



# New Jersey Turnpike Authority

1 TURNPIKE PLAZA - P.O. BOX 5042 - WOODBRIDGE, NEW JERSEY 07095  
TELEPHONE (732) 750-5300

PHILIP D. MURPHY  
GOVERNOR

SHEILA Y. OLIVER  
LIEUTENANT GOVERNOR

DIANE GUTIERREZ-SCACCETTI, Chair  
ULISES E. DIAZ, *Vice Chair*  
MICHAEL R. DuPONT, *Treasurer*  
RAYMOND M. POCINO, *Commissioner*  
RONALD GRAVINO, *Commissioner*  
JOHN D. MINELLA, *Commissioner*  
RAPHAEL SALERMO, *Commissioner*  
JOHN M. KELLER, *Executive Director*

May 14, 2021

## TO ALL PROPOSERS:

RE: Request for Proposals  
Self-Funded Health Benefits Program Services  
RM-164138

### Responses to Inquiries

Dear Sir/Madam:

Below are the New Jersey Turnpike Authority's ("Authority") responses to inquiries received with respect to the above-referenced Request for Proposals ("RFP").

### **Responses to Inquiries - Medical**

1. Would New Jersey Turnpike Authority be willing to sign a Non-Disclosure Agreement in order to release the discount data for file "NJTA MEDICAL RFP NETWORK FACILITY DISCOUNT WORKSHEET"? This information is considered confidential & proprietary based on the contracts the carriers have with the providers.

**ANSWER: Yes, the Authority and Fairview Insurance Agency will sign a Non-Disclosure Agreement related to information that is considered confidential and proprietary.**

2. Please provide the excel files mentioned on Page 86 under NETWORK MANAGEMENT AND ACCESS.

**ANSWER: The Authority released the Excel files mentioned on page 86 of the RFP related to NETWORK MANAGEMENT AND ACCESS via the FileShare on April 30, 2021.**

3. Please provide the re-pricing file mentioned on Page 81 Under Claims Re-pricing.

**ANSWER: The Authority has released the Top 100 CPT codes in addition to the Top 50 Hospitals utilized by the Authority. The Authority is requesting the proposing vendors to respond to their contractual pricing for those providers within its network(s) as well as pricing for those providing out-of-network services.**

Responses to Inquiries

RFP Self-Funded Health Benefits Program Services

4. Please provide clarification on the bill negotiation fee and the quality management fee mentioned in the Financial Section of the questionnaire (page 81).

**ANSWER: The Bill Negotiation Fee and the Quality Management Fee are two services provided by Third Party Administrators that are examples of those that may be unbundled in your proposal. If you are proposing billing for services on an unbundled basis, you are being asked to provide your fee for those services separately.**

5. Please provide detail medical claims file referenced in Section VII A – Medical Questionnaire, C. Financial Section, 2. Claims Re-pricing.

**ANSWER: See answer to #3 Medical.**

6. What is the projected cost of pre and post implementation audits for medical and pharmacy? Will the audits occur once or will they be recurring? If they will be recurring, what is the frequency?

**ANSWER: The Authority is looking to conduct a pre and post implementation audit of the new coverages to ensure a smooth transition. The Authority is looking for the vendor awarded the business to guarantee this smooth transition by covering the cost of the audits, and/or putting its fees at risk for the same amount. The Authority is expecting to only implement these coverages once, so it is anticipated these audits will only be conducted once.**

7. Can you please provide current metrics in place for the Performance Guarantees cited on page 107 for additional clarity?

**ANSWER: The Authority is requesting that the vendor awarded the service contract have performance guarantees for the life of the contract to ensure that the services are provided at a certain level. Proposing vendors should not be constrained by those performance guarantees that are already in place, but to prove its willingness to commit to a high level of excellent service levels; examples of current performance guarantees are Claim Financial Accuracy, Paid Claim Timeliness, Phone Average Speed Answer Rate, Call Abandon Rate, Billing Accuracy, etc.**

8. Will you be providing the actual full detailed claims re-pricing file that corresponds to the directions for completion provided?

**ANSWER: See answer to #3 Medical.**

9. In the event that the bidder is submitting its bid in concert with another vendor (such as in the case of a TPA and leased network arrangement), how is the submitting bidder to complete VII- (A) Medical, for subsections G, H, I, K, L, M, N, O, P, Q, R? is it the intent that the such answers be answered by the proposed leased network to be submitted by the bidder? How does the Authority wish the distinction between the bidder and leased network to be indicated?

**ANSWER: The Authority's goal is to award the medical claims administration to ONE vendor. This vendor will be responsible for the coordination of all services (and service levels) provided to the Authority. In this regard, the proposing vendor responsible for all services provided should coordinate its responses with its partners, subcontractors, leased networks, etc. as one entity.**

10. In order to provide detailed discount information and line by line repricing, we would need an executed Non-Disclosure Agreement on file.

