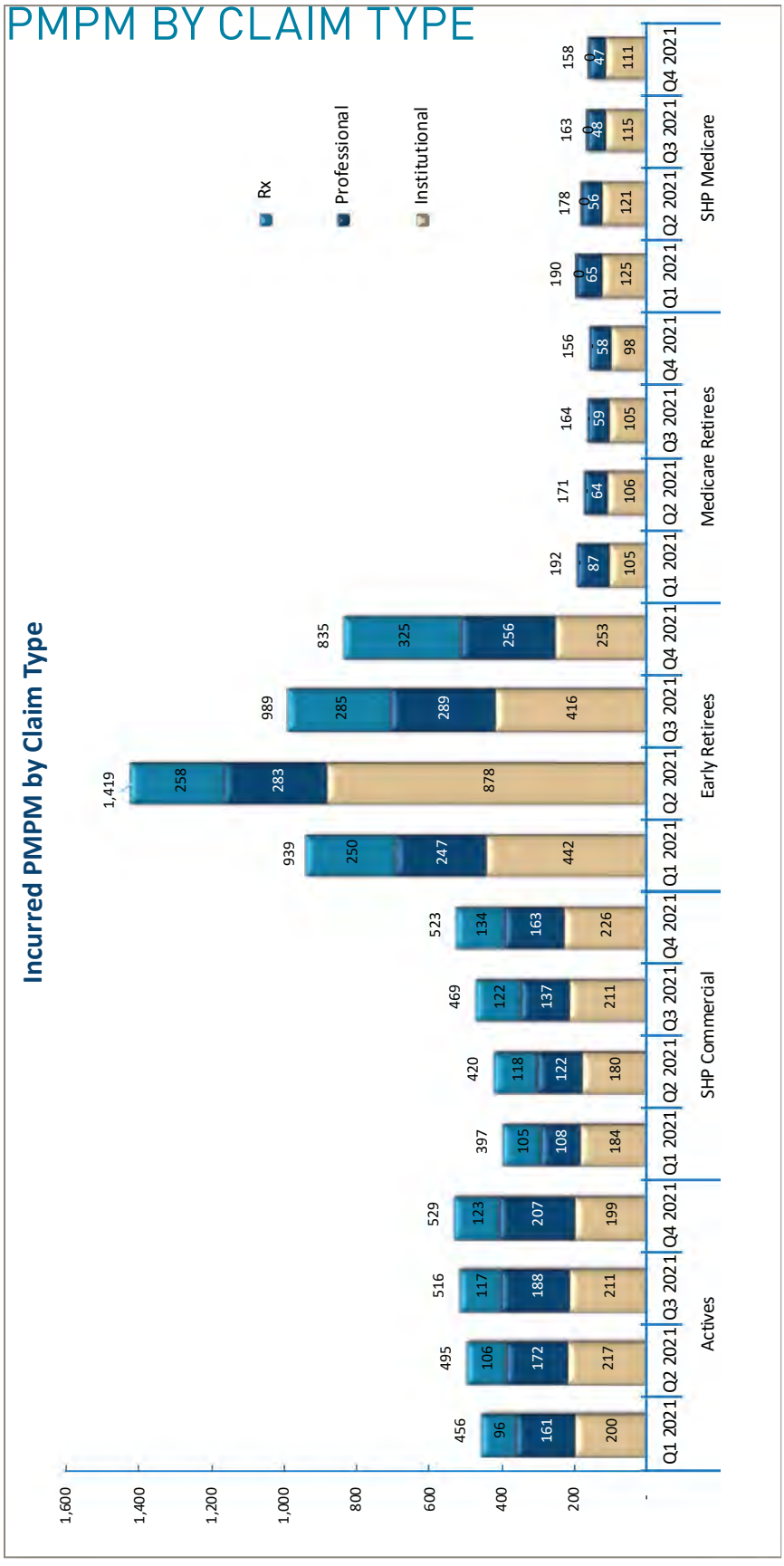


PAID PMPM TREND BY QUARTER



*Incurred between January 1, 2021 and December 31, 2021. Includes IBNR for January 1, 2021 through December 31, 2021, as of February 28, 2022.

PMPM BY CLAIM TYPE

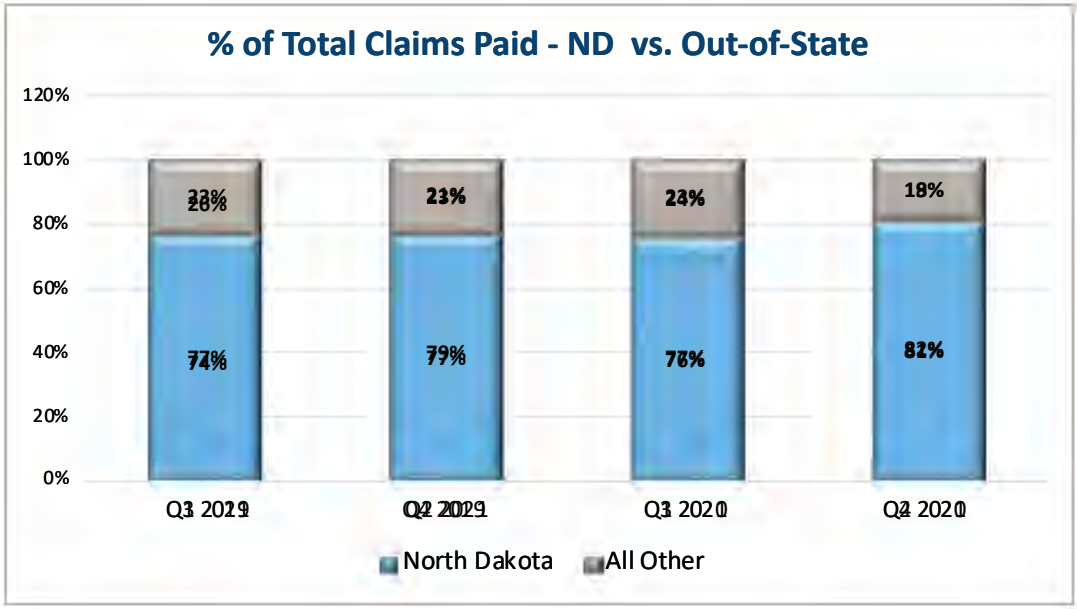


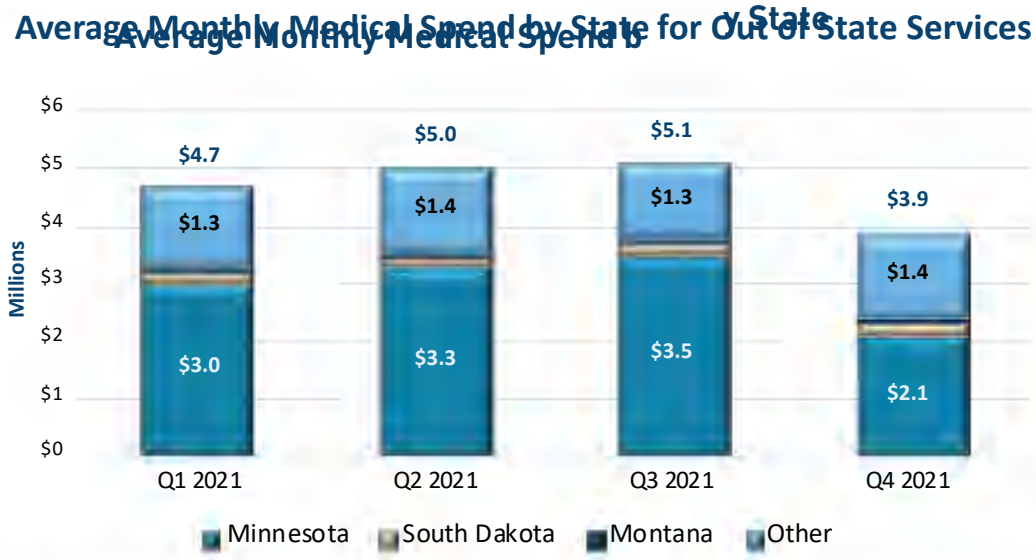
*Incurred between January 1, 2021 and December 31, 2021. Includes IBNR for January 1, 2021 through December 31, 2021, as of February 28, 2022.

Membership & Utilization

Membership & Utilization

PAID CLAIMS BY STATE





*Paid Claims by State charts include both active and retiree membership.

* Does Not include IBNR

MEMBER RISK PROFILE & UTILIZATION

Membership & Utilization

	NDPERS	SHP Commercial
Average Age	34	33
% Male (Current)	49	47
Average Care Gap Index	1.07	0.80
Inpatient Days Per 1000	207	253
Total Admissions Per 1000	51	65
ER Visits Per 1000	184	166
Total Office Visits Per 1000	3,945	3,852
Pharmacy Scripts Per 1000	8,738	8,843

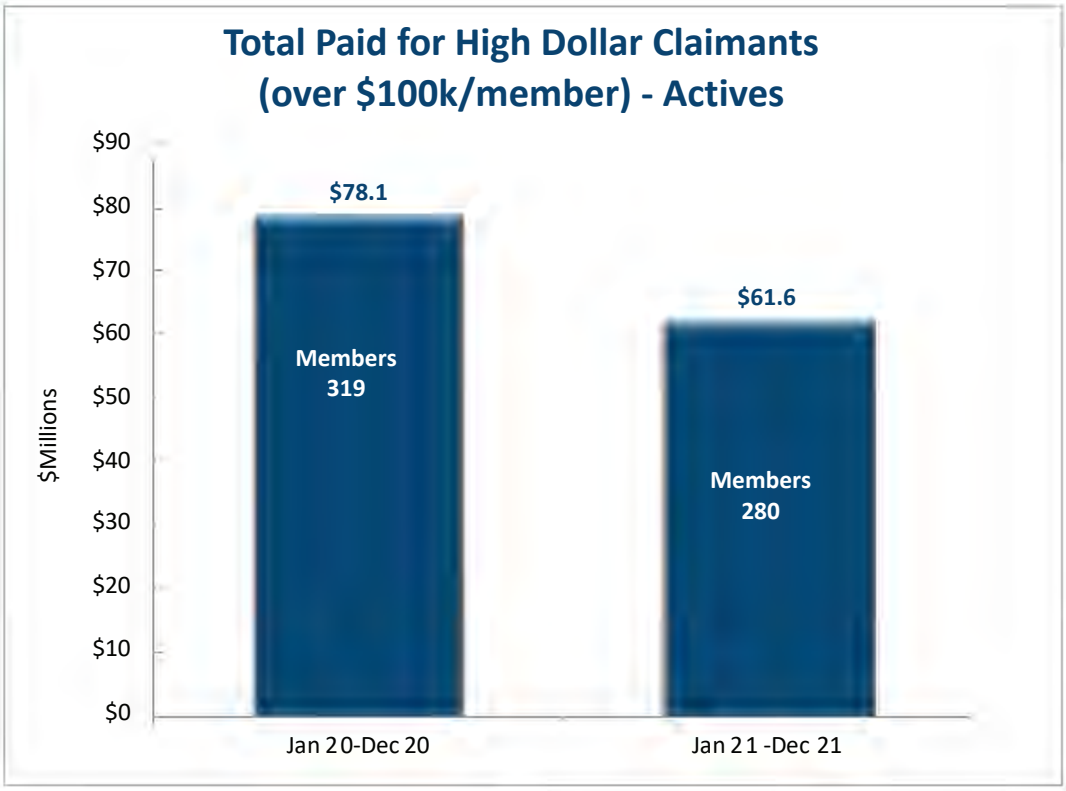
*Incurred between October 1, 2020 and September 30, 2021.

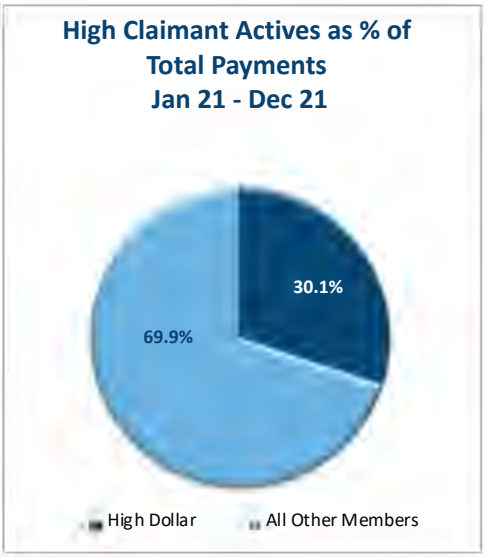
* All data was normalized using Cotiviti's methodologies and algorithms.

* NDPERS includes Political subdivisions, Early (Pre-Medicare) Retirees and State employees.

High Dollar Cases

ACTIVES

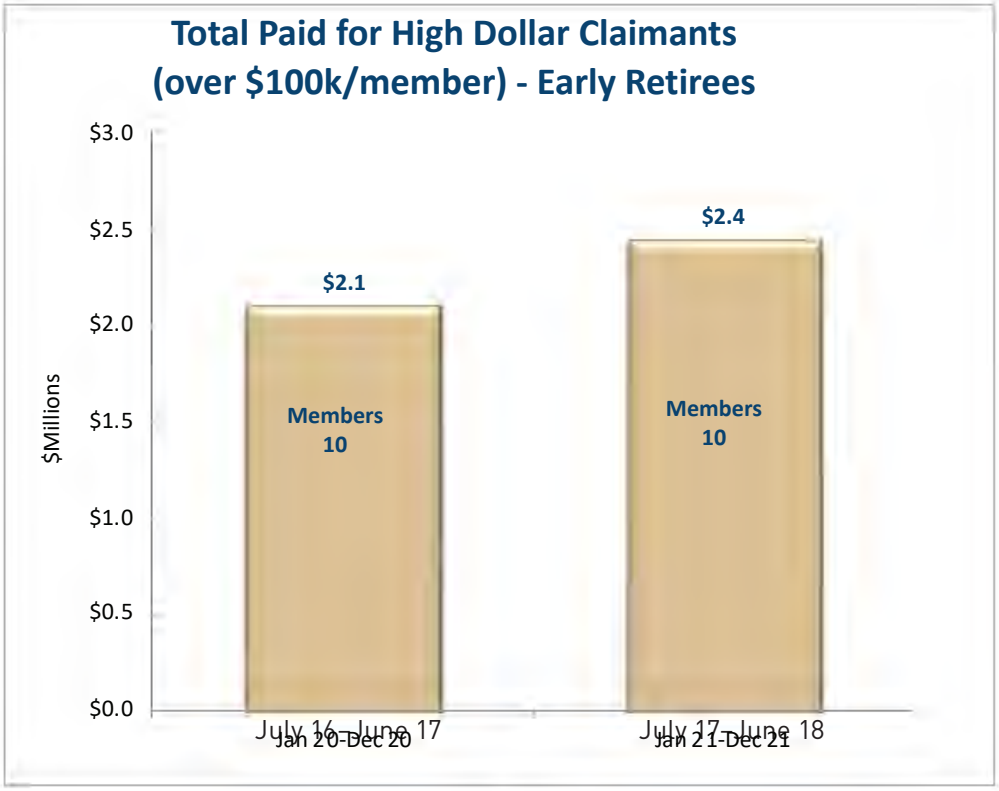


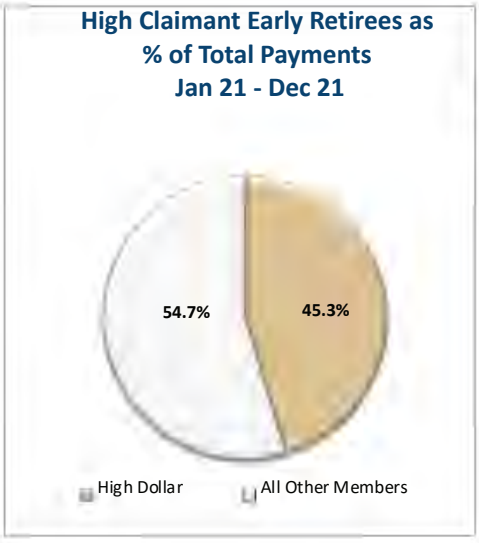


Avg. Paid/Claimant	$219,910
% of Total Payments	30.1%

EARLY RETIREES

High Dollar Cases

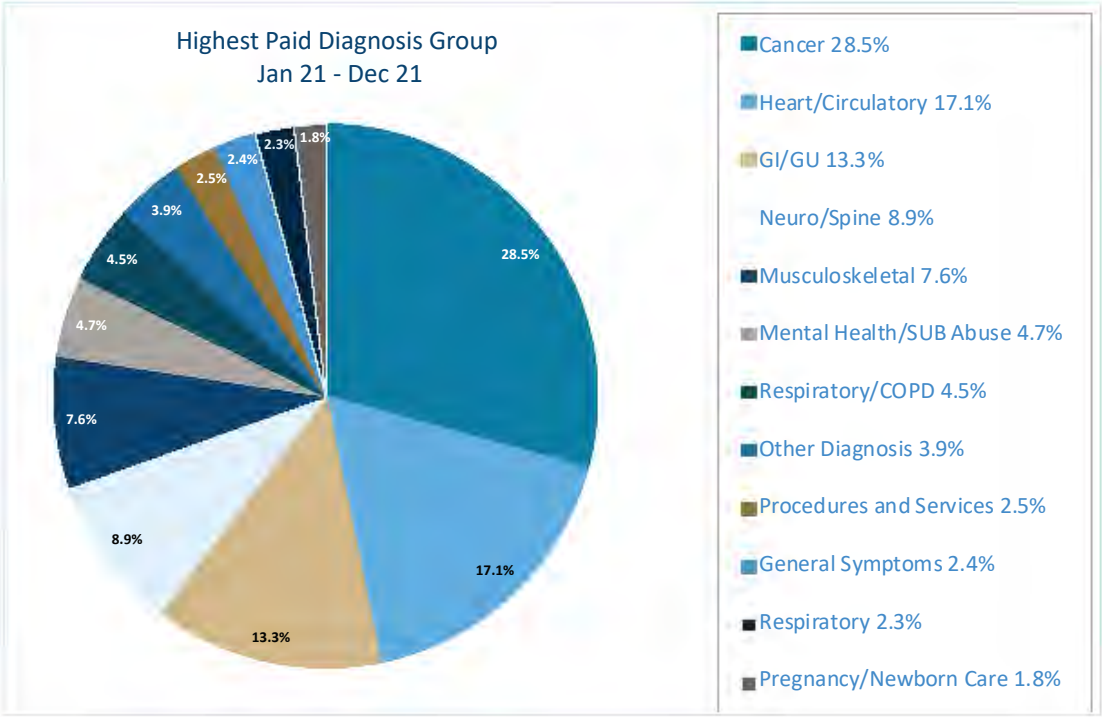




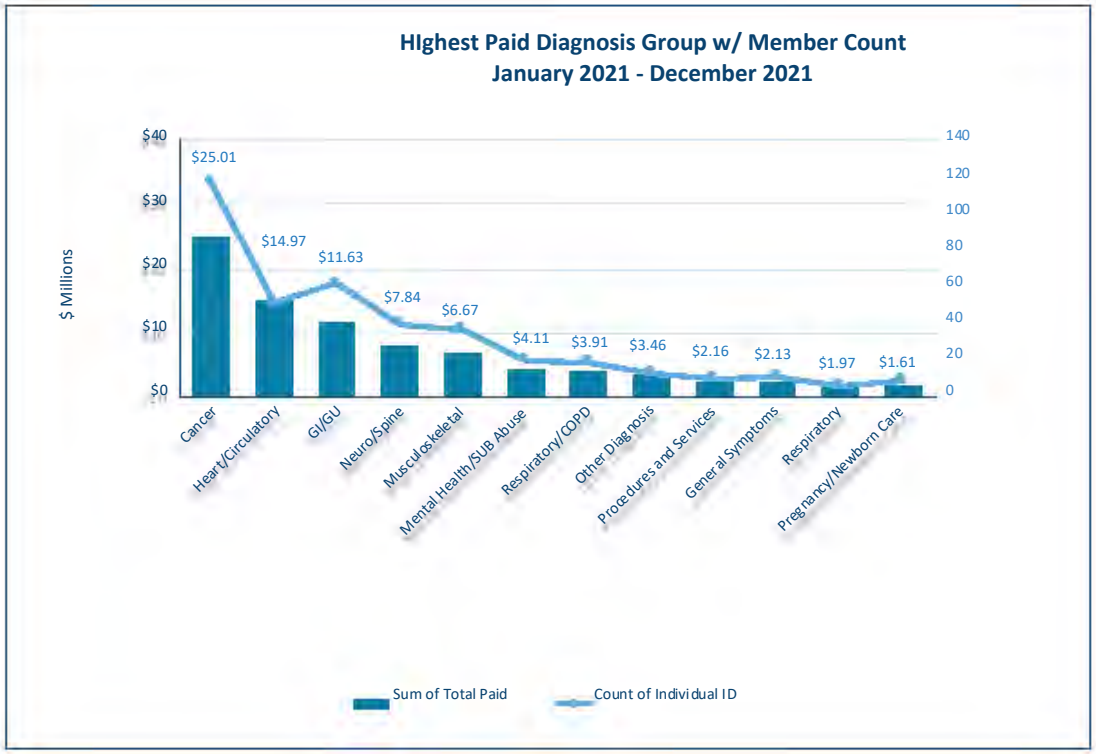
Avg. Paid/Claimant	$244,047
% of Total Payments	45.3%

High Dollar Cases

PRIMARY DIAGNOSIS

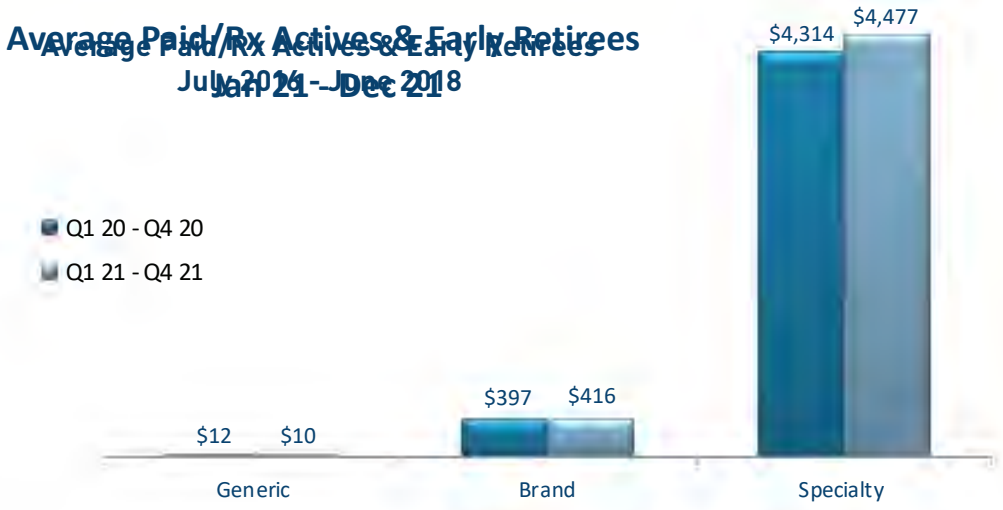


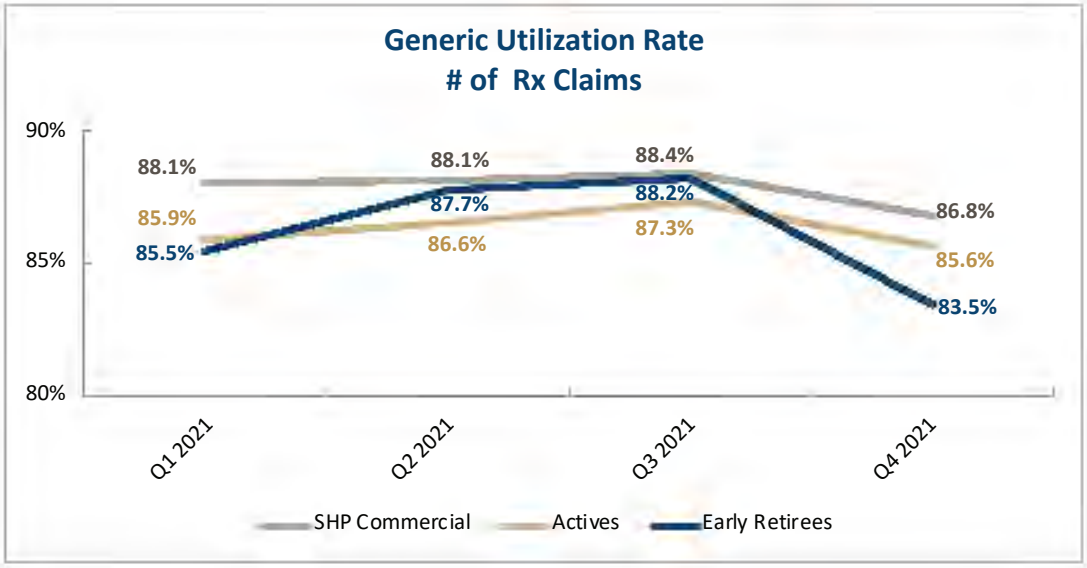
*The remaining 2.7% represent 4 diagnosis groups accounting for less than 1% each.

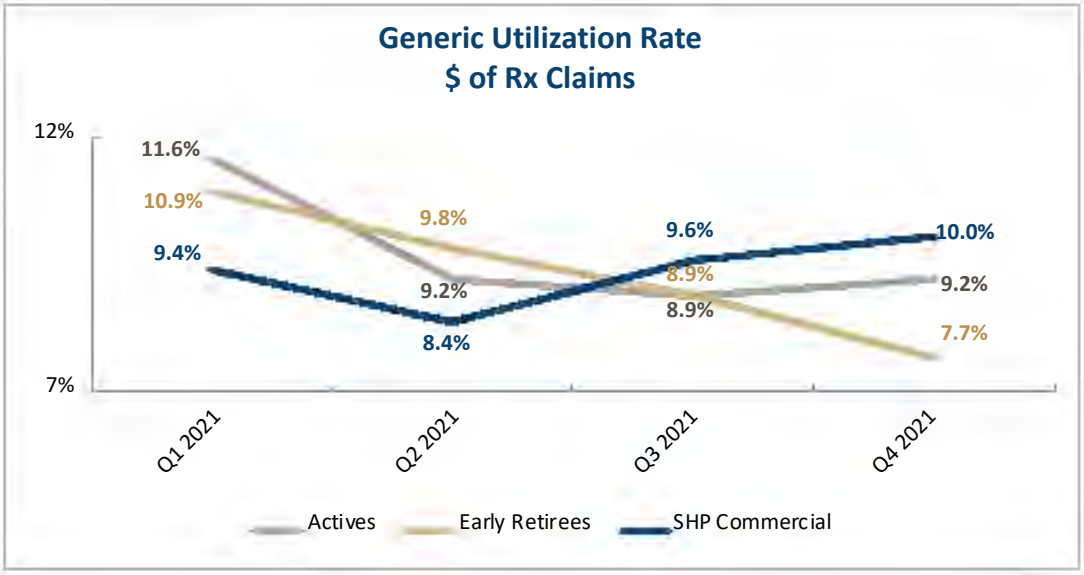


*High dollar cases consist of claims with a total over $100,000.

