

Uniform Group Insurance Consultant RFP Vendor Questions

1. The RFP states that the base contract period will cover two years with an opportunity for two successive two-year renewals. Please confirm whether the cost proposal is for the two-year base period only, or if separate cost proposal submissions should be prepared for the base period versus the renewal periods.

A1: The cost proposal is for the two-year period only, although the Board appreciates when a longer cost proposal is offered as part of the bid.

2. Regarding proposal submission, the RFP request that redacted and original copies of the proposal be placed on separate flash drives. Would NDPERS accept an electronic PDF submission via a secured site (or email) in lieu of a flash drive submission?

A2: One (1) electronic, PDF redacted copy of the proposal on a separate USB flash drive labeled "REDACTED", and one (1) electronic, editable, PDF original copy of the proposal on a separate USB flash drive labeled "ORIGINAL" are required.

3. Is there a preferred process for proposing contract modifications to the Agreement for Services or the Business Associate Agreement?

A3: Bidders can send a markup or redline copy of the contract showing the proposed changes.

4. In 2.A.1, it is noted that "The successful vendor will also need to provide an HSA vendor." Please confirm if this applies to the health plan provider the consultant will help procure versus the successful consultant vendor who wins this bid to assist with the RFP?

A4: The "successful vendor" refers to the health plan provider the consultant will help procure.

5. Please specify which areas of ACA compliance consulting is needed with this RFP (3.A.1). How many consulting hours have been used in this area in the last year?

A5: If general ACA compliance questions arise, such as the eligibility of an employer to remain in our grandfathered plan or become part of our non-grandfathered plan. Occasionally reporting questions have arisen from employers that we've needed input from the incumbent. The amount of hours over the past year has been minimal.

6. Please specify what COBRA administration assistance would be included in the scope for this RFP (3.A.1). How many consulting hours have been used in the last year? Please confirm, or clarify, that COBRA administration is not included in the scope of this RFP.

A6: If there are general questions on the administration of COBRA that NDPERS needs assistance with or if there are federal changes in COBRA notices or regulations, we would expect our uniform group insurance consultant to notify us and assist with questions related to the changes. Over the past year, it has been minimal to none. However, during COVID, with changes due to the American Rescue Plan Act, we did need to seek input from the incumbent on options for our Board to consider. We also needed input on the COBRA subsidy administration that was part of it.

7. Please specify the technical assistance NDPERS is seeking surrounding plan design, PBM, disease management programs, wellness programs provider negotiations and plan documents (3.A.1). Does this scope of services include preparation of plan documents and member booklets? How many consulting hours have been used in the last year for plan document preparation? How many consulting hours have been used in the last year for member booklets? How many consulting hours have been used in this area for the remainder of items contained in this bullet?

A7: It does not include plan document and member booklet preparation. As part of the health plan provider bid analysis, NDPERS requests that the consultant assist in outlining the strengths and weaknesses of the proposal responses related to the remaining items in this bullet.

8. How often does the Board meet and in general, how many meetings will be required for the consultant to attend per year (3.A.1)?

A8: NDPERS Board meetings are generally held one time per month unless additional special meetings are needed. Consultants may have the option to present virtually or in person. The consultant typically attends during the health plan and Medicare Part D provider bid processes for analysis of bid discussions and at the request of the Board if there are special issues that arise.

9. Does NDPERS utilize an electronic procurement system? Would NDPERS consider utilizing an electronic procurement system provided by the successful vendor?

A9: NDPERS does not internally utilize an electronic procurement system, although we do have experience with them from other vendors. If the successful vendor utilizes an electronic procurement system, NDPERS is receptive to this concept.

10. In 3.A.2, for the RFPs included in this scope of services,
- a. Please provide the most recent prior RFP.
 - b. Please provide any materials provided by the consultant(s) to staff or the Board.
 - c. Please provide the fees paid to the consultant(s) that assisted with the most recent RFP(s).

A10:

- a. The 2020 Health Plan RFP and 2021 Medicare Part D RFP have been included for review.

