

Attachment 10: Questions and Answers

The following questions were submitted in writing by Vendor A. (Answers follow.)

1. RFP Section 1.33: Can the State please confirm if there is a designated deadline for vendors submitted questions round 2?

A: The State expects to answer questions in the first round and based on the pre-proposal discussion. There is no set date for round 2 of questions, however, the State may amend based on valid new questions that were not submitted in round 1.

2. RFP Part 1 – Introduction: Beyond the functional requirements described, are there specific performance gaps, service challenges, or operational pain points with the current behavioral health contractor that PEBA is seeking to address through this procurement?

A: These services are publicly solicited periodically as required by the South Carolina Consolidated Procurement Code.

3. RFP Section 2.1: Please confirm whether the \$1.25 PEPM administrative fee represents the total compensation paid to the incumbent contractor, excluding claims payments.

A: Confirmed. Please see page 28 Section H. Financial Arrangements.

4. RFP Section 2.1: Page 17-18 indicates that BlueCross BlueShield of South Carolina is the current third-party medical claims processor and utilization manager but also states the behavioral health manager dictates medical necessity criteria and must coordinate claims processing with the third-party medical claims processor. Please clarify the scope of each party in the PEBA ecosystem.

A: CBA is responsible for behavioral health claims and utilization management. Blue Cross is responsible for medical claims and medical utilization management. PEBA expects the contractors to work collaboratively to coordinate medical and behavioral health utilization management, ensuring that members who require services across both domains receive integrated, aligned, and well-managed care. Claims processing in regard to plan limits such as deductibles, and coinsurance maximums must be coordinated. See page 22 Section B, Claims Processing and Payment, Item 11.

- a. **Does CBA or BCBS administer prior authorization for the services outlined on page 18 today?**
- A: CBA administers the services described on page 18 of the original RFP, now page 19 of Amendment 1.
5. **RFP Section 4.2(1): Please define “full parity” in PEBA’s evaluation context (e.g., parity compliance approach, NQTL testing expectations, documentation).**
- A: See Section 1.1 Definitions Capitalizations and Headings, page 9 for definition of parity.
6. **RFP Section 4.2(1): Please clarify what PEBA considers “fully coordinated” with the medical claims administrator (currently BlueCross), including expectations for data exchange frequency, shared case management workflows, and UM coordination.**
- A: See page 22 Section B, Claims Processing and Payment, Item 11.
7. **RFP Section 3.D.2(a)–(h): Does PEBA require the use of specific medical necessity criteria (e.g., MCG or InterQual), or may Offerors propose evidence-based proprietary criteria consistent with parity regulations?**
- A: No, PEBA does not require the use of specific medical necessity criteria. Yes, offerors should propose evidence-based proprietary criteria consistent with both federal and state parity laws and regulations.
8. **RFP Section 3.D.4: The RFP references collaboration with the medical claims administrator to support SDoH initiatives. Please clarify operational expectations, including data sharing, shared care planning, and reporting responsibilities**
- A: Section 3.D.4 does not refer to SDoH. In Part 2.1 Introduction, PEBA describes the current SDoH program expectations. Section 5.D.4 asks Offerors to describe how they would accomplish this.
9. **RFP Section 3.L.3: Please confirm whether a SOC 2 Type II report satisfies the third-party audit documentation requirement and whether penetration testing summaries are required**
- A: Not confirmed. Penetration testing summaries are not required.

10. RFP Schedule of Key Dates (Part 1) and RFP Section 1.33: Please confirm whether PEBA requires the NDA to be submitted by the same deadline as final questions (03/06/2026) and whether questions may still be accepted up to 12 p.m. 02/25/2026 absent NDA submission.

A: It is always preferred that qualified potential offerors sign the NDA as early in the process as possible so that questions on claims data may be submitted by the questions deadline. PEBA will accept a signed NDA no later than final deadline for questions on March 6, 2026.

11. RFP Section 5.1: The RFP requires the redacted copy to mirror pagination and show blank space where redacted. Please confirm if PEBA has a preferred method (e.g., black boxes) and whether redactions must preserve page count even if entire pages are redacted.

A: See page 11, Clause 1.10 Disclosure of Your Bid / Proposal & Submitting Confidential Data (FEB 2021).

12. RFP Section 5.2: Please confirm any character limits or naming conventions required for filenames, beyond “short and distinct,” to avoid technical rejection.

A: Presently there are no character limits, however, PEBA has found that long names with lots of dashes or special characters tend to cause problems in downloading.

13. RFP Section 6(2): Please confirm the subscriber count PEBA will use for “Fixed Administrative Fee per subscriber per month times the current number of PEBA subscribers,” and whether the number will be published via amendment prior to proposal due date.

A: See updated Section 5.21.

