

**University of Maine System  
RFP for TPA Services  
RFP #2025-060  
Bidders Questions & Answer Document  
Issued : February 27, 2025  
Due Date : **Extended to March 12, 2025****

**Note to All Bidders:** Please make sure that you have all four (4) parts to this Request for Proposal. The first three (3) parts are posted on the University System Procurement system, and the last part (4) is the Technical Package from WTW.

**02.1 - 2025-060-RFP-PS-TPA RFP** – This is the RFP (Part 1) which contains: Purpose Statement, Scope of Services, Timeline, Scoring Matrix, and general Respondent responsibilities and instructions.

**02.2 - 2025-060-RFP-PS-TPA SubmissionFormPackage** – This is the RFP (Part 2) which contains the Respondent submission information including: cover page, UMS Debarment, Performance and Non-Collusion Certification, Respondent References Form and Master Agreement Language Review.

**02.3 - 2025-060-RFP-PS-TPA Appendix E-Master Agreement** - This is the Master Agreement that UMS will require for award. Please red-line and return with your submission.

**02.4 - 2025-050-RFP-PS-TPA Technical Package** – Is a folder of information that wtw provides for claims repricing, network disruption and fee proposals. Note that even though the Pharmacy Questionnaire states “carve out”, we are asking that the TPAs respond to the same set of questions as the “carve out” PBMs are asked so that all bidders have the same requirements, regardless of “carve in” or “carve out”. **Note that bidders have requested additional fields on the Claims Repricing File. A new file was issued on 2/25 to all interested bidders. Please reach out to WTW if you have not received it.**

**If you are quoting BOTH Medical (TPA) & Pharmacy (PBM), please ALSO note that there is a separate Pharmacy Q&A document that is available to support your submission.**

## Summary of Questions posed by Bidders as of Monday, February 24 :

1. **Can we have an extension ?** The due date of March 10 is very challenging given the breath of the specifications.

**Yes, bidders can have until End of Business on Thursday, March 12 for the submission.**

2. **Are you able to provide the current administration fees?**

Yes, the current administration fee is **\$35.93 PEPM for the PPO Plans** and **\$41.02 PEPM for the HDHP Plan**. These fees are inclusive of Network Access Fees, Care Management Fees, HSA Banking Fees and all other services provided by CIGNA to UMS.

3. **For the below requested credit, is there anything in place with the current administrator? Can you please provide information on the client's expectations in this area?**

### **Funding/Credits**

#### **Implementation Fund/Credit**

**Confirm if there are any enrollment limitations that reduce funding allotment**

**Confirm if funding is annual or once**

**Please specify how this fund can be used (i.e. client specific pre-implementation claims and custom communications, etc.)**

CIGNA has been the incumbent medical plan administrator for a period of time, and so there has not been need for an "implementation credit". The purpose of asking for these Funds is to help offset implementation expenses should UMS change vendors as a result of this bidding effort. The expectation is that it would be a one time (1) lump sum amount that would be used to offset HRIS/IT, plan document or communications expenses.

4. **Can you please provide details on any current performance guarantees in place/the client's expectations in this area: Percentage of Fees at Risk**

UMS has a robust array of Performance Guarantees with CIGNA that address Traditional Medical claims operations (Financial Accuracy, Claims Timeliness, etc), Pharmacy Contracting (AWP- and Rebate guarantees) as well as a set of Performance Guarantees around Disease Management.

**5. Regarding the below questions in the Technical Questionnaire, can you please disclose which entities UMS currently carves out these services to or is considering carving them out to in the future?**

- **Confirm that UMS has the right to carve out any services that it chooses, including but not limited to: Rx and navigation/care management, as well as prior authorization for certain services. If implemented, confirm your willingness to promote / integrate services and allow for UMS to determine program design with these vendors at no added cost. If not, please elaborate.**
- **Confirm that UMS can add any additional services/vendors that it chooses, including capitated primary care options and bundled payments / centers of excellence. If implemented, confirm your willingness to promote / integrate services with these vendors at no added cost. If not, please elaborate.**

UMS currently does not carve out any services; however, the University System is looking for contract flexibility should they desire to carve out services in the future. The goal is to allow them to consider “carve outs” for PBM services, Disease Management Services, Centers of Excellence programs, etc. Understanding that this is a vague question, you can simply note they either do / do not have a right to carve out services and if there is a cost, you can state “TBD”.

**6. Regarding the below performance guarantee requested in the Technical Questionnaire, can you please provide details on any guarantees currently in place in this area/expectations for the structure of proposed guarantees?**

- a. **Medical ROI and Claims Target Guarantee: The TPA must be willing to put significant financial guarantees in place to demonstrate the TPAs value through improved outcomes, greater employee engagement, employee satisfaction and cost savings.**

UMS currently does not have a similar guarantee in place.

