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| SOLICITATION ADDENDUM ONE  QUESTIONS AND ANSWERS AND UPDATED ATTACHMENT C |

**SOLICITATION NUMBER: 122435 O5**

**Administrative Support Services for the State of Nebraska Employee Health Care Medical Benefit Plans**

**Opening Date: July 17, 2025**

**Addendum Effective Date: June 26, 2026**

#### Questions and Answers

Following are the questions submitted and answers provided for the above-mentioned solicitation. The questions and answers are to be considered as part of the solicitation. It is the responsibility of bidders to check the State Purchasing Bureau website for all addenda or amendments.

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| Question Number | RFP  Section  Reference | RFP  Page Number | Question | State Response |
| 1. | I- PROCUREMENT PROCEDURE  Schedule of Events | 2 | The RFP’s schedule of events indicates a bid award date of 10/10/2025; however, the RFP questionnaire indicates a bid award date of 11/1/2025. Please confirm which date is accurate as this will impact the Implementation Timeline exhibits for both medical and pharmacy bids. | The date of 10/10/2025 on the schedule of events refers to the posting of the State’s intent to award.  The formal award date is TBD. Please see updated Attachment C1 - Questionnaire, posted with this addendum, which updates the date listed in question P.1 to December 1,2025. This date is to be used as an assumed award date for the bidder's implementation plan as requested in question P.1. |
| 2. | III. VENDOR DUTIES  Item J.3. – Evidence of Coverage | 19 | Can the State please confirm that the requested Evidence of Coverage for vendor insurance is only required for the winning bidder and is not required as part of this RFP? | Confirmed. The awarded bidder will be required to provide a compliant Certificate of Insurance. |
| 3. | V. PROJECT DESCRIPTION & SCOPE OF WORK  Item F – Plan Requirements, #17 | 26 | As bidders are required to include outbound data feeds within the proposed administrative pricing, can the State please provide a complete list of vendors that require certain data feeds (eligibility, standard claim extracts, etc.) so that we can know the number of feeds required? | The State’s vendors include:  -PBM  -Vision  -Dental  -HSA  -COBRA  The Medical Administrator would be required to interface with these vendor partners. |
| 4. | ATTACHMENT D – PERFORMANCE GUARANTEES  Plan Design Administration | N/A | Could the State please elaborate and clarify what is required with the Plan Design Administration guarantee request? All plan design information will be built and tested based on the State’s sign off on final benefits. Can the State provide an example of the type of information on the year-end report the State is looking to obtain? | Checklist or documentation confirming benefit services set up in claims system accurately matches plan document and the State’s benefit intent is acceptable. |
| 5. | ATTACHMENT D – PERFORMANCE GUARANTEES  HIPAA Assessments and Breaches | N/A | Can the State please provide more detail on the HIPAA Assessments expected by the State? Is the scope of HIPAA Assessments related to a review and risk assessment of any possible unauthorized disclosure event that occurs on a case-by-case basis? | Bidder’s documentation verifying/confirming annual review and risk assessment of any possible unauthorized disclosures is acceptable. |
| 6. | ATTACHMENT C - QUESTIONNAIRE | N/A | We realize the instructions for responding to the questionnaire are to call for concise responses; however, as the questionnaire is in Excel, it does not allow enough space for broad questions that require lengthier responses. Is it OK with the State if bidders provide overflow responses in the adjacent cells immediately to the right of the *Vendor Response* column, if needed? | Yes. |
| 7. | ATTACHMENT D – PERFORMANCE GUARANTEES | Row 13 | **Medical Prior Authorizations and Medical Pre-Certifications:** In regard to the requirement for prior (incumbent) Prior Authorizations (PAs) and Pre-certs being processed “within two business days of receipt”, can the State please confirm if this means two days from the date the PAs are loaded into our systems, or does it mean within two days of receiving the incumbent administrator’s file of existing PAs?  Is the State asking for processing prior to the effective date of 7/1/2026, which would be the winning bidder’s start date for administration? We will honor these existing PAs and Precerts; however, we are just asking for clarification on “processing within two days” since the file would be received prior to the go live effective date. | The State requires that there is no lapse or interruption in claims processing effective 07/01/2026 for existing PAs and Pre-certs already approved under the current carrier. If the approved PAs and Pre-certs data is received by awarded bidder before the 07/01/2026 effective date, the awarded bidder’s system should capture these approvals and process claims accordingly effective 07/01/2026. If the approved PAs and Pre-certs data is received by awarded bidder after 07/01/2026, these should be processed within two business days from date received. |