14. RFP Sections 7.50 and 7.51: Please confirm whether the CPI-based cap applies only to the administrative fee PMPM or also to any other amounts that may be included in the Business Proposal evaluation model.

A: The CPI caps only the all-inclusive per subscriber per month administrative fee.

15. RFP Section 7.59: The RFP states that performance security must be supplied no later than July 1, 2025. Please confirm the correct due date relative to the anticipated contract start date.

A: The correct date is July 1, 2026. See updated Clause 7.59.

16. RFP 3.L.1–3. L.2: The Contractor must comply with “all current NIST standards” and “all current and future updates of the security requirements of PEBA.” Please clarify (a) the baseline security control framework PEBA will enforce at contract start, (b) how future updates will be communicated, and (c) what implementation lead times PEBA will allow for material changes

A: See Amendment 1, Part 3, Section L.

17. RFP Section 5.2.2: Please clarify what historical utilization data PEBA will use for pricing evaluation, whether outliers will be excluded, and whether Offeror assumptions must align to a PEBA-defined utilization model.

A: PEBA will use recent claims utilization to develop the service level weights that will be applied to the offerors unit costs provided for inpatient, outpatient, and professional services. Outliers will not be excluded. Offerors are to provide unit costs only and no alignment is required with PEBA assumptions and service weights.

18. RFP Section 3.M.1 and 3.M.2: Please confirm whether total liquidated damages are capped, whether performance guarantees are cumulative, and whether an aggregate annual maximum liability applies.

A: Offerors are to propose performance guarantees and liquidated damages. Please refer to RFP Part 3, Section M.

19. RFP Section 6: Please confirm the maximum point allocation assigned to (a) Approach, (b) Business Proposal, and (c) Background and Qualifications.

A: Evaluation criteria are listed in order of importance. Point allowances will not be published.

20. RFP Section 6(1): Will PEBA utilize a detailed scoring rubric for the “Approach” category, and if so, can PEBA provide high-level subcategories or scoring emphasis areas?

A: See Part 6, Award Criteria Item 1. The evaluation panel will use the information submitted in response to Part 5.1.4 to evaluate this criterion. Each evaluation panel member will assign points to this criterion subjectively

21. RFP Section 3.H.2: Please clarify the expected timing of claim reimbursement to the Contractor following payment and whether PEBA anticipates any claim funding float exposure.

A: See Part 3 Scope of Work, Section H.2.

22. RFP Section 3.K.7: The RFP requires a limited number of ad hoc custom reports at no additional cost. Please clarify anticipated annual volume and complexity parameters.

A: Currently there have been no requests for ad hoc reporting.

PEBA anticipates that the vast majority of reports will be generated by PEBA staff and contractors using the detailed claims data that the Contractor provides to PEBA. As such, it is likely the ad hoc reports will be limited.

23. RFP Section 7.49: Please clarify whether PEBA’s ownership of data includes derived analytics and de-identified aggregate datasets and whether the Contractor may retain rights to anonymized benchmarking data.

A: See pg. 62, Clause 7.49 Ownership of Data & Materials.

The following questions were submitted in writing by Vendor B. (Answers follow.)

24. Cover Page; Page 1; Please confirm the State’s due date and time. The cover page states a time of 11:00 AM and section 1.23 states a time of 3:00 PM.

A: The correct time is 11:00 AM. See Amendment 1 updated Clause 1.23 Receipt of Proposals.

25. Section 1.33 – Pre-proposal Conference; Page 15; Will there be a virtual option for the pre-proposal conference?

A: No virtual option was available for the pre-proposal conference. The meeting was in-person.

26. Part 3; Section N. Implementation Plan; Page 33; As a best practice, the final implementation plan is typically completed with client partner input and agreement, given client dependencies for requirements, test file commitments, etc. Is there flexibility in the due date for the Final Implementation Plan, to allow for client input?

A: As stipulated in the RFP, the Implementation Plan is tentatively due on May 28, 2026. PEBA reserves the right to coordinate with the successful Offeror on all timeframes.

27. Part 3; Section N. Implementation Plan; Page 33; Does the \$1,000 per day penalty apply for delays after the 1/1/27 go live, or does the penalty apply for any date/task non-adherence throughout the implementation?

A: Part 3, Section N. Implementation Plan refers to the implementation period. Penalties in this section refer to implementation.

28. Part 3; Section N. Implementation Plan; Page 46; Please confirm what is expected for operational system readiness by October 1, 2026. Does this represent “go live ready”, or demonstrated ability to meet the requirements of the contract?

A: By October 1, 2026, the contractor must demonstrate that the system is go live ready.

29. Part 8 – Attachments to Solicitation; Page 65; If Attachment 1 – Important Tax Notice and Attachment 3 – Service Provider Security Assessment Questionnaire are required submissions with proposal responses, will the State provide editable electronic versions of these documents to Offerors?

