

**ALBUQUERQUE PUBLIC SCHOOLS  
PROCUREMENT DEPARTMENT  
ADDENDUM #1 FOR RFP NO. 14-061SS-AM  
EMPLOYEE BENEFITS AND ACTUARIAL CONSULTING SERVICES  
JUNE 3, 2014 – 2:00 PM**

May 28, 2014

Please note the following changes/corrections:

- Change Submission of Proposal Estimated Date from 6/3/14 (Tue) 2:00 p.m. (MDT) to 6/13/14 (FRI) 2:00 p.m.
- Change Proposal Evaluation Estimated Date from 6/5-19/14 to 6/17-30/14.
- Responses to written questions are listed on the following pages.

Thank you for your interest in Albuquerque Public Schools

**ACKNOWLEDGE ADDENDUM WITH RFP:**

**Addenda not signed and returned may consider the RFP non-responsive and may be rejected.**

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**COMPANY/FIRM NAME**

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**SIGNATURE**

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**DATE**

**Sandra Sanchez  
C.P.M., A.P.P., CPPO, CPPB  
Procurement Manager**



**REQUEST FOR PROPOSAL  
RFP #14-061SS-AM  
EMPLOYEE BENEFITS AND ACTUARIAL CONSULTING SERVICES**

**RESPONSE TO TECHNICAL QUESTIONS SUBMITTED  
(Some similar questions grouped together)**

**EMPLOYEE COMMUNICATIONS**

**1. What is the preferred method of communicating with employees?**

*Answer: APS: All Users weekly on-line newsletter (Perspective), hardcopy communications distributed to employees at their worksites, and on a limited basis, School Messenger (includes voicemail and e-mail messaging capabilities).*

**2. Do you use e-mail to communicate with employees?**

*Answer: APS: Yes. All Users weekly on-line newsletter (Perspective) and APS School Messenger (includes voicemail and e-mail messaging capabilities). APS School Messenger is used to communicate specific Benefits-related events, such as: Switch/Open Enrollment information, APS Employee Wellness Incentive Program notifications and other important Benefits announcements. APS Communications Department edits and authorizes all Benefits Communications published in the All Users weekly newsletter, School Messenger and APS Employee Benefits and Employee Wellness websites.*

**3. What is your current annual budget for employee benefit communications?**

*Answer: The annual cost ranges between \$8,000 - \$10,000 and includes all printed benefits forms and materials.*

**4. Do you send printed materials to employee homes/residences?**

*Answer: APS: Yes. On an annual basis (each November), the Employee Benefits Department mails Retiree Life Insurance Billing Notifications to approximately 2,368 APS Retirees. On a rare occasion, printed materials are mailed to APS active employees. The preferred method to send printed materials to active employees is through distribution to their worksites via interoffice mail.*

**5. Who currently creates, develops, revises and designs your employee benefits materials?**

*Answer: APS: APS Employee Benefits Department Management staff with assistance from APS Communications Department, and APS Graphics Department. The APS Employee Benefit Handbook is published annually with assistance where applicable from the medical, prescription drug, dental, vision, Flexible Benefits, Life and Long Term Disability, Voluntary Retirement Plans, Employee Assistance Program, and New Mexico Educators Federal Credit Union vendors.*

**Who in HR is responsible for benefits and employee communications?**

*Answer: APS: Employee Benefits Department management staff is responsible for employee benefit communications. The APS Graphics Department creates and designs the material with input from the Employee Benefits Department. Materials that need to be printed are printed by the APS Graphics Department.*

**6. What materials do employees receive in advance of and during open enrollment?**

*Answer: APS: Personalized benefit confirmation statements illustrating employees' current benefit coverage and bi-weekly premium cost are provided two weeks prior to Switch/Open Enrollment. During Switch/Open Enrollment, employees are provided with Benefit Plan Summaries for all benefit plan offerings, Switch/Open Enrollment Notification (includes information on options for enrollment and a summary of plan design changes), and Schedule of Premium Rates. Any required notices (Medicare Part D, PPACA notices, etc.) are attached to the benefits confirmation statement. The notice announcing the annual Open/Switch Enrollment Health Fair with plan design changes for the next plan year is posted on the Employee Benefits Department website and distributed via interoffice mail to all worksites.*