| 8. | ATTACHMENT D – PERFORMANCE GUARANTEES | Row 50 | **Referrals to Case Management:** Can the State please clarify what constitutes a referral, i.e., does a referral mean that a member is referred to Case Management outside of our normal priority algorithm?  Will the State provide a direct contact for outreach on obtaining valid phone numbers? | In this PG, referrals mean participants who are identified or are determined to benefit from case management, complex case management and disease management programs.  The State will provide direct contact for outreach, if available. |
| 9. | ATTACHMENT D – PERFORMANCE GUARANTEES | Row 52 | **Timely Post Discharge Counseling:** The request is for the denominator to be members qualified for a transitional case management (post discharge) call. Can the State please confirm the denominator would be any member in an inpatient hospital setting with a known discharge date? | Yes. |
| 10. | ATTACHMENT D – PERFORMANCE GUARANTEES | Row 55 | **Clinical Program Engagement:** Can the State please confirm that the activities listed in cell B55 are as they relate to the health plan’s care program offerings and exclude additional buy-up programs that could have an engagement component (e.g., a separate vendor program for diabetes management)? | Yes, the activities listed in cell B55 are related to the health plan’s care program offerings and exclude any additional buy-up programs. |
| 11. | ATTACHMENT C – QUESTIONNAIRE  And  NEBRASKA NETWORK ACCESS FILE | Section H.1 of Questionnaire  Entire File | The Attachment C Questionnaire, Section H.1. (Network Access and Management), requests information on the following:  “Count of EEs/RETs” with reference to “participants”. Based on this description, the GeoAccess reporting appears to be requested on *participating subscribers*, which total 13,715 per the medical census provided on 6/17/2025. There is no request to exclude out-of-state Ees/RETs, though that number is 13,458.  On the file titled ***Nebraska Network Access File*,** the State is showing only Nebraska information, and the GeoAccess request is based on Nebr members rather than employees and early retirees, which total 31,062. This includes Nebr employees waiving coverage.  Can the State please confirm if the Attachment C Questionnaire GeoAccess request is to be on enrolled (participating) employees and early retirees as requested (EEs/RETs) for all locations, which would be 13,715?  Can the State please confirm that you want the Nebraska Network Access File’s GeoAccess request to be on only Nebraska total members of 31,062? | In Attachment C Questionnaire, Section H.1., provide GeoAccess reporting, for all members (including employees, retirees and their dependents. Use the count in the census, which is 28,386 members. This number captures all members including those out of state and excluding those that waived coverage.  The Network Access Workbook, issued securely to Bidders with a signed NDA with Segal, will be reissued to remove those that waived coverage. The workbook will reflect in-state members only. The updated workbook count is 27, 832. Previous workbook will be removed from the secure workspace. |
| 12. | Administrative |  | Will an additional round of bidder questions be allowed if the answers to questions asked results in additional clarifications needed? | There is a second round of Q&A with questions due July 6. Please refer to Section I.C. Schedule of Events. |
| 13. | Network |  | Do you want Physician Assistant and Surgical Assistant considered in the Primary Care category for the Network Access exercise? | No, do not include Physician Assistants and Surgical Assistants in the Primary Care category. |
| 14. | Network |  | Do you require all bidders to provide a disruption and network access analysis, including the incumbent? | Yes. This is required of all bidders. |

#### Updated Attachment C

Attachment C - Questionnaire is hereby deleted and replaced with Attachment C1 - Questionnaire to update question P.1 as follows:

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| **P** | **IMPLEMENTATION, OPEN ENROLLMENT, AND COMMUNICATIONS** |
| P.1 | Provide an implementation plan detailing the implementation timeline assuming a December 1, 2025, contract award. At a minimum, the Implementation Project Plan must provide specific details on the following: |

This addendum will be incorporated into the solicitation.