**7. Per the below question, can you please provide an estimate of the approximate cost of the pre-implementation audit that UMS would need?**

Typical pre-implementation audits range between \$50,000 and \$75,000.

**8. Who is the current HSA administrator?**

CIGNA

9. I noticed in the **“RFP 2025-060 Appendix E-Master Agreement”**, it is stated that **“The University of Maine System currently provides medical benefits to approximately 4,200 active employees, 2,200 under age 65 retirees and their dependents, totaling over 6,200 enrolled employees.”** I am seeing only 4667 Employees on the census. Can you please help me understand the discrepancy from the 6200 enrolled employees (it seems were missing just over 1500 of these above-mentioned employees).

The census correctly captures the 4,700 active benefits-eligible employees. Of those 650 waive coverage. There are another 200 under 65 retirees that are not on the census. Given the small number, we will not be re-running the census. We apologies for the mistype in the counts on the Master Bid Text.

10. I see two plan options on the census (choice & copay) and read in the same document mentioned above that there is a Traditional PPO option and then a HDHP option. On Attachment 2 “current plan design summary” I am seeing 4 plan designs. Could you please clarify for me? If you have SOBs/SBCs to share it would be helpful for me when matching plan design.

All university employees have a choice between a Traditional PPO Plan and a High Deductible Health Plan (HDHP). The PPO plan varies dependent on your unit status, but the HDHP is consistent for all employees, regardless of unit. We will do detailed Plan Design reviews with Finalists.

11. Can you please provide the current medical administrative fees, broken out by specific components for UMS? (administration fee, network access fee, health, and utilization management, Stop loss and PBM integration fees, etc.)

See above Q2. Note that Stop Loss and PBM are currently “carved in” so there are no integration fees.

12. The UMS bid specification refers to current tiered hospital and specialty provider – but advises to assume no tiering. Can you provide more detail regarding the current tiering as well as clarify on specific questions in the technical questions provided by your company.

In the Master Bid Specifications posted by UMS Procurement, this is addressed. There is currently Hospital Tiering and Specialist Tiering as part of some of the unit PPO plans. For purposes of this Bid, you should assume no Tiering and that benefits would always be paid at the lower copay.

13. HSA administration – will WTW be marketing HSA administration services or should we provide responses based on our preferred partner relationships?

In the Master Bid Specifications posted by UMS Procurement, this is addressed. As these services are currently provided by CIGNA, we would expect a replacement vendor be able to provide these services as well. Bid based on your current preferred partner but know that UMS would have the right to “carve out” and award separately if that is their preference.

**14. Wellness – will WTW be marketing wellness on behalf of UMS or should we provide responses based on our preferred wellness partners?**

In the Master Bid Specifications posted by UMS Procurement, this is addressed. As these services are currently provided by CIGNA, we would expect a replacement vendor be able to provide these services as well. Bid based on your current preferred partner, but know that UMS would have the right to “carve out” and award separately if that is their preference.

**15. Attachment 3\_Medical Bid Form\_Claims Repricing;**

- It seems that WTW is requesting a line by line repricing. Typically, the network would provide a summary only, otherwise the networks require to sign an NDA. Please confirm if the line by line repricing is required.

Agreed, we are requesting a line by line repricing. **If you need an NDA signed, we suggest that you send it to WTW as soon as possible for review.**

Confirming that it is one (1) year worth of data.

**16. Geo Access reports:**

- **Please confirm the Geo access parameters. Can we use our standard parameters: Hosp 1/20, Adult PCP 2/10, Spec 2/15**

We did NOT request a GeoAccess as part of this Bid Process. We have instead asked for a complete Provider Disruption report.

- **Please explain the following instructions in the Attachment 6a in regards to “campus-specific GeoAccess metrics.”**

In the Master Bid specification, there are thumbnail overviews of the seven campus locations; we will be doing analysis to ensure that all community members have access to a strong network, regardless of their campus location.

**17. Are the enrollment fairs held at the same time or in the same timeframe for all their locations?**

This varies by year, but assume that there would be an Annual Open Enrollment Fair conducted each Fall at each campus location. The goal would be to have a “Road Show” whereby HR and the selected vendors (medical and/or pharmacy) would be present to make Presentations, share Information and host “tables” so employees could ask questions.

**18. Are they currently receiving any annual credits/funds?**

They do not want to have these types of Wellness Funds / Credits in their contracts going forward.