**7. Do you conduct employee enrollment meetings either in person or online?**

*Answer: APS hosts in-person Switch/Open enrollment meetings and posts informational videos on the APS Employee Benefits website. Visit <http://www.aps.edu/human-resources/benefits> to view the APS Employee Benefits website and vendor videos.*

**8. Who controls and updates the employee benefits content on your website?**

*Answer: APS: Employee Benefits Management staff.*

**9. Do employees have access to a benefits intranet site?**

*Answer: APS: No. Benefits information is posted to our internet Employee Benefits website at <http://www.aps.edu/human-resources/benefits>.*

**10. How are the core benefits currently enrolled?**

*Answer: APS currently uses paper enrollment forms. Benefits staff enroll employee benefit plan elections electronically in APS Lawson HR Pay Integrated System.*

**11. In section 4.2.16, it states we need to assist in preparation and review of communication materials. Does that mean provide materials that are print ready or do the printing as well? What type of communications are your referencing?**

*Answer: APS: Review of federal and state required employee notices and announcements; APS utilizes our Graphics Department for design and printing.*

**12. Do you currently conduct employee surveys or focus groups? If yes, could you share the results regarding employee benefits communications?**

*Answer: APS has the capability to conduct employee surveys. We have not done a recent survey and do not conduct focus groups.*

**13. Please indicate the number of meetings to be contemplated with respect to attendance at IBAC meetings annually, along with locations.**

*Answer: APS: The IBAC meets monthly, however it would be rare for our Employee Benefits Consultant to be required to attend an IBAC Meeting outside of an IBAC request for Project Consulting work in relation to an IBAC RFP.*

## **CORE BENEFITS**

**14. In section 4.2.15, it states we need to provide quarterly and year end reports. Is that just on the medical plan or is that other coverages as well?**

*Answer: APS's preference would be to have medical, RX, dental, and vision included in these reports.*

**15. In section 4.2.18, it states we need to obtain, review and negotiate all renewals and contracts. It was our understanding this was done at the IBAC level. Can you describe what our involvement would look like in this process?**

*Answer: For renewals and contracts that are negotiated at the IBAC level, we would require our consultants to review, analyze and advise in the annual ASO renewal negotiations process. For renewals and contracts that are offered exclusively by APS, (Flexible Spending Account Plan, Long Term Care Insurance, APS Employee Wellness Incentive Program, ancillary benefits, etc.), we may request consulting analysis and advice from our consultants.*

**16. In section 4.2.26, it states that consultant will need use a database to combine all medical, prescription drug and biometric screening data. We currently use a data analytics tool. Would the expectation be that we would add the biometric data to that system?**

*Answer: APS's preference would be that aggregate biometric data be included in the database system. However, it is not part of our current consultant's data analytics tool.*

**Scope of Work 4.2.26: Is the database mentioned here housed by APS, whereby the consultant is given access to the database, or is the consultant expected to own and maintain a Data Warehouse for this information? Does APS currently utilize a Data Warehouse, if so, which one?**

*Answer: APS: The consultant is expected to own or have access to a data warehouse. APS's in-force consultant provides data warehousing for integration of medical and RX claims.*

**17. In section 4.49, it states we would need to conduct health claims audits. How often would the claims audits be performed? Would you also require a dependent audit?**

*Answer: APS: Claims audits to be performed every two (2) years. If a dependent audit is required, it would be negotiated as an additional service.*

18. Is there currently a data warehouse in place, integrating medical claims from both carriers, RX data and biometric data? Is this warehouse proprietary to the in-force firm, and what will happen to this resource, and the data, in event that the firm is not retained?

*Answer: APS: Yes. APS's in-force consulting firm provides data warehousing for integration of medical claims data from both medical carriers and prescription drug PBM. The data warehouse is proprietary to APS and the in-force consulting firm.*

19. Please confirm the medical carriers in place.

*Answer: APS: Presbyterian Health Plan and Lovelace Health Plan.*

*NMRHCA: Presbyterian Health Plan, Blue Cross Blue Shield of New Mexico and Lovelace Senior Plan, and United Health Plan.*

*NMPSIA: Presbyterian Health Plan, Blue Cross Blue Shield of NM each offer a High Option and Low Option plan (total of four medical plan options).*

20. How/what firm is currently conducting biometric screenings, and are they currently providing a complete data set for integration into a data warehouse?

*Answer: APS: Our current wellness vendor is HealthAdvocate (formerly, WellCall). They are not currently providing data for integration into the current data warehouse.*

21. Please elaborate on desired benchmarking: i.e., nature, breadth of benefits to be included, geographic reach, general published survey results versus customized survey work, etc.

