

PEEHIP RFP 26-007 Ad-Hoc Health Benefits Consulting

Questions and Answers

Q: Regarding Section I.I.B.3, 'Vendor Oversight and Performance Management', does PEEHIP consider this scope to include independent fiduciary oversight and clinical/financial auditing of medical and pharmacy Third-Party Administrators (TPAs) to ensure contractual and fiscal compliance?

A: Clinical/Financial auditing might possibly be a project.

Q: Regarding Section I.I.B.3, 'Vendor Oversight and Performance Management', will PEEHIP consider firms that specialize exclusively in oversight and auditing functions for an award in this specific category, rather than providing full-service actuarial consulting?

A: PEEHIP will consider firms that specialize exclusively in oversight and auditing functions.

Q: 1. Do you have a data warehouse today? 2. If yes, direct contract or through a current consultant or broker, name of warehouse? 3. Can you provide a sample or more detail on the type of self service reporting/dashboard views/data drill downs you are hoping for?

A: 1. We do have a data warehouse. 2. The data warehouse is through a current consultant. 3. We are not providing a sample or more details as part of this RFP.

Q: Is your intention, if applicable, to continue leveraging the platform to support medical plan strategy?

A: Yes

Q: Are you seeking an alternative warehouse solution or to implement one? (whichever question is applicable)

A: No, we are not seeking an alternative warehouse solution or to implement one.

Q: If you do not have a Datawarehouse should we include a data warehouse as part of our proposal to support the outlined objectives?

A: We have a data warehouse.

Q: Is there another broker/consultant that places the business today or does PEEHIP place this business themselves and serve as broker?

A: PEEHIP places this business.

Q: Please clarify the RFP process. The RFP notes “Upon the award of this RFP, the PEEHIP will work with the Vendor(s) to further develop the scope of the contract”. Is purpose of this RFP to determine/prequalify a pool of qualified consultants to contract with for items listed in the Scope and that the awarding of specific projects in the Scope will be based on separate proposals among all awarded consultants for those specific Scope items after being awarded/prequalified as a consultant under this RFP?

A: The RFP is intended to identify one or more qualified Vendor(s) to provide ad hoc benefits consulting services within the Scope of Services. Because the services are ad hoc in nature, PEEHIP may further define specific assignments, deliverables, timelines, and costs with the awarded Vendor(s) after award.

If multiple Vendor(s) are awarded, PEEHIP may consider the nature of the assignment, the Vendor’s relevant expertise, availability, proposed approach, and cost in determining which awarded Vendor is best suited for a particular project. PEEHIP may request additional project-specific information or cost estimates from awarded Vendor(s), but the RFP should not be interpreted as requiring a separate competitive proposal process among all awarded Vendor(s) for every individual assignment.

Award under this RFP does not guarantee any minimum volume of work.

Q: Will firms that don't meet all the minimum experience qualifications be eliminated from scoring?

A: Proposals may be accepted from firms that demonstrate substantial experience in the areas requested even if they do not meet the preferred qualifications.

Q: Does PEEHIP anticipate awarding this contract to a single vendor or to multiple vendors? If multiple awards are made, how will work be allocated among awarded firms (ex: by service category, by project, or at PEEHIP's discretion)? Specifically, does PEEHIP anticipate awarding actuarial services and non-actuarial consulting services to separate firms, or is integrated advisory support from a single team preferred?

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Q: May proposers include descriptions of additional consulting capabilities or services outside the stated Scope of Work for PEEHIP's consideration?

A: Yes

Q: Does PEEHIP have historical or estimated information regarding the expected volume, frequency, or typical duration of Vendor Task Summaries anticipated during the contract term (FY2027–2031)? Additionally, of the service areas listed in the Scope of Work, are there categories PEEHIP expects to utilize most frequently or considers especially critical to ongoing program operations?

A: PEEHIP is seeking Vendor(s) with expertise in the list of service areas. After the contract award, PEEHIP via a statement of work may engage with Vendor(s) to perform a task.

Q: What ad hoc health consulting projects has PEEHIP requested of its current or prior consultants in the last three years, and what ad hoc projects are anticipated or planned for FY2027–2028?

A: PEEHIP is not providing this information as part of the RFP.

Q: Are there known upcoming initiatives, such as vendor RFPs, plan redesigns, MAPD strategy changes, or legislative mandates, that PEEHIP expects will require near-term consulting support following contract award?

A: PEEHIP is not providing this information as part of the RFP.

Q: Does PEEHIP expect the selected actuarial consultant(s) under this contract to develop independent rate recommendations for Board consideration, or primarily to validate and benchmark rates prepared by others (e.g., the current core health consultant or TPAs)?

A: Please refer to Section II. B. 2 of the RFP.

Q: Will actuarial support under this contract include reserve setting and IBNR validation, or will those functions remain with the current actuarial consultant?

A: Those functions will remain with the current actuarial consultant.

Q: Are compliance audits expected to be comprehensive annual reviews across all applicable regulatory areas, or more targeted issue-specific assessments based on emerging needs?

A: We expect compliance audits to be target issue specific, if requested.

Q: Does PEEHIP expect consultants to participate directly in vendor governance meetings, scorecard development, and executive performance reviews with TPAs, or will participation be limited to behind-the-scenes analytical support?

A: We expect consultants to be limited to behind-the-scenes analytical support.

Q: Are standardized vendor performance metrics and scorecards already in place for PEEHIP's TPAs, or would consultants be expected to develop the framework from the ground up?

A: These are already in place.

Q: How does the scope requested under this RFP differ from the services currently performed by PEEHIP's core health consultant? Is the intent of this RFP to supplement the existing core consulting relationship with targeted, ad hoc expertise, or to shift or replace certain functions not currently covered under that arrangement? May a vendor awarded a contract under this RFP also compete for, and potentially be awarded, other health consulting contracts with PEEHIP in the future, including the core consulting contract when it is next procured?

A: The intent of this RFP is to supplement the existing core consulting relationship with targeted, ad hoc expertise.

Q: Please describe the typical approval process, stakeholders involved, and anticipated timeline for review and authorization of Vendor Task Summaries. Does approval require sign-off from a board, committee, or executive for engagements above a certain scope or cost threshold?

A: PEEHIP would issue a request. The Vendor would provide number of expected hours and estimated cost. PEEHIP would review the proposal and approve or request negotiation.

Q: What level of access to claims, eligibility, pharmacy, and vendor performance data will be provided to consultants, and in what format? Will data sharing be governed by existing data use agreements, or will new agreements be required at the outset of each engagement?

A: PEEHIP is not disclosing this information at this time.

Q: Will awarded vendors be expected to communicate directly with PEEHIP's contracted third-party administrators (e.g., BCBS of AL, ESI, Humana, Southland Benefit Solutions) and other vendors, or will coordination occur exclusively through PEEHIP staff?

A: Generally, Vendors will coordinate through PEEHIP staff.

Q: What are PEEHIP's expectations for consultant availability and meeting cadence, specifically, will meetings with the PEEHIP team be conducted virtually, in person, or a combination, and at what general frequency?

A: Primarily virtually and cadence would be as necessary.

Q: Are out-of-pocket expenses (e.g., travel, data purchases, outside expert fees) reimbursed separately from the composite hourly rate, or should all direct costs be incorporated into the rate?

A: Please incorporate out of pocket expenses within the rate.