*2020 Health Plan RFP Links:

[2020 Health Plan RFP](#) and [2020 Health Plan RFP - Appendixes](#)

*2021 Medicare Part D RFP Link: [2021 Medicare Part D RFP](#)

- b. Additional materials have been included for review.

*Document Link: [Consultant RFP Board Presentation](#)

- c. Hourly rate of \$325 per hour not to exceed \$30,000 for each round of medical/pharmacy RFP documents and \$15,000 for each round of Part D RFP documents. Anticipated services included assistance developing documents to be included/provided in RFPs including RFP documents, questionnaires, financial templates, and other attachments.

Hourly rate of \$325 per hour not to exceed \$130,000 for each medical/pharmacy RFP and \$65,000 for each Part D RFP. Anticipated services included assistance facilitating procurements, responses to vendor questions, clarification of vendor responses, analysis of proposals, and attendance at vendor interviews. Assistance provided implementing new vendors will be included were included with all other consulting services.

11. For the hourly rate request in Section 5, for general and legislative consulting, may we provide a grid of hourly rates based on the consultant level or do you want a blended combined hourly rate?

A11: Vendors are free to submit a cost proposal that offers the best service at the most cost-effective price for consideration.

12. How many references are requested?

A12: Provide at least three references of similar or greater size to NDPERS.

13. Fixed Fee #1 – Health and PBM RFP. Is NDPERS asking for a fixed total fee amount for the 24-month contract for both RFP document preparation and conducting an RFP (combined)? Or separate fixed total fee amounts for document preparation and conducting the RFP? If one combined total fixed fee, what happens if the board decides not to go out to bid? Alternatively, is NDPERS asking for one combined not-to-exceed total fee limit for this RFP effort for the 24-month contract period that may or may not include conducting an RFP? Please clarify.

A13: Vendors can submit separate fixed fees for the preparation and the evaluation, if applicable. Evaluations will not be needed if NDPERS doesn't conduct the RFP; however, the RFP process will be needed every year on the EGWP plan, and every other year on the Health plan.

14. Fixed Fee #2 – Medicare Part D RFP. Is NDPERS asking for a fixed total fee amount for the 24-month contract for both RFP document preparation and conducting an RFP (combined)? Or separate fixed total fee amounts for document preparation and conducting the RFP? If one combined total fixed fee, what happens if the board decides not to go out to bid? Alternatively, is NDPERS asking for one combined not-to-exceed total fee limit for this RFP effort for the 24-month contract period that may or may not include conducting an RFP? Please clarify.

A14: Vendors can submit separate fixed fees for the preparation and the evaluation, if applicable. Evaluations will not be needed if NDPERS doesn't conduct the RFP; however, the RFP process will be needed every year on the EGWP plan, and every other year on the Health plan.

15. Fixed Fee #3. Is NDPERS requesting one total fixed fee amount for the 24-month contract period to include one health plan cost projection and two Part D renewal cost evaluations? If not, please clarify.

A15: Yes – one cost projection is needed for health and two cost projections are needed for Part D during the renewal periods.

16. Will handwritten signatures entered via DocuSign or scanned (i.e. not typed) suffice for the original signature requirement or does NDPERS require wet (ink) signatures?

A16: Wet signatures, DocuSign, or scanned signatures are acceptable.

17. Reasonable negotiations will be required on certain contract terms before executing the included agreements. That said, does NDPERS require signatures on these agreements included

with our proposal with a caveat that terms will need to be negotiated prior to execution? Or can signatures be excluded in the proposal pending contract negotiations following vendor selection?

A17: Bidders can send a markup or redline copy of the contract showing the proposed changes.

18. Is there an option to retain a consultant for the health plan RFP work or will the selected consultant be awarded all services requested in the Uniform Group Insurance Consultant RFP?

A18: NDPERS' intent is to have a consultant for all services requested in the RFP. NDPERS is looking for one comprehensive vendor to provide consulting and actuarial services on all the plans, and will not be selecting multiple vendors for consulting services on the ancillary plans within this RFP.