**19. Can you please provide additional clarification on #5 in the Financial & UW Considerations section...Just need further understanding - Confirm that you as the claims payor / TPA will not receive any direct (or indirect) compensation from any other organization resulting from your contract with UMS. Also confirm that you will share with UMS any indirect or direct compensation that you would earn on point solution recommendations that may be adopted by the plan.**

UMS wants to ensure that you as their partner are not getting any compensation from any other vendor due to the fact that they are doing business with you. For example, if you have a "point solution partner" for family building / fertility, that you do not receive money from that vendor because they are part of your ecosystem.

**20. With respect to #11 in the same section, are you asking us to execute direct contracts with providers or just integrate the services for the direct contracts?**

Just integrate.

**21. For #12 in the same section – how many data file feeds do they have today going to the broker's data warehouse that we'll need to manage?**

Today, it is the standard claims data file that goes from the carrier to the DataWarehouse. However, requirements may change in the future. The goal here is flexibility; if there may be a charge, it would be acceptable to state that fact.

**22. Please confirm (per 1.1.4 of the rfp) that all in-network hospitals and specialists should be considered tier 1 with out-of-network hospitals being considered tier 2.**

See Q13. In the Master Bid Specifications posted by UMS Procurement, this is addressed. There is currently Hospital Tiering and Specialist Tiering as part of some of the unit PPO plans. For purposes of this Bid, you should assume no Tiering and that benefits would always be paid at the lower copay.

**23. How is anti-obesity coverage provided today?**

Drug class is currently excluded.

**24. How is Dupixent categorized? Is it counted in the Specialty Claims or Non-specialty Claims?**

It is a Specialty Drug, categorized as Tier 4.

**25. Is there any type of utilization management (PA, ST, QL) on the GLP1s indicated for diabetes and/or weight loss?**

Yes, there is industry standard language around utilization management for GLP1 for diabetes. Weight loss drugs are not covered.

**26. Does UMS cover fertility medications on the pharmacy benefit?**

Yes.

**27. Does the plan currently have penalties on DAW 1 and/or 2?**

The plans do have a penalty on DAW2.

**28. Are you looking for spread pricing with 100% share of overperformance for rebates, or are you looking for truly transparent pricing where we are administering an admin fee?**

Truly transparent pricing where TPA charges an administrative fee.

**29. Based on the information provided it appears as though UM (PA, ST) is in place today. Are there more details that can be shared about their current formulary design today so that we can quote a best match?**

It is CIGNA's value formulary. All clinical edits are currently in place.

**30. Should an Rx consultant fee be underwritten as part of our response?**

No.

**31. Please provide the census that corresponds to the pharmacy claim file or provide the average number of lives the pharmacy claim file represents.**

Matches the census for Medical.

**32. Can you please provide a census that includes the pre 65 retirees as the current census appears to show actives only. Also, are you able to add which plan corresponds to each subscriber including the HSA. The current census lists Copay and Choice as current plan codes but we are unsure how to match that to the plans listed on "Attachment 2\_Current Plan Summary".**

Please refer to Column G in the census. The Choice medical plan code corresponds to the Health Savings Account plan.

**33. Please provide the most current 12 months of claims data and enrollment by month.**

We are not asking for projections nor stop loss so do not believe this information is needed. You have a full year of claims data in the Repricing File.

**34. Please provide full benefit summaries in which include all tiers of benefits.**

We are not asking for projections nor stop loss so do not believe this information is needed.

**35. We see that MBE/WBE is encouraged. Is this a requirement? If so, please specify the % to include and the scope of the request.**

This is not a requirement.

**36. Should all docs be returned in PDF format (even the XLS Pricing sheets, disruption and repricing)?**

It would be most helpful if documents were returned in the format issued (if Word document, respond in Word. If EXCEL document, respond in EXCEL).

**37. Assuming all information outside of Appendix A-E should be included in the Technical section of the proposal response? Is there a specific structure to follow for the Technical section or is it acceptable for us to organize as we deem fit?**

Your response to the Technical section should include :

1. Response to Technical Questionnaire (TPA elements)
2. EXCEL Bid Forms (TPA elements)
3. Response to Technical Questionnaire (PBM elements)
4. EXCEL Bid Forms (PBM elements)

**38. In the "Submission Form Packet", please clarify the items in red below:**

**1.1.1 Section 1 - Response Cover Page**

- 1.1.1.1** Label this response - Section 1 – UMS Response Cover Page **(Please clarify what document should be placed as 1.1.1.1 as the response page is requested in 1.1.1.2). Include the response page.**
- 1.1.1.2 Insert Appendix A – University of Maine System Response Cover Page
- 1.1.1.3 Insert Appendix B – Debarment, Performance and Non-Collusion Certification