*Answer: APS: The intent of 4.2.17 and 4.6.4.7 is to determine vendor benchmarking capabilities and what is included in your standard benchmarking reports.*

## **VOLUNTARY BENEFITS**

22. What employee classes will be eligible for the voluntary benefits offerings?

*Answer: APS: If we elect to offer voluntary benefits, APS would determine eligibility at that time.*

23. Will the voluntary benefits be offered to retirees? If so, retirees under 65, over 65 or both?

*Answer: APS: No.*

24. How will the voluntary coverages be enrolled? (This really only pertains to the Accident and Permanent Life since the Auto/Home and LTC would likely be enrolled on the selected carrier's website).

*Answer: APS: If we elect to offer voluntary benefits, APS would determine enrollment procedures at that time.*

25. Will the voluntary coverages be offered during the annual open enrollment alongside the core benefits or on a stand-alone basis?

*Answer: APS: If we elect to offer voluntary benefits, APS would determine enrollment timing at that time.*

**26. Will this be an active enrollment where all employees will be required to make an active yes/no decision? (This too only applies to the Accident and Permanent Life).**

*Answer: APS: If we elect to offer voluntary benefits, we would determine enrollment procedures at that time.*

**27. Is the client looking for a single carrier for the auto/home coverage or multiple carriers?**

*Answer: APS: If we elect to offer voluntary benefits, we would determine the carrier or carriers at that time.*

**28. Will the auto/home premiums be payroll deducted?**

*Answer: APS: If we elect to offer voluntary benefits, we would determine premium payment procedures at that time. However, it is unlikely that payroll deduction would be offered.*

## **WELLNESS**

**29. Who is responsible for your wellness program?**

*Answer: APS Employee Benefits Management staff and the District Employee Wellness Coordinator who develops, implements, and manages our wellness programs in alignment with the district's vision, goals and employee wellness initiatives. APS contracts with a third-party Wellness vendor for Biometric Health Screening Services, on-line Health Risk Assessment (Personal Health Profile), Tobacco Cessation Program and Health Coaching.*

**30. In the Scope of Work section 4.2.25 should we interpret this as requiring the consultant to either directly provide, or subcontract, for Health Risk Assessment (HRA)/Personal Health Profile (PHP), biometric health screening and other direct participant services and include this in our pricing? As an alternative can the selected consultant manage an RFP to contract such services on a competitive procurement basis with the cost of such vendor relationship(s) paid directly by APS?**

*Answer: APS: No, the consultant will not be required to provide these services as part of this RFP and these services should not be included in your pricing. It is possible that the selected consultant would be asked to manage an RFP for these services, with the cost for these services paid directly by APS.*

**31. In section 4.2.25, it says we need to participation in Wellness Task Force meetings. How often does the task force meet?**

*Answer: APS: The APS Employee Wellness Advisory Committee (EWAC) meets monthly on the third Wednesday of every month. Consultants may attend in person, or participate via conference call. Participants of the EWAC include:*

- *APS Employee Wellness Coordinator – EWAC Chair*
- *APS Employee Benefits Director and Employee Benefits Analyst*
- *APS Director, HR Operations*
- *APS Equal Opportunity Services (EOS) Specialist*
- *APS Contracted Employee Wellness Vendor Representative*
- *Representative from Benefits and Actuarial Consultants*
- *Representatives from APS' medical, RX, dental, and vision plan providers*
- *Representative from Students, Family and Community Supports*
- *Representatives from Student Nursing Services*
- *Representative from APS Food and Nutrition Services*
- *Representative from APS Employee Assistance Program*
- *Representatives from APS' Six Bargaining Units*

**32. Scope of Work 4.2.25: Please elaborate on the number Wellness Task Force meetings APS would expect their consultant to attend annually, where do those meetings take place, and how long is a typical meeting?**

*Answer: APS: The Employee Wellness Advisory Committee (EWAC) meets once a month for 1-2 hours. Attendance in person or via conference phone is acceptable. Meetings are held in Albuquerque.*

## **ACTUARIAL**

**33. For NMRHCA, please comment/elaborate on nature and timing, and provide copy of most recent valuation.**

*Answer: NMRHCA actuaries provide an annual update projecting future revenues and expense to determine the time horizon of our existing \$364 million trust fund. A GASB 43 valuation is performed every other year and is available on our website - <http://nmrhca.state.nm.us/>*