GENERIC UTILIZATION

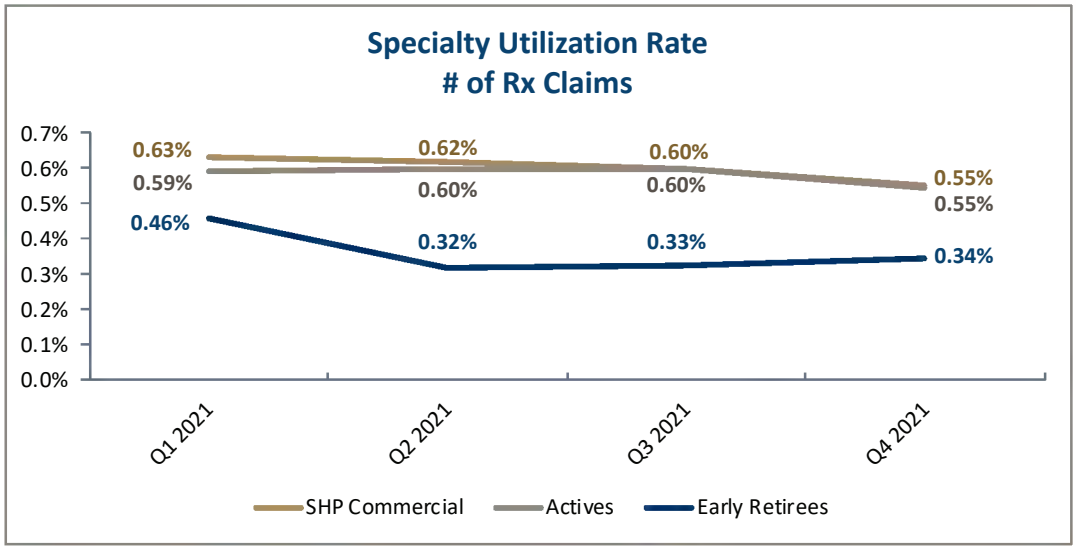


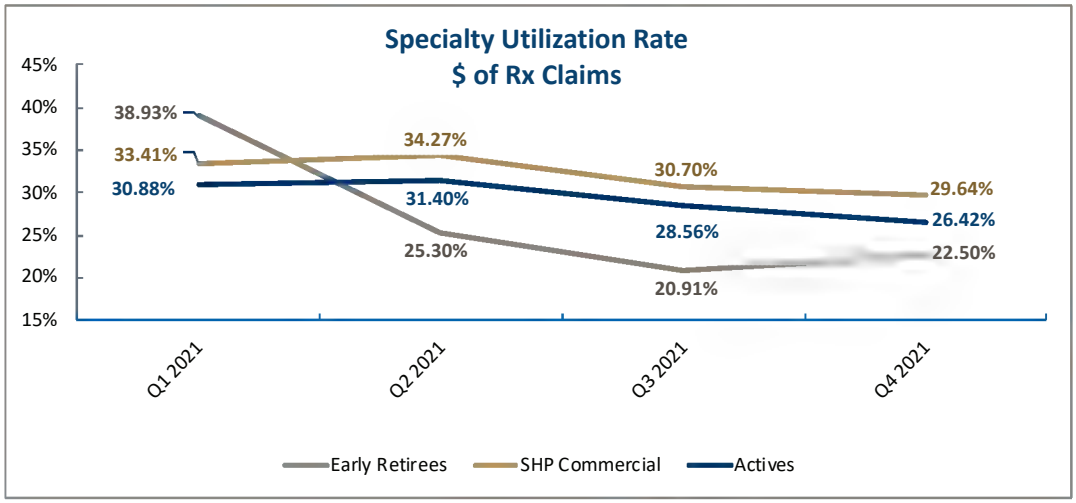




Prescription Drugs

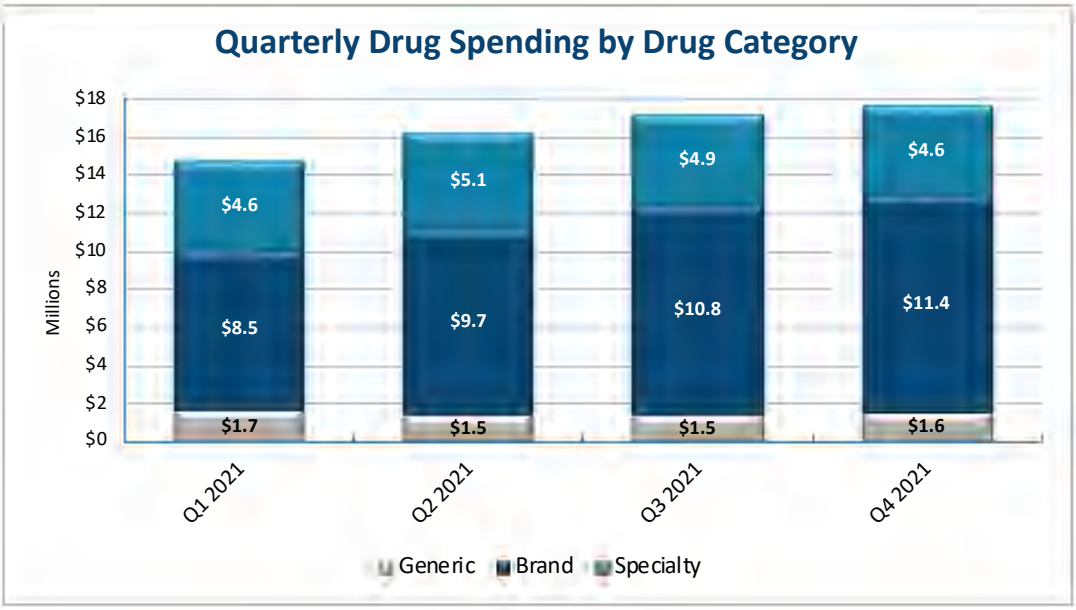
SPECIALTY PHARMACY





PHARMACY

Prescription Drugs

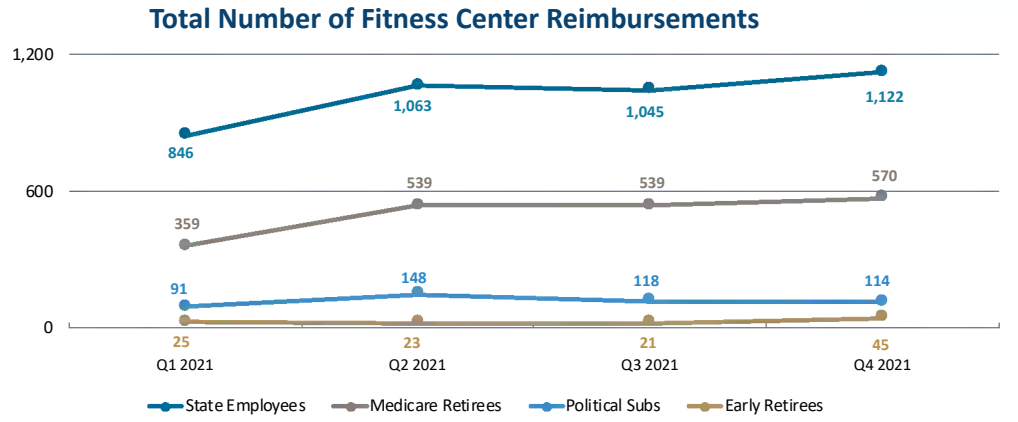


Description	Sanford Health Plan – NDPERS EGWP Q4 2021	Q4 2020	Change
Avg Subscribers per Month	9,185	9,131	0.6%
Avg Members per Month	9,185	9,131	0.6%
Number of Unique Patients	9,102	9,103	0.0%
Pct Members Utilizing Benefit	99.1%	99.7%	-0.6%
Total Days	14,244,668	14,078,309	1.2%
Total Adjusted Rxs	514,155	508,660	1.1%
Average Member Age	75.8	75.7	0.2%
Nbr Adjusted Rxs PMPM	4.66	4.64	0.5%
Generic Fill Rate	92.2%	91.8%	0.3
90 Day Utilization	66.8%	66.8%	0.1
Retail - Maintenance 90 Utilization	64.8%	64.9%	-0.1
Home Delivery Utilization	2.0%	1.9%	0.2
Formulary Compliance Rate	99.2%	99.1%	0.1

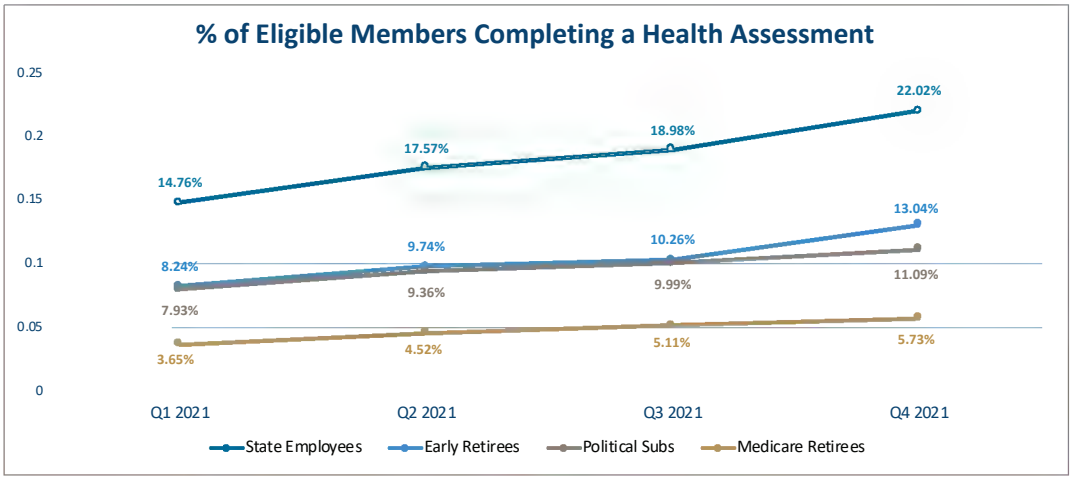
*This data was prepared by Express Scripts Inc. (ESI)

Dakota Wellness Program

FITNESS CENTER REIMBURSEMENT



HEALTH ASSESSMENT



LIFESTYLE MEDICINE PROGRAMS

Dakota Wellness Program

Center for Lifestyle Medicine

NDPERS members with qualifying conditions have access to ongoing visits with a Lifestyle Medicine Specialist to create an individualized Lifestyle Medicine plan.
2021 NDPERS Q4 Participants: **14**
Total NDPERS Participants that have completed the program: **30**

Outcomes among all program graduates

- **4%** decrease in BMI (-39.4 to 38) in graduates with an obesity diagnosis.
- Graduates increased their physical activity by **80%** on average.
- Of the Type 2 Diabetes participants, members dropped their average Blood Glucose by **52 points** from 175 pre-program to 123 post program which puts them in a pre-diabetic Blood Glucose Range.

Exercise is Medicine (EIM)

Exercise has endless benefits to our health, including reducing obesity, improving sleep and our emotional well-being while reducing and reversing heart disease, diabetes, and high blood pressure.

Sanford Health patients who have a diagnosis of a BMI of 30 or greater, hypertension, hyperlipidemia, pre-diabetes, type 2 diabetes, metabolic syndrome or depression are eligible for this 12 week group exercise program. The goal of EIM is to increase confidence when it comes to making exercise a habit.

Pre Program Cardiovascular Minutes (N=319)	6 Month Post Program Cardiovascular Minutes (N=122)
Average 65 minutes per week	Average 121 minutes per week
86% Average increase in cardiovascular exercise minutes post program completion	

141
Completed the full program

Diabetes Prevention Program (DPP)

All in-person co-horts have wrapped up, and the program is now being offered virtually with a wireless scale being sent to participants due to Covid.

Weight loss %	Number of Participants	Reduced Disease Risk
4.85%	204	54%

Dakota Wellness Program

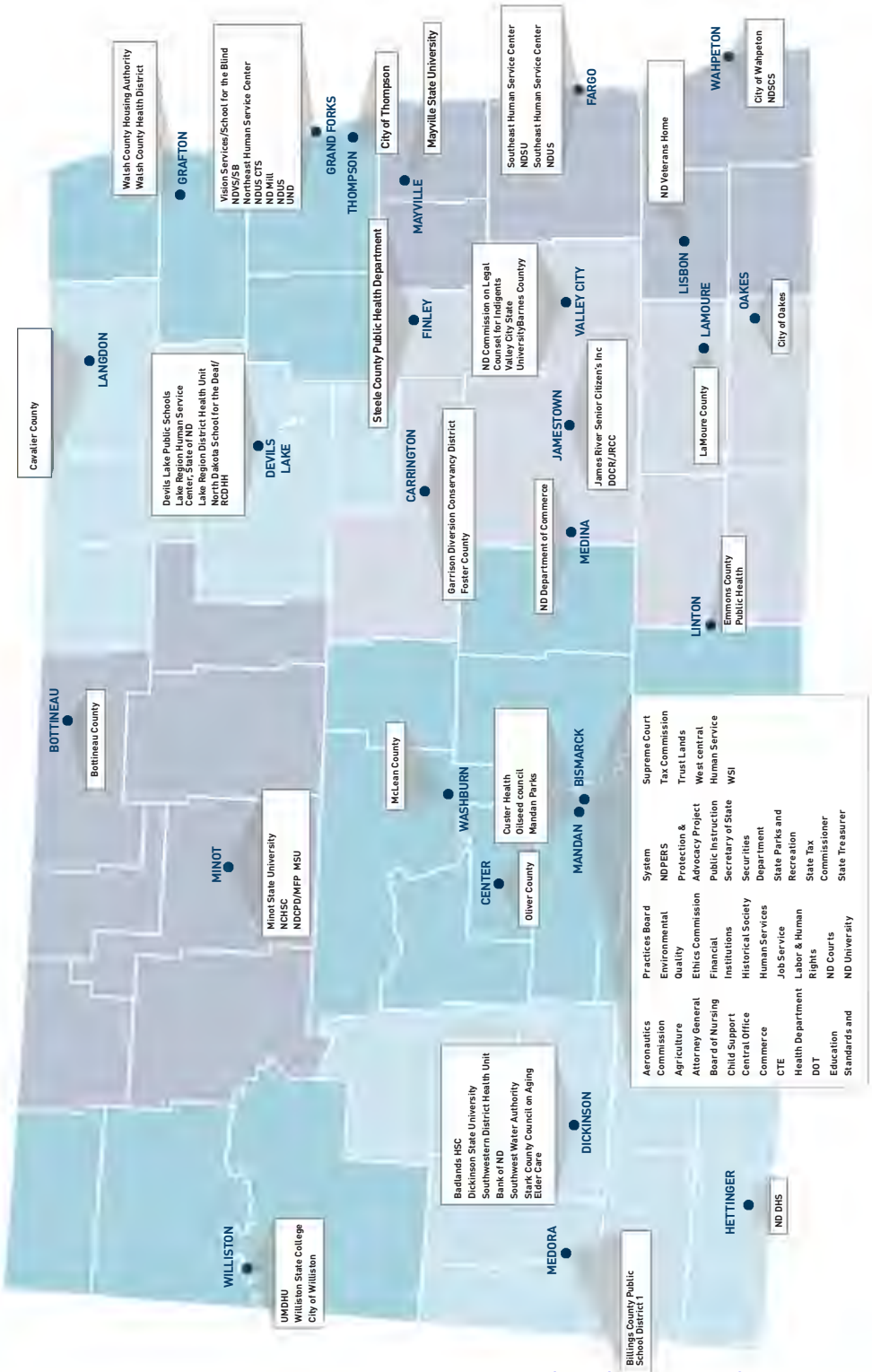
MONTHLY WELLNESS THEMES

Monthly themes keep the wellness program fresh throughout the year and keeps members engaged in their individual wellness pursuit. Newsletters, e-blasts and worksite posters are used to introduce themes.

EVENT ATTENDANCE BY AGENCY

The Sanford Health Plan NDPERS wellness team continues to engage members across the state, despite pandemic-related in-person restrictions. Wellness educators support agency wellness coordinators and provide worksite education and activities in a virtual format. This map shows where participants are from.

Dakota Wellness Program



TOTAL MEMBER ATTENDANCE THIS QUARTER:

877

PRESENTATIONS/EVENTS:

Oct. Member Webinar Contributions at Work
Nov. Member Webinar Body Mechanics
Dec. Member Webinar Break Down Goals
Oct. Coordinator Webinar
Nov. Coordinator Webinar
Dec. Coordinator Webinar
Coordinator Planning Session
Fruit/Veggie Challenge

Nutrition and Hydration
Cooking Class
Body Mechanics
Dakota Wellness Program

TOTAL NUMBER OF AGENCIES VISITED (UNDUPLICATED)

87

Dakota Wellness Program

Special Events

Strive for Five: Fruit and Veggie Challenge

Eat at least 5 servings of fruits/veggies for 10 days out of 4 weeks.
Members received weekly emails with tips to add fruit and veggies during the day.

993 Participants
302 Met Goal

Employer Based Wellness Program: Discount and funding application webinar

Sanford Health Plan wellness team invited wellness agencies to take a deep dive into best practices for the discount and funding applications/wellness programming. Participants could ask questions in real time and fill out your own application ahead of the February 28th deadline.

Three sessions in November and December of 2021 were available, along with one-on-one planning sessions, and application review. This new service was well received, and will be continued on an annual basis.

- **60** agencies
- **7** attended one-on-one planning sessions to create specific and innovative wellness programming
- **5** reported this was their first time requesting funding for their wellness programs

MEMBER MANAGEMENT REPORT

CASE TYPE	Total Cases	Members	Successful Contact	Unsuccessful Contact	Care Coordination
CARE TRANSITIONS 224 Total Cases					
Behavioral Health Residential	51	47	51	69	94
Behavioral Health Substance	13	12	4	14	26
Medical Acute	160	158	202	278	435
CASE MANAGEMENT 1 TOTAL CASES					
Social Work	1	1	2	0	0
COMPLEX CASE MANAGEMENT 116 TOTAL CASES					
Complicated Case	306	306	498	434	126
SPECIALTY CASE MANAGEMENT 235 Total Cases					
Behavioral Health	54	54	63	113	50
ESRD	37	37	63	119	77
High Risk Pregnancy	61	61	78	90	37
NICU	9	9	4	2	19
Oncology	60	59	152	96	87
Transplant	14	14	19	21	16
VERY HIGH RISK CASE MANAGEMENT 1 TOTAL CASES					
Oncology	1	1	6	10	6

Member Management

Case Summary

- Total cases – Count of any cases open or closed during the report time frame.
- Individual members – Count of the individual members with a case open.

Member Outreach

- Successful outreach – Includes the following activities: successful telephone call, outreach, site visit, member interaction.
- Unsuccessful outreach – Includes leaving messages for a member or letter sent.

Case Management

- Case manager activities related to care coordination, including: chart review, referrals to internal Health Plan staff for claim or coverage questions, electronic outreach to providers and educational material mailings.

Performance Standards & Guarantees

2021-2023

MEASURE	GOAL	OUTCOME REPORTING DATES	CURRENT
WELLNESS:			
Health Risk Assessment completion	17%	June 30, 2023	4%
Worksite Interventions agency participation	75%	June 30, 2023	63%
Fitness Center Reimbursement participation	5%	Dec. 31, 2022	1.99 %
Redemption Center payments	$800,000	Dec. 31, 2022	On Track
Redemption Center participation rate	8%	Dec. 31, 2022	On Track
HEALTH OUTCOMES:			
Healthy Pregnancy Program	2.5% increase	June 30, 2022	6.8%
Diabetes Prevention Program	3% increase	Dec. 31, 2022	On Track
Exercise is Medicine Program	3% increase	Dec. 31, 2022	On Track
Breast cancer screening rates	80%	June 30, 2022	77.4%
Cervical cancer screening rates	85%	June 30, 2022	79.5%
Colorectal cancer screening rates	60%	June 30, 2022	On Track
PROVIDER NETWORK/CONTRACTING:			
PPO Network participation rate	Hospital, MDs & DOs: 92%	June 30, 2022	On Track
Par Network minimum discount	30%	June 30, 2022	43.64%
Pharmacy network maximum reduction	5%	June 30, 2022	On Track
CUSTOMER SERVICE & CLAIMS:			
Claims financial accuracy	99%	June 30, 2022	99.93%
Claims payment accuracy	98%	June 30, 2022	99.7%
Claim timeliness	99%	June 30, 2022	99.36%
Claims procedural accuracy	95%	June 30, 2022	99.58%
Average speed of answer	30 seconds	June 30, 2022	1.41
Call abandoned rate	5% or less	June 30, 2022	3.22%
First Call Resolution	95%	June 30, 2022	97.06%
Written Inquiry Response Time	95%	June 30, 2022	99.45%
PHARMACY & FINANCIAL:			
Prescription Drug Turnaround Times	98%	June 30, 2022	On Track
About the Patient Program Payment	5 days	June 30, 2022	On Track
Interest Rate Corrections	5 days	June 30, 2022	On Tack

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Memorandum

TO: NDPERS Board

FROM: Derrick Hohbein

DATE: May 17, 2022

SUBJECT: NDPERS Health Plan Draft RFP

Staff has been working on updating the Health Plan request for proposals (RFP) in the event we need to go out to bid this fall. The RFP document and some of the Appendices (including question documents) are attached for your review.

Here is the proposed timeline:

Activity	Date/Time
NDPERS publishes Request for Proposal (RFP)*	September 1, 2022
Bidder Conference**	September 16, 2022 (9am – 11am CST)
Bidder questions (in writing) due	September 19, 2022 (5pm CST)
Proposals due	**November 15, 2022 (5 pm CST)**
Finalist presentations (if requested)	December 2022
NDPERS notifies finalist of intent to negotiate	January/February 2023
Bidder and NDPERS begin implementation	March 2023
Bidder begins providing services	July 1, 2023

If you have any changes/suggestions to the RFP documents, please let staff know. If you have any questions, I will be available at the NDPERS Board meeting.

NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Request for Proposal

Group Medical and Prescription Drug Coverage

Release Date: September 1, 2022

Proposals Due:
By 5:00 p.m. CST
November 15, 2022

Key Information

Objective

North Dakota Public Employees Retirement System (“NDPERS”) is soliciting proposals for the insurance and/or administration of its employee/retiree medical and prescription drug insurance plan. Proposals will be accepted from administrative/insurance companies (“Bidders”) that are capable of offering a statewide provider network, utilization management, disease management, wellness program and pharmacy benefit manager services along with other related services. The contract to be awarded is a multi-year arrangement beginning July 1, 2023 and ending June 30, 2025.

This RFP is requesting proposals for both fully-insured and self-insured arrangements. The NDPERS Board will determine which funding approach it will implement based on the results of the RFP (See Section II of this RFP for further detail). See also Appendix C1 (Fully-Insured Questionnaire), Appendix C2 (Self-Insured Questionnaire Medical), and Appendix C3 (Self Insured Questionnaire Prescription Drug).

Background

NDPERS is responsible for the administration of the State of North Dakota’s Retirement, Health, Life, Deferred Compensation, FlexComp, Employee Assistance Program (EAP), Retiree Health Insurance Credit, voluntary Dental and voluntary Vision programs. In addition, cities, counties, schools and other political subdivisions of the state may participate at their option. Approximately 23,000 active employees and 11,000 retirees are eligible to participate in these plans.

NDPERS reserves the right to select the health plan proposals that best fit its needs and the needs of its eligible employees/retirees. NDPERS has retained Deloitte Consulting LLP (“Deloitte Consulting”) to assist with the RFP process.

Sanford Health Plan (SHP) currently insures the medical and prescription drug plan under a fully-insured arrangement. OptumRx is Sanford’s pharmacy benefits manager (PBM) partner.

In determining which bid, if any, will best serve the interests of eligible employees/retirees and the state, the NDPERS and its Board will assess the following factors:

1. The economy to be effected.
2. The ease of administration.
3. The adequacy of the coverages.
4. The financial position and experience of the carrier, with special emphasis as to its solvency.
5. The reputation of the carrier and any other information that is available to show past experience with the carrier in matters of claim settlement, underwriting, and services.
6. Multi-year guaranteed premium/fees.
7. The value proposition of different insurance arrangements including self-insurance to determine if it is in the best interest of the State and the State’s eligible employees.

The successful bidder of this RFP for fully-insured coverage is eligible to have the initial term of this contract extended for two two-year periods (2025-2027 and 2027-2029) at the option of the NDPERS Board (see Section III in this RFP for renewal conditions).

A self-insured contract (bundled or unbundled with PBM for pharmacy benefits administration) may be awarded for two years with a renewal option for two additional two-year periods at the option of the NDPERS Board.

Proposed Timetable

The timeline is provided below for informational purposes. NDPERS reserves the right to change the dates. Every effort will be made to notify Bidders of changes to the proposed timeline.

Activity	Date/Time
NDPERS publishes Request for Proposal (RFP)*	September 1, 2022
Bidder Conference**	September 16, 2022 (9am – 11am CST)
Bidder questions (in writing) due	September 19, 2022 (5pm CST)
Proposals due	**November 15, 2022 (5 pm CST)**
Finalist presentations (if requested)	December 2022
NDPERS notifies finalist of intent to negotiate	January/February 2023
Bidder and NDPERS begin implementation	March 2023
Bidder begins providing services	July 1, 2023

RFP Coordinator Contact

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773-661-8327
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Note:

From the date of issuance until the announcement of the finalist(s), Bidders may contact only the RFP Coordinator. All correspondence and questions must be submitted in writing via e-mail to the RFP Coordinator in accordance with the timeline set forth in this RFP. NDPERS personnel are not authorized to discuss this RFP with Bidders; doing so may result in disqualification. Bidders may continue to communicate with NDPERS staff regarding other relevant business matters.

*Password to access protected files may be requested from the RFP Coordinator via email.

**A Bidders' conference call will be held on September 16, 2022 from 9:00am – 11:00am or until all questions have been submitted. Bidders may call in to 701-328-0950 Conference ID: 60520397# the day of the conference. The phone number will be activated at 8:55 am CST. Anyone calling in must identify themselves for everyone on the call. Any expenses incurred by bidders to participate in the bidders' conference are the responsibility of the bidder and will, under no circumstances, be reimbursed by NDPERS. Those who elect to participate must understand that no accommodation will be made in the event of lost connectivity or poor audio quality, etc. Other than publishing questions and final answers, no follow-up meeting or broadcast will be made to accommodate or rectify any shortcomings in the teleconference format.

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I. Overview of the NDPERS Program

NDPERS

The North Dakota Public Employees Retirement System (NDPERS) is a separate agency created under North Dakota state statute, and, while subject to state budgetary controls and procedures, as are all state agencies, is not a state agency subject to direct executive control. NDPERS is managed by a Board comprised of nine members:

- Chairman – appointed by the Governor
- Member – appointed by the Attorney General
- Member – elected by retirees
- Members (3) – elected by active employees
- Legislators (2) – appointed by Legislative management
- State Health Officer or Designee

Dakota Plan

NDPERS contracts with Sanford Health Plan ("Sanford" or "SHP") to provide fully-insured health care coverage with a risk sharing agreement. The plans provided pursuant to this fully funded arrangement are:

- PPO/Basic – Grandfathered plan
- PPO/Basic – Non-grandfathered plan
- HDHP/HSA Plan – Non-grandfathered
- Dakota Retiree Plan

PPO

NDPERS offers a Preferred Provider Organization ("PPO") through Sanford. The PPO offers broad access to members with in and out-of-network benefits.

Basic Plan

If a PPO health care provider is not available in the member's area, or if the member chooses or is referred to a health care provider not participating in the Preferred Provider Organization, the member will receive the Basic Plan benefits.

High Deductible Health Plan (HDHP)

In addition to the PPO and Basic Plans, NDPERS offers state employees the option to enroll in a High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA). The HDHP/HSA option has a higher annual deductible and coinsurance costs for medical services. However, the higher out-of-pocket costs are partially offset by an employer contribution to the HSA. For the 7/1/21-6/30/23 contract period the NDPERS monthly HSA contributions are: $88.46 for single coverage and $214.06 for family coverage.

The NDPERS Board has approved the option for large political subdivisions to offer the HDHP and for the plan to be the only choice for their employees. However, NDPERS does not administer a HSA on behalf of the political subdivisions. The election to participate must be made by November 15 prior to the January 1 effective date and must be for the full calendar year. As of the date of RFP issuance, there are currently not any large political

subdivisions participating in the HDHP.

Value-Based Health Care Overlay

NDPERS started a value-based health care arrangement with several large health care providers in North Dakota. See Exhibit 27 for more information on the program.

Coverage Rules: When Coverage Begins & Eligibility

An eligible employee is entitled to coverage the first of the month following the month of employment, provided the employee submits an application for coverage within the first 31 days of employment. Each eligible employee may elect to enroll his/her eligible dependents.

Eligible employees include:

- State employees or employees of participating political subdivisions first employed prior to August 1, 2013 who are at least 18 years of age and whose services are not limited in duration, who are filling an approved and regularly funded position, and who are employed at least 17.5 hours per week and at least five months each year;

- State employees or employees of participating political subdivisions first employed after August 1, 2013, who are employed at least 20 hours per week and at least 20 weeks each year of employment are eligible to receive benefits; and

- A temporary employee employed before August 1, 2007, may elect to participate in the uniform group insurance program by completing the necessary enrollment forms and qualifying under the medical underwriting requirements of the program if such election is made before January 1, 2015, and if the temporary employee is participating in the uniform group insurance program on January 1, 2015. In order for a temporary employee employed after July 31, 2007, to qualify to participate in the uniform group insurance program, the employee must be employed at least twenty hours per week; must be employed at least twenty weeks each year of employment; must make the election to participate before January 1, 2015; and must be participating in the uniform group insurance program as of January 1, 2015. To be eligible to participate in the uniform group insurance program, a temporary employee first employed after December 31, 2014, or any temporary employee not participating in the uniform group insurance program as of January 1, 2015, must meet the definition of a full-time employee under section 4980H(c)(4) of the Internal Revenue Code [26 U.S.C. 4980H(c)(4)].

An Eligible Dependent includes:

- The Spouse of the Subscriber;
- A Dependent Child who is related to the Subscriber as a natural child, a child placed for adoption, a legally adopted child, a child for whom the Subscriber has legal guardianship, a stepchild, or a foster child; and is one of the following: (a) under the age of 26, (b) incapable of self-sustaining employment by reason of a disabling condition and chiefly dependent upon the Certificate holder/Subscriber for support and maintenance. If the Plan so requests, the Subscriber must provide proof of the child's disability within 31 days of the Plan's request. If a person has a disabled dependent that is over the limiting age but was never previously covered by the Plan, they are eligible for coverage if the disability occurred prior to reaching the limiting age of 26. If for any reason, Subscriber

drops coverage for a disabled dependent prior to age 26, then wishes to cover the child again, coverage must be added prior to the child turning age 26. If the disabled child has reached age 26, the child must be continuously covered under the Plan in order to maintain eligibility; and

- A Dependent of Dependent (a) Is the natural child of the Subscriber's Dependent child, a child placed with the Subscriber's Dependent Child for adoption, a legally adopted child by the Subscriber's Dependent child, a child for whom the Subscriber's Dependent Child has legal guardianship, a stepchild of the Subscriber's Dependent child, or foster child of the Subscriber's Dependent child. These same definitions apply to dependents of the Dependent child(ren) of the Subscriber's living, covered Spouse; and (b) the Subscriber's Dependent Child must be a Covered Dependent under this Certificate of Coverage for the dependent of the Dependent Child to be eligible; and (c) The Dependent Child must be chiefly dependent on the Subscriber for support [N.D.C.C. §26.1-36-22 (3)(4)].

- Survivors of a first responder who died in the line of duty on or after January 1, 2010 will receive the option to enroll in the NDPERS health insurance without having to pay premium towards the coverage.