**ANSWER: The Authority and Fairview Insurance Agency will sign a Non-Disclosure Agreement related to information that is considered confidential and proprietary.**

### **Responses to Inquiries - Dental**

1. On page 112 at the top under Fees (Per Member Per Year) a. Estimated claims PEPY. Does the NJTA/broker want true claims, or anything else included?

**ANSWER: The Authority is looking for the estimated dental claims projected per employee per year. This coupled with the dental administration fee per employee per year would illustrate the estimated dental cost per employee per annum.**

2. What are the current and proposed commissions?

**ANSWER: The Authority does not currently pay commissions, nor is it requesting commissions in the proposed dental fee.**

3. What are the current and proposed employer contributions?

**ANSWER: The Authority pays approximately 80% of the total dental benefit expense for the active population with the employee paying the balance. This ratio is expected to continue in the new contract.**

4. Would either authority be interested in a fully insured quote?

**ANSWER: The Authority and South Jersey Transportation Authority are NOT interested in a fully insured quote for their respective dental programs.**

5. The census lives by plan do not match up with the experience lives by plan. Can you provide some clarification around the experience based on the notation below?
  - a. The experience (dental subscribers tab) only shows lives for the Dent 1R, 2 and 3 plans but it appears the 4 and 5 plans are active.

**ANSWER: The Authority introduced two (2) new dental plans in 2021 following recent bargaining negotiations. The new plans are the DENT4 and the DENT5 plans. Those active employees eligible for the DENT1 Plan have been moved to the DENT4 plan in 2021. Those active employees eligible for the DENT3 plan are being moved to DENT5 plan in 2021 – this transition is still in the process. The DENT1 and DENT3, along with the DENT2 plan, will become legacy plans. The experience provided is through the Policy Year Ended 2020 before the new plans were implemented.**

6. What is the out of network reimbursement percentile by plan?

**ANSWER: The Authority's current dental administrator, Delta Dental, determines the usual and customary reimbursement for non-participating dentists.**

7. Verify OON UCR reimbursement percentage for each plan.

**ANSWER: See answer to #6 Dental.**

8. Verify whether children are covered for Ortho To Age 19 or 24.

**ANSWER: The Authority dependent eligibility for dental coverage is to the end of the month to age 24, regardless of student status. Orthodontia coverage is for children and adults.**

**The South Jersey Transportation Authority just recently changed their dependent eligibility for dental coverage to the end of the month to age 26, regardless of student status. Orthodontia coverage is for children only.**

9. Dental plans 2, 3 & 5 have a \$50 individual deductible but no family deductible. Does this mean that each individual needs to meet their \$50 individual deductible or is it \$50 for the entire family?

**ANSWER: The Authority dental plan deductibles are required per member for certain dental services.**

10. SJTA Dental Plan – Please confirm that the plan does not have a deductible.

**ANSWER: This confirms that the South Jersey Transportation Authority Dental program currently does not have a deductible required.**

11. SJTA Dental Plan – Please confirm Dependent Child Age limit.

**ANSWER: The South Jersey Transportation Authority just recently changed their dependent eligibility for dental coverage is to the end of the month to age 26, regardless of student status, effective March 1, 2021.**

12. What is the current out of network reimbursement methodology for the dental plans? If based on Medicare, what is the percentage? If based on R&C, what is the percentile?

**ANSWER: The Authority's current dental administrator, Delta Dental, determines the usual and customary reimbursement for non-participating dentists.**

**Responses to Inquiries – Vision**

1. Would either authority be interested in a fully insured quote?

**ANSWER: The Authority and South Jersey Transportation Authority are NOT interested in a fully insured quotes for their respective vision programs.**

### **Responses to Inquiries – Prescription Drug**

1. Can the following data sets be provided, by NDC-11, that are referenced within the pharmacy questionnaire?
  - a. The Plan’s top 100 retail brand prescriptions
  - b. The Plan’s top 100 mail brand prescriptions
  - c. The Plan’s detailed claim-by-claim prescription drug data

**ANSWER: The Authority has provided the prescription drug detail by transaction.**

2. Can you confirm if the current EGWP benefit is self-funded or fully-insured?

**ANSWER: The Authority is enrolled in the Retiree Drug Subsidy (RDS) program that is self-funded.**

3. In the “Overview and Background” section, there is a footnote that states “Point-of sale rebates are not applicable for this group of grandfathered retirees.” Do any plans and/or groups outside of this grandfathered retiree population have a point-of-sale rebate arrangement currently in place?

**ANSWER: The Authority confirms that it does not have Point of Sale rebates currently in place.**

4. Should prescription drug vendors respond to each requirement in Section III D – Prescription Drug, or is Section III to be used for reference in responding to Sections IV and VII?