**34. Are any GASB 43/45 actuarial services to be contemplated for NMPSIA? If so, please comment/elaborate on nature and timing, and provide copy of most recent valuation.**

*Answer: None required.*

**35. Please provide copies of the most current GASB45 valuation report for NMPSIA and NMRHCA?**

*Answer: NMRHCA: See # 33  
NMPSIA: None required.*

**36. Please provide copies of the most current IBNR calculations for NMPSIA and NMRHCA?**

*Answer: NMRHCA IBNR calculations are in accordance with industry standards and will not be provided as part of this evaluation process.*

*NMPSIA: Annual actuarial IBNR calculations are not part of the NMPSIA scope of work with our consultant, and will not be provided as part of this evaluation process. The most current IBNR calculation was done as of 6/30/2013; the IBNR is fully funded.*

**37. Please provide the annual medical costs and amount you are paying your current consulting firms for both NMPSIA and NMRHCA?**

*Answer: NMPSIA: Total Benefits Budget of \$303 million. Benefit consulting cap is \$300,000 but actual cost averages \$116-\$120 thousand per year. NMPSIA utilizes Segal for cost projections, plan modeling, premium rate setting, and ACA consulting.*

*NMRHCA's total expenses in FY2014 are projected to be \$258 million and our current consulting/actuarial contract provides for a maximum of \$250,000.*

**38. Scope of Work 4.2.22: For APS, is the GASB45 specifically for the Retiree Life? Are there any requirements in the scope of work that relate to the 403(b) and 457 plans?**

*Answer: APS: Yes, the GASB45 is specific to Retiree Life Insurance. There are no actuarial services or reporting required for the 403(b) or 457 (b) plans. Please refer to response to question #62.*

**39. When was the last GASB 45 valuation conducted, and what is the schedule that is to be contemplated? Please provide a copy of the most recently completed GASB 45 actuarial valuation.**

*Answer: APS: The last GASB 45 valuation will be completed in June, 2014. An annual valuation schedule is required. This report is not being released as part of the RFP, but will be provided to the Consulting Firm who is awarded the contract.*

**APS, NMPSIA AND NMRHCA**

**40. What were the three most significant challenges APS, NMPSIA and NMRHCA each faced in the last 2 years in delivery of services as outlined in the RFP?**

*Answer: APS: PPACA, 2014 medical plan design changes, 2014 cancellation of APS retiree life insurance subsidy.*

*NMPSIA: PPACA, legislative recommendations to consolidate IBAC agencies in to one superagency, maintain current level of benefits.*

*NMRHCA: PPACA, escalating specialty prescription costs, and demonstrating the long-term viability of retiree health benefits.*



**41. What were the three most significant accomplishments APS, NMPSIA and NMRHCA each made in the last 2 years in delivery of services as outlined in the RFP?**

*Answer: APS: Expansion of APS Employee Wellness Program initiatives. Awarded 2014 Healthiest 100 Workplaces (ranked 86 out of 100 National Healthiest Employers), who achieved remarkable and sustainable success through a broad range of corporate wellness programs and employee wellness initiatives. Discontinuance of the Retiree Life Insurance Subsidy for Basic and Contributory Retiree Life Insurance which generated an annual savings of \$1 Million to the District budget.*

*NMPSIA: Medical plan premium increases below national trend, no further erosion of benefit level, education of 194 groups on their ACA responsibilities.*

*NMRHCA: Increased trust fund by \$100 million, kept per member medical plan costs flat, increased funding GASB funding ration.*

**42. What are the three most significant challenges that APS, NMPSIA and NMRHCA each expect to face in the next 3 years in delivery of services as outlined in the RFP?**

*Answer: APS: PPACA impact to Employee Benefit Plan offerings. On-going NM Legislation for consolidation of IBAC.*

*NMPSIA: Same as APS.*

*NMRHCA: see # 40.*

**43. What are the three most significant goals that APS, NMPSIA and NMRHCA each have for the next 3 years in delivery of services as outlined in the RFP?**

*Answer: APS: Implementing On-site wellness clinic, engage large state employers and IBAC agencies in multi-collaborative initiatives, services and products to improve health care quality and reduce health care costs in the State of New Mexico.*

*NMPSIA: Value-based purchasing and directing employees to these providers.*

*NMRHCA: Continuation of # 41 above.*

44. To the extent we are to provide lump sum/fixed pricing for NMRHCA and NMPSIA, please elaborate in detail as to the nature and intensity of services to be contemplated. In particular, please provide a complete scope of services, including number of meetings to contemplate annually, reporting requirements/frequency, etc.