Detailed information regarding current eligibility for dependents for the Dakota Plan can be found in the 2019-2021 Certificate of Insurance at: https://www.ndpers.nd.gov/sites/www/files/documents/members-additional-information/all-health/shp-coi-gf.pdf

Pre-Medicare Retiree Eligibility

Prior to July 1, 2015, retirees or surviving spouses who are under age 65 and are receiving a retirement allowance from the Public Employees Retirement System, the Highway Patrol Retirement System, the Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA), the Job Service Retirement Plan, the Teachers' Fund for Retirement (TFFR), or retirees who have accepted a retirement allowance from a participating political subdivision's retirement plan were eligible for benefits. In addition, former legislators are also eligible for this coverage.

Effective July 1, 2015, all new pre-Medicare retirees after that date are eligible for COBRA coverage as long as the retiree was participating in the health plan as an active employee prior to retirement. The pre-Medicare plan is no longer available to retirees who received their first retirement payment on or after July 1, 2015. Pre-Medicare retirees who retired before that date will continue to be eligible and may participate. Former legislators continue to remain eligible.

The pre-Medicare retiree single rate is 150% of the active member single rate; the rate for a pre-Medicare retiree plus one is twice the pre-Medicare single rate, and the rate for a pre-Medicare retiree plus two or more dependents is two and one-half times the pre-Medicare retiree single rate.

The NDPERS Board can elect to open the Pre-Medicare Retiree eligibility to retirees after July 1, 2015. However, ND law requires that the premium to be charged must be based on the experience of the population and not based on the rates outlined above. At this time, the Board has opted not to re-open the Pre-Medicare Retiree plan.

Dakota Retiree Plan

The Dakota Retiree Plan provides health care coverage as a secondary payer to Medicare. Coverage for Medicare retirees is different than the coverage for Pre-Medicare retirees. The NDPERS Medicare retiree plan mirrors Medicare supplement Plan F. Each eligible retiree may elect to enroll his/her eligible dependents as described in the *Eligibility* section above. The prescription drug benefit for retirees is provided through a group Prescription Drug Plan (PDP/EGWP) on a calendar year basis and is not part of this RFP.

Detailed information regarding current eligibility for dependents for the Dakota Plan can be found in the Certificate of Insurance at:
https://www.ndpers.nd.gov/sites/www/files/documents/members-additional-information/all-health/shp-coi-retiree.pdf

Employer Eligibility Criteria

According to North Dakota Century Code (NDCC) 54-52.1-03.1, political subdivisions may offer the benefits of the NDPERS group health plan to its eligible employees subject to the criteria provided in the Employer Participation Agreement. However, according to the Affordable Care Act (ACA), small employers, defined as 50 employees or less, will not be eligible to participate in the NDPERS group health plan because the plan does not meet the ACA requirements. For employers eligible to join NDPERS, it requires 60-90 days to enroll a new group. Political subdivisions joining the NDPERS health plan at this time will be offered the choice of joining the NDPERS Non-Grandfathered PPO/Basic Plan or the High Deductible Health Plan (HDHP). However, the employer may only select one plan and all eligible employees that elect to participate will be members of that one plan.

Please review the eligibility and coverage information carefully as it explains the rights and responsibilities of both the employer and employee.

https://ndpers.nd.gov/employers/join-ndpers-plans/health-plan/

Participating political subdivisions may elect to terminate their participation in the NDPERS group health plan by providing written notice at least 60 days prior to the date of termination and per the provisions of NDCC 654-52.1-03.1 and NDAC 71-03-07-07.

54-52.1-03.1. Certain political subdivisions authorized to join uniform group insurance program - Employer contribution.

If eligible under federal law, a political subdivision may extend the benefits of the uniform group insurance program under this chapter to its permanent employees, subject to minimum requirements established by the board and a minimum period of participation of sixty months. If the political subdivision withdraws from participation in the uniform group insurance program, before completing sixty months of participation, unless federal or state laws or rules are modified or interpreted in a way that makes participation by the political subdivision in the uniform group insurance program no longer allowable or appropriate, the political subdivision shall make payment to the board in an amount equal to any expenses incurred in the uniform group insurance program that exceed income received on behalf of the political subdivision's employees as determined under rules adopted by the board. The Garrison Diversion Conservancy District, and district health units required to participate in the public employees retirement system under section 54-52-02, shall participate in the uniform group insurance

program under the same terms and conditions as state agencies. A retiree who has accepted a retirement allowance from a participating political subdivision's retirement plan may elect to participate in the uniform group under this chapter without meeting minimum requirements at age sixty-five, when the employee's spouse reaches age sixty-five, upon the receipt of a benefit, when the political subdivision joins the uniform group insurance plan if the retiree was a member of the former plan, or when the spouse terminates employment. If a retiree or surviving spouse does not elect to participate at the times specified in this section, the retiree or surviving spouse must meet the minimum requirements established by the board. Each retiree or surviving spouse shall pay directly to the board the premiums in effect for the coverage then being provided. The board may require documentation that the retiree has accepted a retirement allowance from an eligible retirement plan other than the public employees retirement system.

71-03-07-07. Minimum requirements for political subdivisions.
An enrolled political subdivision must extend the benefits of the group insurance program to its eligible employees and paid members of its board, commission, or association subject to minimum requirements established by the retirement board and a minimum period of participation of sixty months. If the political subdivision withdraws from participation before completing sixty months of participation, unless federal or state laws or rules are modified or interpreted in a way that makes participation by the political subdivision in the uniform group insurance program no longer allowable or appropriate, the political subdivision must make payment to the retirement board equal to the expenses incurred on behalf of that political subdivision's employees which exceed the income received by the retirement board on behalf of that political subdivision's employees during the time of participation. For purposes of this section:

1. "Expenses incurred" means:
    a. Claims incurred by the political subdivision during the enrolled period and paid during or within three months after the enrolled period and includes capitated payments to providers;
    b. Reasonable administrative expenses as incurred by the public employees retirement system and the claims administrator as set forth in the master contract; and
    c. The cost of any premium buydown provided.
2. "Income received" means all premiums paid by the political subdivision to the retirement board.

Full payment is due within three months after receipt of notice from the executive director, unless an alternative payment schedule has been approved by the retirement board. A late payment charge must be assessed on all money due on an account at a rate of one and three-fourths percent per month.

Pharmacy Benefit Manager

The prescription drug plan coverage for active and pre-Medicare retirees is bundled with the medical plan provided by Sanford Health Plan. In responding to this RFP, PBM services may be offered as a bundled proposal with the medical insurance for fully-insured or self-insured, or it may be offered as an unbundled (“carve-out”), fully-insured or self-insured option directly by the PBM.

Data Warehouse

NDPERS maintains a health care data warehouse. The medical records and related data of the employees, retirees, and dependents, obtained as the result of enrollment in the uniform group insurance program, are the property of NDPERS (North Dakota Century Code § 54-52.1-12). Currently, the health plan provides raw data, including detailed claims and enrollment data sets, based on a mutually agreed upon format no less than monthly for the data warehouse repository. All vendors are required to submit claims and enrollment data in an agreed upon format.

Reporting Requirements

All monthly reports should be prepared for each plan offered (e.g., Grandfathered PPO, Non-Grandfathered PPO, HDHP, etc.) and should also roll up to quarterly and annual aggregate reports. The selected vendor must provide NDPERS with data by secure download or other agreed upon medium in an acceptable format to NDPERS and subject to all federal and state laws on confidentiality and open records. NDPERS requires vendors to provide reporting which includes, but is not limited to, the following:

1. Monthly experience report by plan including enrollment, paid claims, administration fees, etc.
2. Quarterly and annual reporting to include financial/trend analysis, membership and health utilization summary, high dollar claims, prescription drug spending and payment trend, health management and wellness program key indicators, performance standards and guarantee measures and accounting of completed and other ongoing activities such as smoking cessation, the about the patient program, and healthy pregnancy program.
3. Annual policy accounting statement including claim reserves.
4. Provide biennial close-out report.
5. Annual ACA-required reporting.

In addition to the above plan-wide reporting, the successful Bidder will provide plan-specific reporting as requested for the following:

- PPO/Basic – Grandfathered plan
- PPO/Basic – Non-grandfathered plan
- HDHP/HSA Plan – Non-grandfathered
- Dakota Retiree Plan

- Also please note NDCC § 54-52.1-12, which applies to all information the successful Bidder acquires relating to NDPERS.

Funding/ Risk Sharing

Currently NDPERS contracts with Sanford Health Plan to provide its health care coverage on a fully-insured basis with a risk sharing arrangement. Sanford Health Plan maintains full liability for incurred claims in excess of paid premium (no deficit carryover). If incurred claims plus expenses are less than premiums paid plus interest, NDPERS and the carrier share 50/50 in the

first $3 million in gains and thereafter all gains are returned to NDPERS. All funds in the account get interest paid each month equal to the rate based on US Treasury Notes quoted by the Wall Street Journal. NDPERS recognizes that different funding arrangements will be necessary to implement a self-insured program.

Performance Standards and Guarantees

The current health plan administrator adheres to agreed-upon performance standards and guarantees with a financial incentive/forfeiture component that is negotiated each biennium as part of the renewal process. The settlement/payment for such incentive/forfeiture is included in the annual settlement process. See Appendix H for performance standards and guarantees. NDPERS is interested in replicating or enhancing these standards in a future contract. It is a priority for the Board to have a comprehensive set of standards and guarantees relating to this plan.

Current Annual Settlement and Reconciliation

Within 31 days of 12 months after the end of the biennium, NDPERS requires an accounting summary which will result in an initial settlement of the biennium agreement. Within 31 days of 24 months after the end of the biennium a final accounting summary is required, which will result in a final settlement of the biennium agreement. NDPERS recognizes that different settlement arrangements will be necessary to implement a self-insured program.

Current and Desired Plan Designs

In addition to matching the current coverage provisions, as noted below, the successful Bidder shall include adding any federally required coverage provisions on or after July 1, 2023. The successful Bidder will also need to carry over all accumulator totals from January 1 through June 30 (if applicable). For additional details, refer to the following:

Dakota Plan:

- PPO/Basic – Grandfathered plan PPO/Basic Grandfathered | NDPERS
- PPO/Basic – Non-grandfathered plan PPO/Basic Non-Grandfathered | NDPERS
- HDHP/HSA – Non-grandfathered plan High Deductible Health Plan (HDHP) | NDPERS

Please note NDPERS is requesting that the proposer also provide a HSA product as part of this proposal for the HDHP product.

Dakota Retiree Plan: Dakota Retiree Plan (Medicare) | NDPERS

Member Access

PPO benefits are currently available with a PPO-participating provider within North Dakota or its contiguous counties. If a PPO health care provider is not available in the member's area, or if the member chooses or is referred to a health care provider not participating in the PPO, the member will receive the Basic Plan benefits. The copayments, annual deductibles and coinsurance amounts vary between the PPO Plan and Basic Plan.

Directory

The current provider directory is available through the Sanford Health Plan website at: https://www3.viiad.com/shp/public/. Bidders must be able to provide a comparable network to the existing provider networks to provide appropriate access on a statewide basis.

Disease and Other Health Management Programs

Sanford Health Plan provides disease management and health improvement programs for eligible members. The list below includes examples of programs currently offered:

- Coronary Heart Disease
- Diabetes
- Hypertension
- Immunizations
- ADHD
- Colorectal Cancer
- Asthma

Bidders are expected to offer comprehensive, high quality case/disease management programs, including rare and chronic diseases, for the plans offered to both actives and retirees.

Wellness Programs

NDPERS offers a variety of wellness programs for eligible members and employers. The list below provides more details on some of the programs currently offered:

Wellness Program Employee Incentives:

- Covered employees and/or spouses are each eligible to receive up to $250 in incentives per year through participation. All covered retirees and/or spouses are also eligible for this incentive. Each participant must complete an annual health risk assessment through the vendor's online wellness tool. Two programs are currently available to achieve the $250 benefit (See Exhibit 17). The programs are:

  1) Online Wellness Tool (Platform used by current vendor is StayWell) – participants utilize the online wellness tool to take steps towards better health goals, including tracking activity and performing challenges to receive points for their participation. The points are then redeemed towards various gift cards or fitness related prizes - see Exhibit 1.

  2) Fitness Center Reimbursement – participants who utilize a health club facility 12 days per month will be reimbursed $20 per month towards their membership fee - see Exhibit 2.

- The successful Bidder will be required to carry-over wellness incentive balances (if applicable).

Employer Based Wellness Program:

- The employer-based wellness program provides that employers who do not have an onsite wellness program pay premiums to NDPERS that are 1% higher. These funds are retained by NDPERS for administration. The program is given its authority in NDCC § 54-52.1-14. The goals for the program are to:

  - ✓ have 100% of participating employers supporting a wellness message at their worksite
  - ✓ help NDPERS members gain a greater understanding of wellness

- ✓ create a better quality of life for NDPERS membership
- ✓ contain health care costs

- Employers that participate in the NDPERS Group Health Insurance Plan have the opportunity to enroll in the employer-based wellness program on an annual basis. For the wellness year July 1, 2021 to June 30, 2022, there are 177 of 223 employers participating. The wellness plan year is from July 1 to June 30. See the following for more details:

https://ndpers.nd.gov/employers/employer-resources/employer-based-wellness/

Employer Based Wellness Benefit Funding Program:

The NDPERS Wellness Benefit Funding Program is available to employer groups that participate in the NDPERS group health plan and have been approved for the Employer Based Wellness Discount Program. The Wellness Funding Program, in conjunction with the Wellness Discount Program, encourages employers to commit to promoting wellness planning and programming at their work sites. The funding program provides funding assistance to employers that develop and sponsor onsite wellness programs for their employees. Benefits are available to eligible employers once each fiscal year of the biennium. For details, visit https://ndpers.nd.gov/employers/employer-resources/employer-based-wellness/ The successful Bidder will administer the reimbursement program to employers. NDPERS will deposit with the vendor necessary funds for paying such reimbursements as approved by NDPERS. In addition, one member of the vendor's wellness team will serve on the funding program committee that reviews employer applications for funding and determines their approval/denial based upon Board approved provisions.

Additional Wellness Related Services & Programs:

- **Wellness Consultants** – the successful Bidder must provide a dedicated staff member(s) to assist employees and employers with their wellness initiatives. Examples of services provided include:

  To members:

  - ✓ Assist with online wellness tool issues and questions.
  - ✓ Assist with Fitness Center Reimbursement issues.
  - ✓ Develop various challenges for participants to do through online wellness tool.
  - ✓ Monthly wellness newsletter.
  - ✓ Health coaching.
  - ✓ Offer supplemental programs as available (current programs include "Exercise is Medicine" and "Center for Lifestyle Medicine")
  - ✓ Annual notice to retirees regarding amount of taxable benefits.

  To employers:

- ✓ Conduct monthly coordinator calls/webinars with employer wellness coordinators. – see Exhibit 15
- ✓ Prepare and distribute a monthly wellness newsletter for coordinators. – see Exhibit 14
- ✓ Prepare monthly wellness newsletter for employees –See Exhibit 13
- ✓ Conduct coordinator workshops each summer across state for wellness coordinators to attend. – see Exhibit 19
- ✓ Coordinate the awarding of up to 12,000 points (towards $250 maximum) on the online tool for an employee's participation in the employer sponsored wellness program activities. – see Exhibit 11
- ✓ Coordinate and promote Walk at Work Day – see Exhibit 12
- ✓ Report monthly on employee wellness redemptions for tax reporting purposes.

Member Education Presentations on Wellness Topics – The current vendor provides 2 to 3 member education consultants that travel statewide to worksites and conduct presentations for employees on various wellness related topics. In addition, an additional wellness consultant is available to assist with member and/or employer issues related to the online wellness tool and employer funding request evaluations. There are currently 16 different topics provided. See Exhibit 16 for an example.

Other Added Value Programs:

- Healthy Pregnancy Program – a program designed to provide support to pregnant members. See https://www.sanfordhealthplan.org/ndpers/healthy-pregnancy-program for details.
- Diabetes Management – The About the Patient diabetes program is offered to covered members that are diabetic to support drug adherence. The program is coordinated with the ND Pharmacy Association. See https://www.aboutthepatient.net/patients/diabetes-info/ndpers-program-info/ for details.
- Diabetes Prevention Program (DPP) – The DPP started as a pilot program and has been expanded to Bismarck, Fargo, Grand Forks, Dickinson, Jamestown and Minot. The purpose of the program is to encourage healthy lifestyles for members at risk of developing diabetes. The DPP is also offered online through Sanford Health Plan to allow members to participate remotely.

The successful Bidder will also need to perform the following administrative services in support of these added value programs:

- Healthy Pregnancy Program
  - ✓ Enrollment services (telephonic and online options)
  - ✓ Host website with details of the program
  - ✓ Provider member communications
  - ✓ Administer a deductible waiver for participants
  - ✓ Administer free prenatal vitamins for participants
  - ✓ Provide RN Case Managers for periodic calls to participants

- ✓ RN Case Manager to administer risk assessment upon initial enrollment
- ✓ Send pregnancy information/tips to participants via text
- ✓ Provide pregnancy and childbirth information online
- ✓ Integrate the program with the broader Dakota Wellness Benefit program
- ✓ Send a welcome "gift" to each participant (e.g. baby book, bib)
- ✓ Provide quarterly participation reporting to NDPERS

- Diabetes Management – The About the Patient diabetes program
  - ✓ Provide a monthly file to PERS of members with diabetes related claims.
  - ✓ Intake a file of members with reimbursable claims on a regular basis.
  - ✓ Work with Pharmacy Association to coordinate payments to members.
  - ✓ Provide guidance to PERS on allowable reimbursements/eligible expenses

- Make payments for the NDPERS Wellness Funding Program. – see https://ndpers.nd.gov/employers/employer-resources/employer-based-wellness/wellness-benefit-funding-program/ for details.

Program Enhancements in 2021-2023

The Board approved the following changes to the health benefits in for the 2021-2023 biennium. These programs will be continued with the successful Bidder.

- All contraceptives requiring a Prescription Order or dispensed by a Healthcare Provider are covered, subject to Member's Cost Share

Infertility Benefit

NDPERS provides infertility benefits with a $500 deductible and a $20,000 lifetime maximum. The successful Bidder will be required to accept transition files for members who have accumulated benefits towards the deductible and lifetime maximum to carryover the benefits without interruption or restarting the lifetime maximum.

Employee Assistance Program (EAP)

The mission of the Employee Assistance Program (EAP) is to provide confidential, accessible counseling and referral services to individual employees in order to restore and strengthen the health and productivity of employees and the workplace. The EAP is available to employees and their immediate family members. For more information regarding the current EAP, refer to the website: https://www.ndpers.nd.gov/active-members/insurance-plans/ndpers-employee-assistance-program-eap

The successful Bidder is expected to cooperate as needed and as requested by NDPERS. NDPERS is not seeking proposals for this service as part of this RFP.

Enrollment/Premium Administration

NDPERS will submit enrollments, billing and/or premium remittance via a centralized electronic system. NDPERS will collect enrollment/eligibility information which will be provided to the successful Bidder 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 Bidder's data base and used for ID cards and all transactions/communications related to the member's participation in the plan. Premium payment information will be provided on a data file that

follows the HIPAA 820 file specifications. Files will be transmitted using a secure file transmission process. The successful Bidder must be able to receive this data in that format and media.

COBRA Administration

NDPERS provides COBRA continuation for terminated/retired employees in compliance with federal regulations. NDPERS administers this program. The successful Bidder is expected to cooperate as needed to ensure seamless administration and member service. NDPERS is not seeking proposals for this service as part of this RFP.

Workers' Compensation Program

If benefits or compensation are available, in whole or in part, under provisions of a state workers' compensation act, laws of the United States or any state or political subdivision thereof, the benefits under the Dakota Plan will be reduced by and coordinated with such benefits or compensation available.

COBRA Notification

Upon enrollment under the NDPERS Benefit Plan, the successful Bidder will provide written notice to covered employees and their covered spouses of their applicable continuation rights pursuant to the Consolidated Omnibus Budget Reconciliation Act ("COBRA") or under State law pursuant to NDCC §26.1-36-23, if applicable.

Out-of-Area Coverage

If a member receives care from a non-participating health care provider within the state of North Dakota, benefit payments are reduced by a certain percentage and the member is responsible for the payment reduction. If a member receives care from a non-participating health care provider outside the state of North Dakota, the allowance for covered services will be an amount within a general range of payments made and judged to be reasonable by the vendor if the plan is fully insured. If the plan is self-insured the allowance for covered services will be an amount determined by the board. The benefits available under the Dakota Plan and Dakota Retiree Plan are also available to members traveling or living outside of the United States (subject to certain requirements such as preauthorization and prior approval). Detailed information regarding eligibility and out of area benefit levels can be found in the 2021-2023 Summary of Benefits at https://www.ndpers.nd.gov/sites/www/files/documents/members-additional-information/all-health/shp-coi-gf.pdf

Annual Enrollment

Dakota Plan annual open enrollment typically takes place in October/November of each year. Employees may enroll in coverage or make changes in coverage during this period. Annual open enrollment is not applicable to pre-Medicare or Medicare retirees.

Current and Historical Monthly Rates and Employee Contributions

The contributions for single or family coverage for state employees are currently paid at 100% by the State, although this practice may change in the future. Please note that for the state, a single composite rate is used instead of the single/family rate. The contributions for employees of participating political subdivisions are at the discretion of the subdivision and subject to the

minimum contribution requirements of NDPERS. The contributions for temporary employees are either at their own expense or their employer may pay any portion of the premium subject to its budget authority.

In the case of a temporary employee who is an applicable taxpayer as defined in section 36B(c)(1)(A) of the Internal Revenue Code [26 U.S.C. 36B(c)(1)(A)], the temporary employee's required contribution for medical and hospital benefits self-only coverage may not exceed the maximum employee required contribution specified under section 36B(c)(2)(C) of the Internal Revenue Code [26 U.S.C. 36B(c)(2)(C)], and the employer shall pay any difference between the maximum employee required contribution for medical and hospital benefits for self-only coverage and the cost of the premiums in effect for this coverage.

The chart in Exhibit E20 shows the current total monthly rates for NDPERS members.

II. RFP Objectives and Bidder Responsibilities

RFP Objectives

North Dakota Public Employees Retirement System ("NDPERS") is soliciting proposals for the insurance and/or administration of its employee/retiree medical and prescription drug insurance plan. Proposals will be accepted from administrative/insurance companies ("Bidders") that are capable of offering a statewide provider network, utilization management, disease management, wellness program and pharmacy benefit manager services along with other related services. The contract to be awarded is a multi-year arrangement beginning July 1, 2023 and ending June 30, 2025.

The board may establish a self-insured plan only if it is determined to be in the best interest of the state and the state's eligible employees.

Successful Bidder Responsibilities

The successful Bidder must demonstrate the ability to develop and manage a health care provider network, provide claims processing services, utilization management, medical management, disease management, wellness program, dedicated account service and support, dedicated member/customer service, data/management reporting, billing, appeals process and other administrative services. The successful Bidder should also adjudicate and resolve Medicare Secondary Payer demands (see Exhibit E8).

In addition, the successful Bidder is expected to conduct ongoing performance review meetings with NDPERS regarding plan financial performance, provider contracting issues, progress related to network goals and new network development, patient satisfaction, new or emerging legal issues, and other relevant and timely operational issues that may affect the plan.

Additional details regarding expected health plan administrator duties can be found in Appendix G. Bidders must review these sections carefully to confirm the ability to replicate the current contract benefits. A redlined contract must be included with the proposal (see Appendix A1, A2, and A3). Specific responses are needed for the analysis of "equivalent contract benefits".

The proposed effective date of the program is July 1, 2023. Bidders will have the opportunity to demonstrate capabilities in these areas by responding to the questionnaires provided in this RFP and potentially with additional finalist questions and presentations.

Request for Proposal (RFP) Requested Scope

This RFP includes seven (7) options to respond:

1. Fully-insured medical and pharmacy proposal
2. Self-insured medical and pharmacy proposal
3. Fully-insured medical proposal only
4. Self-insured medical proposal only
5. Fully-insured pharmacy proposal only
6. Self-insured pharmacy proposal only
7. Stop loss insurance for all self-insured options

Bidders may choose the option(s) they will submit proposals for.

Special Self-Insurance Requirements for a Self-Insured Plan

The following provisions relate to oversight of the North Dakota Insurance Commissioner over PERS and its vendors under a self-insured arrangement:

> ***26.1-36.6-03. Self-insurance health plans - Requirements.***
> *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, 26.1-3 -05, 26.1- 36-10, 26.1-36 12, 26.1-36-12.4, 26.1-36-12.6, 26.1-13, 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*

All self-insured arrangements must comply with the above and other applicable direction from the North Dakota Insurance Commissioner.

Pharmacy Benefit Manager (PBM) Requirement

North Dakota Century Code chapter 54-52.1 includes specific provisions for pharmacy benefits disclosures. Proposals are expected to comply with the law.

If you are unable to comply with the provisions described in North Dakota Century Code chapter 54-52.1, you may still submit a proposal that specifies which provisions you are unable to comply with, why you are unable to comply, additional costs associated with compliance, and a recommended approach to meeting the intent of the law.

The requirements are:

54-52.1-04.16. Prescription drug coverage - Performance audits.

1. *Except for Medicare part D, prescription drug coverage, the board may not enter or renew a contract for prescription drug coverage unless the contract authorizes the board during the term of the contract to conduct a performance audit of the prescription drug coverage and any related pharmacy benefits management services. The contract must provide:*

a. The board must have full access to data regarding: (1) The total dollars paid to the pharmacy benefits manager by the carrier and the board; (2) The total amount of dollars paid to the pharmacy benefits manager by the carrier which were not subsequently paid to a licensed pharmacy in the state; and (3) Payments made to all pharmacy providers.

b. The board must have full access to data regarding the average reimbursement, by drug ingredient cost, dispensing fee, and any other fee paid by a pharmacy benefits manager to licensed pharmacies with which the pharmacy benefits manager shares common ownership or control or is affiliated.

c. The board must have full access to data regarding the average reimbursement, by drug ingredient cost, dispensing fee, and any other fee paid by a pharmacy benefits manager to pharmacies licensed in the state.

d. The board must have full access to data regarding any direct and indirect fees, charges, or recoupment, or any kind of assessments imposed by the pharmacy benefits manager on pharmacies licensed with which the pharmacy benefits manager shares common ownership or control or is affiliated.

e. The board must have full access to data regarding any direct and indirect fees, charges, or recoupment, or any kind of assessments imposed by the pharmacy benefits manager, on pharmacies licensed in the state.

f. The contract must provide that all drug rebates, financial incentives, fees, and discounts must be disclosed to the board.

2. *The board shall use an independent auditor who has no conflict of interest with the carrier, pharmacy benefits manager, or board. The board's auditor, the insurance department, and the employee benefits programs committee may access any information the board may access under this section. All information accessed by the board, board's auditor, insurance department, or employee benefits programs committee which is trade secret is a confidential record. This subsection does not limit the information required to be disclosed to the board under subsection 1.*

3. *Except for Medicare part D, if the board contracts directly with a pharmacy benefits manager or provides prescription drug coverage through a self-insurance plan, the contract must provide the pharmacy benefits manager shall disclose to the board and the board's auditor all rebates and any other fees that provide the pharmacy benefits manager with sources of income under the contract, including under related contracts the pharmacy benefits manager has with third parties, such as drug manufacturers.*

4. *Anything the board has access to under this section, the insurance department and employee benefits programs committee has access to.*

PBM Transparency Preference

North Dakota statutes provide a preference for proposals with PBM efforts that meet the following requirements:

54-52.1-04.15. Health insurance benefits coverage – Prescription drug coverage - Transparency - Audits - Confidentiality.

1. *If the prescription drug coverage component of a health insurance benefits coverage contract received in response to a request for bids under section 54-52.1-04 utilizes the services of a pharmacy benefits manager, either contracted directly with a pharmacy benefits manager or indirectly through the health insurer, in addition to the factors set forth under section 54-52.1-04 the board shall consider and give preference to an insurer's contract that:*
    a. *Provides the board or the board's auditor with a copy of the insurer's current contract with the pharmacy benefits management company which controls the prescriptions drug coverage offered as part of the health insurance benefits coverage, and if the contract is revised or a new contract is entered, requires the insurer to provide the board with the revision or new contract within thirty days of the change.*
    b. *Provides the board with monthly claims data and information on all programs being implemented or modified, including prior authorization, step therapy, mandatory use of generic drugs, or quantity limits.*
    c. *Describes the extent to which the board may customize the benefit plan design, including copayments, coinsurance, deductibles, and out-of-pocket limits; the drugs that are covered; the formulary; and the member programs implemented.*
    d. *Describes the audit rights of the board.*
2. *The board may conduct annual audits to the extent permitted under the contract terms agreed to under subsection 1. The audits must include:*
    a. *A review of a complete set of electronic prescription coverage claims data reflecting all submitted claims, including information fields identified by the board.*
    b. *A review of a list of all programs that have been implemented or modified during the audit period under subsection 1, and in connection with each program the auditor shall report on the cost, the cost savings or avoidance, member disruption, the process for and number of overrides or approvals and disapprovals, and clinical outcomes.*
    c. *Recommendations for proposed changes to the prescription drug benefit programs to decrease costs and improve plan beneficiaries' health care treatment. 3. Information provided to the board under the contract provisions required under this section are confidential; however, the board may disclose the information to retained experts and the information retains its confidential status in the possession of these experts. 4. The board may retain an auditor of the board's choice which is not a competitor of the pharmacy benefits manager; a pharmaceutical manufacturer representative; or any retail, mail, or specialty drug pharmacy representative or vendor.*

III. Proposal Content

Proposal Contents

By submission of a proposal, Bidder warrants that the information provided is true, correct and reliable for purposes of evaluation for potential contract award. The submission of inaccurate or misleading information may be grounds for disqualification from the award. The contents of the proposal and any subsequent clarifications submitted by the successful proposers will become part of the contractual obligation and incorporated by reference into the ensuing contract.