**ANSWER: Section III of the RFP provides the overview and background to provide proposing vendors guidance in their responses to the subsequent sections.**

5. Section IV – RFP Response, Submission Requirements & Evaluation Factors and Criteria; C. Submission Requirements. “Cost Proposals should be submitted separate from the technical component for each line of coverage that is being proposed.”
  - a. Should prescription drug vendors submit the entire Section VII – Prescription Drug Questionnaire, C. Financial Section, D. Specialty Pharmacy Pricing, and S. RDS Administration Fee Quote separate from the Technical response?

**ANSWER: The Authority would prefer it separate from the technical response but will accept it as part of the technical response.**

- b. Shall E. Performance Guarantees also be submitted under the Cost Proposal only since \$ at risk will be included? Where should vendors submit other Cost information within the technical section, (Ex. K. Reporting Capabilities Costs)

**ANSWER: The Authority would prefer that performance guarantees be submitted with technical response but will accept in both the technical response and cost proposal.**

6. Section VII D – Prescription Drug Questionnaire, I. Drug Utilization Review, pgs. 156-158. Item #1 asks for responses to be broken out into “Real Time Edit Criterion,” “% of Pharmacies that Satisfy Criterion,” “% of Pharmacies with real time, Online edits,” and “Percent of Total Rxs Denied (Last Calendar Year)”. However, this header carries over to page 158, but without columns broken out. Is the intention to only have vendors provide the breakdowns for item #1, and just to respond to the requirements for items #2-17?

**ANSWER: On Page 156, Inquiry #1, items a – k are the only items that require responses under the 4 headers. The balance of the responses for inquiry numbers 2 – 17 are not subject to the 4 headers. This is the format of the RFP.**

7. What is the projected cost of pre and post implementation audits for medical and pharmacy? Will the audits occur once or will they be recurring? If they will be recurring, what is the frequency?

**ANSWER: The Authority is looking to conduct a pre and post implementation audit of the new coverages to ensure a smooth transition. The Authority is looking for the vendor awarded the business to guarantee this smooth transition by covering the cost of the audits, and/or putting its fees at risk for the same amount. The Authority is expecting to only implement these coverages once, so it is anticipated these audits will only be conducted once.**

8. In the event the bidder is submitting in concert with a PBM, wherein the TPA will facilitate connectivity, access, data retention/transfer and reporting, how does the Authority wish the distinction between the bidder and pbm to be indicated?
- a. In particular, how is the submitting bidder/TPA to complete VII-D (PBM), for sections such as F (Questions/references – of the submitting bidder, or of the underlying PBM, which may be more relevant to the Authority?), G (Organization/Experience – same question).

**ANSWER: The Authority’s goal is to award the prescription drug claims administration to ONE vendor. This vendor will be responsible for the coordination of all services (and service levels) provided to the New Jersey Turnpike Authority. In this regard, the proposing vendor responsible for all services provided should coordinate its responses with its partners, subcontractors, leased networks, etc. as one entity.**

9. Related to the VII-D PBM section, for subsections such as C.2 and D (Pricing and Specialty Pharma), the actual calculations are being requested. While it is understood this is essential for the Authority to evaluate the bids, such information is frequently considered proprietary. To that end, will the answers to VII-D C& D otherwise be considered confidential/proprietary to anyone outside of the Authority and the professionals immediately associated with evaluation of the submission?

**ANSWER: The Authority is extremely sensitive to proposing vendors confidential and proprietary information and will sign any Non-Disclosure Agreement related to**



**information that is considered confidential and proprietary. Any information related to RFP submissions are not available to any party outside of the evaluation of this marketing effort.**

10. Please provide the following pharmacy utilization data:
- a. Line-by-Line claim information by Drug dispensed for a 12 month period (i.e. Calendar Year or Rolling 12)
  - b. Date of Services/Drug Fill Date
  - c. National Drug Code (NDC) = 11-digit number
  - d. Pharmacy Number: NABP, NCPDP = 7-digit number or NPI = 10-digit number
  - e. Quantity Dispense (Total Unit Dosage in Metric Units/Number of Metric Units of Medication Dispensed)
  - f. Days' Supply
  - g. Retail/Main Indicator
  - h. Brand/Generic Indicator

**ANSWER: The Authority has posted an Excel file on the Fileshare, NJTA RX CLAIMS DATA DETAIL 2020.XLS that includes the data requested.**

11. Please provide detailed Rx claims file to include the following:
- a. NCB
  - b. Quantity
  - c. Script Count
  - d. Mail/ESN/Retail Indicator
  - e. NABP Pharmacy Number
  - f. Fill Date of Point of Service Date
  - g. Days Supply
  - h. Usual & Customary Change
  - i. Compound Indicator
  - j. Formulary Status

**ANSWER: The Authority has posted an Excel file on the Fileshare, NJTA RX CLAIMS DATA DETAIL 2020.XLS that includes the data requested. Although there is no need for a proposing vendor to have the incumbent vendor's formulary status.**

12. Please provide a new prescription claims file for New Jersey Turnpike that includes quantity amounts and a formulary indicator.