*Answer: NMRHCA requires the attendance of two meetings annually with annual projections of revenues costs and IBNR. NMRHCA also requires a bi-annual GASB 43 valuation. All other requests will be ad-hoc based on market circumstances.*

*Answer: NMPSIA Scope of Work:*

*Consultant shall advise on all aspects of the Authority's employee benefits program. In rendering these services, consultant shall consult with the Authority Executive Director from time to time and shall, when requested, attend Authority Board meetings and Board committee meetings that pertain to Employee Benefits matters and provide the following categories of consulting services to the Authority:*

*REGULAR CONSULTING SERVICES TO BE PERFORMED*

*Claim utilization analysis for medical, prescription drug, and dental claims, when requested.*

*Recommendations on plan design changes and financial analysis of the cost impact.*

*Determination of premium level charged on self-funded plans. Premium changes usually occur each October 1st, with the new school year. Premium estimates for October must be available for approval by the Authority Board in March. Premium estimates are then distributed to the schools at the annual Spring Budget Workshop.*

*Assistance in budget preparation and projections. For example, the FY 2014 budget work (for costs from July 1, 2013 through June 30, 2014) began July 2012, was Board-approved in August 2012, and was due to the State by September 1, 2012. Note: Actuarial IBNR calculations required by the annual audit are performed separately and are not part of the scope of work.*

*General benefit consulting advice including updates on state health benefits legislative changes and federal law, rules or regulations affecting benefit plans.*

*Annual updates to Fair Market Value to determine the imputed income related to Domestic Partner coverage.*

*Review of forms. Assistance is occasionally required for review of employee notices (i.e., COBRA Notifications, HIPAA privacy notices, etc.)*

*Assist in analysis of pending legislation during the legislative session. These require 24-hour turnaround time. The NM legislature meets for 60 days in odd-numbered years and 30 days in even-numbered years. It has also met in special sessions.*

*Attendance at meetings. Attendance is generally required at all Authority Benefit Committee meetings and Board meetings. The Benefit Advisory Committee (BAC) meeting is usually held the first Wednesday afternoon of the month. The Board meeting is the first Thursday of the month. Meetings average four hours each and occur each month except January and July. Generally, meetings are held in Albuquerque.*

*Audits of claims administrators, as directed by Authority. The level of any audit (i.e., statistically valid sampling versus review only) will be determined at the time of the request and the amount of work involved in a claim audit will be limited by the amount of funds available to pay consultant under this Agreement.*

*Other actuarial projections as requested by Authority which do not substantially deviate from the Scope of Work as set out herein.*

### **CURRENT CONSULTANT, CURRENT PRICING, AND MEETING ATTENDANCE**

**45. Who is the current vendor providing similar services for the APS, and is the current vendor(s) allowed to bid on this assignment?**

*Answer: APS: The current contractor providing services for APS is Willis of Greater Kansas, and yes, they are allowed to submit a response.*

**46. Is APS completely satisfied with the current vendor(s)?**

*Answer: APS: This RFP is being released as part of the district's standard procurement protocol and it is not implied nor should it be interpreted that we are satisfied or dissatisfied with our current vendor.*

**47. Does the APS have a budget for the services described in RFP? What is the budget amount? Will the budget amount change if New Mexico Public Schools Insurance Authority (NMPSIA) and New Mexico Retiree Health Care Authority (NMRHCA) make a decision to use the awarded price agreements?**

*Answer: Yes. The APS annual Budget for Employee Benefit Consulting and Actuarial Services is based on a Single Fee agreement capped at \$225,000. The budget amount for APS will not change if NMPSIA and/or NMRHCA make a decision to contract with the same consultant that APS selects. Vendors who are interested in working with more than one of the IBAC agencies should submit cost proposals for each of those agencies.*

**48. For each entity, please provide:**

**For each of the two most recently completed contract years, total hours reported as being incurred by the in-force consulting/actuarial firm, along with the fees paid for those services.**

*Answer: APS currently has a single fee agreement with our consultant. Refer to question #52 for fees paid.*

*NMRHCA: Approximately 200 hours PLUS time associated with GASB 43 valuation. Refer to question #52 for fees paid.*