By submitting your proposal, you agree:

- Proposals submitted in response to this request will be considered the only submission; revised proposals will not be allowed after the proposal return date and time unless requested by NDPERS or approved by the NDPERS Board.
- All proposals answer all applicable questions fully in the attached questionnaire(s).
- All proposals become the property of NDPERS and will not be returned to the offering Bidder. Also, all information provided is a public record under North Dakota law unless specifically exempted by law.
- You are prepared to make finalist presentations and allow site visits.

Term of Contract

The North Dakota Public Employees Retirement System is governed by North Dakota State statutes, which includes a requirement to solicit bids for medical benefits coverage for a specified term for a fully-insured arrangement and every other biennium for an Administrative Services arrangement. NDPERS has determined that the specified term for providing such hospital and medical/prescription drug benefits under a self-insured arrangement shall be for a two-year period with the option to renew for an additional two two-year periods.

For the fully-insured bid it is the intent of NDPERS to contract for a two-year period with the option to renew for an additional two two-year periods.

Pursuant to North Dakota law a renewal of a self-insured or fully insured contract(s) will be subject to the following:

a. *The board may renew a contract subject to this subsection without soliciting a bid under section 54-52.1-04 if the board determines the carrier's performance under the existing contract meets the board's expectations and the proposed premium renewal amount does not exceed the board's expectations.*
b. *In making a determination under this subsection, the board shall:*
    (1) *Use the services of a consultant to concurrently and independently prepare a renewal estimate the board shall consider in determining the reasonableness of the proposed premium renewal amount.*

(2) *Review the carrier's performance measures, including payment accuracy, claim processing time, member service center metrics, wellness or other special program participation levels, and any other measures the board determines relevant to making the determination and shall consider these measures in determining the board's satisfaction with the carrier's performance.*
(3) *Consider any additional information the board determines relevant to making the determination.*

c. *If the board determines the carrier's performance under the existing contract does not meet the board's expectations or the proposed premium renewal amount exceeds the board's expectations and the board determines to solicit a bid under section 54-52.1-04, the board shall specify its reasons for the determination to solicit a bid.*

If the plan is awarded as a self-insured or fully-insured plan pursuant to this RFP, NDPERS and the successful Bidder may renegotiate the existing contract during the interim biennium without resorting to a formal bidding process. If NDPERS and the successful Bidder are unable to reach an agreement during renegotiations, a formal bidding process will be initiated. Negotiations will begin in June and end in September in the year before the end of the biennium

Minimum Requirements

Minimum requirements are in the response template in Appendix B; please review and respond as part of your submission.

Response Check List

This RFP allows 7 ways to offer services which include:

1. Fully-insured medical and pharmacy proposal
2. Self-insured medical and pharmacy proposal
3. Fully-insured medical proposal
4. Self-insured medical proposal
5. Fully-insured pharmacy proposal
6. Self-insured pharmacy proposal
7. Stop loss insurance for all self-insured options

The following table indicates the submission requirements based on the proposal type.

Required Proposal Content:	Proposed Services:						
	1. Fully Insured Medical & Rx	2. Self-insured Medical & Rx	3. Fully-Insured Medical Only	4. Self-insured Medical Only	5. Fully-Insured Rx	6. Self-Insured Rx	7. Stop Loss
Transmittal Letter	x	x	x	x	x	x	x
Executive Summary	x	x	x	x	x	x	
Appendix A1 – Model Fully-Insured Contract	x		x				
Appendix A2 – Model Self-Insured Prescription Drug Contract		x			x	x	
Appendix A3 – Model Self-Insured Medical Contract		x		x			
B-Response Template	x	x	x	x	x	x	x
C1 – Fully-Insured Questionnaire	x		x		x		
C2 - Self-insured Questionnaire (Medical)		x		x			
C3 – Self-insured Questionnaire (Pharmacy)		x				x	
D1 - Fully-Insured Cost Proposal	x		x		x		
D2 - Self-insured Medical Cost Proposal		x		x			
D3 – Self-Insured Pharmacy Cost Proposal		x				x	
D4 – Stop Loss Cost Proposal							x
D5 – Cost Proposal – Plan Design Changes	x	x	x	x			
E1 – Medical Network Access	x	x	x	x			
E2 – Prescription Drug Network & Formulary Match	x	x			x	x	
F - Deviations	x	x	x	x	x	x	x
G - Services to be performed	x	x	x	x	x	x	
H – Performance Guarantees	x	x	x	x	x	x	
I - Suggested changes (optional)	x	x	x	x	x	x	
J - Confidential Information	x	x	x	x	x	x	x

Submission Instructions for Multiple Proposal Options

Bidders electing to submit multiple proposal options are only required to submit one copy of the completed proposal forms and are not required to duplicate submissions under each proposal option.

Please note that the self-insured questionnaires are not identical to the fully-insured questionnaires. Completing only a fully-insured questionnaire or only a self-insured questionnaire is insufficient to be considered for both options.

IV. Proposal Review and Evaluation

Rights of NDPERS

This RFP does not obligate NDPERS to complete the proposed project. NDPERS reserves the right to cancel the solicitation if it is considered to be in its best interest. Costs incurred for developing a proposal are the sole responsibility of the Bidder. NDPERS also reserves the right to:

1. Reject any and all proposals received in response to this RFP.
2. Amend and re-issue this RFP.
3. Select proposals for contract award or for negotiations other than those with the lowest cost.
4. Select proposals for contract award or for negotiations with more than one Bidder.
5. Consider a late modification of a proposal if the proposal itself was submitted on time, if the modifications were requested by the State, and if the modifications make the terms of the proposal more favorable to the State.
6. Determine that a deficiency is not substantive and waive the deficiency as immaterial. However, waiver of the deficiency shall in no way modify the RFP documents or relieve the Bidder from full compliance with the terms of the contract if the Bidder is awarded the contract.
7. Negotiate any aspect of the proposal with any Bidder and negotiate with more than one Bidder at the same time.
8. Use any or all ideas presented in any proposal received in response to this RFP, unless the Bidder presents a positive statement of objection in the proposal. Objections will be considered as valid only relative to proprietary information of the Bidder and so designated in the proposal. Exceptions to this are ideas that were known to NDPERS before submission of such proposal or properly became known to NDPERS thereafter through other sources or through acceptance of the proposal.

Selection Advisory Team

A review team made up of NDPERS staff and its consultant(s) will evaluate all proposals. The NDPERS Board will make the final decision on the award. NDPERS reserves the right to alter the composition of this selection team and its responsibilities.

Proposal Review and Evaluation Criteria

Proposals will initially be reviewed and evaluated by the selection team. The cost proposal will be reviewed independently to ensure that it is complete and submitted in the format requested. In reviewing the proposals, the requirements in NDCC § 54-52.1-04 will be considered.

Phase I – Preliminary Review Criteria

Proposals will initially be evaluated to determine if they comply with the following review criteria:

- Completeness of proposal, including minimum Bidder requirements, as outlined in Appendix B, Proposal Content, and submitted in the format designated in the RFP.
- Completeness and quality of responses to questionnaire(s) provided.
- Extensive statewide provider networks which offers access to key population areas within the State.

Phase II – Evaluation Criteria

Proposals that have met the review criteria listed above will then be reviewed based on the following factors.

- **Overall Cost**
  NDPERS intends to continue to provide its employees and retirees with comprehensive health care that is affordable and competitive. NDPERS is focused on stabilizing and controlling costs and increases to both the employer and employees. To accomplish this, NDPERS is interested in competitive premium arrangements, administrative and program fees, and competitive provider reimbursement arrangements for the duration of the biennium contract.
- **Full Disclosure of Prescription Drug Financials**
  Bidders are expected to comply with North Dakota Century Code statutes that define disclosures and audit rights. Proposals that do not comply with the statutes may be considered by the Board based upon the measures and actions described by the Bidder to comply as fully as practicable.
- **Plan Design**
  NDPERS is interested in maintaining the existing plan design. Any plan design parameters that cannot be duplicated must be clearly noted in your proposal in Appendix F – Deviations.
- **Comparable Statewide Provider Network/PPO Network and out-of-state network.**
  NDPERS is interested in the following:
  - A network of in- and out-of-state providers for the Basic and PPO plans that is commensurate with the existing network.
  - Broad network in terms of the number, breadth, quality and location of network providers, with the goal of matching as closely as possible the current provider networks and geographic access. If a new Bidder is selected they must at a minimum maintain the existing network for the first year of the contract and utilize that time to negotiate with any provider outside the network.

- Limited doctor/patient disruption – NDPERS is interested in limiting the disruption employees may experience in the event of a change in vendors. (see Appendix E1 & E2)

- Access to preferred providers outside the local geographic service area (national).

- Ability of the Bidder to negotiate NDPERS-specific contracts.

- The ability to match or exceed existing discount levels

- Commitment to pay for performance and other cost and quality initiatives.

- The ability to provide a value-based purchasing program similar or comparable to the existing program

- **Disease and Other Care Management Programs**

  NDPERS will continue to offer disease management, care management and care support programs as part of the overall health care program, and is interested in exploring innovative, positive incentives for participation in these programs. Bidders must demonstrate their ability to report and provide meaningful, interpretive data to better support the disease and other care management programs.

- **Health Improvement, Education and Wellness Programs**

  NDPERS is interested in partnering with the successful Bidder to offer the same or similar program that is already a part of NDPERS. The existing program also links to the NDPERS employer-based wellness program and this functionality will continue to be required. NDPERS also wishes to maintain a dedicated wellness staff member with the successful Bidder who will work with our worksite wellness coordinators. The successful Bidder must provide this resource.

- **Retiree Medicare Coverage**

  Match the existing coverage and arrangement and the ability to provide new coverage levels as determined by the NDPERS Board.

Phase III. Board Evaluation and Decision

1. The Board will consider the Selection Advisory Team evaluation of proposals.
2. The Board may elect to interview the proposers.
3. The Board may also consider additional information.
4. The Board will review the fully-insured and self-insured proposals as demonstrated below and make an award to the Bidder that best serves the interest of the state and it eligible employees.

V. Proposal Submission

Instructions

All proposals should be submitted simply and economically providing a direct, concise delineation of the Bidder's proposal and qualifications adhering to the proposal format guidelines outlined below. Bidders should also refer to Appendix B for a list of minimum requirements and general requirements.

- Proposals should be typed or printed on 8.5" x 11" paper.
- All proposals must include a transmittal letter/statement which includes the following:
  - An acknowledgement of receipt of the group health RFP specifications and any addenda and a statement that the proposal conforms to the RFP minimum requirements. This letter must include the title and signature of a Duly Authorized Officer of the company.
  - Any deviations from the specifications must be clearly identified in Appendix F. Failure to note deviations may exclude the proposal from further consideration. If you do not identify and explain deviations, your proposal will be deemed a certification that you will comply in every respect with the requirements and contractual language set forth in this RFP.
- All proposals must include a table of contents and follow the required content listed below:
- All pages of proposals must have consecutive page numbers.
- Proposals must respond to RFP minimum requirements (Appendix B).
- Responses to questions must include a restatement of the question (number and text as identified in the RFP) with the response immediately following.
- Appendices and other supplemental information provided with your proposal must be clearly identified.
- Cost proposal must be submitted in a separate, sealed envelope and clearly marked, "Cost Proposal". Insured rates and/or Administrative fees and/or pharmacy rates and/or stop loss premiums quoted must be all-inclusive. NDPERS will not be billed any additional amounts for services, including commissions or brokerage fees.
- NDCC § 54-52.1-10 (Exemption From State Premium Tax) provides that "All premiums, consideration for annuities, policy fees, and membership fees collected under this chapter are exempt from the tax payable pursuant to section 26.1-03-17". Thus, Offeror's responses should not reflect any amounts for premium taxes.

Proposal Submission and Contact Information

Proposals should be submitted in two parts, with the cost proposal separately from the qualitative proposal (cost proposal includes Appendices D1-D5).

All electronic and hard copy proposals must be received no later than Tuesday, November 15, 2022 at 5 pm CST. Late proposals will not be considered unless approved by the Board. Proposals will be sent to two parties, as described below:

Bidders should submit one proposal including all proposed coverage/administration options. Bidders are required to submit one (1) original and ten (10) paper copies of the qualitative proposals along with one (1) unredacted electronic copy (on a flash drive) as well as one (1) electronic, editable, PDF redacted copy of the qualitative proposal on a separate flash drive (note that the electronic redacted copies may not be a picture) to:

North Dakota PERS
1600 East Century Ave, Suite 2
PO Box 1657
Bismarck, ND 58503

A full electronic copy of the qualitative proposal and cost proposal must be emailed to Deloitte Consulting. All appendices submitted with the RFP must be provided in Word or Excel format. Supplemental material may be included in PDF format.

Drew Rasmussen
Deloitte Consulting LLP
773-661-8327
drasmussen@deloitte.com

***PLEASE NOTE*:** As indicated above, cost proposals should only be submitted to Deloitte Consulting. Cost proposals should follow the Confidential/Proprietary Information instructions in Appendix J. Any provisions of the Bidder's proposal that are desired to be confidential must be identified specifically on each page of the proposal and included in the table provided in Appendix J.

From the date of issuance until the announcement of the finalist, Bidders should only contact the Deloitte RFP coordinator, Drew Rasmussen. All correspondence and questions must be submitted in writing via e-mail to Deloitte Consulting in accordance with the timeline set forth in this RFP. NDPERS personnel are not authorized to discuss this RFP with Bidder; doing so may result in disqualification. Bidders may continue to communicate with NDPERS staff regarding other relevant business matters.

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

This questionnaire must be completed if your organization is proposing fully-insured medical with or without pharmacy coverage for NDPERS.

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. Proposers 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.

Bidders may include additional information that you consider relevant or useful to NDPERS. If you elect to provide additional information on services you can provide in response to the question, please specifically indicate that it is not included in the covered services offered in your proposal. If not so indicated, those services will be considered to be a part of your proposed fees. However, responses to all of the questions set forth below must be provided.

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

This questionnaire is divided into the following categories:

General and Medical

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

Pharmacy Benefit Management

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

General and Medical

Organizational Background, Strength, and Experience

1000. Provide a brief description of your organization, including your company history, organizational structure, services provided, location of headquarters, and length of time you have been in business. Describe any significant historical or future organizational developments (acquisitions, mergers, change in subcontracted vendors, etc.)

1001. Bidders 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 Bidder.

1002. Provide a copy of any State or Federal regulatory audit performed within the last two years.

1003. 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.

1004. 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.

1005. State whether the Bidder, 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.

1006. 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.

1007. Describe how your organization differentiates itself from your competitors. Specifically, what makes your organization the best partner for NDPERS?

1008. 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.

1009. 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		

1010. 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.

1011. Confirm that your proposal includes any and all deviations to the Sample Contract/ASA and other RFP requirements (via submission of Appendix F).

1012. 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.

1013. Has your company been involved in any mergers or acquisitions in the prior 24 months? If so, how will those events impact NDPERS?

References

1014. 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)

1015. 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

1016. Bidders 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 Bidder 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 60 days prior to a change
e. Length of time implementation team lead and members will be available to NDPERS

1017. 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, telephone numbers, and email addresses for the representatives listed below. For the account service individuals listed (b, c, d, and e 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 representing your company during the proposal process;
b. The key individuals on your proposed implementation team;
c. The key individual assigned to overall contract management;
d. The key dedicated individual or team members responsible for day-to-day account management and service;
e. The key individual responsible for provider contracting; and
f. The key individual responsible for provider relations if different than letter e. above.
g. Medical and/or pharmacy director assigned to NDPERS (as applicable)

1018. 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 Service			❑ Yes *Specify Company Name:* _____ ❑ No
Claims Processing			❑ Yes *Specify Company Name:* _____ ❑ No
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
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

1019. 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.

1020. 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, 2023?

1021. Describe how you handle communications for the post-65 programs that you will offer to NDPERS retirees.

1022. To what reading grade level are your written and website communications written? Are other languages available? What customization is allowed related to member communications?

1023. Does your website provide NDPERS specific plan information?

1024. Does your website offer a provider locator?

1025. What additional information does your site provide?

1026. Describe any additional web-based capabilities that could benefit NDPERS and our members.

Plan Administration

1027. 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.

1028. What support will your organization provide NDPERS to comply with the obligations of the CAA, Transparency in Coverage rules, and Mental Health Parity rules? Provide responses to the following questions and include information regarding additional compliance items required by these rules and regulations not specifically listed.

a. Are your claim systems and operational processes able to comply with the No Surprises Act effective as of January 1, 2022? Please describe how your organization will prevent Surprise Balance Billing.

b. Are you able to comply with provider directory accuracy requirements (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 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 January 1, 2023?

g. Are you able to comply with the annual reporting requirements about health care and prescription drug spending?

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?

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.

1029. Confirm your ability to conduct annual employer ACA contribution testing to ensure compliance with ACA and that a working paper of testing results will be prepared and shared with NDPERS, and this testing is included in the cost proposal (see Exhibit E22)

1030. 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 current 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

1031. Describe your process for Medicare Secondary Payer administration.

1032. What is your total commercial and Medicare health plan enrollment? Complete the table below.

Dates	Commercial	Medicare
As of January 2019		
As of January 2020		
As of January 2021		

1033. NDPERS is considering offering a Part G look-alike plan in the future. Please provide comment on considerations in making this decision including recommendations on closing the Part F look-alike and migrating participants or continuing to offer the Part G and allowing participants of Part F to elect participation in the Part G. Also provide commentary on allowing new enrollees to enroll in Part F or Part G plan if both remain available.

Eligibility

1034. Are ID paper/electronic cards the sole means of determining member eligibility? If not, please describe.

1035. 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.

1036. NDPERS will submit enrollments, billing and/or premium remittance via a centralized electronic system. NDPERS will collect enrollment/eligibility information which will be provided to the successful Bidder 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 Bidder’s database and used for ID cards and all transactions/communications related to the member’s participation in the plan. Premium payment information will be provided on a data file that follows the HIPAA 820 file specifications. Files will be transmitted using a secure file transmission process. The successful Bidder 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.

1037. Please describe how you handle manual eligibility updates and the turn-around/timing of such updates.

Customer/Member Service

1038. 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.

1039. Provide information on the operational metrics given to the client related to customer services and how often these are provided.

1040. 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?)

1041. Does your organization have online support, where a member can chat online with a customer service representative, or email a question to your organization?

1042. 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?

1043. Does your customer service inquiry system allow representatives to record comments so other customer service representatives can view previous notes to assist members?

1044. What is the location of your call center(s)? What call center(s) would be responsible for servicing NDPERS members?

1045. Describe how you manage spikes in call volume.

1046. How do you ensure that your representatives are providing timely and accurate information?

1047. Provide your customer service goals and actual performance rates for your book of business for 2021 calendar years for the following:

- Abandonment – What was the rate? How is this measured and confirmed? What was the average abandonment time?
- Busy rate – What percent of calls received a busy signal? How is this measured and confirmed?
- 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?
- First call resolution –What percent of calls were resolved at first point of contact? How is this measured and confirmed? What percent of calls were resolved with a return call within three days after the initial call?
- Member survey – Provide a copy of member survey responses.

1048. Discuss your online services available to members, including details regarding information available through the portal.

1049. Do you have a mobile app and/or mobile ID card available to your members? Please describe the capabilities.

1050. Could you provide a call center in North Dakota? If so, what would be the additional cost?

Claims Administration

1051. 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	

1052. 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?

1053. Confirm that you are able to administer the NDPERS designs Dakota Plan (Grandfathered and Non-Grandfathered) and Dakota Retiree Plan, HDHP/HSA and benefit levels without manual intervention. If you are unable to administer the plan, you must specify any plan design deviations proposed as specified in the RFP.

1054. Describe your claims processing system/platform and claims administration process. Are you expecting to have any system upgrades over the course of this contract?

1055. 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?

1056. Are 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?

1057. Are your EOBs customizable for the NDPERS plan?

1058. What is your frequency and method of distribution of EOBs?

1059. Provide information on the operational metrics given to the client related to claims processing and how often these are provided.

Medical Information Technology

1060. Describe your options for external system connectivity and data transfer including web-enabled services/technology.

1061. 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?

1062. 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?

1063. 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.).

1064. Have you had any security breaches involving electronic protected health information 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. Do you have insurance to cover a breach?

1065. Describe your levels of security utilized in the proposed system and how each addresses HIPAA security rules/regulations.

Reporting

1066. Confirm your ability to provide the reports described in the RFP and provide samples.

1067. Describe your online reporting capabilities. Please describe the data/information and types of reports that can be accessed and downloaded from your online system.

1068. Explain your ability to comply with the NDPERS current data warehouse arrangement by providing medical and pharmacy claims and enrollment data to NDPERS in a format agreed upon between you and NDPERS no less than monthly and within 3 months of award of contract.

1069. Please confirm that you will provide a monthly medical file feed, at no cost, to a PERS specified vendor to integrate with pharmacy claims and laboratory data.

1070. If requested, please confirm you will provide complete medical claims data to other authorized third-parties at no cost.

1071. 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?

1072. Do you participate in the ND Health Information Network (NDHIN) reporting?

Case/Utilization Management

1073. Provide a brief overview of your utilization management programs, including pre-authorization, prior approval, concurrent review, discharge planning, and large case management.

1074. 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?

1075. 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 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.

1076. 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?

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?

Health Risk Management Programs

1077. Indicate in the table below if you currently provide the care or disease management program listed, the number of members from ND-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 (PMPM)	Accredited? If so, indicate accrediting organization.
☐	Arthritis				
☐	Asthma				
☐	Cancer				
☐	Congestive Heart Failure				
☐	COPD				
☐	Depression				
☐	Diabetes				
☐	Low Back Pain				
☐	Stress				
☐	High Risk Pregnancy/ Prenatal Support				
☐	Hypercholesterolemia				
☐	Pain Management				
☐	Renal Failure				
☐	Tobacco Cessation				
☐	Weight Management				
☐	Other, please indicate:				

1078. Briefly describe each of the programs currently offered, if it is included in your cost proposal, and, if not, the cost of adding each program not included. Do you currently track and report specific clinical outcome measurements for each of the conditions for which care/disease management is offered? Please list them.

1079. Are you willing to customize your care management/DM 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

1080. Describe how you coordinate members involved in more than one program, for example members with diabetes and chronic heart failure.

1081. Describe the programs offered to patients with rare and chronic diseases. Is this program outsourced? Who is the current vendor?

1082. What is your organization doing to identify and reduce health outcome disparities by race, ethnicity, or other social determinants of health?

1083. Describe in detail your ability to provide online wellness programs. Compare it to the existing program presently in the NDPERS program (see Exhibit 1). Specifically identify any deviations from the existing program. 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).

1084. Describe your ability to support NDPERS Wellness initiatives by providing the administrative services for:

a. Tobacco Cessation program
b. NDPERS Diabetes Program (About the Patient Program coordinated with the ND Pharmacy Assoc.)
c. Dedicated Wellness Program Consultant and Educators
d. Healthy Pregnancy program
e. New programs or mandates
f. Diabetes Prevention Program
g. $250 Wellness Incentive with required tax reporting to employers

1085. Describe your ability to support the employer-based wellness program and the wellness benefit funding program. https://ndpers.nd.gov/employers/employer-resources/employer-based-wellness/

Network Accessibility and Disruption

1086. We are requesting that Bidders 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).

1087. Provide a listing or provider directory and link to the web for the provider networks you are proposing for NDPERS. Identify and describe your national preferred provider organization.

1088. Does your network exclude any major health systems or provider practices in North Dakota?

1089. 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?

1090. Confirm your willingness to negotiate and maintain NDPERS-specific provider contracts to allow for cost control mechanisms and alignment of contract and plan years. Also discuss how

you would maintain the existing PERS PPO program. Describe your process and approach for accomplishing this.

1091. 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 general overview of program.

1092. 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.

1093. Do you anticipate any significant provider contract changes for 2023? Describe any expected changes.

1094. 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		

1095. What strategies do you have in place to improve accessibility to licensed mental health providers?

1096. How many of your network providers specialize in working with first responders, law enforcement, and corrections staff?

1097. How many of your providers are self-identified as black, indigenous and people of color (BIPOC)?

1098. 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

1099. Describe the programs and methodologies currently in place to gather and measure meaningful provider quality and efficiency data that can be shared with members.

1100. 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 updated is the information on the site?

1101. 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.

1102. 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

1103. Briefly describe the initial credentialing process. How often are physician, hospital and other contracts (labs, imaging facilities, DME, home health care) reviewed?

Reimbursement and Discounts

1104. 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.).

1105. 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 RBRVS, capitation).

1106. How often are your R&C databases updated? What data version of UCR are you using?

1107. 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?

1108. If a network physician directs a member to a non-network lab for services, how is that lab service paid?

1109. 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?

1110. Provide your estimate of percent of charges that will be processed in North Dakota under your network.

1111. NDPERS presently has a value-based contract in place with certain providers in North Dakota. See Exhibit E27. Discuss your ability to offer the same or similar program. Identify if any additional cost would be required for such an option

1112. Provide details on any recent, upcoming or anticipated changes to the risk-based contracting profile of your network (e.g. ACOs, innovative contracts, changes to the level of provider risk, etc.)

Performance Standards and Guarantees

Health plan Bidders are required to comply with performance standards and guarantees that include a financial incentive/forfeiture which is negotiated as part of the renewal process. See Appendix H for a copy of these performance standards and guarantees. You are required to offer your performance standards and guarantees for the board's consideration using Appendix H. It is a priority for the Board to have a comprehensive set of standards and guarantees relating to this plan.

1113. 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

1114. Describe how your organization will administer the HSA option. What details are provided to individuals that select this option, the enrollment process, claim reimbursement options, limit monitoring, ability to accept employee pre- & post-tax contributions, record-keeping, fees, reporting capabilities, the name of the service vendor and any other applicable information.

Economy to be Affected

1115. Please indicate if you will have an office in North Dakota and where most of the work on this contract will be done?

1116. Please identify the number of employees you will employ in North Dakota pursuant to this contract.

1117. Of your total administrative fee please estimate the amount that will be spent in North Dakota and the amount that will spent outside the state.

Fiduciary Responsibility

1118. Confirm your organization will assume full fiduciary responsibility for claim determination.

Appeals Process

1119. Please describe your internal and external appeals process for fully-insured plans.

Actuarial Services

1120. As part of the fully insured contract PERS is asking that the Bidders actuary will do certain actuarial work for the Board. Confirm your ability to provide these services and that they are included in the cost proposal:

a. Develop estimates of the cost of adding/deleting benefit provisions to the plan
b. Provide PERS estimates of potential premium cost for 2023-2025 in the first half of 2022
c. Provide PERS actuary with actuarial analyses of proposed legislation and plan design changes.
d. Actuarial services NDPERS may request.

Pharmacy Benefit Management

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

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

Compliance with North Dakota Statutory Requirements

1121. Indicate you will comply with all the requirements of North Dakota Century Code, including chapter 54-52.1

1122. Indicate if you could comply with the preference criteria in 54-52.1-04.15.

1123. Indicate if your proposal includes:

a. Compliance with 54-52.1-04.16
b. Does not include compliance 54-52.1-04.16
c. Includes both

1124. Indicate any areas of the North Dakota Century Code you cannot meet and why.

Pharmacy Benefit Management Organization General Information

1125. Please provide the legal name of the company that will be providing the pharmacy benefit management (PBM) services in this contract.

1126. Please describe the PBM's corporate governance structure.

1127. Where is the PBM headquartered?

1128. Does the PBM contract supporting the fully-insured contract expire during the course of the NDPERS biennium (2023 – 2025)?

1129. What unique and differentiated capabilities does the PBM offer to NDPERS?

Pharmacy Benefit Clinical Management

1130. Please describe your approach to clinical management in the pharmacy benefit.

1131. Please provide a list of your clinical programs with a short description of each, and associated cost for each program. At minimum, please include prior authorization, step therapy, quantity limits, drug utilization review, opioid management, diabetes management, compound management, and specialty drug management programs. If applicable, please include return-on-investment guarantees or measurement metrics for each program

1132. Based on the plan design currently in place, the drug utilization, and the demographics, what are three specific recommendations to reduce cost and/or improve the health of NDPERS members (without changing plan design elements like copays)?

1133. Please describe the accreditations you maintain (URAC, JCAHO, NCQA)

1134. Please describe your capabilities of combining pharmacy data with medical data for individual members to coordinate care, case management, and utilization oversight..

1135. Please describe your Pharmacy & Therapeutics Committee (P&T) and the formulary review process.

1136. Please describe your approach or solutions to manage compound medications. Please note if you have a dollar threshold for prior authorization, exclusion strategy, or another approach.

1137. Please describe your COVID testing and vaccine administration programs

1138. Please describe your capabilities to track and report on COVID testing and vaccine claims

1139. Please discuss how you measure adherence; do you track medication possession ratio (MPR) and/or proportion of days covered (PDC)? Are there other factors you evaluate for certain therapeutic classes?