A: No editable copies will be available.

30. Does PEBA offer EAP services to subscribers today? If so, who is the current vendor? Will there be any integration requirements with the benefit health program?

A: No, there are no EAP services available to subscribers today through PEBA. Individual employers may and do offer EAP services, but there is no coordination with PEBA.

31. Part 2, Section 2.1 (Data); Page 19; Will the state provide a year by year (2023 to 2025) utilization breakdown for the following items for pricing purposes:

a. Inpatient (Mental Health and Substance Use):

- i. Admits/1K**
- ii. Days/1k**
- iii. Penetration Rate**

A: Vendors should be able to produce this information from the confidential claims and eligibility data that was released via NDA.

b. Outpatient

- i. Units/1K**
- ii. Unique Utilizers**

A: See answer to 31.a above.

c. Other/Alternative

- i. Units/1K**
- ii. Unique Utilizers**

A: See answer to 31.a above.

d. Please provide the total Behavioral Health paid claims spend for the plan being quoted, broken out by year for 2023, 2024, and 2025. Please include only claims related to the services that will be administered under this RFP.

A: See answer to 31.a above

e. Please provide the total Behavioral Health membership for the plan being quoted, with a year-by-year breakdown for 2023, 2024, and 2025. Additionally, please include a breakdown of membership by subscribers and dependents for each year.

A: See answer to 31.a above.

f. For the Tobacco Cessation Program, please provide program utilization data, including participation counts for 2023, 2024, and 2025 (year-by-year breakdown). Additionally, please provide the total membership eligible for the program for each year, based on current tobacco usage prevalence within the population.

A: See answer to 31.a above. Eligible membership can be located in the confidential eligibility data that was provided.

g. We are not finding the data set provide complete and have several questions related to what has been provided: Can SC PEBA resend the data only providing claims that are applicable to the RFP (For example: Health Condition Category Behavioral Health [BH only])?

A: Health Condition Category Behavioral Health [BH only]) is included in the confidential information provided. Offerors are free to filter the data in any manner they need to.

h. Regarding the data provided, can SC PEBA please include the following fields which are need to create a good provider match:

- i. Provider Tax ID #**
- ii. Provider Taxonomy**
- iii. Provider Type**
- iv. Provider Specialty**
- v. Provider State**
- vi. Provider Zip Code**

A: The provider NPI has been included in the confidential data set. PEBA believes this is an adequate identifier to be responsive to the RFP.

i. In order to count claims, can SC PEBA include both the Claim ID # and Claim Line #?

A: PEBA is not asking Offerors to count claims. This is not a requirement of the RFP.

j. The pricing and network data excel spreadsheet seems to be composed of many tabs which are just rehashes of the data that was provided to bidders. Can you confirm which tabs/parts of tabs should be filled in? Our expectation is tabs 5 and 6 but in order to appropriately put an allowed amount we would need to match to a provider per other questions.

A: Offerors are to indicate, for each Tax ID Number (TIN) / Federal Employer Identification Numbers (FEIN) listed on tab 4 (inpatient hospital, outpatient hospital, and managed care professional), network participation as of 1/1/2026 (Yes or No). Offerors are then to calculate the allowance and provide the reimbursement methodology for each of the inpatient hospital cases listed on tab 5 for each of the inpatient hospital providers listed on tab 4. Offerors are then to calculate the allowance and provide the reimbursement methodology for the of the outpatient hospital services listed on tab 6 for each of the outpatient hospital providers listed on tab 4. Please note that the outpatient hospital services are listed at the line-item level but does also include a claim level indicator.

k. If tab 1 (and other applicable tabs) of Attachment 8 needs to be filled in, can you confirm how claims/days are expected to be captured? Is the provider location to be based on billing zip code or rendering zip code? Please note whatever is required would need to be attached to the data sent to suppliers.

A: Attachment 8 is a .pdf of the Detailed Provider File. There are no tabs.

l. On tabs 5 and 6 on the pricing and network data (Attachment 8), are we only required to fill in for the current Claims that are on the tabs?

A: Attachment 8 is a .pdf of the Detailed Provider File. There are no tabs.

m. Rx data was provided for this quote. Is there any expectation that this data would be utilized as part of the BH RFP besides overall understanding of Rx utilization?

A: This information was provided to help potential offerors understand the risk of the PEBA population.

n. Can you confirm the Network Roster excel spreadsheet needs to be filled in by bidder for all providers in just SC?

A: No. The Roster should be completed in its entirety.

o. Can you please provide the definition/scope of this RFP as it pertains to the analytics of BH?

A: See Section K, Reporting Items.

p. Does SC PEBA have a specific definition of what codes/locations/places of service will be covered by BH rather than the medical vendor?