**ANSWER: See answer to #11 Prescription Drug.**

13. When we reviewed the detailed prescription drug claims data, we found what we believe to be a mistake in the file. Both the drug quantity and the day supply have the same value in all records, whereas we typically see the day supply value being around half of the drug quantity value. Can you please provide an updated pharmacy data file with corrected drug quantity or day supply information?

Responses to Inquiries

RFP Self-Funded Health Benefits Program Services

**ANSWER: The Authority has posted an Excel file on the Fileshare, NJTA RX CLAIMS DATA DETAIL 2020.XLS that includes line-by-line claim information by drug dispensed for the 12-month period 2020. Please work with the data provided.**

14. Once we receive the updated utilization file, we will have a shorter turnaround time than we typically require to complete our proposal. Are you able to grant us an extension so that we can review the data and develop our quote?

**ANSWER: No. The dates on Addendum No. 2 remain the same.**

15. Page 168 of the RFP document, Section O. Prescription Drug Data requests – *For the Plans' top 100 retail brand prescriptions provided, please indicate whether each brand drug will be considered "preferred" or "non-preferred"*.

- a. Please confirm if we are to use the file labeled NJTA Top 100 RX for PYE 2019\_2020 from the Vendor Worksheet files to complete this request.

**ANSWER: The Authority has posted an Excel file on the Fileshare, NJTA RX CLAIMS DATA DETAIL 2020.XLS is to be used for this response.**

- b. Secondly, is this the same request referenced in the Rx Vendor Worksheet Instructions - #3 Prescription Drug – Top 100 Scripts? If not, please provide instructions as none were included.

**ANSWER: The Authority provided the TOP 100 Drugs for the proposing vendors information. This is not a worksheet but to be used as a reference.**

16. Page 169 of the RFP document, Section O. Prescription Drug Data requests – *Based on the Plan's attached detailed claim-by-claim prescription drug data provided, please indicate what percent of retail and mail generic and brand prescriptions are currently considered "preferred" on your proposed formulary*". Please confirm we are to use the file labeled NJTA Rx Claims Data Detail 2020 from the Vendor Worksheet files to complete this request.

**ANSWER: The Authority has posted an Excel file on the Fileshare, NJTA RX CLAIMS DATA DETAIL 2020.XLS is to be used for this response. Please identify those drugs that are preferred for each formulary being proposed.**

17. In the detailed pharmacy claims file provided, it appears that the "Days Supply Quantity" field mirrors "Total Days Supply" field and does not provide actual drug quantities dispensed. This results in claim outliers that would have an impact on the claim-level analysis requested. Please confirm if a revised claims file that contains a Drug Quantity Dispensed field can be provide.

**ANSWER: The Authority has posted an Excel file on the Fileshare, NJTA RX CLAIMS DATA DETAIL 2020.XLS that includes line-by-line claim information by drug dispensed for the 12-month period 2020. Please work with the data provided.**

18. Please confirm that the currently enrolled Medicare-eligible retiree population (>65 retirees/survivors) is approximately 2,480 members.

**ANSWER: The Authority provided a census of those enrolled in the prescription drug program. There are 2,086 members that are eligible for the Medicare-eligible prescription drug program as of February 2021.**

19. How much does the employer contribute towards the premium?
- Is contribution a percent of the premium and/or flat dollar amount?
  - If contributions varies by years of service, please provide average years of service and average employer monthly funding.

**ANSWER: The Authority prescription drug program is administered on a self-insured basis, thus there are no premiums. The Authority pays approximately 80% of the prescription drug cost for the active population. Contributions are based on base annual earnings.**

20. Will members be eligible to remain on the active (commercial) plan in addition to the EGWP offering?

**ANSWER: The Authority is enrolled in the Retiree Drug Subsidy program with Medicare (CMS) for its retiree prescription drug program. This prescription drug program is the same program that they were enrolled as an active employee.**

21. How many retirees would be quoted for each of the EGWP plans?

**ANSWER: The Authority is enrolled in the Retiree Drug Subsidy program with Medicare (CMS) for its retiree prescription drug program. Should the Authority request quotes for an EGWP plan, all the members enrolled in the RDS program will be eligible for the EGWP plan.**

22. Do the members have the choice between the plans, or are they enrolled via class? Do they have the choice to switch plans year to year?