1140. Do you align your performance measurement with national quality measures (e.g. HEDIS)?

1141. What tools and programs do you utilize to shift percent of membership toward formulary and preferred/generic drugs?

1142. Provide a description of your prior authorization process, including type of personnel involved in the process and average turnaround time.

1143. Do clients have access to your system to enter administrative prior authorization overrides?

a. How does the process work?

b. Is training provided?

c. Will your client be able to report on volume of overrides and outcomes determination?

1144. Describe your quality assurance measures for your prior authorization process. What reports and tools do you provide for clients to assess if state/federal/NCQA quality measures (e.g. timeliness, overturn rates, accreditation) are met?

1145. Explain your process around instances when your prior authorization team cannot immediately contact the provider (i.e., how often do you attempt to contact the provider, what methods do you use to contact the provider, what do you do when you get no response).

1146. Please describe how members are notified of denials and expiration of prior authorizations.

1147. Describe all programs related to identification and management of potential abuse by members, providers and pharmacies.

1148. Please provide a list of real-time utilization (concurrent) review elements at retail and mail. How are interventions managed? How are outcomes of interventions documented?

1149. Does your Retrospective Drug Utilization Review (RDUR) Program target physicians and members? How do you notify physicians and members?

1150. Please provide a list of RDUR edits. What is the timeframe for intervention? Is the intervention automated? Fax? Is there a survey collected to assess the usefulness of the intervention? Are responses charted to provide auditable savings results?

1151. Do you work with any electronic medical record (EMR) companies to provide prescription drug information to prescribers?

1152. Are you capable of receiving data and integrating it from an EMR?

1153. Do you have a preferred partner for electronic prior authorization and eligibility/formulary verification?

1154. What percentage of claims in your book-of-business are e-prescribed?

1155. Please provide sample reports that document savings of clinical programs (case management, disease management, utilization review, etc.) that NDPERS will be receiving monthly, quarterly, etc.

Specialty Pharmacy

1156. How many specialty pharmacies do you operate?

1157. Are your specialty pharmacies owned or subcontracted?

1158. Which specialty pharmacy would primarily service the NDPERS account?

1159. Is the proposed specialty network an open network (where members can use any specialty pharmacy) or closed network (members may only use Bidder's network)?

1160. Please describe your approach to specialty pharmacy. Please focus on the aspects that differentiate your services in the market.

1161. Are members contacted before each specialty fill? If so, is the outbound call made by a representative or an automated call?

1162. What is the average length of time spent with a member prior to the first fill of their specialty medication?

1163. Do you have pharmacists and technicians that are dedicated to serving members with certain disease states?

1164. Please describe any specialty patient assistance programs that are offered. Describe how you can maximize the value of these programs for the member and the plan.

1165. For any specialty patient assistance programs, describe if your programs are income based and/or rebate compliant?

1166. Please describe your strategy (formulary or more broadly), and how you engage your self-insured clients on coverage decisions related to high-cost therapies (e.g., CAR-T, Zolgensma)

1167. Please describe specialty site-of-care programs or initiatives or partnerships.

1168. Please describe solutions available to address rising costs of prescription drugs in the medical benefit?

1169. Please confirm that specialty products shipped in error, damaged in shipment, lost in transit, left by courier without confirmation of receipt and rendered unusable by NDPERS to due negligence or error in delivery process will not be the financial responsibility to NDPERS. How are these types of shipment error reported to NDPERS?

1170. Describe your specialty drug trend forecasting services. For example, how is the specialty drug pipeline monitored and what modeling tools are available to demonstrate the financial impact to the Client?

1171. What percentage of Limited Distribution Drugs commercially available do you have access to?

1172. What is the process for procuring any limited distribution drugs that you currently do not have access to?

1173. Do you have infusion services? Can you arrange for nurses or other assistance on behalf of the member?

Formulary

NDPERS formulary has three coverage tiers. Tier 1 includes formulary generic drugs, Tier 2 includes formulary brand drugs, and Tier 3 includes all non-formulary products. Please provide a quote based on your formulary that best aligns with NDPERS current structure.

1174. Please indicate which formulary is being proposed for NDPERS, and why?

1175. If your proposed formulary is exclusionary, how many products are excluded?

1176. How frequently is your proposed formulary updated?

1177. If desired, could you grandfather existing members for a select period of time (1-3 fills, 1 year, indefinitely)?

1178. Does the proposed formulary require compliance with formulary utilization management controls (prior authorization and/or step therapy and/or quantity limits) or are all formulary and clinical utilization management programs an "add on" after the formulary is selected

1179. Does your formulary include all generics in the lowest cost tier and all brands in the preferred or non-preferred tiers or does your proposed formulary tier brand and generic products according to different criteria?

1180. Please discuss your position regarding "lowest net cost" as it relates to your formulary strategy and your flexibility in facilitating a “lowest net cost” strategy for clients.

1181. Please provide a copy of your proposed Formulary including National Drug Code (NDC), drug name, and formulary tier in excel format

1182. Complete Appendix E2 – Network Access & Formulary Match

Data Analytics & Management Reporting

1183. Describe data analytic and reporting capabilities currently available.

1184. Is there an extra charge for data analytic services? If so, what are the charges?

1185. Describe or provide samples of standard reports around cost and utilization for the plan and its customers.

1186. Please confirm that you will provide a monthly prescription drug file feed, at no cost, to a PERS specified vendor to integrate with medical claims and laboratory data.

1187. If requested, please confirm you will provide complete pharmacy claims data to other authorized third-parties at no cost.

Customer Service

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

1188. What is the location of the PBM call center(s)?

1189. What call center(s) would be responsible for servicing NDPERS members?

1190. Describe your use of Interactive Voice Response (IVR).

1191. Will the PBM have a dedicated phone number for NDPERS?

1192. Is the pharmacy call center available to members 24/7/365?

1193. Is a pharmacist available to members 24/7/365?

1194. Can a member leave a message at the member service line after hours? If so, what is the protocol for responding to this message?

1195. What is your first call resolution rate in the pharmacy call center?

1196. Do you have the capability to record 100% of the calls?

1197. Does your call monitoring application also provide for monitoring of screen navigation as well as call recording?

1198. Does your customer service inquiry system allow representatives to record comments so other customer service representatives can view previous notes to assist members?

1199. Describe in detail the training and qualifications of the customer service representatives. How will they be trained and educated on NDPERS specifics and new initiatives?

1200. How will you assist with notifying members when the formulary status of medication has changed?

1201. Do you track Net Promoter Score (NPS)? If so, please provide the most recent NPS and describe if it applies to specific business segments (e.g. customer service).

1202. How do you define / track member complaints and/or grievances?

1203. How do you report the complaints and grievances?

a. What are your turnaround times? Describe your workflow process.

b. How are complaints/grievances tracked by reason code?

c. Do you maintain a complaint log? Describe your complaint resolution process.

1204. Will the appeal process for pharmacy service be different than for medical services: If so describe the appeal process. Provide materials used for member, physician, and pharmacy notification and provide your workflow process including turnaround times. How do you manage the process differently for states with unique requirements?

1205. Describe how written inquiries are handled.

1206. Please describe your member website and member portal.

a. Can your website provide NDPERS specific plan information?

b. Does your website offer a pharmacy locator? Does the site offer information on retail stores that are open 24 hours/day?

c. Can members see their prescription drug claim history on the website?

d. Describe the web-enabled pricing comparison tools available to your members. Will the pricing tool account for NDPERS plan design?

e. Does your web-enabled pricing comparison tool provide pricing detail by pharmacy?

1207. Does your mobile app and/or mobile enabled website include the following:

a. Formulary information

b. Network pharmacy lookup

c. Plan design information

d. Member ID card

e. Claims history

f. Family claims history

g. Drug price lookup by pharmacy

Retail Pharmacy Network

1208. Please describe your retail pharmacy network strategy and how it is differentiated from competitors.

1209. List the name of your proposed network and the number of retail pharmacies that participate in North Dakota and nationally.

1210. Based on the member zip data in Exhibit E9, please submit a Geo-Access analysis.

1211. Please describe your credentialing process including the process for removing pharmacies from the network. How often is credentialing/re-credentialing undertaken?

1212. Describe your 90-day retail network (including % of ND pharmacies in-network) and potential cost savings to NDPERS.

Mail Service

1213. How many mail service pharmacies do you operate?

1214. Where are your mail pharmacies located? Which mail service pharmacy would primarily service the NDPERS account?

1215. Are your mail service pharmacies owned or subcontracted?

1216. Do you have a program at the mail facility to align and bundle shipment for members with more than one prescription?

1217. How do you assure patient consent to send an order prior to shipping?

1218. Are there any items/medications you do not ship (e.g. controlled substances)?

1219. What company or companies do you have shipping contracts with for the mail service?

1220. Can members track their mail order prescription?

1221. Can you deliver mail or specialty medications to the member's location of choice (e.g. home address, office, doctor's office, hospital, pharmacy, neighbor's address)?

1222. How long will you hold a prescription that requires an intervention before returning, filling, or calling members?

1223. Do you retain member credit cards? If so, what security measure do you employ to protect this information?

1224. Is payment required before orders are shipped? If not, what is the maximum outstanding balance owed before you hold orders?

1225. Do you provide Durable Medical Equipment items through the mail pharmacy?

1226. Are you willing to agree that medications shipped in error, damaged in shipment, lost in transit, left by courier without confirmation of receipt when requested, and rendered unusable by NDPERS due to negligence or error in delivery process will not be the financial burden to NDPERS or our patients? How are these types of shipping errors reported to NDPERS?

Eligibility

1227. Please describe any differences in eligibility management for the prescription drug benefit compared to the medical benefit.

Regulatory and Compliance

1228. Please detail your due diligence process used in retaining the proposed PBM. Including but not limited to: review of any outstanding disputes, that the PBM is fully licensed, complaints from providers and covered members, fines, integrity of data systems, any data breaches, lawsuits, etc.

1229. Please provide the latest SOC2 report for the PBM providing pharmacy services under this agreement.

Implementation

1230. Pharmacy related implementation detail should be included in the medical section of your response

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. Proposers 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. Proposers 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 fees. However, responses to all of the questions set forth below must be provided.

If this proposal results in your company 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 any State or Federal regulatory audit performed within the last two years.

2004. 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

2005. 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.

2006. 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.

2007. 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.

2008. Describe how your organization differentiates itself from your competitors. Specifically, what makes your organization the best partner for NDPERS?

2009. 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.

2010. 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		

2011. 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.

2012. Confirm that your proposal includes any and all deviations to the Sample Contract/ASA and other RFP requirements (via submission of Appendix E3).

2013. Has your company been involved in any mergers or acquisitions in the prior 24 months? If so, how will those events impact NDPERS?

References

2014. 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)

2015. 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

2016. 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, current 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 60 days prior to a change
e. Length of time implementation team lead and members will be available to NDPERS

2017. 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, telephone numbers, and email addresses for the representatives listed below. For the account service individuals listed (b, c, d, and e 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 representing your company during the proposal process;
b. The key individuals on your proposed implementation team;
c. The key individual assigned to overall contract management;
d. The key dedicated individual or team members responsible for day-to-day account management and service;
e. The key individual responsible for provider contracting; and
f. The key individual responsible for provider relations if different than letter e. above.
g. Medical and/or pharmacy director assigned to NDPERS (as applicable)

2018. Please provide your most recent customer experience survey results.

2019. 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 Service			❑ Yes *Specify Company Name:* _____ ❑ No
Claims Processing			❑ Yes *Specify Company Name:* _____ ❑ No
Enrollment and Eligibility			❑ Yes *Specify Company Name:* _____ ❑ No
Disease Management			❑ 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*
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
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

2020. 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.

2021. 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, 2023?

2022. Describe how you handle communications for the post-65 programs that you will offer to NDPERS retirees.

2023. What reading grade level are your written and website communications written to? Are other languages available? What customization is allowed related to member communications?

2024. Does your website provide NDPERS specific plan information?

2025. Does your website offer a provider locator? What additional information does your site provide?

2026. Describe any additional web-based capabilities that could benefit NDPERS and our members.

Plan Administration

2027. 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.

2028. What support will your organization provide NDPERS to comply with the obligations of the 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.

b. Are you prepared to comply with provider directory accuracy requirements (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 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 January 1, 2023?

g. Are you able to comply with the annual reporting requirements about health care and prescription drug spending?

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?

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

2029. Confirm your ability to conduct annual employer 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).

2030. 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 current 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.

2031. Describe your process for Medicare Secondary Payer administration including but not limited to: Roles and responsibility of the vendor and PERS; identifying and recovering Medicare mistaken payments where PERS has primary responsibility, receiving payment and resolving outstanding issues, etc.

2032. What is your total commercial and Medicare health plan enrollment? Complete the table below.

Dates	Commercial	Medicare
As of January, 2019		
As of January, 2020		
As of January, 2021		

2033. 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

2034. Are ID paper/electronic cards the sole means of determining member eligibility? If not, please describe.

2035. 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.

2036. 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.

2037. Please describe how you handle manual eligibility updates and the turn-around/timing of such updates.

Customer/Member Service

2038. 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.

2039. Provide information on the operational metrics given to the client related to customer services and how often these are provided.

2040. 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?)

2041. Does your organization have online support, where a member can chat online with a customer service representative, or email a question to your organization?

2042. 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?

2043. Does your customer service inquiry system allow representatives to record comments so other customer service representatives can view previous notes to assist members?

2044. What is the location of your call center(s)? What call center(s) would be responsible for servicing NDPERS members? Could you provide a call center in ND? If so what would be the additional cost?

2045. Describe how you manage spikes in call volume.

2046. How do you ensure that your representatives are providing timely and accurate information?

2047. Provide your customer service goals and actual performance rates for your book of business for calendar year 2021,2020 and 2019 for the following:

- Abandonment – What was the rate? How is this measured and confirmed? What was the average abandonment time?
- Busy rate – What percent of calls received a busy signal? How is this measured and confirmed?
- 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?
- 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?
- Member survey – Provide a copy of member survey responses.

2048. Discuss your online services available to members, including details regarding information available through the portal.

2049. Do you have a mobile app and/or mobile ID card available to your members? Please describe the capabilities.

2050. Could you provide a call center in North Dakota? If so, what would be the additional cost?

Claims Administration

2051. 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	

2052. 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?

2053. Confirm that you are able to administer the NDPERS designs Dakota Plan (Grandfathered and Non-Grandfathered) and Dakota Retiree Plan, (HDHP/HSA) and benefit levels without manual intervention. If you are unable to administer the plan, you must specify any plan design deviations proposed as specified in the RFP.

2054. Describe your claims processing system/platform and claims administration process. Are you expecting to have any system upgrades over the course of this contract?

2055. 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?

2056. Are 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?

2057. Are your EOBs customizable for the NDPERS plan?

2058. What is your frequency and method of distribution of EOBs?

2059. Provide information on the operational metrics given to the client related to claims processing and how often these are provided.

Medical Information Technology

2060. Describe your options for external system connectivity and data transfer including web enabled services/technology.

2061. 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?

2062. 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?

2063. 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.).

2064. Have you had any security breaches involving electronic protected health information 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. Do you have insurance to cover a breach?

2065. Describe your levels of security utilized in the proposed system and how each addresses HIPAA security rules/regulations.

Reporting

2066. Confirm your ability to provide the reports described in the RFP and provide samples.

2067. Describe your online reporting capabilities. Please describe the data/information and types of reports that can be accessed and downloaded from your online system.

2068. 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 3 months of award of contract.

2069. Please confirm that you will provide a monthly medical file feed, at no cost, to a PERS specified vendor to integrate with pharmacy claims and laboratory data.

2070. If requested, please confirm you will provide complete medical claims data to other authorized third-parties at no cost.

2071. 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?

2072. Do you participate in the ND Health Information Network (NDHIN) reporting?

Case/Utilization Management

2073. Provide a brief overview of your utilization management programs, including pre-authorization, prior approval, concurrent review, discharge planning, and large case management.

2074. 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?

2075. 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 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.

2076. 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?

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?

Health Risk Management Programs

2077. Indicate in the table below if you currently provide the care or disease management program listed, the number of members from ND-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 (PMPM)	Accredited? If so, indicate accrediting organization.
☐	Arthritis				
☐	Asthma				
☐	Cancer				
☐	Congestive Heart Failure				
☐	COPD				
☐	Depression				
☐	Diabetes				
☐	Low Back Pain				
☐	Stress				
☐	High Risk Pregnancy/ Prenatal Support				
☐	Hypercholesterolemia				
☐	Pain Management				
☐	Renal Failure				
☐	Tobacco Cessation				
☐	Weight Management				
☐	Other, please indicate:				

2078. 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.

2079. Are you willing to customize your care management/DM 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.

2080. Describe how you coordinate members involved in more than one program, for example members with diabetes and chronic heart failure.

2081. Describe the programs offered to patients with rare and chronic diseases. Is this program outsourced? Who is the current vendor?

2001. What is your organization doing to identify and reduce health outcome disparities by race, ethnicity, or other social determinants of health?

2002. Describe in detail your ability to provide online wellness programs. Compare it to the existing program presently in the NDPERS program (see Exhibit 1). Specifically identify any deviations from the existing program. 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).

2003. Describe your ability to support NDPERS Wellness initiatives by providing the administrative services for:

a. Tobacco Cessation program
b. NDPERS Diabetes Program (About the Patient Program coordinated with the ND Pharmacy Assoc.)
c. Dedicated Wellness Program Consultant and Educators
d. Healthy Pregnancy program
e. New programs or mandates
f. Diabetes Prevention Program
g. $250 Wellness Incentive with required tax reporting to employers

2004. Describe your ability to support the employer-based wellness program and the wellness benefit funding program. https://ndpers.nd.gov/employers/employer-resources/employer-based-wellness/

Network Accessibility and Disruption

2005. 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).

2006. Provide a listing or provider directory and link to the web for the provider networks you are proposing for NDPERS.

2007. Identify and describe your national preferred provider organization.

2008. Does your network exclude any major health systems or provider practices in North Dakota?

2009. 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?

2010. 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 PERS PPO program. Describe your process and approach for accomplishing this.

2011. Does your organization offer telehealth visits? If so, please describe the network available, how services are billed, and provide general overview of program.

2012. 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.

2013. Do you anticipate any significant provider contract changes for 2023? Describe any expected changes.

2014. 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		

2015. What strategies do you have in place to improve accessibility to licensed mental health providers?

2016. How many of your network providers specialize in working with first responders, law enforcement, and corrections staff?

2017. How many of your providers are self-identified as black, indigenous and people of color (BIPOC)?

2018. 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

2019. Describe the programs and methodologies currently in place to gather and measure meaningful provider quality and efficiency data that can be shared with members.

2020. 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 updated is the information on the site?

2021. 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.

2022. 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

2023. Briefly describe the initial credentialing process. How often are physician, hospital and other contracts (labs, imaging facilities, DME, home health care) reviewed?

Reimbursement and Discounts

2024. Please complete and submit Appendix D2.

2025. 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.).

2026. 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 RBRVS, capitation).

2027. How often are your R&C databases updated? What data version of UCR are you using?

2028. 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?

2029. If a network physician directs a member to a non-network lab for services, how is that lab service paid?

2030. 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?

2031. Provide your estimate of percent of charges that will be processed in North Dakota under your network.

2032. NDPERS presently has a value-based contract in place with certain ND 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

2033. Provide details on any recent, upcoming or anticipated changes to the risk-based contracting profile of your network (e.g. ACOs, innovative contracts, changes to the level of provider risk, etc.)

Performance Standards and Guarantees

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

2034. 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

2035. 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.

Economy to be affected

2036. Please indicate if you will have an office in North Dakota and where most of the work on this contract will be done?

2037. Please identify the number of employees you will employ in North Dakota pursuant to this contract.

2038. Of your total administrative fee please estimate the amount that will be spent in North Dakota and the amount that will spent outside the state.

Fiduciary Responsibility

2039. Confirm your organization will assume full fiduciary responsibility for claim determination.

Appeals Process

2040. 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 Requirements

2041. 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.

2042. 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?

2043. 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?

2044. 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 5 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.

2045. 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.

2046. 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?

2047. Is the process you use for late claim interest/penalties automated or manual? Please explain.

2048. 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.

2049. Please provide a copy of your most recent SOC2 report

2050. 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

2051. 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?

2052. 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?

2053. 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.

2054. Identify your designated Privacy & Security Officers and describe their qualifications.\

2055. Please indicate if you can comply with NDCC 54-52.1-11 & 54-52.1-12.

Lawsuits/Claims

2056. 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?

2057. Does any of this litigation involve: (i) multiple plaintiffs or a class of plaintiffs; (ii) any allegation of (A) criminal wrongdoing (including any RICO claim), (B) violation of securities, antitrust or environmental statuses; (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?

2058. 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)?

2059. Are you a party to any pending arbitration or mediation proceeding? If so, what is the nature and status?

Related Party Issues

2060. 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

2061. Describe the capabilities of your financial reporting systems.

2062. Describe what information is available and how timely the information becomes available with regard to revenues, medical costs, and overhead.

2063. Describe how your profitability is tracked by product segment, by market and by customer.

2064. Describe how often financial closing are performed and how long it takes to get final results.

Controls / Compliance

2065. Describe your internal accounting controls and how the internal controls are monitored.

2066. Describe the structure of your Internal Audit function.

2067. Indicate whether internal/external audits have revealed any significant internal control deficiencies or weaknesses or other issues in the past three years.

2068. 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

2069. Confirm proposal meets all regulatory requirements.

2070. Confirm proposal meets NDCC 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.

Appendix C3. Self-Insured ("Carve-Out") Pharmacy Questionnaire

This questionnaire must be completed if you are quoting self-insured prescription drug services.

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. Proposers should review all sections of this RFP before responding to any of the questions here, to ensure that you have a complete understanding of the requirements with respect to your organization's proposal.

Bidders 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 a part of your proposed fees. However, responses to all of the questions set forth below must be provided.

If this proposal results in your company 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. Bidders 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:

Questionnaire:

- Compliance with North Dakota Statutory Requirements
- Bidder Overview
- Clinical Programs and Drug Utilization Review
- Specialty Pharmacy
- Formulary
- Account Management
- Data Analytics and Management Reporting
- Customer Service
- Retail Pharmacy Network
- Mail Service
- Implementation
- Eligibility
- Claims Processing/Adjudication
- Information Technology
- Financial
- Regulatory / Compliance
- Confidentiality
- Lawsuits/Claims
- Related Party Issues
- Discussion of Information Used to Manage Business
- Controls / Compliance
- Risk Management and Insurance Information

PHARMACY BACKGROUND

North Dakota Public Employees Retirement – Strategic Objectives

NDPERS is seeking a Bidder partner that:

- Manages prescription drug cost for members and NDPERS
- Delivers services at competitive prices commensurate with the total covered lives
- Provides exceptional service, from both a member and management experience
- Champions transparency (and other innovations) in contracting, operations and can fully meet the provisions in NDCC 54-52.1-04.16
- Brings innovation to the services provided to members and management
- Seamlessly integrates with NDPERS medical plans, and other partners

Partnership Considerations

NDPERS is interested in exploring the value creation from combining the respective strengths of NDPERS and a best-in-class pharmacy benefits partner. NDPERS goal is to explore a partner's role in managing the following functions:

- Overall financial and operational transparency
- Specialty drug management and contracting
- Formulary management
- Clinical programs administration
- Customer service (to both members and providers)
- Pharmacy claims processing
- Reporting and data analytics
- Pharmacy network management
- Rebate processing and contracting

This request for proposal 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.

Compliance with North Dakota Statutory Requirements

3001. Indicate that you will comply with all the requirements of North Dakota Century Code including chapter 54-52.1

3002. Indicate if you could comply with the preference criteria in 54-52.1-04.15.

3003. Indicate if your proposal includes:

   a. Compliance with 54-52.1-04.16
   b. Does not include compliance 54-52.1-04.16
   c. Includes both

3004. Indicate any areas of the North Dakota Century Code you cannot meet and why..

Bidder Overview

3005. Please provide the legal name of the company that will be providing the pharmacy benefit management services in this contract.

3006. Please describe your corporate governance structure.

3007. Where is your business headquartered?

3008. How many years have you operated as a pharmacy benefits manager?

3009. How many commercial plan sponsors do you serve?

3010. How many government (Federal, State, Local) plan sponsors do you serve?

3011. How many PBM member lives are in your book-of-business?

3012. How many PBM member lives do you serve in North Dakota?

3013. How many total lives are in your book-of-business (e.g. “all lives”, includes other health plans, rebate aggregation, etc.)?

3014. Do you outsource any of your operations or business functions? If so, which functions and through what organization(s)? Please provide a list of all locations/countries where your outsourced functions take place.

3015. Bidders 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 Bidder.

3016. What teaming arrangements, joint marketing arrangements and/or partnerships do you currently have in place with other organizations (heath plans, PBMs, Pharmacies, Others)? Please describe.

3017. What unique and differentiated capabilities can you offer to NDPERS?

3018. Do you have strategic advantages in North Dakota that make you a better choice for NDPERS than other Bidders?

3019. 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. Also provide the following for two former governmental clients similar to PERS or larger, if possible.

   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)

Clinical Programs and Drug Utilization Review

3020. Please describe your approach to clinical management in the pharmacy benefit.

3021. Please provide a list of your clinical programs with a short description of each, and associated cost for each program. At minimum, please include prior authorization, step therapy, quantity limits, drug utilization review, opioid management, diabetes management, compound management, and specialty drug management programs. If applicable, please include return-on-investment guarantees or measurement metrics for each program.

3022. Based on the plan design currently in place, drug utilization, and demographics, what are specific recommendations to reduce cost and/or improve the health of NDPERS members (without changing plan design elements like copays)? Please limit your responses to no more than three recommendations or programs.

3023. Please describe the accreditations you maintain (URAC, JCAHO, NCQA)

3024. Please describe your capabilities of combining pharmacy data with medical data for individual members to coordinate care, case management, and utilization oversight.

3025. Please describe your Pharmacy & Therapeutics Committee (P&T) and the formulary review process.

3026. Please describe your approach or solutions to manage compound medications. Please note if you have a dollar threshold for prior authorization, exclusion strategy, or another approach.

3027. Please describe your COVID testing and vaccine administration programs

3028. Please describe your capabilities to track and report on COVID testing and vaccine claims

3029. Please discuss how you measure adherence; do you track medication possession ratio (MPR) and/or proportion of days covered (PDC)? Are there other factors you evaluate for certain therapeutic classes?

3030. Do you align your performance measurement with national quality measures (e.g. HEDIS)?

3031. What tools and programs do you utilize to shift percent of membership toward formulary and preferred/generic drugs?

3032. How do you measure the return on investment on clinical edits on an ongoing basis? What kind of reports and services do you provide to evaluate existing clinical edits and model return on investment for future clinical edits?

3033. Provide a description of your prior authorization process, including type of personnel involved in the process and average turnaround time.

3034. Do clients have access to your system to enter administrative prior authorization overrides?

    a. How does the process work?
    b. Is training provided?
    c. Will your client be able to report on volume of overrides and outcomes determination?

3035. Describe how you calculate return on investment of prior authorizations performed. What reports do you provide to your clients to assess ROI, denial rate, appropriateness of denials?

3036. Describe your quality assurance measures for your prior authorization process. What reports and tools do you provide for clients to assess if state/federal/NCQA quality measures (e.g. timeliness, overturn rates, accreditation) are met?

3037. Explain your process around instances when your prior authorization team cannot immediately contact the provider (i.e., how often do you attempt to contact the provider, what methods do you use to contact the provider, what do you do when you get no response).

3038. Please describe how members are notified of denials and expiration of prior authorizations.

3039. Describe all programs related to identification and management of potential abuse by members, providers and pharmacies.

3040. Please provide a list of real-time utilization (concurrent) review elements at retail and mail. How are interventions managed? How are outcomes of interventions documented?

3041. Does your Retrospective Drug Utilization Review (RDUR) Program target physicians and members? How do you notify physicians and members?

3042. Please provide a list of RDUR edits. What is the timeframe for intervention? Is the intervention automated? Fax? Is there a survey collected to assess the usefulness of the intervention? Are responses charted to provide auditable savings results?

3043. Do you work with any electronic medical record (EMR) companies to provide prescription drug information to prescribers?

3044. Are you capable of receiving data and integrating it from an EMR?

3045. Do you have a preferred partner for electronic prior authorization and eligibility/formulary verification?

3046. What percentage of claims in your book-of-business are e-prescribed?

3047. Please provide sample reports that document savings of clinical programs (case management, disease management, utilization review, etc.) that NDPERS will be receiving monthly, quarterly, etc.

Specialty Pharmacy

3048. How many specialty pharmacies do you operate?

3049. Are your specialty pharmacies owned or subcontracted?

3050. Which specialty pharmacy would primarily service the NDPERS account?

3051. Is the proposed specialty network an open network (where members can use any specialty pharmacy) or closed network (members may only use Bidder's network)?

3052. Please describe your approach to specialty pharmacy. Please focus on the aspects that differentiate your services in the market.

3053. Are members contacted before each specialty fill? If so, is the outbound call made by a representative or an automated call?

3054. What is the average length of time spent with a member prior to the first fill of their specialty medication?

3055. Do you have pharmacists and technicians that are dedicated to serving members with certain disease states?

3056. Please describe any specialty patient assistance programs that are offered. Describe how you can maximize the value of these programs for the member and the plan.