## 1.1.2 Section 2 - Master Agreement

- 1.1.2.1 Label this response - Section 2 – References  
Insert Appendix C – Respondent References

## 1.1.3 Section 3 - Master Agreement

- 1.1.3.1** Label this response - Section 3 – Master Agreement  
**(Please clarify what document should be placed as 1.1.3.1 as the Appendix D is requested in 1.1.3.2).**
- 1.1.3.2 Insert Appendix D – Master Agreement Language Review
- 1.1.3.3 Insert Appendix E – Master Agreement **(Please clarify if the intent here is to review the Appendix E in its entirety and return with redlines/comments.)**

IMPORTANT: When you open the Submission Form Package the documents are already in the required order and every document in there is required.

Regarding Appendix E, see explanation in RFP Section 2.1.2.1 for Appendix D&E. You must indicate any language adjustments you expect to see if you receive an award.

### **39. Please confirm what HSA contributions are provided for the HSA plan option and how the HSA benefit is administered (embedded, Split, etc).**

UMS provides a flat \$1,000 individual / \$2,000 Two Party or Family annual contribution prorated by payroll into the HSA account. Employees have sole discretion as to whether or not pull funds from their HAS account.

### **40. Please confirm total assets with the current HSA.**

Not sharing at this time.

### **41. Of the HSA participants today, how many actually have investment accounts?**

Not sharing at this time.

### **42. Attachment 6a\_Technical Questionnaire**

- **Question 12:** So that we completely understand your request, can you provide a sample of the data you'd like?

Assume a full claims file, with no restrictions on elements requested.

- **Question 16:** Is there a specific ADA requirement you are referring to, or is it ADA requirements as outlined on ADA.gov?

**ANSWER: See Appendix E, Master Agreement, Rider A: Accessibility:** If the solution, services or deliverables include any Information or Communication Technology (ICT) containing a human-interface, such as an end-user software component, web pages or site, video or audio playback, file upload system, mobile device components, control panel, reports, documents, keypad, etc., the Contractor hereby warrants that the products and/or services to be provided under this agreement comply with the W3C's Web Content Accessibility Guidelines (WCAG) 2.1 Level AA and the Web Accessibility Initiative Accessible Rich Internet Applications Suite (WAI-ARIA) 2.1 for web content

The Contractor agrees to promptly respond to and resolve any complaint regarding accessibility of its products or services which is brought to its attention and Contractor further agrees to indemnify and hold harmless the University of Maine System from any claim arising out of its failure to comply with the aforesaid requirements.

The University, at its discretion, may at any time test the Contractor's products or services covered by this agreement to ensure compliance with the above standards.

Complaints, or testing, that results in findings of non-compliance, that are not corrected within 30 days of being reported to the Contractor in writing, shall constitute a breach of this agreement and shall be grounds for termination of this agreement.

**43. What programs does UMS currently have in place to promote health Improvement & quality / cost transparency ?**

Regarding Health Improvement, CIGNA has a suite of LifeStyle Management & Disease Management programs embedded within their offering. Also, UMS uses TrestleTree to help support for Coaching. See Questionnaire on Wellness Platform in the Technical Questionnaire.

Regarding Quality/Cost Transparency, CIGNA has a suite of tools to help support.

**44. We will submit pricing that excludes broker fees. What is the current broker commission/fee that should be budgeted for?**

None.

**45. Is UMS open to a slice offering for its TPA? I.e. maintain its current plan with Cigna, while offering an additional (new) option to faculty and staff.**

Only if the program was significantly different than the current PPO and/or HDHP plans, by offering and delivering care in a truly different manner. UMS reserves the right to determine what merits consideration.

**46. Aside from Compsych (which we understand is not part of this effort), what other point solutions, if any, has UMS put into place?**

CIGNA partners with Win for Fertility Benefits. But there are no "direct" point solution contracts at this time other than with TrestleTree for Coaching.

**47. Has UMS implemented any programs, outreach campaigns, or internal/external solutions that have been more effective than others in:**

- **Engaging faculty and staff in Health Improvement & Clinical Programs**
- **improving Care Delivery to those with behavioral health needs**

UMS has an Employee Health Plan Task Force (EHPTF) that is a multi-stakeholder group designed to help "bend the trend" by use of Quality Networks, Plan Design, Wellness & Communications. Over the years, this group has been helpful in employee engagement and awareness and support of initiatives that support employees and their family members.

**48. If a new or additional TPA partner is selected, how is UMS going to measure the success of the new partner?**

See Objectives in the Master Bid Specifications posted by UMS Procurement.