*NMPSIA: Calendar year 2012: 219 hours; calendar year 2013: 258 hours. This excludes time for claims audits and assistance with Request for Proposal(s). Refer to question #52 for fees paid.*

**An indication as to how the contemplated services going forward compare to those provided during the past two years, commenting in detail on any differences.**

*Answer: NMRHCA anticipates comparable service requirements moving forward.*

*NMPSIA: NMPSIA anticipates comparable service requirements going forward.*

*APS: With the goals and achievements met with regard to the APS employee wellness program, we anticipate fewer hours in consulting services.*

**49. Which firms are currently consultants / actuaries for APS, NMPSIA and NMRHCA and how long have they served each IBAC member as consultant / actuary?**

*Answer: APS: The current consulting firm providing services for APS is Willis of Greater Kansas. They have been our consultant for four and a half (4 1/2) years.*

*NMPSIA: The current contractor providing services for NMPSIA is Segal. They have been the consultant for the last 8 years.*

*NMRHCA: Segal has provided consultant actuarial services for the last 8 years.*

**50. When RFP's are conducted by the IBAC, who handles that process? Does the IBAC have their own consultant to assist in these matters? Or does the IBAC do that on their own? How often does the IBAC send out RFP's on behalf of the group?**

*Answer: The State of NM Procurement Division assigns a Procurement Manager for IBAC RFPs. IBAC services for medical, RX, dental, vision, life and long term disability are bid on a four-year (4-year) cycle. IBAC generally uses a consultant to serve as an additional procurement manager and the cost for said consultant for the RFP is shared equally by the IBAC agencies.*

**51. We would like to know what NMPSIA spends annually on their health care plan and how much you paid your current consultant last year.**

*Answer: Total Benefits Budget of \$303 million. Benefit consulting cap is \$300,000 but actual cost averages \$116-\$120 thousand per year. NMPSIA utilizes Segal for cost projections, plan modeling, premium rate setting, and ACA consulting.*

**52. What was the total fee amount collected by the current vendors(s) during the last three contractual periods?**

*Answer: APS: \$225,000 per each of the last three contractual periods.*

*NMPSIA: Averages \$116,000 to \$120,000 per year.*

*NMRHCA: Approximately \$125,000 PLUS charges associated with GASB 43 valuation.*

**For a similar scope of services, please provide annual hours and fees collected for the consulting partner APS currently utilizes.**

*Answer: APS currently has a single fee agreement with our consultant.*

**Please indicate the historical consulting fees and hours spent by each incumbent consultant, separately for APS, NMPSIA and NMRHCA, for the calendar years 2011, 2012 and 2013 broken down as follows:**

- **Employee/Member Communications or Surveys**
- **Claims Administration Audits**
- **Data Warehousing**
- **RFP Management**
- **Wellness Program Assistance**
- **Other General Consulting and Actuarial Work**

*Answer: APS: We currently have a single fee agreement with our consultant.*

*NMPSIA: Calendar year 2012: total of 219 hours; calendar year 2013: total of 258 hours. This excludes time for claims audits and assistance with Request for Proposal(s). See above for fees paid and question #44 for Scope of Work.*

*NMRHCA: All of the above services are included in our previously listed payments. Cost per category will not be provided for this evaluation.*

**53. In section 4.2.11, it states we would need to attend various IBAC meetings. How many meetings would we need to attend annually?**

**Scope of Work 4.2.11: Please elaborate on the number of IBAC agency meeting APS would expect their consultant to attend annually, where do those meetings take place, and how long is a typical meeting?**

*Answer: APS: We anticipate that you would meet with us, your client, at least every quarter. We would attempt to schedule any other meetings (IBAC and vendor) on those same days. Most meetings would be in Albuquerque, however occasional travel to Santa Fe might be needed.*

**54. In section 4.2.13, it states to arrange and attend meetings with various vendors. How many meetings would we need to attend annually?**

*Answer: APS: See #53*

55. Please comment on nature of services to be contemplated with regard to RFPs specific to APS, in relation to RFP support secured by the IBAC. Include a schedule of RFP support by line of coverage/service.