3057. For any specialty patient assistance programs, describe if your programs are income based and/or rebate compliant?

3058. Please describe your strategy (formulary or more broadly), and how you engage your self-insured clients on coverage decisions related to high-cost therapies (e.g., CAR-T, Zolgensma)

3059. Please describe specialty site-of-care programs or initiatives or partnerships.

3060. Please describe solutions available to address rising costs of prescription drugs in the medical benefit?

3061. Please confirm that specialty products shipped in error, damaged in shipment, lost in transit, left by courier without confirmation of receipt and rendered unusable by NDPERS to due negligence or error in delivery process will not be the financial responsibility to NDPERS. How are these types of shipment error reported to NDPERS?

3062. Describe your specialty drug trend forecasting services. For example, how is the specialty drug pipeline monitored and what modeling tools are available to demonstrate the financial impact to the Client?

3063. What percentage of Limited Distribution Drugs commercially available do you have access to?

3064. What is the process for procuring any limited distribution drugs that you currently do not have access to?

3065. Do you have infusion services? Can you arrange for nurses or other assistance on behalf of the member?

3066. Please provide a copy of your proposed specialty drug list including national drug code (NDC), drug name, and formulary tier in excel format. Please include on the specialty drug list, or provide as a separate list, indicators for limited distribution drugs and include a separate indicator if you are an authorized distributor for that product

Formulary

NDPERS formulary has three coverage tiers. Tier 1 includes formulary generic drugs, Tier 2 includes formulary brand drugs, and Tier 3 includes all non-formulary products. Please provide a quote based on your formulary that best aligns with NDPERS current structure.

3067. Please describe your formulary offerings.

3068. Please indicate which formulary is being proposed for NDPERS, and why.

3069. Please provide a copy of your proposed Formulary including NDC, drug name, and formulary tier in excel format

3070. How frequently in your proposed formulary updated?

3071. Does the proposed formulary require compliance with formulary utilization management controls (prior authorization and/or step therapy and/or quantity limits) or are all formulary and clinical utilization management programs an “add on” after the formulary is selected?

3072. Does your formulary include all generics in the lowest cost tier and all brands in the preferred or non-preferred tiers or does your proposed formulary tier brand and generic products according to different criteria?

3073. Please discuss your position regarding "lowest net cost" as it relates to your formulary strategy and your flexibility in facilitating a “lowest net cost” strategy for clients.

3074. Does your proposed formulary exclude drug products that are high-cost with low clinical value (e.g. combination products where the combined products could be bought separately for a fraction of the cost)?

3075. Do you have controls or procedures to manage drugs that rapidly increase in price? Please describe how you monitor drug price inflation and the options that plan sponsors may have to mitigate this risk.

3076. Will you agree to maintain one comprehensive Maximum Allowable Cost (MAC) list for NDPERS at retail and mail throughout the term of the contract?

3077. Will you agree to utilize the lowest price MAC list compared to any other PBM maintained MAC list for NDPERS?

3078. Please confirm you will provide a copy of the MAC list, including NDC and drug prices upon request.

3079. If desired, could you grandfather existing members for a select period of time (1-3 fills, 1 year, indefinitely)?

3080. Please describe any minimum formulary or plan design requirements for NDPERS to participate in rebate payments.

Account Management

3081. Do you propose a designated or dedicated account team for NDPERS?

3082. Provide an organizational chart for the NDPERS account management group and reporting structure to your management team.

3083. Will you agree to let NDPERS switch account team members if NDPERS is dissatisfied with service or fit?

3084. Describe the role of each proposed account team member and include a resume for each. Please include, at minimum, tenure at your company, years of experience, and office location.

3085. Will NDPERS have an executive sponsor? What role with the Executive Sponsor play during the contract term?

3086. What is your account team turnover rate (%)?

3087. What commitments will you make to ensure the consistency of the account team members you have proposed for NDPERS?

3088. 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.

3089. Please indicate your 2021 client retention rate

Data Analytics and Management Reporting

3090. Describe data analytic and reporting capabilities currently available.

3091. Is there an extra charge for data analytic services? If so, what are the charges?

3092. What are your market differentiators regarding analytic capabilities and outcomes?

3093. Please confirm that you will provide a monthly prescription drug file feed, at no cost, to a PERS specified vendor to integrate with medical claims and laboratory data.

3094. If requested, please confirm you will provide complete pharmacy claims data to other authorized third-parties at no cost.

3095. What data types can you currently take-in and integrate for analytic purposes (e.g., Rx claims, lab data, medical data, behavioral data)?

3096. How do you notify/advise clients of new drugs in the pipeline and potential budget impact as well as benefit design implications?

3097. Describe what applications used to deliver results (e.g., dash board web-based reporting)

3098. What is your ability to provide web-based reporting? Does the user have the ability to create custom queries, drill-downs, etc.?

3099. Do you provide on-line training for web-based reporting? Please describe.

3100. How do you communicate drug recalls and warning notifications?

3101. What is your ability to provide customized and/or ad-hoc reporting and associated fees, if any?

3102. What is your ability to generate prior authorization (PA) reports that define denied and approved PAs, percentage of total requests approved, turnaround times and costs by product, group, region?

3103. Describe or provide samples of standard reports around cost and utilization for the plan and its customers.

3104. Include sample copies of available reports.

Customer Service

3105. What is the location of your call center(s)?

3106. What call center(s) would be responsible for servicing NDPERS members?

3107. Describe your use of Interactive Voice Response (IVR).

3108. Will you have a dedicated phone number for NDPERS?

3109. Is your pharmacy call center available to members 24/7/365?

3110. Is a pharmacist available to members 24/7/365?

3111. Can a member leave a message at the member service line after hours? If so, what is the protocol for responding to this message?

3112. What is your first call resolution rate in the pharmacy call center?

3113. Do you have the capability to record 100% of the calls?

3114. Does your call monitoring application also provide for monitoring of screen navigation as well as call recording?

3115. Does your customer service inquiry system allow representatives to record comments so other customer service representatives can view previous notes to assist members?

3116. Describe in detail the training and qualifications of your customer service representatives (CSR). How will they be trained and educated on NDPERS specifics and new initiatives?

3117. Describe the system used to monitor the average speed of answer and abandonment rates. Describe in detail your time range standards. How often will this information be shared with NDPERS? Provide a sample report.

3118. Describe the level and frequency of customer service reporting you would provide NDPERS.

3119. How do you define / track member complaints and/or grievances?

3120. How do you report the complaints and grievances?

a. What are your turnaround times? Describe your workflow process.

b. How are complaints/grievances tracked by reason code?

c. Do you maintain a complaint log? Describe your complaint resolution process.

3121. Do you have an executive level complaint department? Describe the process from intake to resolution.

3122. Do you track Net Promoter Score (NPS)? If so, please provide the most recent NPS and describe if it applies to specific business segments (e.g. customer service).

3123. Describe your professional services departments for pharmacist inquiries.

a. Include company hours and days of operation, staffing and communications.

b. Where are these departments located?

c. Are these hours different than the retail pharmacy help desk? If so, what are the hours?

3124. Describe the qualifications and experience of the staff who handle Prior Authorization (PA) requests.

3125. Please describe your member website and member portal.

a. Can your website provide NDPERS specific plan information?

b. Does your website offer a pharmacy locator? Does the site offer information on retail stores that are open 24 hours/day?

c. Can members see their prescription drug claim history on the website?

d. Describe the web-enabled pricing comparison tools available to your members. Will the pricing tool account for NDPERS plan design?

e. Does your web-enabled pricing comparison tool provide pricing detail by pharmacy?

3126. Describe the staff and experience level of individuals who respond to member inquires received via email. What turnaround times and quality rates do you guarantee for email responses?

3127. How would you propose to handle email inquiries regarding pharmacy issues received via NDPERS's website?

3128. Does your mobile app and/or mobile enabled website include the following:

a. Formulary information

b. Network pharmacy lookup

c. Plan design information

d. Member ID card

e. Claims history

f. Family claims history

g. Drug price lookup by pharmacy

3129. Provide samples of communication material and welcome packets.

3130. What non-English language customer service staff or programs are available to assist NDPERS members?

3131. How will you assist with notifying members when the formulary status of medication has changed?

3132. Describe the appeal process. Provide materials used for member, physician, and pharmacy notification and provide your workflow process including turnaround times. How do you manage the process differently for states with unique requirements?

3133. Describe how written inquiries are handled.

Retail Pharmacy Network

3134. Please describe your retail pharmacy network strategy and how it is differentiated from other competitors.

3135. List the name of your proposed network and the number of retail pharmacies that participate in North Dakota and nationally.

3136. Based on the member zip data in Exhibit E9, please submit a Geo-Access analysis.

3137. Please describe your credentialing process including the process for removing pharmacies from the network. How often is credentialing/re-credentialing undertaken?

3138. Describe your 90-day retail network (including % of ND pharmacies in-network) and potential cost savings to NDPERS.

3139. Does your retail network contracting recognize some of the unique challenges of largely rural state? If so how?

Mail Service

3140. How many mail service pharmacies do you operate?

3141. Where are your mail pharmacies located? Which mail service pharmacy would primarily service the NDPERS account?

3142. Are your mail service pharmacies owned or subcontracted?

3143. Do you have a program at the mail facility to align and bundle shipment for members with more than one prescription?

3144. How do you assure patient consent to send an order prior to shipping?

3145. Are there any items/medications you do not ship (e.g. controlled substances)?

3146. What company or companies do you have shipping contracts with for the mail service?

3147. Can members track their mail order prescription?

3148. Can you deliver mail or specialty medications to the member's location of choice (e.g. home address, office, doctor's office, hospital, pharmacy, neighbor's address)?

3149. How long will you hold a prescription that requires an intervention before returning, filling, or calling members?

3150. Do you retain member credit cards? If so, what security measure do you employ to protect this information?

3151. Is payment required before orders are shipped? If no, what is the maximum outstanding balance owed before you hold orders?

3152. Do you provide Durable Medical Equipment (DME) items through the mail pharmacy?

3153. Are you willing to agree that medications shipped in error, damaged in shipment, lost in transit, left by courier without confirmation of receipt when requested, and rendered unusable by NDPERS due to negligence or error in delivery process will not be the financial burden to NDPERS or our patients? How are these types of shipping errors reported to NDPERS?

Implementation

3154. How long is the recommended timeline for a successful implementation? Please provide a proposed implementation plan – include resource requirement, tools, timelines, etc.

3155. Who will comprise your dedicated implementation team and what roles will they serve?

3156. Who has the ultimate responsibility for issues that occur during implementation?

3157. Does the account management team participate in the implementation?

3158. Please define in detail your expectations of NDPERS (deliverables, resource access, etc.) to support and facilitate the implementation process.

3159. Please describe your preferred banking arrangement and flexibility to accommodate alternative arrangements.

3160. If you are provided with prior pharmacy claims history, will you load open prior authorizations files, specialty pharmacy claims histories, open mail order refills, and accumulator files? If yes, explain the recommended process to follow and data specifications for transfer of data.

3161. Will you agree to provide 24 months of complete claims data, open prior authorization files, and open mail order refill files to NDPERS upon the termination of the agreement/ contract?

3162. Please describe how you manage the transition process from the incumbent for members on specialty medications to mitigate disruption?

3163. Please describe how prior authorizations, mail order prescriptions not yet delivered, would be managed when transitioning pharmacy vendors?

3164. Please describe the formulary and benefit design accuracy testing processes that occur during implementation? After implementation? How are issues found and handled?

3165. If an error occurs in coding of the plan design or clinical edits during implementation, what is your typical turnaround time to resolve the issue?

3166. What type of training will you provide during implementation on your systems and reporting tools? Will the training be provided on-site at NDPERS's location if desired?

3167. What is the typically the biggest implementation challenge facing you given the size and scope of our business?

Eligibility

3168. What is your process when a request is received for prescriptions from someone who is not eligible, or shown as terminated from the plan?

3169. Do you have any restrictions to the eligibility file layouts that you can support?

3170. What happens if a record on file is rejected via the load process? What is the process to reconcile a file load? How quickly is the report/reconciliation regarding the file load returned to the Plan?

3171. What system edits and processes do you have in place to ensure that an incorrectly submitted NDPERS file does not have a significant impact to eligibility? Please describe these processes and systemic edits with specific examples of what they prevent.

3172. Will NDPERS be able to make online eligibility changes real time? Describe the internal and external systems security measures in place. Describe any charges for this access.

3173. If members are added online, how does the eligibility file process against that member if the data is not the same?

3174. How much time is required to produce ID cards after receipt of clean eligibility data?

Claims Processing/Adjudication

3175. Describe your ability to integrate accumulators between medical and prescription drug either on an integrated or “carve-out” basis.

3176. How often can accumulators be exchanged/updated for members that elect the high-deductible health plan?

3177. How are member out-of-pocket accumulators reconciled to validate that the limits are not exceeded?

3178. If errors are identified in pricing or claims processing, how will NDPERS and its members be notified? How quickly will underpayments or overpayments be reconciled?

3179. What is your process for handling disputed claims?

3180. What is your system hierarchy (client, group, individual)?

3181. Do you measure claim financial accuracy and claim procedural accuracy separately? What are your standards for each?

3182. Please describe your procedures for paying delayed claim interest. Is the process entirely automated? If not, please describe any manual intervention. Also, please describe your procedures for keeping current regarding state delayed claim interest regulations and federal prompt pay legislation.

3183. Direct Member Reimbursements (DMR):

a. How do you handle receipt of a form that is incomplete or not in the required format?

b. What is your turnaround time for paying manual claims? Define how this is measured.

3184. Can you administer coordination of benefits at the point of sale? If client supplied indicators are required, please describe the requirements.

3185. What quality assurance measures are taken to ensure that the federal and/or state laws for member submitted claim turnaround times are adhered to? What is the frequency of validation that all laws are being adhered to?

3186. Audit services:

c. What audit functionality exists to ensure that claims are being paid accurately? Include both prospective and retrospective programs that focus on overpayments (inappropriately paid claims), fraud, waste and abuse.

d. How often do you audit the accuracy of plan pricing and overall adjudication accuracy? Please describe this process.

e. What is the average drug cost savings achieved as a result of an audit?

f. NDPERS requires an unrestricted right regarding the selection of an auditor (no Bidder input or sign-off) to perform its audit functions of the Bidder, pharmacy or downstream contractors. Please note any issues or concerns that the Bidder may have with this requirement.

g. Once claims are archived, what is the retrieval timeframe if needed for an audit?

3187. How long is claims data stored in the system before it is archived?

3188. Provide samples of your explanation of benefits (EOB) and claims forms.

3189. Provide a copy of your most recent SSAE 18 results.

Information Technology

3190. 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.

3191. Are there any major system enhancements or conversions planned or being considered within the next 24 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?

3192. 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.).

3193. List the number of times and duration claims processing system experienced unscheduled down-time over the past twelve months. Have customer commitments been missed? Do Service Level Agreements (SLAs) exist and can you provide copies of the SLAs and recent results?

3194. What additional third-party systems does your system interface with (e.g., medical claims processing systems, phone systems, etc.)?

3195. Have you had any security breaches involving electronic protected health information 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.

3196. Describe your practices for prevention of identity theft and compliance with any applicable legal requirements, including FTC Red Flag Rules, to the extent applicable. Are customers / businesses notified if a breach occurs? What are the internal/external processes for managing a breach?

Financial

NOTE: Submit your pricing proposal separately from that of your technical proposal using Appendix D.

3197. Based on clients in your book-of-business that have had your proposed formulary in place, please provide the average drug trend in 2019, 2020, and 2021 gross and net of rebates?

3198. Please describe your ability to implement pricing terms based on National Average Drug Acquisition Cost (NADAC) or other alternatives to AWP. Please describe how other pricing benchmarks could be implemented by NDPERS.

3199. How will newly introduced specialty drugs be included in the specialty drug discount guarantee? Will new specialty products automatically default to a minimum discount in the therapeutic class?

3200. Based on your book-of-business, what percentage of prescriptions adjudicate at U&C price?

3201. Based on your book-of-business, what percentage of generic prescriptions adjudicate at MAC price?

3202. How often are MAC prices updated?

3203. Once a generic comes to market, how long does it take to add it to the MAC price list?

3204. Please describe if you own or participate in a Group Purchasing Organization (GPO) for rebates.

3205. Please describe your typical manufacturer revenue payment schedule (e.g. 90 days after the end of the quarter).

3206. How are rebates paid? Paid by crediting NDPERS account or payment is issued by check?

3207. Please describe your manufacturer revenue reconciliation process and timing against manufacturer contracts to confirm accurate payment to NDPERS.

3208. Under a pass-through contract, will you agree to a full pass-through for all manufacturer revenue derived by NDPERS specific utilization, with full audit rights to manufacturer contracts, rebate payments, and administrative fees?

3209. Please list any fees or payments that are paid to, or retained by, the rebate aggregator or GPO as compensation for collecting and remitting rebates.

3210. Under a pass-through contract, will you agree to quarterly reports that indicate the dollar volume of manufacturer revenue collected at the NDC level?

3211. How often are rebate contracts renegotiated?

3212. Do you have any inflation protection contracts in place today? If so, under a pass-through contract, do you agree to include any revenue resulting from inflation protection contracts back to NDPERS?

3213. Do you have any value-based rebate contracts in place today? If so, what mechanisms are in place to govern value-based payments?

3214. In a pass-through contract, please confirm that manufacturer revenue collected as a result of utilization from biosimilars or limited distribution drugs will be paid to NDPERS.

3215. Please confirm if you are willing to act as a fiduciary in the administration of this prescription drug plan.

3216. Please confirm your proposal is based on the plan design included with this RFP and the proposal parameters

3217. Please confirm your proposal does not require any plan design changes to qualify for the terms in your offer (e.g., specific differential between preferred and non-preferred brands to qualify for rebates, etc.)

3218. Please confirm you will use Medi-Span as the sole source of Average Wholesale Price (AWP) (excepting a change in the industry that would require a change)

3219. Please confirm that AWP will be defined as Medi-Span's unit price for the 11-digit national drug code (NDC) of the product dispensed on the date-of-service for the quantity dispensed.

3220. Please confirm "Generic Drug" will be defined according to Medi-Span classification (Medi-Span Multisource Code field is a "Y" indicator)

3221. Please confirm "Brand Drug" will be defined according to Medi-Span classification (Medi-Span Multisource Code field is a "M", "N", or "O" indicator)

3222. Please confirm Usual and customary (U&C) will be defined as: the retail price at a retail pharmacy on the date the drug is dispensed based on the NDC-11 dispensed

3223. Please confirm that once a drug product is defined as "Generic" or "Brand" at adjudication, it will remain classified as such for purposes of all financial measurements including AWP discounts, manufacturer revenue reporting and payment, management reporting and guarantee reconciliation.

3224. Please confirm that manufacturer derived revenue will be defined as all revenue received from pharmaceutical manufacturers, whether from the manufacturer directly, rebate aggregator, or other third party and will include all monies received as a result of the formulary utilization which includes but is not limited to rebates, manufacturer administration fees, inflation or price protection payments, and pro rata share of monies received for services provided to manufacturers that depends on the inclusion of NDPERS's claim utilization or data.

3225. Please confirm 100% of revenue earned from manufacturers will be passed through to NDPERS, which includes but is not limited to rebates, manufacturer administration fees, inflation or price protection payments, and pro rata share of monies received for services provided to manufacturers that depends on the inclusion of NDPERS' claim utilization or data.

3226. Please confirm member cost share will always be the lowest of the U&C, MAC, AWP discount, or member cost share.

3227. Please confirm that OTC exclusions (to the extent applicable) are not applicable to insulin or diabetic supplies (such as test strips)

3228. Please confirm that any coupons used by members will be excluded from ingredient cost calculation.

3229. Please confirm guarantees will include "Zero Balance Due" (100% member paid) claims at the ingredient cost prior to application of the member cost share and shall not be counted as AWP-100%.

3230. Please confirm that guarantees will exclude all claims that adjudicate at U&C.

3231. Please confirm there is no dispensing fee assessed for U&C claims.

3232. Please confirm that discount guarantees are not subject to aggregate day supply minimums and will be reconciled according to distribution channel.

3233. Please confirm that rebate guarantees are not subject to aggregate day supply minimums and will be reconciled according to distribution channel.

3234. Please confirm your proposal includes both a specialty drug list drug-by-drug discounts and an overall effective specialty discount guarantee.

3235. Please confirm that no DAW penalties will be included in discount reconciliation.

3236. Please confirm that your manufacturer derived revenue guarantees account for known patent expirations and the proposed guarantees will not be modified on the basis of patent expirations that can be reasonably known at the time of this proposal.

3237. Please confirm there are no minimum “claim floors” or amount due (at retail, mail, or specialty)

3238. Please confirm that postage increases will not be passed on to NDPERS.

3239. Please describe any requirements, terms, exclusions, or other caveats related to your manufacturer revenue guarantee.

3240. Please confirm manufacturer revenue will not include any funds collected through patient assistance programs.

3241. Please confirm generic discount guarantees are inclusive of MAC and Non-MAC discounts.

3242. Please confirm that New to Market drugs and/or Exclusive or Limited Distribution Drugs will be included in the specialty drug list with a specific discount guarantee within 30 days of becoming a covered product on the formulary and will not be excluded from pricing guarantees or restricted to a default discount for the duration of the contract.

3243. Please confirm that dispensing fees are assessed on paid claims only and not reversed or rejected claims.

3244. Please confirm that if changes are made to the safe harbor provision governing rebates is eliminated, or if other regulatory changes are implemented that impact the payment of manufacturer revenue to the plan sponsor, the contract resulting from this RFP may be re-opened.

3245. Please confirm the proposed discounts, dispensing fees, and manufacturer revenue are guaranteed by distinct component within the retail, mail, and specialty distribution channels such

that a guarantee surplus in one guarantee component is not offset by a shortfall in another guarantee component.

3246. Please confirm that any shortfall determined during guarantee reconciliation will be paid to NDPERS on a dollar-for-dollar basis with no maximum limit of liability

3247. Please confirm that pricing guarantee reconciliation will take place within 90 days of the close of the contract year (including discounts, dispensing fees, admin fees (as applicable)), as well as a preliminary analysis of manufacturer revenue paid compared to guarantees with a full reconciliation of manufacturer revenue after all manufacturer revenue has been collected and remitted from the manufacturers (no later than 270 days after the end of the contract year))

3248. Please provide a copy of your audit language.

Regulatory / Compliance

3249. 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?

3250. 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?

3251. Confirm you are fully-licensed or registered as a PBM, utilization review company or third party administrator in North Dakota. Please provide a copy of the procedures you used to assure compliance with Federal and North Dakota State regulatory, government contracting and quasi-regulatory (e.g., NCQA, URAC) requirements, including, but not limited to, pharmacy auditing, contracting and credentialing.

3252. Provide a summary of any state department of insurance, state attorney general, state pharmacy board, 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 PBM 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.

3253. 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, State Pharmacy Board, 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.

3254. 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?

3255. How are you supporting IRSB-Notice requirements? Do you have the ability to perform back-up withholdings on flagged providers?

3256. Is the process you use for late claim interest/penalties automated or manual? Please explain.

3257. 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.

3258. Please provide a copy of your most recent SOC2 report

3259. Describe any significant failures over the past three years in your compliance program effectiveness, including regulatory violations, affecting PBM related operations.

3260. 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 Compliance monitoring and oversight policies and procedures;

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

Confidentiality

3261. 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?

3262. 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?

3263. 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.

3264. Identify your designated Privacy & Security Officers and describe their qualifications.\

3265. Please confirm you will comply with NDCC 54-52.1-11 & 54-52.1-12.

Lawsuits/Claims

3266. 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?

3267. Does any of this litigation involve: (i) multiple plaintiffs or a class of plaintiffs; (ii) any allegation of (A) criminal wrongdoing (including any RICO claim), (B) violation of securities, antitrust or environmental statuses; (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?

3268. 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)?

3269. Are you a party to any pending arbitration or mediation proceeding? If so, what is the nature and status?

Related Party Issues

3270. 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 pharmacy or PBM operations.

Discussion of Information Used to Manage Business

3271. Describe the capabilities of your financial reporting systems.

3272. Describe what information is available and how timely the information becomes available with regard to revenues, medical costs, and overhead.

3273. Describe how your profitability is tracked by product segment, by market and by customer.

3274. Describe how often financial closing are performed and how long it takes to get final results.

Controls / Compliance

3275. Describe your internal accounting controls and how the internal controls are monitored.

3276. Describe the structure of your Internal Audit function.

3277. Indicate whether internal/external audits have revealed any significant internal control deficiencies or weaknesses or other issues in the past three years.

3278. 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.

North Dakota
Public Employees Retirement System
1600 East Century Avenue, Suite 2 ● PO Box 1657
Bismarck, North Dakota 58502-1657

Scott A. Miller
Executive Director
(701) 328-3900
1-800-803-7377

Fax (701) 328-3920 Email ndpers-info@nd.gov Website www.ndpers.nd.gov

Memorandum

TO: NDPERS Board

FROM: Rebecca

DATE: May 17, 2022

SUBJECT: Dental Insurance Plan Contract Amendment

At the March meeting, the Board approved the contract renewal for the NDPERS group dental insurance plan with Delta Dental. The renewal was approved for the January 1, 2023 through December 31, 2024 contract period. Attachment 1 is the contract amendment drafted by NDPERS legal staff and approved by representatives from Delta Dental.

Board Action Requested

Approve the contract amendment for the NDPERS group dental insurance plan for the January 1, 2023 through December 31, 2024 contract period.

Attachment 1

Second Amendment to Agreement for Services

This Second Amendment to Agreement for Services is between the State of North Dakota, acting through its North Dakota Public Employees Retirement System (NDPERS), and Delta Dental (CONTRACTOR).

NDPERS and CONTRACTOR entered into an Agreement for Services (Agreement), the term of which is January 1, 2019, until December 31, 2020. The Agreement provides NDPERS may renew the Agreement for up to two option periods. The parties have exercised their first renewal option.

In its letter to NDPERS dated February 18, 2022, incorporated into this Amendment as Attachment 1, CONTRACTOR provided renewal rates for the second option period, which is from January 1, 2023, until December 31, 2024. The NDPERS Board reviewed the renewal rates, considered the matter, and passed a motion to renew the Agreement for the second option period.

NDPERS and CONTRACTOR therefore agree as follows:

1) Term. Pursuant to Paragraph 2, Option 2 of the Agreement, the parties renew the Agreement for two years. The amended termination date is December 31, 2024.

2) Fees. NDPERS shall pay only pursuant to the amended terms in Attachment 1.

3) All other terms of the Agreement remain in effect.

This Second Amendment to Agreement for Services is effective, on the date of the most recent signature, when executed by both Parties.

Delta Dental	State of North Dakota through its Public Employee Retirement System
Signature: DocuSigned by: Tamera Robinson 58F740F2C9D1412...	Signature:
Printed: Tamera Robinson	Printed:
Title: EVP	Title:
Date: 4/21/2022	Date:

Attachment 1

Delta Dental of Minnesota

February 18, 2022

Scott Miller
North Dakota Public Employees Retirement System
400 E. Bdwy
Suite 505
Bismarck, ND 58501

RE: Dental Plan Contract Renewal
Renewal Period: January 1, 2023 - December 31, 2024, Client Number: 537482

Dear Scott Miller,

Thank you for choosing Delta Dental of Minnesota. We are pleased to be your partner in your employees' wellness. As the nation's leading dental benefits provider, we know that good oral health is crucial to overall health. North Dakota Public Employees Retirement System's contract is scheduled to renew on January 1, 2023. We have completed a comprehensive review of your dental plan premiums and are pleased to offer your contract renewal with the rates below.

Rates per subscriber per month	Current Rate(s) January 1, 2021 through December 31, 2022	Renewal Rate(s) January 1, 2023 through December 31, 2024
Subscriber only	$39.80	$41.00
Subscriber and spouse	$76.82	$79.12
Subscriber and child(ren)	$89.18	$91.86
Subscriber, spouse and child(ren)	$127.00	$130.82

We consider your payment of the new rates as consent to renew your Delta Dental contract. Renewal of your contract is based on the assumption that your group continues to meet Delta Dental's underwriting guidelines. No action is required from you at this time unless you wish to change or cancel your coverage. Please contact us if you would like to make any changes to your plan designs and we can provide a comprehensive analysis of how any changes would affect your premiums.

Delta Dental appreciates your ongoing business and we look forward to continuing our commitment to excellent service and quality dental benefits for you and your employees. If you have any questions, please contact your Delta Dental Representative, Sean Anderson, at (612) 224-3523, sanderson@deltadentalmn.org.

Sincerely,

Andrea Allred
Vice President, Account Management and Client Services

Stephanie A. Albert
Assistant Secretary

Corporate Address
Delta Dental of Minnesota
500 Washington South Avenue
Suite 2060
Minneapolis, MN 55415-1163

Telephone: 612-224-3300
Toll Free: 1-877-268-3384
DeltaDentalMN.org

DELTA DENTAL

RENEWAL CALCULATION
24 MONTH CONTRACT

Group Name	North Dakota Public Employees Retirement System		
Group Number	537482		
Renewal Period:	January 1, 2023	through	December 31, 2024
Experience Period:	January 1, 2021	through	December 31, 2021

Earned Premium		$11,404,762
Incurred Claims		$10,449,409
Estimated Unpaid Claim Liability*:		$49,933
* EUCL has already been added to the incurred claim total		
Average Experience Period Enrollment:	Employee	4,884
	Ee + Sp	3,383
	Ee + Ch (n)	1,045
	Family	3,173
	Total	12,485
Trend Factor:		3.77%
Trend is calculated from the mid-point of the experience period to the midpoint of the renewal period.		
Current Corporate Trend:		6.00%
Benefit Adjustment Factor (BAF):		0.00%
BAF is needed if any benefit changes are proposed for the upcoming contract period.		
Projected Incurred Claims:		$10,843,351
Needed Increase:		8.30%
Proposed Increase:		3.00%

Rates:	Current	Renewal
Employee	$39.80	$41.00
Employee+Sp	$76.82	$79.12
Employee+Ch(n)	$89.18	$91.86
Family	$127.00	$130.82

A 3% rate cap applies to the renewal period 1/1/2023 through 12/31/2024.