A: Offerors should be able to glean this information from the confidential data that has been provided. Offerors are free to filter the data in any manner they need to.

32. Part 3, Scope of Work; Page 20; Is Quality Management/Improvement a delegated function in this contract? How would you envision a vendor partnering with your organization on Quality — primarily oversight and reporting, or more integrated performance management and improvement support?

A: This is not a requirement of the contract.

a. Which Quality-related functions would you anticipate delegating under this contract (e.g. quality of care review, grievances & appeals oversight, complaints, performance improvement, member/provider experience)?

A: This is not a requirement of the contract.

b. Are there specific Quality of Care (QOC) concern/incident reporting or enhanced notification requirements that should be incorporated?

A: This is not a requirement of the contract.

33. Part 5; Page 35; Regarding spiral bound copies, are Offerors allowed to print two-sided copies?

A: Yes. Two-sided copies are welcomed.

34. Part 5, Page 48; Is the state amenable to a pricing agreement that includes performance incentives if the vendor meets certain thresholds. E.g. shared savings based on behavioral health claims savings targets?

A: This is not a requirement of the RFP. However potential Offerors are free to propose how any specific components of its proposal would be based on a shared savings pricing agreement and more generally, value-based arrangements.

The following questions were submitted in writing by Vendor C. (Answers follow.)

35. Part 2 – Scope of Proposal

2.1 Introduction

Page 17

Will PEBA confirm that the bidder will bear all costs of integration with third-party vendors (BlueCross BlueShield of South Carolina and CVS Caremark) and that the integration costs should be included in the administrative fees?

A: Confirmed.

36. Part 3 – Scope of Work

Page 20 –

The introduction states that “PEBA desires to implement a comprehensive, scalable program that supports neurodivergent individuals and their families.” Neurodiversity covers a wide spectrum of diagnoses. Is there a specific population that PEBA is looking to have the program for? Some of these diagnoses meet for other current program offerings. Is the expectation that they be moved to the neurodivergent program? What is the desired implementation timeline?

A: Offerors should describe how they would implement a program to support neurodivergent individuals and their families.

37. Part 3 – Scope of Work

B. Claims Processing and Payment

Page 21 –

Requirement 2 states “control claims”. Will PEBA clarify control of claims?

A: Control claims refer to ensuring a received claim is ready to be considered for the adjudication process.

**38. Part 3 – Scope of Work
H. Financial Arrangements
Page 28 –**

Requirement 6 references providing both a SOC1 Type 2 report and a SOC2 report. Will PEBA accept a SOC1 and SOC3 reports in place of a SOC2 report?

A: No. The RFP stands as written.

**39. Question 5:
Part 3 – Scope of Work
I. Customer Service
Page 29 –**

Requirement 2 states that the Contractor shall be “open for at least ten (10) hours daily during normal business hours”. Requirements 3 and 4 states that the Contractor shall be “available during the hours of 8 a.m. to 5:30 p.m. EST”, which is 9.5 hours. Will PEBA clarify?

A: See updated Part 3 Scope of Work, Section I Customer Service. (8 am. To 6:00 p.m. EST.)

**40. Part 3 – Scope of Work
K. Reporting
Page 31 –**

Requirement 2 references Part 3.A.5. This section is missing. Will PEBA confirm the requirement?

A: See updated Part 3 Scope of Work, Section K Reporting, Item 2. The correct reference is Part 3.A.4.

**41. Question 7:
Part 3 – Scope of Work
M. Performance Standards and Guarantees (Liquidated Damages)
Page 32 –**

Requirement 2 states a “95% overall satisfaction rate”. Would PEBA consider an alternative to the minimum 95% overall satisfaction rate with key metrics identified and explained by current vendor?

A: No. The RFP stands as written.

42. **Question 8:**
Part 5.1.4 – Approach
C. Behavioral Healthcare Provider Networks
Page 38 39–

Requirements 1-10 reference Microsoft Excel exhibits “Network Roster.xlsx” and “Pricing and Network Data.xlsx”. Neither exhibit was provided by PEBA in the confidential data. Can PEBA confirm the bidder is expected to create these exhibits.

Also, the data files provided contain predominantly medical claims with no behavioral health diagnosis or procedure. Can PEBA please clarify expectations for pricing of these claims?

A: Network Roster.xlsx and Pricing and Network Data.xlsx are provided to offerors that complete the required non-disclosure agreement. The medical data does contain ICD10 diagnosis codes for both behavioral health and non-behavioral health claims. The prescription drug data also includes both behavioral and non-behavioral claims. PEBA’s intent is to provide offerors with a complete as possible risk profile of PEBA’s population. As such, PEBA does not expect offerors to re-price the claim and enrollment data.