*Answer: APS: RFP's specific to APS would include Flexible Spending Account Plan, Long Term Care Insurance, and voluntary plans (if we decide to consider offering voluntary benefits). Flexible Spending Account and Long Term Care lines of coverage are marketed once every four years, and current contracts have been in place effective January 1, 2014.*

## **LICENSING**

56. Specifications item 4.5.8 requires offerors to submit a detailed narrative describing how they meet the requirement of having knowledge of state and local governmental benefit and actuarial policies and procedures. Does this requirement pertain to APS-specific and IBAC member-specific benefit and actuarial policies and procedures, or to state and local governmental benefit and actuarial policies and procedures generally? If APS or IBAC member-specific, please provide descriptions or links to descriptions of such APS-specific and IBAC member-specific benefit and actuarial policies and procedures.

*Answer: This pertains to state and local governmental benefit actuarial policies and procedures in general, not specific to APS or the IBAC agencies.*

57. 4.5.1 Offeror must have the legal authority to provide employee benefits and actuarial consulting services to public school districts and agencies in New Mexico as it relates to the needs of the RFP.

I contacted the Agent and Licensing Bureau at the Office of the Superintendent of Insurance and no one was clear on what type of license or authority that would be required.

Per Specifications item 4.5.1, a statement of concurrence is required indicating the offeror has the legal authority to provide employee benefits and actuarial consulting services to public school districts and agencies in New Mexico as it relates to the needs of this RFP. Please provide a sample of such statement of concurrence or, if a form for this purpose is included in the RFP, please indicate which form.

*Answer: The Employee Benefits and Actuarial Manager assigned to each IBAC agency must be a licensed broker agent in the State of New Mexico and must be appointed by the ASO vendors and insurance carriers that have contracts with that agency. Other employees of the consultant must hold licensing and appointments appropriate to their job titles and duties.*

*Please indicate in narrative form that your firm has or will obtain the necessary licensing and appointments to provide employee benefits and actuarial consulting serves to the IBAC agencies.*

## **OTHER/MISCELLANEOUS QUESTIONS**

**58. Will Albuquerque Public Schools consider a bid for just the pharmacy benefits part of the RFP issued on May 6<sup>th</sup> for Employee Benefits and Actuarial Consulting Services?**

*Answer: No*

**59. What is APS's turnover rate?**

*Answer: APS: For school year 2012-2013, the turnover rate for teachers only was 14.5%.*

**60. Are you satisfied with your current HR benefits and wellness brands?**

*Answer: APS: This RFP is being released as part of the district's standard procurement protocol and it is not implied nor should it be interpreted that we are satisfied or dissatisfied with our current benefits and/or wellness brands.*

**61. Who would Offeror's communications team work with on a daily basis?**

*APS Answer: APS: Director of Employee Benefits, Benefits Analysts, and Employee Wellness Coordinator.*

**62. What type of assistance will be required on the Retirement Savings Plans 403b and 457?**

*Answer: APS: Assistance with the voluntary retirement savings plans is infrequent. In the last eighteen (18) months, there were one or two questions that our current consultant assisted in answering. We are contracted with third-party administrators for these services.*

**63. Introduction 1.1 and 4.2 Scope of Work What retirement savings plan (403b and 457 plans) consulting services does APS need? These services are briefly mentioned; however, there are no specifics outlined in the scope of work or technical questions.**

*Answer: APS: Refer to #62.*

**64. In sections 4.2.8 and 4.2.9, it says we need to monitor pending legislation and assist in analysis of pending legislation. Is this referring to state or federal legislation or both?**

*Answer: APS: State of New Mexico legislation.*

**65. In section 4.2.12, it states we need to monitor performance standards of service vendors. Is there a specific measurement we are expected to follow?**

*Answer: APS: Performance Standards for IBAC Agencies service vendors are outlined in our medical, RX, dental, vision, Life and Disability Contracts.*

66. **Specification item 4.6.6 indicates that the offeror must describe in detail other support services available that will enhance communication access for the Associate Superintendent of Human Resources and/or designee of the Albuquerque Public Schools. Please describe the communication access to be enhanced. Communication access with the consultant? With benefit plan vendors? Other?**

*Answer:* Describe additional/other support services your firm has available not described in the RFP for consideration.

67. **Comment on how Sections 4.2 and 4.4 are to be contemplated. Are both applicable?**

*Answer:* APS: Yes, both sections 4.2 and 4.4 are applicable. Section 4.2 outlines the scope of work needed by APS. Section 4.4 outlines the technical specifications of this RFP.