Delta Dental reserves the right to re-evaluate the rates/fees and restrict funding options if during the contract period:
**** the number of enrolled employees deviates from the above enrollment by 10% or more***
**** any changes are made to the plan design, contractual benefits or networks that are utilized***

This renewal is valid only if the contract is issued in the state of North Dakota.

91.62% Experience Loss Ratio
90.72% Target Loss Ratio
N/A Broker Commission

jcd
2/15/22

Note: Our rates include all applicable taxes and fees.

North Dakota
Public Employees Retirement System
1600 East Century Avenue, Suite 2 ● PO Box 1657
Bismarck, North Dakota 58502-1657

Scott A. Miller
Executive Director
(701) 328-3900
1-800-803-7377

Fax (701) 328-3920 Email ndpers-info@nd.gov Website www.ndpers.nd.gov

Memorandum

TO: NDPERS Board

FROM: Rebecca

DATE: May 17, 2022

SUBJECT: Medicare Part D Plan 2023 Preliminary Premium

Per the terms of the contract with Humana for the Employer Group Waiver Plan (EGWP), referred to as the Medicare Part D product, we have received a preliminary projection for the 2023 premium.

As part of the bid process conducted in 2021 for the Medicare Part D Plan, Humana guaranteed a 2023 premium cap of no higher than $73.30 per month, which is a 9.7% increase over the current 2022 premium of $66.72 per month. You may recall that the bid by Humana that was accepted by the Board resulted in a 25.3% reduction from the 2021 premium ($89.32 per month) for the plan through Express Scripts, Incorporated (ESI). Humana's preliminary projection for the 2023 premium is $69.72 per month, which is lower than the premium cap that was part of the bid response. The information provided by Humana as part of their preliminary projection is provided in the Attachment.

The normal process for renewal is that Humana will finalize the premium for the upcoming plan year after the Center for Medicaid and Medicare Services (CMS) releases the federal subsidy level for Part D plans. This occurs in late July each year. Humana then determines if they need to adjust premiums accordingly based on the subsidy amount and the experience of the plan. Per the terms of the contract, Humana must provide the final premium for the Board's consideration by August 15.

Based upon the premium projection supplied by Humana for the 2023 calendar year, the overall ease of administration of the product for NDPERS processes, the minimal disruption that was experienced by our members through the transition from ESI to Humana, and the responsiveness of Humana when questions regarding NDPERS processes or members have been raised, staff recommend that the Board defer a decision on whether to bid the Medicare Part D Plan in order to consider the final renewal premium offered by Humana in

August. Should the Board approve, staff will continue to review the information provided by Humana to confirm consistent plan design to the current plan year and will also review the revised Performance Guarantees provided by Humana for 2023. If staff have questions, we will work with Humana to have these resolved prior to the final decision by the Board in August.

If in August the final renewal premium exceeds the projected premium and is a rate that the Board does not wish to renew, then staff will have the final Medicare Part D RFP prepared for the August Board meeting so that it can be approved for immediate release.

If the Board does not agree to the staff recommendation, then staff will move forward with finalizing the draft RFP so that it can be approved by the Board at the June meeting and released shortly thereafter.

Board Action Requested:

Provide direction on whether to defer a bid for the Medicare Part D Plan until after Humana provides its final renewal premium in August 2022.

Attachment

6300 S Syracuse Way, Suite 555
Centennial, CO 80111

T 720-252-7728

E jbodenski@humana.com

April 29, 2022

North Dakota Public Employees Retirement System
Rebecca Fricke, Chief Benefits Officer
Scott Miller, Executive Director
1600 E Century Ave, Suite 2
Bismarck, ND 58503

RE: Humana 2023 Group Medicare Part D Prescription Drug Plan Renewal for North Dakota Public Employees Retirement System

Dear Rebecca and Scott:

On behalf of Humana, I am pleased to submit the 2023 Group Medicare Part D Prescription Drug Plan (PDP) renewal for North Dakota Public Employees Retirement System (NDPERS). Humana has over 30 years of experience working with Medicare and it means much to be in our first year of working with NDPERS. We are especially proud of our strong reputation for providing excellent customer service to our Group Medicare clients and helping them preserve benefits while containing costs. We are excited to continue our relationship with NDPERS and look forward to providing outstanding service and support to NPDERS and its retirees in 2023.

A Trusted Partnership
When organizations choose a Group Medicare Advantage plan partner for their retirees, we know they want a carrier with a strong team of people who are knowledgeable, innovative, easy to work with and highly responsive. That is the type of partnership Humana provides to our Group Medicare clients and will continue to provide to NDPERS and your retirees.

We believe the qualities below are the foundation for the trust and highly productive partnerships we have built with our Group Medicare clients and retirees and are some of the components that comprise the Humana difference:

- **Retiree and Employer Experience:** One of Humana's key enterprise initiatives continues to be providing a "Perfect Experience" for our members and clients. A critical factor for success is understanding the unique needs of the Medicare-eligible population and being equipped to provide the necessary support when administrating their benefits. To ensure this, Humana has a dedicated Group Medicare Operations team that services only our Group Medicare clients and their retirees. This team, together with our account management team, provides support to the retirees and NDPERS. NDPERS will continue to have a designated account installation manager who oversees the operational aspects of the plan. Retirees have a toll-free number to ask questions and receive direct support from Humana. The Customer Care specialists for NDPERS are a team specialized in Group Medicare and are primarily located in Louisville, Kentucky. An additional layer of support we provide is a designated account concierge specialist (ACS) for NDPERS. The ACS is available to address routine questions from NDPERS, and gives us the ability to respond quickly and effectively to issues

that require special attention or handling. Having these additional resources enables us to expedite answering any questions that may arise.

- **Long-term sustainability:** Humana uses several methods to appropriately mitigate the cost of care while improving the well-being of retirees. These include early identification tools (predictive modeling, health assessments), clinical integration and guidance (outreach to members, alerts to providers, clinical and disease management programs), health and wellness programs, preventive screening reminders, efficient hospital and provider contracting, as well as a number of claims cost management programs (audits, billing review software, fraud detection, etc.). While a number of these tools apply MA plan members, this provides an overview of what goes into these methods to provide NDPERS and your retirees with the stability to ensure long-term sustainability.
- **Expertise, Quality, and Choice:** As our track record proves, quality is inherent in Humana's Medicare plans. Humana is committed to helping our members achieve lifelong well-being, a goal achieved through a variety of resources. In addition, we are continually enhancing our standard care management programs, wellness tools and resources, and supplemental benefits to offer the best member experience. Humana is dedicated to supporting members with clinical programs, through our Care Management program. This program provides vital guidance and service to thousands of our sickest members, helping them achieve their best health while remaining independent at home. Humana provides vital guidance and service to thousands of our sickest and most costly members, helping them with drug safety, effectiveness and cost savings through our Medication Therapy Management program. We remain committed to all the retirees we serve and we aim to ensure Humana remains a premium choice for high quality, value and efficient Medicare coverage.
- **Provider partnership:** Humana believes it is also important to engage and collaborate with pharmacies and providers across the communities we serve. In support of our goal of an integrated care delivery model, we continue to work with providers to move away from the more traditional fee-for-service (FFS) reimbursement methodology towards a deeper partnership rooted in value-based arrangements that reward better health outcomes.
- **Our Track Record:** We are proud to be among the oldest and largest companies continuously operating private Medicare plans. This experience provides Humana with a long and successful track record of being able to understand the nuances of retiree benefits, provide retirees with a positive experience, and simultaneously provide the necessary support for clients. Throughout the year, we aim to create meaningful and impactful connections with members, while also valuing the client's level of interaction they desire from Humana.

Medicare Part D Prescription Drug Plan Renewal

Humana is pleased to provide a high-level summary of the 2023 renewal. The 2023 renewal includes the following information:

- Renewal Exhibit – with required rate development per the 2023 Contract, Section 4.2, Renewals
- 2023 Rate Sheet with plan highlights
- 2023 Product Design Exhibit with plan details
- 2023 Performance Guarantee Agreement

Rating Factors

In developing the Medicare Part D Prescription Drug Plan 2023 renewal, several factors will be influencing the rate:

- Claims experience
- CMS reimbursements
- Pharmacy trends
- Plan change adjustments
- Enrollment demographics

Based on the factors above, **the 2023 premium is $69.72 PMPM, a** premium change of $3.00 PMPM from the 2022 rate of $66.72 PMPM and within the Not-to-Exceed Rate Guarantee of $73.20 PMPM.

Benefit and Plan Updates for 2023
Every year there are updates and changes that CMS directs carriers to follow.

For 2023, CMS has updated the Part D Standard cost share limits. Humana tracks the drug phases as a CMS requirement; which also affects reimbursement, and the applicable limits are applied to the NDPERS Plan for 2023.

Stage	2022	2023
Deductible	$480	$505
Initial Coverage Limit (ICL)	$4,430	$4,660
TrOOP	$7,050	$7,400
Catastrophic	Greater of $3.95 (Generics), $9.85 (Brands), or 5%	Greater of $4.15 (Generics), $10.35 (Brands), or 5%

Value Added Items and Services (VAIS):
- The VAIS discount program is included with the Humana Part D Prescription Drug Plan. Programs can change from year to year, however, at time of delivery there are no VAIS changes proposed for 2023. The VAIS discounts are noted on page 3 of the PDP Plan Design Exhibit enclosed.

Humana places tremendous value on our relationship with the NDPERS. We will continue to explore ways to stabilize costs while providing the value and service that NDPERS and its retirees expect and deserve. We appreciate the trust and confidence you have placed in Humana and look forward to our continued partnership.

Sincerely,

Julie Bodenski
Account Executive
Humana Group Medicare

CC: Stephanie Heller – Director, Account Management

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HUMANA MEDICARE EMPLOYER PDP PLAN

2023 PDP for North Dakota Public Employees Retirement System Plan 037 Option 161

Group Plus Formulary - PDG 49

With Package(s): 2 (Cough/Cold) & 7 (Erectile Dysfunction)

Effective Date: 01/01/2023 - 12/31/2023

30 Day Supplies

PDP Option Number	30 Day Standard Retail from $0 to ICL (1)				30 Day Standard Retail from ICL to Catastrophic (2) "Coverage Gap"				30 Day Standard Retail Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	30 Day Standard Retail Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
PDP 157	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 50% coinsurance of remaining cost share	$25 copayment; 50% coinsurance of remaining cost share	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share	Member pays the greater of $4.15 for generic/preferred multi-source drugs/biosimilars and $10.35 for all other drugs; OR 5% coinsurance	$7,400	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share

PDP Option Number	30 Day Standard Mail Order from $0 to ICL (1)				30 Day Standard Mail Order from ICL to Catastrophic (2) "Coverage Gap"				30 Day Standard Mail Order Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	30 Day Standard Mail Order Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
PDP 157	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 50% coinsurance of remaining cost share	$25 copayment; 50% coinsurance of remaining cost share	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share	Member pays the greater of $4.15 for generic/preferred multi-source drugs/biosimilars and $10.35 for all other drugs; OR 5% coinsurance	$7,400	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.
Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.
Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offered at a higher cost than Tier 2 Preferred Brand drugs.
Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 Day Supplies

PDP Option Number	90 Day Standard Retail (4) from $0 to ICL (1)				90 Day Standard Retail from ICL to Catastrophic (2) "Coverage Gap"				90 Day Standard Retail Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	90 Day Standard Retail Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
PDP 157	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 50% coinsurance of remainnig cost share	N/A	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share	N/A	Member pays the greater of $4.15 for generic/preferred multi-source drugs/biosimilars and $10.35 for all other drugs; OR 5% coinsurance	$7,400	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share	N/A

PDP Option Number	90 Day Standard Mail Order (4) from $0 to ICL (1)				90 Day Standard Mail Order from ICL to Catastrophic (2) "Coverage Gap"				90 Day Standard Mail Order Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	90 Day Standard Mail Order Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
PDP 157	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 50% coinsurance of remaining cost share	N/A	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share	N/A	Member pays the greater of $4.15 for generic/preferred multi-source drugs/biosimilars and $10.35 for all other drugs; OR 5% coinsurance	$7,400	$5 copayment; 15% coinsurance of remaining cost share	$15 copayment; 25% coinsurance of remaining cost share	$25 copayment; 25% coinsurance of remaining cost share	N/A

Footnotes:
1 ICL (Initial Coverage Limit): When total drug cost (the amount the member pays plus the amount Humana pays) reaches $4,660.
2 Catastrophic: When a member's True Out-of-Pocket (TrOOP) cost reaches $7,400.
3 Home Infusion Drugs: After the deductible has been met, these drugs will be covered at the specified cost shares in the Coverage Gap.
4 Retail and Mail Order: The benefit for a 90-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Specialty drugs are limited to a 30-day supply.

Out of Network: Emergency Situations

When a member purchases a drug at an out-of-network pharmacy in an emergency situation:
a. the member will pay the same coinsurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,
b. the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price.

Extra Services

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of the member's Humana membership card. CMS does not permit discussing the below services with potential enrollees prior to enrollment.

• Complementary and Alternative Medicine and Weight Management - Not available in Puerto Rico	Discounts for complementary and alternative medicine services including chiropractic, acupuncture, massage therapy and nutrition. Services must be received from participating designated providers.
• Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico	Discounts on dental services. Services must be received from participating HumanaDental providers.
• Dental Discount (Careington Dental) - Available in Florida only	Discounts on dental services. Services must be received from participating Careington providers.
• Healthy Hearing Discount (HearUSA) - Available in Florida only	Discounts on hearing aids, accessories and hearing assistance products.
• Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico	Discounts on hearing aids. Services must be received at a TruHearing hearing center.
• Lifeline® Medical Alert Systems	Philips Lifeline may help members live independently with a peace of mind. Personal emergency response services connect members to caregivers and emergency services when an incident occurs. Wireless or landline options available.
• Meal Delivery Discount	Discounts on home delivered meals to help support nutritional needs. Purchases may be placed online at MomsMeals.com/welldine or by calling 1.877.347.3438.
• Prescription Medication Discount	Members show their Humana member ID card at participating pharmacies when they buy non-covered prescription medicines to receive any available discounts. Depending on the medicine purchased, quantity limits may apply.
• EyeMed Vision Discount	Discounts from participating EyeMed Vision Care Select network providers on routine vision services such as: Exam, contact lens fitting and follow-up, lenses, frames and laser vision correction. Discounts are taken at point of sale. Discount and funded benefits cannot be utilized within same transaction.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. The formulary and pharmacy network may change at any time. The member will receive notice when necessary. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

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Memorandum

TO: NDPERS Board

FROM: Aime

DATE: May 17, 2022

SUBJECT: Election Board Update

The Election Subcommittee approved extending the nomination petition deadline last week as Scott informed the Board through email.

The changes are reflected in this new timeline:

- May 20: Deadline to submit nomination petitions
- May 26: Election Subcommittee validates the nomination petitions
- May 27: Deadline for a candidate to withdraw from the election
- May 30: Electronic voting begins
- June 10: Electronic voting closes
- June 13: Election subcommittee meets to canvass election results
- June 14: Election results announced during the board meeting

This is informational only.

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Memorandum

TO: NDPERS Board

FROM: Derrick Hohbein

DATE: May 17, 2022

SUBJECT: Budget

On May 5, 2022, Governor Burgum released the budget guidelines for the 2023-2025 biennium. The Governor is trying to create a strategy that will focus on automation, help fix workload concerns, cut red tape on redundant efforts, and is encouraging agencies to go into "tech debt."

Below is the agency appropriation authority for the 2021-2023 biennium:

Line Item	Appropriation	% of Appropriation
Salaries and Wages	$ 7,209,060	71%
Operating Expenses	2,500,736	24%
Capital Assets	257,600	3%
Contingency	250,000	2%

As you can see, 71% of our appropriation is for staff.

Looking into our operating line item for this biennium:

- 63% in IT and shared services related (software, Sagitec, Statewide Cost Allocation)
- 9% is office rent
- 11% is printing and postage
- 3% is dedicated to office repairs (will not be needed beyond this biennium)
- 14% are all other operating categories

The staff is currently unaware of what the allocation of our base budget will look like. Recall that Sagitec offered us a one-time $115,000 discount on our licensing fees for this biennium. At this time that appears to be our biggest concern that we'll need to strategize around.

At the November 2021 Board planning meeting, a number of initiatives were discussed that have budget implications. After receiving the Executive Recommendation, the Staff is seeking confirmation that the Board is still interested in receiving cost proposals on the following initiatives:

1) **Full-Time Equivalent (FTE) Staff.**
    a. One (1.0) Benefits FTE – This FTE would be used as a "Retirement Processing Lead," and would convert a lower level temporary position in this area into a lead role to act as a liaison between support staff and the Retirement Manager. This concept was presented at the Board planning meeting to help our agency promote internal growth and career planning, as well as create a model for a proper succession plan. Currently, we are using temporary staff on a full-time basis, and need this position to maintain levels of current working conditions.

    b. One (1.0) Administrative Services FTE – This FTE would be used as a Receptionist in our agency. We have had to recruit a temporary receptionist now on multiple occasions, and each time this is a challenging position to fill as a temporary employee. We're hopeful that making this a full-time, benefited position will widen the candidate pool and hopefully deliver a skill set that can help alleviate workloads across the agency.

    c. One (1.0) Member Services FTE – This FTE would be used to convert our full-time member services representative into a full-time benefited position. Similar to the Receptionist, this was a difficult position to recruit for as a temporary position. We feel this member services representative is crucial in providing the level of service our increasing membership demands, and we hope that it can help increase the scores our office is receiving on the time it takes for members to get information.

2) **Staff Equity Package.**
    As was discussed during the Board planning meeting, the salaries we offer our employees are grossly below the average salaries other state agencies pay. Our goal is not to compete with the private sector, but our agency is too important to this state to have challenges in recruiting proper staff. Staff plans on analyzing our current C-Ratios with some recent turnover and will bring a recommendation for consideration in June.

3) **Executive Director Equity Package.**
    The Board's Compensation Committee has been meeting regularly to discuss the concerns about the salary of our Executive Director. They have been working on researching similar positions across the country, as well as similar positions within the State. Staff plans to incorporate this subcommittee's recommendation into the proposal the Board will hear in June.

4) **One-Time Funding Request to Continue the Additional Sagitec Developer.**

Last session our agency asked for two additional developers to help us further modernize our business system. The Legislature compromised by giving us one additional developer and asked us to assess where we are going into the next session to see if the additional developer will still be needed.

We also received one-time funding to redesign the work being conducted in our office to a process called Business Process Management (BPM). Fully implementing BPM will be a 3-4 year process, so we feel adding the additional developer for one more biennium to help us continue progressing BPM is essential.

5) **DB Closure Staff.**
If the Legislature moves forward on the plan to close the Main Plan, the administrative efforts in our office will be impacted significantly. The amount of effort will depend on how the Legislature intends to close the plan, and the Staff would prefer to be conservative with the estimate of possible staff we may need to accommodate this change.

Staff will bring forward a recommendation of what we feel is reasonable to request for staffing to the June meeting.

6) **Self-Funded Staffing.**
If the PERS Health Insurance Plan and/or pharmacy benefits were to be awarded on a self-funded basis, the administrative efforts would substantially increase in addition to PERS' accountability for the plan. Today, most of the administrative and financial/operational risk resides with Sanford Health Plan. However, on a self-funded basis that would become the Board's responsibility.

We are unsure what the administrative impact of this award would be on our Agency. We did a survey of surrounding states (South Dakota, Iowa, Montana and Wisconsin responded) to see what they have internally for staff directly responsible for the health insurance plan and they have anywhere from 5 FTE to 20 FTE dedicated to a self-insured product.

Staff will bring forward a recommendation of what we feel will be needed to the June meeting in the event the contract is awarded on a self-funded basis.

Staff is also seeking input if there are other initiatives that the Board would like to hear cost proposals on that were not discussed during the Board planning meeting.

2021-2023 Budget Update

We currently do not anticipate the need to transfer any other contingency funds unless there are unforeseen initiatives, retirements, or mandates over the next year.

Board Action Requested:
The staff is seeking guidance on the above initiatives. Based on that guidance, we will develop a specific budget proposal for your final consideration at the June Board meeting.

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Memorandum

TO: NDPERS Board

FROM: Scott Miller

DATE: May 17, 2022

SUBJECT: HR Policy Manual Update

On an annual basis, the staff is tasked with reviewing the NDPERS Human Resource Policy Manual. A full review will be completed at a later date, but there are three areas we determined warranted a more timely update. The following is a summary of the proposed revisions to the Policy Manual at this time.

- **Chapter 2.8 Dress Policy:**
  With the purpose of providing an enjoyable, inspiring, and flexible work environment for the NDPERS team, the business dress code is:
  1. *Business casual attire but instead of business pants, you may choose to wear jeans.*
  2. *Instances that require employees to dress in professional attire include, but are not limited to:*
     a. *NDPERS Board and subcommittee meetings*
     b. *Legislative Session meetings*
     c. *Business meetings*
  3. *Inappropriate items: (this is a guide and not intended to be an all-inclusive list)*
     a. *Shorts*
     b. *T-shirts*
     c. *Gym attire*
     d. *Tank tops*
     e. *Flip flops*
     f. *Pants or shirts with holes, rips, tears, or tattered hem*
     g. *Leggings (unless pant-like leggings are paired with a longer, flowy shirt, dress, tunic top, oversized sweater or cardigan)*

- **Chapter 18.7 Education and Training**

  NDPERS will also fund the cost of ~~conferences, seminars, workshops, conventions and~~ job-related training ~~programs~~. Attendance is subject to approval by your supervisor or manager and budgetary constraints. ~~and is limited to two per fiscal year or four per biennium.~~ Approval will not be granted for out-of-state attendance if the program is available locally or in-state. The NDPERS Executive Director must approve out-of-state participation.

  1. *Staff Training:*
     a. *Employees are encouraged to seek training and pursue opportunities to enhance their current skills, increase proficiency, improve performance and job satisfaction, and increase the opportunity for advancement within the division or State service.*
     b. *Training opportunities may include special training or a single course intended to assist an employee to perform a task or to enhance job performance i.e. Adobe, Excel, HRMS classes, and SkillPath courses relevant to the job position.*
     c. *The Manager will determine which training/courses are considered job-related.*
     d. *The determination will be made based on the content of the training program and its value in improving the ability of an employee to perform the job, achieve work plans, or assist the division in achieving stated goals.*
     e. *Costs related to attendance at approved job-related training programs will be paid in accordance with current Office of Management and Budget fiscal and administrative policies.*

  2. *Professional Development and Continuing Professional Education (CPE):*
     a. *The development of employees is encouraged through attendance and participation in approved meetings, classes, seminars, and workshops, especially those which are directly related to the operations and objectives of NDPERS.*
     b. *The Manager will determine which training/courses are considered job-related.*
     c. *Costs related to attendance at approved job-related training will be paid in accordance with current Office of Management and Budget fiscal and administrative policies.*

  3. *Conferences:*
     a. *NDPERS recognizes the need to provide training and education of a specialized nature in order to develop and enhance the knowledge, skills, and abilities specific to a position.*
     b. *A request for out-of-state travel must be submitted to the Travel Coordinator.*
     c. *The NDPERS Executive Director must approve out-of-state participation.*
     d. *Travel, lodging, and per diem associated with such training will be paid in accordance with current Office of Management and Budget fiscal and administrative policies.*

Training under this section will normally be provided during working/scheduled hours. When training or associated travel extends beyond normal working/scheduled hours, the overtime provisions of the Fair Labor Standards Act (FLSA) for non-exempt employees must be applied.

- **Chapter 22 Disciplinary Procedures**
  Replace NDPERS chapter 22 with the Universal Policy. The universal policy was vetted and reviewed by Courtney Titus, the employment attorney at the Office of Attorney General. It is basically the same language as our current policy but in a different order, and more clearly written.

The proposed changes have been reviewed by HRMS and Legal Counsel. Staff recommends approval of the proposed changes.

Sections 2.8, 18.7, and chapter 22 of the current NDPERS Human Resource Policy are included as a reference in Attachment 1. Attachment 2 is the Universal Policy on Discipline.

Board Action Requested: Approve the proposed HR Policy revisions.

CHAPTER 2 - EMPLOYMENT POLICIES & PRACTICES

2.8 **Dress Policy**.
With the purpose of providing an enjoyable, inspiring and flexible work environment for the NDPERS team, the business dress code is:

1. Monday through Thursday is Business Casual: Wear your regular business attire but instead of business pants, you may choose to wear jeans.
2. Giving back to the Bismarck – Mandan Community: NDPERS has long supported the Bismarck Mandan community efforts through funds collected on Jeans Friday and the United Way Jeans Week. You may choose to wear jeans these days but continue to pay $1 per day.
3. Exceptions:
   a. NDPERS Board and subcommittee meetings
   b. Legislative Session meetings
   c. Business meetings
4. Unacceptable attire: t-shirts, sweatshirts, flip flops, sneakers/athletic shoes (unless medically necessary)

CHAPTER 18 - EDUCATION AND TRAINING

18.1 **Continuing Education**. NDPERS has adopted an educational assistance program to provide you with the opportunity to develop personally and professionally. We believe that employees who demonstrate the initiative to undertake and complete courses or work toward a degree or professional designation or certification become greater assets to the organization and should be supported in this endeavor.

18.2 To qualify for educational assistance you must be a permanent/regular employee who has completed the six-month evaluation period. You must complete the course successfully and agree to work for the agency for two years following the completion of the reimbursed course work. If you leave our employment prior to the two years, you must reimburse NDPERS for the cost of those portions of education that were funded by NDPERS.

18.3 You may apply for educational assistance for any course, degree or certification programs that relate directly to the skills and knowledge required for your current job or which could qualify you for a more responsible position with NDPERS.

18.4 You must complete an Application for Educational Assistance and submit it to your supervisor or manager prior to taking the course. Applications are considered on a first-come, first-serve basis contingent with the purpose of this program and availability of funds.

18.5 The level of assistance is limited to $3,000 in tuition fees per eligible employee per fiscal year. Professional development courses for a designation or certification are also subject to this limitation. Books, software and other similar costs for items that you will maintain ownership of are your responsibility.

18.6 Reimbursement of tuition will be made upon completion of the course. You will be required to provide verification of your tuition payment and your course grade. You must receive no lower than a "C" grade in undergraduate work and no lower than a "B" grade in graduate work. Payments made to an employee for educational expenses may be subject to IRS taxation laws.

18.7 **Training.** NDPERS will also fund the cost of conferences, seminars, workshops, conventions and related programs. Attendance is subject to approval by your supervisor or manager and is limited to two per fiscal year or four per biennium. Approval will not be granted for out-of-state attendance if the program is available locally or in-state. The NDPERS Executive Director must approve out-of-state participation.

CHAPTER 22 - DISCIPLINARY PROCEDURES

N.D.C.C. 54-44.3

22.1 NDPERS has rules of conduct that apply to all employees. These rules are necessary to ensure a safe, efficient business operation, ensure compliance with public laws, and to protect the well-being and rights of all employees.

22.2 You may be disciplined only for cause. "Cause" means conduct related to your duties, job performance or working relationships that is detrimental to the discipline and efficiency of the service in which you are or were engaged.

22.3 Progressive discipline may be used when there is "cause." Progressive discipline will not be used when an employee is in the initial six-month evaluation period. A Reduction-in-Force (RIF) may not be used to substitute for disciplinary measures. The following outlines the steps in the progressive discipline process. These steps should be viewed as a general guideline to be used at the supervisor or manager's discretion.

1. In most cases, if you have a performance problem or a violation of some rule or standard, your supervisor or manager will discuss the problem with you to give you an opportunity to correct the situation.

2. If this does not correct the problem, you may be issued a written reprimand that will be kept in your personnel file for a period not to exceed six months. If no further infractions occur during the designated period, the reprimand will be removed from your file.

3. If the problem or violation is still not corrected, a formal written reprimand may be issued recognizing the problem and stating previous actions were unsuccessful. This formal reprimand may include a probationary period not to exceed six months and will become part of your permanent record.

4. If there is no improvement or there are any infractions during the probationary period, your supervisor or manager may terminate your employment.

5. If the same type of problem or violation should occur within 90 days after the successful completion of the probationary period, you may be terminated. The progressive disciplinary process may be reinstated for infractions occurring after the 90-day period.

22.4 Your supervisor or manager may, at any time during the disciplinary process, refer you to the NDPERS Employee Assistance Program (EAP) or any other treatment program as deemed appropriate if it appears personal problems are the factor affecting your performance and/or behavior. Your supervisor or manager can assist you in making the necessary contacts for an appointment. If you use the services of the EAP, you are guaranteed confidentiality. NDPERS will not have access to your record, nor will the EAP staff discuss your case with your supervisor or manager without your permission. (See Chapter 17)

22.5 Some situations and types of conduct may be serious enough to warrant immediate termination without using the progressive disciplinary procedures. Examples of such conduct may include, but are not limited to insubordination, theft, misappropriation, falsifying records, breach of a confidentiality provision, assaulting a co-worker or client, possessing firearms or possessing or selling illegal drugs on NDPERS premises or for any other such infraction or violation for which imposition of a less severe disciplinary action would be inappropriate.