**ANSWER: In 2021, the Authority offered two prescription drug options to its active employees during open enrollment. It is anticipated that these two plans will be available as option for 2022. A retiree takes into retirement the prescription drug plan they were enrolled as an active employee and do not have the option to switch.**

23. Please indicate whether the provided Rx claims have been reduced for the following:
- Manufacturer rebates

**ANSWER: The month-by-month prescription drug claims file for the 2019 and 2020 year represents the gross paid claims that the incumbent vendor paid on the Authority's behalf. These claims were NOT reduced by the manufacturer rebates.**

- Member cost share

**ANSWER: The month-by-month prescription drug claims file for the 2019 and 2020 year represents the gross paid claims that the incumbent vendor paid on the Authority's behalf. These claims represent those paid after the member cost share.**

24. Are Part B Rx claims included in the claims provided?

**ANSWER: The month-by-month prescription drug claims file for the 2019 and 2020 year represents the gross paid claims that the incumbent vendor paid on the Authority's behalf. These claims do not include Part B claims.**

25. Can you confirm that the retirees are currently in a self-funded EGWP vs simply a self-funded Rx benefit?

**ANSWER: The Authority is enrolled in the Retiree Drug Subsidy program with Medicare (CMS) for its retiree prescription drug program. This prescription drug program is the same program that they were enrolled as an active employee. Confirming this is simply a self-funded Rx Benefit.**

26. If included, please list any Non-Part D drugs or lifestyle drugs covered on the current Rx plan.

**ANSWER: The Authority is enrolled in the Retiree Drug Subsidy program with Medicare (CMS) for its retiree prescription drug program. The line-by-line claim information by drug dispensed for the 12-month period 2020 is available for proposing vendors to identify all drugs dispensed to the Authority participants.**

27. Please provide clarification surrounding the provided Rx plan designs: it appears that the RXACF/R Rx Plan Design is the "base" plan, showing the 30 day retail cost/90 day mail order cost, and the various suffixes only amend the 90 day retail and 90 day mail order copays. Please confirm this is accurate.

**ANSWER: In 2021, the Authority offered two prescription drug options to its active employees during open enrollment – the RXACF/R and the RXVF1/R. Effective 1/1/2022, the balance of the other 11 prescription drug plans are expected to become legacy plans. A legacy plan is that plan administered to a closed group of enrolled retirees. Each plan has a 30-day retail provision as well as a 90-day mail order option.**

28. Would the client be interested in a self-funded EGWP quote as well?

**ANSWER: The Authority would be interested in evaluating an EGWP option in the future.**

29. Please provide the current benefit design for part D covered vaccines, including any custom coverages.

**ANSWER: The Authority prescription benefit plan designs are outlined in the RFP. It does not administer a separate Part D program.**

30. Current benefit design for diabetic supplies covered under part D, including any custom coverages.

**ANSWER: See answer to #29 Prescription Drug.**

31. Please provide a copy of the currently utilized formularies with UM and tier information.

**ANSWER: The Authority has provided the three (3) formulary descriptions it utilizes with its incumbent PBM on the Fileshare.**

32. In order to provide detailed pharmacy repricing information, we would need an executed Non-Disclosure Agreement on file.

**ANSWER: See answer to #9 Prescription Drug.**

33. Please provide any details related to clinical programs (i.e., step therapy, prior authorization, etc specific to Active and Retiree plans)

**ANSWER: The Authority prescription program has very few limitations. However, the program does incorporate the following:**

- **PA Approval for Rx not on formulary**
- **PA High cost generics**
- **PA Spinraza, Metformin, Omeprazole/Sodium, Bicarbonate**
- **PA 3-day limit pediatric opioids**
- **Point of Sale Quantity limits, dose optimization**
- **Option for Maintenance drugs to be filled at retail pharmacy for MO Copays and cost**
- **Safety Monitoring to reduce fraud**

34. Please confirm if the Authority wants a financial offer with RDS for the Retirees or EGWP for the Retirees.

**ANSWER: The Authority is enrolled in the Retiree Drug Subsidy program with Medicare (CMS) for its retiree prescription drug program. The Authority is requesting proposing vendors to continue to assist with its RDS application and administration as well as assist the Authority in moving to an EGWP platform should this be its direction.**

35. Protecting the health and safety of both our clients and our employees is top of mind, especially during the Coronavirus (COVID-19) pandemic. In light of this and CDC guidance to help slow the spread of the Coronavirus by working from home whenever possible and reducing physical touchpoints, will electronic submission be accepted in place of the requested hard copies?

**ANSWER: No.**

36. As requested under separate email is it possible to obtain an updated claim detail file which provides quantity? The file provided includes fields where the Total Days Quantity and Total Days Supply

Responses to Inquiries

RFP Self-Funded Health Benefits Program Services

are the identical values. Quantity is required so that we can provide AWP for the claim detail analysis requested.