68. **Please describe your level of understanding, preparedness, and nature of educational, analytical and forecasting services contemplated relative to PPACA.**

*Answer:* APS has a solid understanding of PPACA and how it impacts our benefit plans.

69. **Please comment in detail on the nature of support/involvement contemplated with regard to union negotiations.**

*Answer:* APS: Our consultant is not involved in union negotiations for the district.

70. **Please comment on the nature and frequency of activities that have been conducted relative to 4.2.24 and 4.4.14, along with the nature, frequency and timing of what might be contemplated going forward.**

*Answer:* APS: APS has the capability to conduct employee surveys. We have not done a recent survey and do not conduct focus groups. Should we need these services it would be discussed with our consultant. Please price these services separately, if needed.

71. **Please advise as to what is to be contemplated with respect to 4.4.12 under a fixed fee pricing arrangement.**

*Answer:* Should we need extensive analytic studies, those services would be discussed with our consultant. Please price these services separately, if needed.

## **PROCUREMENT QUESTIONS**

72. **If consulting firm is only interested in bidding on APS, do hourly rates need to be submitted for other IBAC agencies also or APS only?**

*Answer:* No, if you are only bidding on APS, submit hourly rates for APS only.

73. **Are consultants required to honor pricing and conditions for other IBAC agencies should those organizations choose to follow APS? Will consulting firm be committing only to APS, or will the consulting firm also be required to honor a contract with the other IBAC agencies?**

*Answer:* If the consulting firms bids on only one IBAC agency, they will not be committed to honoring a contract with the other IBAC agencies unless they negotiate that contract.



74. Does submission of a proposal preclude the submitting firm from negotiating reasonable changes to the standard IBAC member contract provisions, or the terms and conditions of any contract awarded under the RFP, including but not limited to a mutually agreeable limitation on liability for the benefits and actuarial consulting firm?

*Answer: APS may negotiate on certain terms and conditions, including a mutually agreed upon limitation on liability of the consulting firm.*

75. Scope of Work 4.2.5, 4.2.15, 4.2.24, 4.2.25: The following items reference providing a service to all IBAC agencies. If consultant ends up working exclusively with APS, will it be required that these services are also provided to the other IBAC agencies?

*Answer: No, if you are bidding on only one IBAC agency, you will only be providing services to that agency.*

76. What is the anticipated effective date of the contract for each of the three entities?

*Answer: APS: No earlier than September 1, 2014.*

*NMPSLA: No earlier than January 1, 2015.*

*NMRTCA: No earlier than January 1, 2015.*

77. Contract Terms and Conditions 2.3.16: Is there a set of terms and conditions that APS is proposing or do we submit our desired legal language? Will APS negotiate, in good faith, a limitation of liability?

*Answer: APS may negotiate on certain terms and conditions, including a mutually agreed upon limitation on liability of the consulting firm.*

78. Specifications item 4.5.12 indicates that fee for service hourly rates and lump sum annual rates must be provided exclusive of tax. If applicable, will APS or IBAC members pay the New Mexico Gross Receipts tax or other New Mexico taxes (i.e., rates exclusive of tax facilitate comparison without making such tax the liability of the offeror)? Or, should applicable taxes be listed as a separate cost item?

*Answer: List tax as a separate line.*

79. Specification item 4.6.2 and 4.6.3 require three (3) corporate references and two (2) references for proposed employee benefits and actuarial consulting manager. May references be the same for both the offeror/corporation and the proposed employees benefits and actuarial consulting manager?

Specification item 4.6.2 indicates that APS may not be used as a corporate reference. Item 4.6.3 does not indicate whether APS may be used as a reference for the proposed employee benefits and actuarial consulting manager. May APS be used as a reference for the proposed employee benefits and actuarial consulting manager?

*Answer: No.*

**80. What is the reason for this RFP being issued now?**

*Answer: Standard procurement cycle and contract is on a temporary extension until this RFP is awarded.*

**81. Will preference be given to a firm that maintains an office in the State of New Mexico?**

*Answer: Yes, if firm meets all qualifications of preference.*

**82. Will the APS be willing to negotiate certain contractual terms and conditions with the winning bidder, such as a commercially standard limitation of the contractor's liability?**

*Answer: APS may negotiate on certain terms and conditions, including a mutually agreed upon limitation on liability of the consulting firm.*

**83. Can we receive the Q&As submitted by the other firms?**

*Answer: Yes, all questions and answers submitted prior to the deadline will be posted to the APS web site.*