19. Are the NDPERS monthly board meetings in person, virtual, or hybrid?

A19: NDPERS Board meetings are generally held one time per month unless additional special meetings are needed. Consultants may have the option to present virtually or in person. The consultant typically attends during the health plan and Medicare Part D provider bid processes for analysis of bid discussions and at the request of the Board if there are special issues that arise.

20. Which vendors is NDPERS partnering with for HRIS, COBRA, and ACA reporting?

A20: None. NDPERS administers COBRA internally. HRIS and ACA reporting is handled through our health plan provider as NDPERS is fully insured.

21. How will the 24-month required premium estimation be utilized by ND PERS? Does ND PERS require a certain level of accuracy on the premium estimation for the second policy year?

A21: The NDPERS Board utilizes the premium estimation to determine if the health plan provider renewal proposal is reasonable for the upcoming biennium. NDPERS rates are locked in for a two-year period, and therefore, the estimation is used for the duration of the two-year period.

22. Is work requested in section 3- B: Proposed Legislation to be included in the base or quoted separately?

A22: NDPERS considers analysis of proposed Legislation as a consulting service to be priced as a fixed hourly rate similar to the other consulting services the Vendor will perform under the “Fixed Fee Hourly Rate” section of the RFP.

23. Will it be ND PERS’ recommendation that the consultant attends the monthly meetings?

A23: NDPERS Board meetings are generally held one time per month unless additional special meetings are needed. Consultants may have the option to present virtually or in person. The consultant typically attends during the health plan and Medicare Part D provider bid processes for analysis of bid discussions and at the request of the Board if there are special issues that arise.

24. The RFP identifies that life, vision, dental and EAP RFP’s are not in scope; is the consultant expected to answer ad hoc questions related to those policies?

A24: Yes, answering general ad hoc questions related to any of the NDPERS uniform group insurance programs is part of the RFP scope.

25. How many references with does ND PERS wish to receive?

A25: Provide at least three references of similar or greater size to NDPERS.

26. Is a redline for the agreement of services as part of our response acceptable?

A26: Bidders can send a markup or redline copy of the contract showing the proposed changes.

27. Will ND PERS provide approximate hours incurred by the incumbent for the fixed fee items noted in scope as well as hours incurred for proposed legislative review?

A27: The current vendor submitted hours up to the fixed fee amount. NDPERS was not notified how many hours the vendor spent on fixed fee items where NDPERS was not billed (if at all).

28. Would the NDPERS Staff and Board consider sharing the list of requests made to the incumbent broker, this past legislative session, regarding questions and consulting efforts? Most specifically, questions regarding Group Health and Medicare Part D.

A28: Analysis of the following bills was requested of the incumbent:

- HB 1095
- HB 1146
- HB 1321
- HB 1411
- HB 1413
- HB 1416
- SB 2031
- SB 2140
- SB 2160
- SB 2171
- SB 2389

29. Has NDPERS Staff and Board ever considered utilizing pharmacy tourism as part of their Benefits offering?

A29: It has not.

30. Would NDPERS Staff and Board be willing to share where you have struggled with cost controls in your medical and pharmacy program?

A30: NDPERS remains a grandfathered plan for the majority of our members. Therefore, we have only been able to do minimal plan design changes to assist with controlling costs. As is happening universally, we continue to see increases in the use and spend related to specialty drugs, which continues to be a concern for controlling costs. We continue to look for ways to keep our healthy population healthy while addressing the needs of those that have disease conditions that can be higher cost and need more management. In addition, as a state governmental plan, we are subject to legislation directing certain coverages for our plan. Given these are typically enhancements, the struggle with these is whether adequate funding is provided along with the legislation. When it is not, then NDPERS needs to determine if we have adequate reserves to cover the benefit. This is not ideal as it results in a depletion of reserve amounts, which if fully exhausted, will make it more difficult to handle these mandates without funding.

31. Please confirm that NDPERS requires a signed (redlined) copy of the Contract and BAA with our proposal submission.

A31: Bidders can send a markup or redline copy of the contract showing the proposed changes.