**ANSWER: The Authority has posted an Excel file on the Fileshare, NJTA RX CLAIMS DATA DETAIL 2020.XLS that includes line-by-line claim information by drug dispensed for the 12-month period 2020. Please use the quantity provided in the file. Please work with the data provided.**

37. Will you please help get a clarification/fix to the Rx claims file? It appears that two columns on the File, N – ‘Days Supply Quantity’ and AM – ‘Total Days Supply’, have the exact same values and that it appears it is missing a Quantity field. Unless every single script was written for 1 per day, in which case we need clarification that column N is possibly the Quantity field that we need.

**ANSWER: See answer to #36 Prescription Drug.**

38. There appears to be an issue with the file as Days Supply Quantity and Total Days Supply fields appear to be the same values, which we typically don’t see in prospect data. We requested a new claim file be provided clarifying those fields if possible. NJTA is requesting responding vendors provide AWP values in the requested claim detail response. Inaccuracies/or lack of clarity regarding actual Days Supply could impact AWP values provide in the detail.

**ANSWER: See answer to #36 Prescription Drug.**

### **Responses to Inquiries – COBRA/FSA/HSA**

1. Could you provide HSA account balances. Ideally, we would know the total amount of assets in the HSAs and what portion of that is held in cash.

**ANSWER: The Authority’s current HSA vendor, HealthEquity, maintains the account balances of the individual Health Savings Accounts. The Authority does not have access to this information.**

2. The RFP “Read Me First” document contains additional requirements for Direct Billing, in addition to HSA, FSA, and COBRA. If we cannot support the Direct Billing process for the NJTA EDC Program, will that disqualify our total bid? We can make a referral for a strategic partner that can support the direct billing for your NJTA EDC Program.

**ANSWER: The Authority’s goal is to award the COBRA/FSA/HSA administration to ONE vendor. This vendor will be responsible for the coordination of all services (and service levels) provided to the Authority. In this regard, the proposing vendor responsible for all services provided should coordinate its responses with its partners, subcontractors, etc. as one entity.**

3. Page 41 of the RFP; B. Interface with Authority; 2. Transmit contribution information to Successful Proposer(s), at the end of each contribution period. Please confirm that funding alternatives to per-pay-period election contributions will be considered.

**ANSWER: The Authority has employees that participate in the FSA/HSA plans that are paid on both weekly and bi-weekly basis. The Authority currently, and wishes to maintain, transmitting these contributions following each pay period.**

4. Page 40 of the RFP; A. General; 2.b. Maintain records of individual account contributions (as provided by the Authority), payments of benefits to, and resulting account balances of members and dependents and report the same to the Authority in a format and frequency acceptable to the Authority. Is online, on-demand 24/7 download to Excel an acceptable format and frequency of reporting?

**ANSWER: The Authority confirms that online and on-demand 24/7 download to Excel as an acceptable format and frequency for reporting.**

5. Page 40 of the RFP; A. General; 2.c. Prepare and mail to participating employees quarterly and year end reports of all transactions (account contributions as reported by the Authority as well as benefits paid) made on behalf of participating employees under the Plan. Please confirm that online, on-demand access to account data in an acceptable alternative to mailed quarterly and year end employee notices.

**ANSWER: The Authority confirms online and on-demand access to individual account data is an acceptable alternative to mailed quarterly and year end employee notices.**

Responses to Inquiries

RFP Self-Funded Health Benefits Program Services

6. Page 40 of the RFP; A. General; 2.d. Create, print, and stock all necessary forms to carry out plan operations. Please confirm that online access to download all necessary forms is an acceptable alternative to provision of printed collateral and plan forms.

**ANSWER: The Authority confirms that online access to download all necessary forms is an acceptable alternative to providing printed collateral and plan forms.**

7. Page 187 of the RFP; Section VII E F G – COBRA, FSA, and HSA Questionnaire: J.8. Please confirm that you will be able to provide the Authority Administration with online, inquiry access to your system to view member and employer records. Does the Authority not want online access to change employee records?

**ANSWER: The Authority desires the ability to want online access to change employee records.**

8. What are the current HSA assets under management?

**ANSWER: The Authority's current HSA vendor, HealthEquity, maintains the account balances of the individual Health Savings Accounts. The Authority does not have access to this information.**

9. What percentage of employees invest their HSA funds?

**ANSWER: The Authority currently has 10 active employees that are eligible for the Health Savings Account program.**

10. Will the group request a bulk transfer of the HSA funds to the new administrator?

**ANSWER: The Authority would like the option to transfer the Health Savings Account group of funds to the new administrator.**

11. When was the last time New Jersey Turnpike Authority went out to bid? Did they change vendors then? If no, why not?

**ANSWER: The Authority has been with its current COBRA/FSA/HSA administrator effective 1/1/2017. The contract was awarded following a marketing effort.**

12. What is the current Per Participant Per Month FSA administrative fee? Does the fee cover one or both FSA services (medical and dependent care)? Does this fee include the debit card or is that an additional fee?