22.6 Disciplinary actions that result in suspension without pay, forced relocation, reduction in force, reprisal, dismissal, demotion with loss of pay or discrimination may be grounds for a grievance, and you have the right to appeal to the Human Resource Management Services Division. Details of the process for filing an appeal are outlined in N.D.A.C. 4-07-20.1. These guidelines should be reviewed before taking any action.

Universal Policy: Discipline

Attachment 2

Effective Date: 1/1/2020

The State of North Dakota, as the employer, believes reasonable rules of employee conduct and performance standards are necessary. Rule violations and performance deficiencies are grounds for disciplinary action up to and including termination.

State agencies who employ individuals in positions classified by human resource management services follow a system of progressive discipline unless an infraction or a violation of a serious nature is committed, including insubordination, theft, falsification of pay records, or assaulting or threatening to harm a supervisor or co-worker, patient, or client and for which the imposition of less severe disciplinary action would be inappropriate.

The progressive discipline system is intended to correct a regular employee's behavior by beginning with a less severe appropriate action and progressing to a more severe appropriate action, for repeated instances of poor job performance or for repeated violations of the same or similar rules or standards. Progressive discipline includes verbal warnings, written warnings, suspension (paid or unpaid), demotion, and dismissal.

Written warnings and notices of suspension (paid or unpaid), demotion, and dismissal must be coordinated with the agency's Human Resources department. A copy must be submitted to the employee, and the original copy retained in the employee's personnel file. All disciplinary documentation placed in an employee's personnel file must be reviewed and signed by the employee and must inform the employee they have the opportunity to respond to any materials filed in their personnel file. If the employee refuses to sign the copy to be filed, the agency head or the agency head's designated representative shall indicate on the copy to be filed that the employee was shown the material, was requested to sign the material to verify that the material had been read, and that the employee refused to sign the copy to be filed. In the presence of the employee and a witness, the agency head or the agency head's designated representative shall sign and date a statement verifying the refusal of the employee to sign the copy to be filed.

Discipline of Regular Classified Employees

An employee who has completed the probationary period may be disciplined only for cause. Progressive discipline shall be used to correct a regular classified employee's job performance or for a violation of rules or standards, unless the infraction or violation is of a serious nature as described above and for which the imposition of a less severe disciplinary action would be inappropriate.

Verbal Warning

A verbal warning is intended to change behavior or influence an employee toward improved performance. The verbal warning shall describe the problem, how the behavior or poor performance is detrimental to the discipline and efficiency of the service in which the employee is or was engaged, the performance or behavior expectations going forward, and the consequences if the performance, behavior, or misconduct continues. Verbal warnings must be documented in the supervisor's notes or records. A copy of the verbal warning shall be given to the employee and agency Human Resources.

Written Warning

A written warning may be appropriate when a pattern of unacceptable performance is recognized or misconduct has occurred. A written warning typically follows, but is not required, after a verbal warning has been given.

The written warning shall contain the same elements as the verbal warning detailed above, in the form of a letter, memo, or official agency form, and signed by the supervisor and employee. The written warning must be placed in the employee's personnel file and a copy must be given to the employee.

Pre-Action Notice

An appointing authority shall provide a written pre-action notice when the suspension without pay, demotion, or dismissal of a regular employee is being considered.

The written pre-action notice must include:

a. A statement that the appointing authority believes there is cause to take disciplinary action that may result in demotion, suspension without pay, or dismissal of the employee.
b. An explanation of the allegations against the employee.
c. A provision for the employee to respond in writing within a minimum of five working days.
d. A statement regarding the employee's status until a final decision is made.

e. A statement that a written notice of the final action taken will be provided to the employee.

The appointing authority and agency Human Resources shall determine the method of delivery that best guarantees the employee's receipt of the pre-action notice.

The employee will be given access to his or her official personnel file and all information upon which the allegations are based. The employer should include as attachments any documents or information upon which the pre-action is based or which support the employer's belief there is cause to take disciplinary action. The employee's response must be in writing and received on or before the time set forth.

Final Action Notice

The employee must be notified, in writing, of the final action to be taken. The final action notice must include either of the following:
a. If the final action is less than demotion, suspension without pay, or dismissal, a statement must be made explaining the reasons for reducing the intended disciplinary actions. Any stipulations that may apply to continued employment must also be stated.

b. If the final action taken demotes, suspends, or dismisses the employee, a detailed explanation of the basis for the action must be provided. This notice must also inform the employee of the right to appeal the decision in accordance with the provisions of North Dakota Administrative Code § 4-07-20.1-03.

The appointing authority and agency Human Resources shall determine the method of delivery that best guarantees the employee's receipt of the final action notice.

Suspension of Employment With or Without Pay

The Agency Director or designee, with the coordination of agency Human Resources, must determine if the suspension is with or without pay and the length of the suspension. The suspension must be consistent in severity with the seriousness of the employee's poor performance or misconduct. A suspension of employment action must follow the pre-action notice procedure as set forth above. A suspension without pay may not exceed 30 calendar days. If the suspended employee is exempt from the overtime provisions of the Fair Labors Standards Act, the appointing authority may make deductions from pay for unpaid disciplinary suspensions of one or more full days.

The written final notice given to the employee will include an explanation containing the elements described in the pre-action procedure. Agency Human Resources must review all suspensions prior to implementation.

Demotion

An employee may be demoted for inefficiency, misconduct or other cause. A demotion may be to a lower classification, a lower salary grade, or both. The Agency Director or designee will give the employee written notice of the demotion following the pre-action procedure and an explanation of the appeal process.

Dismissal from Employment

This is the most severe disciplinary action and is intended as a final action. This level of discipline will normally be taken when previous disciplinary actions have been ineffective or severe misconduct. Dismissal from employment may be used earlier in the disciplinary process when it is necessary and consistent with the performance and misconduct.

The written notice given to the employee will include an explanation containing the elements described in the pre-action procedure.

Reference: NDAC 4-07-19-02

North Dakota
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Scott A. Miller
Executive Director
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Memorandum

TO: NDPERS Board

FROM: Scott

DATE: May 17, 2022

SUBJECT: Legislative Update

Employee Benefits Programs Committee

The Employee Benefits Programs Committee met on May 3, 2022, and took jurisdiction over the following eight bills:

23.0008.01000 - Relating to a public employees retirement system retirement plan for peace officers – this bill would add "peace officers employed by the state" to the public safety retirement plan.

23.0016.02000 - Relating to an exception to membership in the teachers' fund for retirement for retired military personnel – this bill allows a retired armed forces veteran who is beginning a teaching career to opt out of the Teachers' Fund for Retirement. We will have to research whether those individuals would be covered by the Main PERS plan if they opt out of TFFR and the school district is in PERS.

23.0034.02000 - Relating to the powers and duties of the employee benefits programs committee – this bill would modify the requirements regarding submission of bills and amendments that would affect PERS or TFFR plans, and removes the following language from statute: "Any legislation enacted in contravention of this section is invalid and of no force and effect, and any benefits provided under such legislation must be reduced to the level current prior to enactment."

23.0045.01000 - Relating to retirement board membership and public employees retirement system contracts for health benefits coverage – this bill would do the following:

1. Remove the retiree Board member and the State Health Officer or their designee from the Board;
2. Add four more legislators;

3. Remove the requirement that one or more legislators must be from a different party;
4. Require the majority leaders in the House and the Senate to appoint three Board members each; and,
5. Enact a new section 5.2 to NDCC chapter 54-52.1, which:
    a. Prohibits the Board from entering a new or renewal contract for hospital benefits coverage, medical benefits coverage, or prescription drug benefits coverage unless the action has been "authorized" by the Legislative Assembly;
    b. Requires the Board to introduce legislation "seeking legislative authorization for the board's proposed action relating to the [health or prescription drug] contract"; and,
    c. States that a bill introduced under this new section is not subject to jurisdiction of the Employee Benefits Programs Committee.

23.0053.01000 - Relating to the teachers' fund for retirement board authority and teachers' fund for retirement benefits – TFFR Bill

23.0054.01000 - Relating to the computation of final average salary for benefits under the highway patrolmen's retirement system and the public employees retirement system – PERS bill relating to the Final Average Salary (FAS) calculation

23.0071.01000 - Relating to clerks of court – Supreme Court bill which would move all clerks of District Court under state control, rather than county control. We will look into the following provision within the bill: "A county employee who becomes a state judicial employee after December 31, 2023, or upon expiration of the elected clerk of district court term is considered an existing employee for state retirement purposes."

23.0077.01000 - Relating to retirement benefits for peace officers employed by the bureau of criminal investigation – this bill would do two things. First, new BCI agents would have a ten year vesting for benefits, up from the current three years. The second revision is to increase the retirement multiplier for the first twenty years of service to 3%, and reduce the multiplier for all additional years to 1.75%.

The Committee declined to take jurisdiction over the following bill: 23.0019.01000 - Relating to an income tax deduction for retired law enforcement personnel benefits; and to provide an effective date – this bill would provide an income tax deduction for retired law enforcement personnel.

There was initially another bill draft that would have provided an increase in benefits to retirees. However, that bill has been removed from the Committee's website and is not available.

Retirement Committee

The Interim Retirement Committee met on April 25. Milliman, the Committee's actuary, gave an overview of the PERS DC and 457 plans and how PEP works. The Committee also discussed the Committee's priorities as far as what was desirable in a new retirement

program. Milliman later sent out a survey asking both Legislators and stakeholders to rank a variety of considerations.

Interestingly, several of the Committee members have stated that they would like to offer a new plan that provides a similar level of benefits as the DB plan currently provides. The Committee asked Milliman to provide information on the cost of such a benefit. Our own calculations reflect what we learned from the recent National Institute on Retirement Security research: it costs about twice as much to provide a DC benefit as it does to provide a similar DB benefit. In order to accumulate a large enough account in a DC plan to equal our average $16,100 DB benefit, contributions would have to increase as follows:

Contribution Rate	Acct. Balance	4% Withdrawal	3.4% Withdrawal
14.12%	177,000	7,080	6,018
32%	401,000	16,040	13,634
38%	476,000	19,040	16,184

(Assuming the same DB plan averages of ~$40,000 FAS and 21 years of service, and 6% return (compounded yearly))

For new members, who will receive a smaller average benefit of $14,100, with the same assumptions, the numbers are almost as grim:

Contribution Rate	Acct. Balance	4% Withdrawal	3.4% Withdrawal
15.26%	191,000	7,640	6,494
28%	351,000	14,040	11,934
33%	413,000	16,520	14,042

I look forward to seeing what Milliman's calculations look like.

This is informational only. No Board action is currently necessary.

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Memorandum

TO: NDPERS Board

FROM: Scott

DATE: May 17, 2022

SUBJECT: Legislative Relations

This is a placeholder for us to discuss any Legislative topics that have arisen the past month.

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Memorandum

TO: NDPERS Board

FROM: Scott Miller

DATE: May 17, 2022

SUBJECT: Contracts under $10,000

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

This topic is informational only.

Attachment

Vendor	Amount	Frequency Incurred
TIAA	$ -	MOU to reduce DC participant fees
Inter Office	$ 1,947.36	Two chairs for our training room
Inter Office	$ 486.26	Tackboards for IT & Training Room
Inter Office	$ 1,006.18	Chair for member services
State Treasurer	$ -	Authorization to pick up checks
Advanced Business Methods	$ 231.00	Adding fax capability to leases Cannon
Milliman	$ -	DB closure study
Sanford	$ -	PBM audit data transfer
*Secretary of State	$ -	Director's ability to use E-Signature

*Newly signed agreements since last board meeting

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Memorandum

TO: NDPERS Board

FROM: Kim Wassim, Chair
Executive Director Performance Review
and Compensation Committee

DATE: May 17, 2022

SUBJECT: Executive Director Evaluation

The Executive Director Performance Review and Compensation Committee met on April 20 and April 26, 2022, to discuss the results of the performance review with Scott. Attached is the evaluation form with the ratings. Seven Board members provided input, along with input from both Internal Auditor Shawna Piatz and Executive Director Scott Miller on certain sections. The overall average rating was 2.34 on a scale of 3, with 3 being the highest rating.

The Legislative Assembly granted salary increases of 2.0% for the second year of the 2021-2023 biennium, to be distributed on a performance basis.

Scott's current salary is $14,946.73 per month. The Committee discussed the performance increase with Scott and has recommended a 2% salary increase. That would raise Scott's salary to $15,245.66 per month.

Board action is requested on the Committee recommendation.

Attachment

NDPERS Executive Director For the Year: 2021 Completed in 2022

There are nine major evaluation categories. When evaluating, rate each using the following categories **(indicate a rating of 1, 2, or 3 in each evaluation category)**:

1. DOES NOT MEET EXPECTATIONS: Executive Director is not performing acceptably and expectations are not being met. Goals for improvement must be set and performance review date established (3-6 months).

2. MEETS EXPECTATIONS: Executive Director is performing acceptably and is meeting all standards and expectations.

3. EXCEEDS EXPECTATIONS: Executive Director is performing beyond and exceeds the established standards and expectations

CIE - Critical Job Element	Expectation	Rating	Comments	Adam AM	Casey CG	Dick DD	Dirk DW	Kim KRW	Mona MTR	Pam PA	Troy TS	Yvonne YS	internal audit SP	Scott self eval SM
Category 1 Board Meetings	1. Agenda items are prepared with supporting information.	**2.43**	**DW:** Team does a good job of updating and providing information to the Board. **CG:** Scott and his whole leadership team excel in this area. He is always well prepared for meetings. **KRW:** I feel we have sufficient (sometimes too much!) information provided in the board book to make good decisions.	2	2	3	3	3	2			2		2
	2. Board materials are distributed at least 3 days before the meeting.	**2.29**	**KRW:** Board materials are distributed well in advance of the meeting.	2	2	3	2	3	2			2		2
	3. Appropriate information is provided to Board either orally/verbally to aid the Board in arriving at a decision.	**2.71**	**DW:** Scott and team are very thoughtful in the information they provide and do well to showcase the totality of circumstances surrounding each issue. **YS:** The information provided by Mr. Miller and the staff is thorough and understandable. It is obvious that there is a great deal of effort put into explaining issues to the Board. **KRW:** I appreciate the summary of issues, staff recommendations, and discussions at board meetings.	2	3	3	3	3	2			3		2
	4. Board material identifies items which need "Board Action", and makes a staff recommendation where appropriate.	**2.43**	**KRW:** I value staff recommendations.	3	2	3	2	3	2			2		2
	5. Education is provided at Board meetings in order that the Board may adequately perform its policy setting role.	**2.57**	**KRW:** I really appreciate any and all board education, especially since many of us have not traveled to conferences during the last 2 years due to Covid.	3	3	3	2	3	2			2		2
		2.49	**average rating category 1**	**2.4**	**2.4**	**3.0**	**2.4**	**3.0**	**2.0**	**0.0**	**0.0**	**2.2**	**0.0**	**2.0**
Category 2 Board Relations	1. The Director is responsive to Board requests.	**2.86**	**YS:** In my experience, Mr. Miller responds very quickly. Usually, he responds within hours. **KRW:** Scott has always responded quickly to my phone calls, even when it's not necessary to call back so quickly.	3	3	3	3	3	2			3		2
	2. The Director is adaptable to Board direction on PERS policy and able to work with the board as a team member.	**2.71**	**CG:** This area (all items under "Board Relations") is one thing I appreciate most about working with Scott. **KRW:** Scott is a valued member of the team working with the board.	3	3	3	2	3	3			2		2
	3. The Director keeps Board members aware of current issues and when appropriate provide information to Board members between Board meetings.	**2.71**	**YS:** Mr. Miller is conscientious about giving the Board a heads up whenever an issue arises that may be of concern to us. **KRW:** I appreciate the timely information Scott provides between board meetings.	2	3	3	3	3	2			3		2
	4. The Director provides timely and accurate problem identification to the Board as well as providing solutions and options for the Board's consideration.	**2.57**	**KRW:** Scott and the PERS staff have typically identified the problem and all possible solutions/options prior to the board meetings, even on issues that have come up quickly.	2	3	3	2	3	3			2		2
		2.71	**average rating category 2**	**2.50**	**3.00**	**3.00**	**2.50**	**3.00**	**2.50**	**0.00**	**0.00**	**2.50**	**0.00**	**2.00**
Category 3 Operations	1. **Accurate Records**													
	1.1 Maintain appropriate, accurate and accessible data for individual members and benefit recipients.	**2.00**		2	2	2	2	2	2			2		2
	1.2 Accurate accounting records and a system of internal controls is maintained to result in an annual, unqualified opinion by the System's auditor.	**2.00**		2	2	2	2	2	2			2		2
	1.3 An application to GFOA for the Certificate of Achievement for Excellence in Financial Reporting is submitted annually.	**2.86**	**SM:** This is a regular submission for us. We have received the Certificate of Achievement for 25 years in a row. **KRW:** This is a tremendous achievement for the agency.	3	2	3	3	3	3			3		2
	1.4 The Public Pension Coordinating Council's Award of Excellence is submitted biennially.	**2.57**	**SM:** This is also a regular submission for us. KRW: This too is a tremendous achievement for the agency.	3	2	2	3	3	3			2		2
	2. Biennial Budget													
	2.1 Biennial budget is prepared pursuant to OMB guidelines and submitted pursuant to guidelines established by the Governor.	**2.14**	**YS:** The conscientious effort to reduce rental costs by making the new space highly efficient and flexible is commendable.	2	2	2	2	2	2			3		2
	2.2 Board is provided opportunity to review the budget before it is submitted.	**2.43**	**KRW:** I feel like I understand the budget even better this year due to our thorough discussion about budget items, particularly the salary budget.	2	2	2	3	3	3			2		2
	2.3 Expenditures for budget items do not exceed appropriation without approval of the Board.	**2.71**	**YS:** During the move to our new location, the Board was kept highly informed in regard to the associated costs, and permission was sought for any additional expenses **KRW: I** really appreciated all of the information provided to the board regarding budget items related to the move, even when it wasn't necessary.	2	2	3	3	3	3			3		2
	3. Timely and Understandable Service													

	3.1 Member inquiries are responded to in a timely manner. (Survey information shall be reported to the board relating to this from the "How are we doing" cards and the biennial survey).	**2.14**	**MTR:** At times member appeals have cited a slow response from staff; understandably, the pandemic/move to home was key. When I visited with Exec Dir about the overall "client response" culture it seemed the response was that it was Rebecca's area. I believe there is an opportunity for more "culture leadership" from the Exec Dir in matters such as these. **KRW:** Without additional staff, I don't feel PERS can improve customer survey numbers.	2	3	2	2	2	2			2		2
	3.2 Participating employers shall be provided the necessary support to administer the PERS programs in which they participate. (Biennial surveys shall be done relating to this and reported to the Board).	**2.29**	**SM:** We provide a great deal of education to our participating employers. We have now recorded many of those presentations, which are available on our YouTube channel **CG:** Scott and his team have really stepped up in this area. I have heard several compliments for PERS over the last few months regarding the education they are providing to employers.	2	3	2	3	2	2			2		2
	4. Staffing														
	4.1 All applicable personnel rules of the State of North Dakota shall be followed.	**2.00**	**KRW:** I have to presume everything in 4.1 is being performed correctly. Scott and his managers work closely with HRMS rep.	2	2	2	2	2	2			2		2
	4.2 Staff performance evaluations are completed at least annually.	**2.29**		2	2	2	3	2	3			2		2
	4.3 Employees receive recognition, direction or discipline as appropriate.	**2.00**	**KRW:** Staff relations is an area Scott can work on improving over the next year.	2	2	2	2	2	2			2		2
		2.29	**average rating category 3**	**2.2**	**2.2**	**2.2**	**2.6**	**2.4**	**2.4**	**0.0**	**0.0**	**2.3**	**0.0**	**2.0**
Category 4 Investment Programs	1. **Maintain board approved Investment Objectives and Policies for**:														
	1.1 The defined benefit, defined contribution, and deferred compensation plans	**2.14**	**KRW:** I rely on the board subcommittee for looking at these issues more in depth, then bringing a summary to the board.	2	2	3	2	2	2			2		2
	2. Performance														
	2.1 Report investment return information for the defined contribution plan and the PERS Companion Plan.	**2.14**	**KRW:** I look forward to working with our newly hired consultant to help make recommendations on the mix of options offered to our members.	2	2	3	2	2	2			2		2
	2.2 Accurate yearly reports are given to the Board concerning the defined benefit plan and its progress and compliance with the investment policies.	**2.29**	**SM:** These are accomplished through the actuarial valuations and reports from the SIB.	2	3	3	2	2	2			2		2
	2.3 Advice and recommendations are given to the board on investment matters to support Board decision making.	**2.29**	**SM:** This typically occurs during the Board's asset allocation process for the DB plans, which happens every five years.	2	3	3	2	2	2			2		2
	2.4 Recommend corrective actions including termination of funds in the deferred comp plan and the defined contribution plan.	**2.43**	**SM:** The most recent example of this is the March Board meeting, at which the Board put one manager on watch and took another off.	2	3	3	2	2	2			3		2
	3. Provider Monitoring														
	3.1 Monitor the various providers in the defined contribution plan and deferred compensation to insure that all contract provisions are being followed.	**2.00**	**SM:** We meet with TIAA monthly, and as necessary if we have an issue.	2	2	2	2	2	2			2		2
	3.2 Identify and report to the board all infractions of the contract provisions.	**2.00**		2	2	2	2	2	2			2		2
	4. Fiduciary Standards														
	Discharge investment duties solely in the interest of the members and benefit recipients With the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims.	**2.43**	**SM:** Most of this is done by the Board or the SIB, of course. **CG:** While the discharge of these duties may be primarily performed by the Board and SIB, Scott is so good at tactfully reminding the Board about its fiduciary responsibilities at the appropriate times. **KRW:** Scott has very good knowledge in this area.	2	3	3	2	3	2			2		2
		2.21	**average rating category 4**	**2.0**	**2.5**	**2.8**	**2.0**	**2.1**	**2.0**	**0.0**	**0.0**	**2.1**	**0.0**	**2.0**
Category 5 Benefit Program Operations	1. **Actuarial Management**														
	1.1 Provide accurate member, retiree and asset data necessary for the Actuary to perform the annual actuarial valuation for the four PERS defined benefit plans.	**2.00**		2	2	2	2	2	2			2		2
	1.2 Provide accurate member and retiree data for the actuary to perform biennial premiums estimates for the group insurance plans.	**2.00**		2	2	2	2	2	2			2		2

	1.3 Maintain knowledge of actuarial methods, the current status of the actuarial makeup of the various retirement and group insurance plans and the impact of benefit enhancements to the contribution rates.	**3.00**	**SM:** I think this is one of my biggest strengths. **CG:** Totally agree with Scott's comment here. This is a real strength for him. I appreciate his ability to communicate this topic in a way that I easily understand. **KRW:** Scott is very knowledgeable in this area. I would agree this is one of his biggest strengths. This is evident in board discussions and in training Scott has provided to the board.	3	3	3	3	3	3			3		3
	1.4 Provide actuarial information to the Board, Legislature, employers, members and retirees so they have sufficient background to make knowledgeable decisions.	**3.00**	**AM:** Scott has done a wonderful job presenting this information in a professional manner to these groups, and at times hostile legislative members **YS:** The information Mr. Miller has provided to the Board has been very helpful. I feel much more competent in my understanding of the actuarial process than I did previously. **KRW:** Scott does this in an understandable way.	3	3	3	3	3	3			3		3
	2. Contract Management														
	2.1 Distribute and analyze bids for services for the various retirement, group insurance, EAP and Flex Programs to facilitate Board decision making.	**2.14**	**KRW: I** feel very comfortable making board decisions on these matters thanks to the analyses provided by Scott and PERS staff.	2	2	2	2	3	2			2		2
	2.2 Monitor contractor performance and advise the Board of any issues, including options for responding and recommended action plan.	**2.29**	**KRW:** The issues with the new provider for Medicare Part D come to mind. Scott was very timely in bringing this to the board.	2	2	2	3	3	2			2		2
	2.3 Provide direction to all contractors to insure that board objectives are achieved.	**2.14**		2	3	2	2	2	2			2		2
	2.4 Insure that all contractors comply with contract provisions, state law and administrative rules.	**2.00**		2	2	2	2	2	2			2		2
		2.32	**average rating category 5**	**2.3**	**2.4**	**2.3**	**2.4**	**2.5**	**2.3**	**0.0**	**0.0**	**2.3**	**0.0**	**2.3**
Category 6 Public Relations	1. Provide informational programs to employers, members, retirees, and public groups.	**2.00**		2	2	2	2	2	2			2		2
	2. Represent the System with appropriate affiliate organizations and functions.	**2.14**		2	2	2	3	2	2			2		2
	3. Maintain availability to the news media.	**2.00**		2	2	2	2	2	2					2
		2.05	**average rating category 6**	**2.0**	**2.0**	**2.0**	**2.3**	**2.0**	**2.0**	**0.0**	**0.0**	**2.0**	**0.0**	**2.0**
Category 7 Legislative Relations	1. Develop Legislative proposals in concert with the Board and its advisory committee.	**2.29**		2	2	3	3	2	2			2		2
	2. Present requests for legislative changes to the Legislature.	**2.29**		2	2	2	3	2	2			3		2
	3. Make the Board's position known to members, employers and the legislature.	**3.00**	**SM:** As difficult as last session was, I think I did a very good job advocating the Board's positions. **MTR:** I am very impressed with Scott's ability to make excellent presentations to the legislature, sometimes under very adverse conditions. **CG:** The last session was so difficult and Scott navigated it with calm and professionalism. He has built positive working relationships with legislators and done an excellent job of communicating the board's position. He is able to communicate very complex topics in a way that others can more easily understand.	3	3	3	3	3	3			3		3
	4. Keep the Legislature, through the Interim Committee, informed regarding the financial, legislative and administrative status of the system.	**2.43**	**KRW:** Scott stays on top of all the various committees that he needs to attend during the biennium.	2	2	3	3	3	2			2		2
	5. Develop adequate rapport with Legislators so that the legislative body as a whole has a sense of credibility with the positions taken by the Board on behalf of the System.	**2.43**	**YS:** While the attitude of the current Legislative majority is not supportive of our goals, I feel that Scott did an excellent job of persevering under difficult circumstances. In my opinion, he has earned respect in this arena. **CG:** See above comments. I think this one of Scott's greatest strengths and he may not realize or give himself credit for it.	2	3	3	2	3	2			2		2
		2.49	**average rating category 7**	**2.2**	**2.4**	**2.8**	**2.8**	**2.6**	**2.2**	**0.0**	**0.0**	**2.4**	**0.0**	**2.2**
Category 8 Professional and Personal Development	1. Maintain membership and involvement in professional organizations.	**2.00**		2	2	2	2	2	2			2		2
	2. Be dependable.	**2.00**		2	2	2	2	2	2			2		2
	3. Exhibit stability/reaction to pressure.	**2.14**	**KRW:** Scott appears cool and calm, especially during the legislative session.	2	2	2	2	3	2			2		2
	4. Have strong leadership skills.	**2.00**	**MTR:** I believe there is opportunity to enhance leadership even further by going deeper into staff responsibilities--perhaps even something like a one-time "one on one" meeting with each staff member to learn more. This "outside" perspective could even provide insights helpful to the management team, who may sometimes be too close to the work to see the bigger picture.	2	2	2	2	2	2			2		2
		2.04	**average rating category 8**	**2.0**	**2.0**	**2.0**	**2.0**	**2.3**	**2.0**	**0.0**	**0.0**	**2.0**	**0.0**	**2.0**
Category 9 General	1. Follow safety procedures.	**2.14**		2	2	2	2	2	3			2		2
	2. Adhere to all laws, rules, policies, procedures and professional ethics.	**2.86**	**YS:** Very concerned with staying within bounds of the applicable laws and ethics. **KRW:** As a "recovering attorney", I would expect nothing less!	2	3	3	3	3	3			3		3

3. Work as part of a team.	**2.14**	**YS:** In reviewing the staff survey and comments, there may be room for further development in staff rapport. However, the majority of staff are very satisfied.	2	3	2	2	2	2			2		2
4. Use courtesy and respect in all interactions.	**2.14**		2	2	3	2	2	2			2		2
5. Maintain a well-organized work area and a business like appearance.	**2.57**		2	3	3	3	2	3			2		2
6. Foster good working relations by being responsive to requests.	**2.71**	**MTR:** Some staff comments suggest an opportunity to be more involved when an issue arises. **KRW:** Scott has always been responsive to my requests.	2	3	3	3	3	2			3		2
7. Maintain confidentiality policy.	**2.57**		2	3	2	3	3	3			2		3
	2.45	**average rating category 9**	**2.0**	**2.7**	**2.6**	**2.6**	**2.4**	**2.6**	**0.0**	**0.0**	**2.3**	**0.0**	**2.3**
	2.34	**OVERALL AVERAGE Categories 1-9**	**2.2**	**2.4**	**2.5**	**2.4**	**2.5**	**2.2**	**0.0**	**0.0**	**2.2**	**0.0**	**2.1**

V. MEMBER *EXECUTIVE SESSION

A. Insurance Appeal Case #733
B. Retiree Health Insurance Credit Appeal Case #737
C. Retiree Health Insurance Credit Appeal Case #738
D. Retiree Health Insurance Credit Appeal Case #739

Material for the Executive Sessions will be sent under separate cover.