**ANSWER: The Authority currently pays \$3.90 per member per month for FSA Unreimbursed Healthcare, Dependent Care. or both (not charged double) subject to a minimum fee of \$250. The fee for each Health Savings Account participant is \$3.25 per member per month subject to a minimum fee of \$100. These fees include a debit card.**



Responses to Inquiries

RFP Self-Funded Health Benefits Program Services

13. What is the current Per Participant Per Month HSA administrative fee? Does this fee include the debit card or is that an additional fee? What is the fee after the employee is either no longer in the QHDHP or has left employment?

**ANSWER: The Authority currently pays \$3.90 per member per month for FSA Unreimbursed Healthcare, Dependent Care, or both (not charged double) subject to a minimum fee of \$250. The fee for each Health Savings Account participant is \$3.25 per member per month subject to a minimum fee of \$100. These fees include a debit card.**

14. Can we get a breakdown of custodial cash vs investment balances under AUM?

**ANSWER: The Authority's current HSA vendor, HealthEquity, maintains the account balances of the individual Health Savings Accounts. The Authority does not have access to this information.**

15. Will New Jersey Turnpike Authority or the employee be paying the HSA and/or FSA monthly fee?

**ANSWER: See answer to #12 Dental.**

16. Does New Jersey Turnpike Authority require any special handling and/or communication to employees, besides those noted in the RFP?

**ANSWER: The Authority does not require any special handling and/or communication to its employees other than that requested in the RFP.**

17. When will New Jersey Turnpike Authority allow the administrator to attend employee meetings to drive the education of the HSA and FSA programs.

**ANSWER: The Authority would consider allowing the administrator to attend employee meeting to educate employees regarding the advantages of the Health Savings Accounts and Flexible Spending Accounts.**

18. The NJTA census data indicates there are 10 enrolled HSA members. Please confirm the total number of HSA eligible employees.

**ANSWER: The Authority confirms there are ten (10) employees enrolled in the Health Savings Account.**

### **Responses to Inquiries – General**

1. Related to “Section Q. Small Business and Disabled Veteran Owned Business Enterprises Requirements”; Are proposers required to follow these guidelines in order for proposals to be considered?

**ANSWER: There is no required percentage for SBE/DVOB/MBE/WBE. However, the Authority strongly encourages SBE/DVOB/MBE/WBE participation to the extent possible.**

2. With current COVID-19 restrictions, are electronic signatures acceptable for the required forms?

**ANSWER: Yes, electronically signed forms are acceptable.**

3. Can you please provide more information regarding the packaging requirements on page 43 under C Submission Requirements?

**ANSWER: Proposers are required to submit one (1) original, seven (7) hardcopy completed Proposals and one (1) electronic proposal on a flash drive or CD directly to the Authority. In addition, one (1) hardcopy and one (1) electronic version should be sent directly to Fairview Insurance Agency Associates.**

4. Considering the current pandemic would you accept submissions uploaded a secure FTP site rather than a flash drive.

**ANSWER: Yes.**

5. Based on the pre-proposal meeting we understand electronic signatures are acceptable and since we are currently working in a remote environment will you also waive notary requirements?

**ANSWER: Yes, electronically signed forms are acceptable. As a precaution against the spread of COVID-19; in lieu of a notary public, the Authority will accept the following statement above the signature line: “I certify, under penalty of perjury under the laws of the State of New Jersey, that the foregoing is true and correct”.**

6. Can we submit all coverages that we are quoting together in the required 1 original/7 copies, or does each coverage need to be submitted separately (Separate set of binders for Dental, HSSA, etc.)?

**ANSWER: The Authority requests stand-alone quotes on each of the lines of coverage; however, proposals may be combined in the same binder(s) where practical.**

7. The RFP states that the documents on the USB need to be in Word. Will an exception be allowed for searchable PDFs? If not, we will require Word versions of the RFP and all forms in order to comply.

**ANSWER: The Authority will accept PDF format.**

8. Given the current national health and safety concerns around the COVID 19 virus, our workforce transitioned working from home. Are you willing to waive notary/seal requirements on all required RFP forms/documents?

**ANSWER: See Answer to # 5 General.**

9. Page 7 of the RFP, first paragraph, indicates there should be five (5) sections in each Section III (A-G) product Scope of Services. However, the Section III E F G – COBRA, FSA and HSA only has two (2) section (A & B) on pages 40-41 of RFP. Did the Authority intend that the E F G – COBRA, FSA and HSA Scope of Services questionnaire also include sections C-G? If so, please provide the missing response sections.

**ANSWER: There are no additional questions. Please answer applicable questions on pages 40-41.**

10. Page 12 of the RFP: Q. Small Business and Disabled Veteran Owned Business Enterprises Requirements. This section indicates that good faith efforts to locate qualified potential small business subcontractors is required. If Proposer utilizes subcontractors who service the Proposer's entire client base, and it is not feasible or practical to utilize other subcontractors for this particular contract, including SBEs and DVOBs, will the Authority waive the requirement to make a good faith effort? And will the Authority also waive all subsequent forms reporting SBE participation?

**ANSWER: A good faith effort to utilize SBE/DVOB/MBE/WBEs is required only if the TPA intends to utilize subcontractor(s) or sub-consultant(s) to perform any of the Services. However, the Authority encourages SBE/DVOB/MBE/WBE participation.**

11. Pages 12-13 of the RFP; R. Division of Revenue Registration.
- a. Is the business registration with the Division of Revenue the same thing as the document that is filed with the Secretary of State that indicates a company's authority to do business in the State of New Jersey?

**ANSWER: This question is not clear since we do not know what document you filed with the Secretary of State. We suggest that you reach out to the Division of Revenue for guidance. However, any Successful Proposer must have a valid business registration certificate prior to contract award.**

- b. Does this only apply to subcontractors hired specifically to perform services directly to the Authority, or does it also apply to subcontractors Proposer utilizes in servicing the entire client base?

**ANSWER: This applies only to subcontractors that provide services to the Authority.**

Responses to Inquiries

RFP Self-Funded Health Benefits Program Services

12. Page 19 of the RFP; F. Submission of Multiple Coverages; For those Proposers providing responses for more than one coverage, please provide bundled and unbundled pricing. AND pages 43-44 of the RFP; C. Submission Requirements, instructs bidders to provide (1) original, seven (7) hardcopy completed Proposals and one (1) electronic proposal on a flash drive directly to the Authority.

- a. If a bidder proposes bundled services, must they submit one set of submission documents for every product offered?

**ANSWER: See Answer to # 6 General.**

- b. If more than one standalone product is offered, will the Authority need one (1) original, seven (7) copies and one (1) electronic proposal on a flash drive for each separate product?

**ANSWER: See Answer to # 6 General.**

- c. How many copies of the Cost Proposal should be submitted for each product?

**ANSWER: The Authority will need one (1) original, seven (7) copies and one (1) electronic proposal**

13. Exhibits C, H and I include notary validation. However, we are seeking deferral of all hard copy, wet, longhand, original signature and/or notary requirements until award negotiations, as part of our response to the global pandemic. Will the Authority please accept electronic signatures submitted in good faith during preliminary bid activities, as opposed to physical contact activities which present unnecessary risk to our employees during a global pandemic?

**ANSWER: See Answer to # 5 General.**

14. In lieu of flash drive, is CD an acceptable electronic format?

**ANSWER: Yes, a CD is an acceptable electronic format.**

15. Can PDF format be provided on electronic format instead of Word documents?

**ANSWER: The Authority will accept PDF format.**

16. Section II – Administrative and Contractual Information. Should vendors respond to each item in Section II or is Section II to be used as reference.

**ANSWER: Section II should be used as reference to Section VI Checklists and Exhibits.**

17. Section IV – RFP Response, Submission Requirements & Evaluation Factors and Criteria; C. Submission Requirements. “Cost Proposals should be submitted separate from the technical component for each line of coverage that is being proposed.” Will a separate Cost Proposal binder suffice for this requirement, or should Cost Proposals be in a separate sealed package from the Technical binders?

**ANSWER: A separate Cost Proposal binder will suffice.**

18. The RFP indicates that we must submit one original and seven copies of our proposal, including one flash drive, for each line of coverage quoted. If we plan to propose an integrated solution for multiple lines of coverage, should we still submit separately (8 hard copies x 4 lines) or combined (8 hard copies x 1 integrated proposal)?

**ANSWER: See Answer to # 5 General.**

19. Does the Authority offer an EAP today?

**ANSWER: Yes.**

20. If the bidder does not have references of the requested size (VII-A, B.h.b.2.), is that disqualifying to the bid submission?

**ANSWER: No.**

21. Having initially declared an interest in all of the available service lines prior to the release and review of all documentation, there may be an interest in not bidding on all previously indicated service lines. What is the appropriate manner in which to signify the change to the Authority and related personnel?

**ANSWER: To signify a change to your original Intent to Propose form, submit a revised Intent to Propose form to [dbarnfield@njta.com](mailto:dbarnfield@njta.com) with a copy to [mcnally@njta.com](mailto:mcnally@njta.com) and [jagraham@fairviewinsurance.com](mailto:jagraham@fairviewinsurance.com).**

**Proposals are due on Friday, May 28, 2021 at 2:00 PM EST.**

Very truly yours,



Dale Barnfield, Director  
Procurement and Materials Management

DB/am