



<p>STATE OF NORTH CAROLINA</p> <p>Department of State Treasurer</p>  <p>Refer <u>ALL</u> Inquiries to: Vanessa Davison Email: Vanessa.Davison@nctreasurer.com Copy to SHPContracting@nctreasurer.com</p> <p>See page 2 for submission instructions.</p>	<p>REQUEST FOR BEST AND FINAL OFFER (BAFO) #1 RFP # 270-20220830TPAS</p>
	<p>Offers will be received until: 11:59 PM ET, November 22, 2022</p>
	<p>BAFO Issue Date: November 18, 2022</p> <p>Description of goods/services: 851017- Health Administrative Services</p>
	<p>Agency Requisition No. 270-20220830TPAS</p>

NOTICE TO VENDOR Offers, subject to the conditions made a part hereof, will be received via email until 11:59 PM ET, November 22, 2022, for furnishing and delivering the goods and services as described herein. Refer to page 2 for submission instructions. Offers submitted in any other way in response to this Best and Final Offer (BAFO) will not be accepted. Offers are subject to rejection unless submitted on this form.

EXECUTION

In compliance with this BAFO, and subject to all the terms and conditions herein, those in the original Request for Proposal (RFP), dated August 30, 2022, (unless superseded herein) and in Vendor's proposal thereto, the undersigned offers and agrees to furnish and deliver any or all goods and services which are offered, at the prices agreed upon and within the time specified herein. Under penalty of perjury, the undersigned Vendor certifies that this offer has not been arrived at collusively or otherwise in violation of Federal or North Carolina law and this offer is made without prior understanding, agreement, or connection with any firm, corporation, or person submitting an offer for the same services, and is in all respects fair and without collusion or fraud.

Failure to execute/sign offer prior to submittal shall render offer invalid. Late offers are not acceptable.

VENDOR: Aetna Life Insurance Company	EMAIL: PolsonettiT@aetna.com	
STREET ADDRESS: 151 Farmington Avenue	P.O. BOX: n/a	ZIP: 06156
CITY & STATE & ZIP: Hartford, CT 06156	TELEPHONE NUMBER: 1-800-872-3862	TOLL FREE TEL. NO: 1-800-872-3862
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING: Tami Polsonetti, Assistant Vice President	FAX NUMBER: 860-273-3382	
AUTHORIZED SIGNATURE: 	DATE: November 22, 2022	

Offer valid for ninety (90) days from date of opening unless otherwise stated here: ____ days.

ACCEPTANCE OF BAFO

If the State accepts any or all parts of this offer, an authorized representative of the Department of State Treasurer shall affix her/his signature to the Vendor's response to this Request for BAFO. The acceptance shall include the response to this BAFO, any provisions and requirements of the original RFP that have not been superseded by this BAFO, and the provisions of Vendor's response to the original RFP that have not been superseded by this BAFO. These documents shall then constitute the written agreement between the Parties. In the event of conflict, the State's terms and conditions shall control. A copy of this acceptance will be forwarded to the successful Vendor(s).

<p>FOR STATE USE ONLY: Offer accepted and Contract awarded this ____ day of _____ 20__, as indicated on the attached certification, by _____</p> <p>(Authorized Representatives of NC Department of State Treasurer)</p>
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SUBMISSION INSTRUCTIONS: Vendor shall submit its BAFO response via email to Vanessa.Davison@nctreasurer.com with a copy to SHPContracting@nctreasurer.com and SKuhn@segalco.com. Any files submitted shall not be password protected and shall be capable of being copied to other media.

SOLICITATION REQUEST FOR BEST AND FINAL OFFER (BAFO):

This request is to acquire a best and final offer from Vendor for **Third Party Administrative Services**. Your offer shall integrate the previous response to the RFP and any changes listed below. Any individual Vendor may receive a different number of requests for BAFOs than other Vendors.

The State encourages the Vendor to supply more competitive prices. Vendor should submit its most competitive prices in response to this Request for BAFO. The State reserves the right to accept the Vendor's original offer if deemed more advantageous to the State.

Note: This proposal is still in the evaluation period. During this period and prior to award, possession of the BAFO, original proposal response and accompanying information is limited to personnel of the Department of State Treasurer, and to agencies responsible for participating in the evaluation. Vendors that attempt to gain this privileged information or to influence the evaluation process (i.e. assist in evaluation) will be in violation of purchasing rules and their offer may not be further evaluated or considered.

Specific requests begin on next page. Vendor may copy requests onto additional pages, as needed, to provide sufficient space for its response.

1. The Plan requests that Vendor provide its best and final offer by completing Attachment A: PRICING - BAFO #1 in its entirety. *Confirmed.*
2. Vendor must provide its most competitive pricing as subsequent BAFOs may not follow. *Confirmed.*
3. Vendor must round all fees to two decimal places. Vendor shall not delete prepopulated formulas. *Confirmed.*

ATTACHMENT A: PRICING, BAFO #1

INSTRUCTIONS FOR BAFO #1 COST PROPOSAL

1.1 Administrative Fees

The proposed administrative fees must support all the services requested in Section 5.0 “Technical and Cost Proposal Requirements and Specifications” of this RFP. **Tables A-7.1 through A-7.3 must include all costs except actual claim payments for covered Members. Unspecified fees and expenses will not be paid by the Plan.**

Vendor must provide the monthly administrative fee per subscriber for each of the five (5) years in the contract period. An exhibit with detailed instructions is included in **Attachment A-7**.

Table A-7.1 is broken out by administrative service item.

Table A-7.1 also requests PMPM pricing for some additional, optional services, if the Plan authorizes the TPA to perform those services.

If there are additional one-time credits and fees, providers should list them in Table A-7.2. Table A-7.3 requests per participant pricing for specified biometric screenings.

Note: Vendor must round all fees to two decimal places. Vendor must not delete prepopulated formulas. *Confirmed.*

1.2 Network Pricing Guarantees

Vendor must provide network discount guarantees, guarantees not to exceed a percentage of Medicare fees, and a trend guarantee, and may provide other pricing guarantees recommended by Vendor. A detailed exhibit with instructions is provided in **Attachment A-8**. Vendors are required to submit guarantees and provide details on recommended metrics, methodology, and the amount that will be at risk. Guarantees shall be provided on separate tabs for both in state and out of state.

Discount improvements guarantees will only be reflected in projected costs to the extent Vendor is willing to provide shortfall guarantees on a dollar-for-dollar basis. Discount improvements without guarantees will not be reflected in the projected cost analysis and guarantees not on a dollar-for-dollar basis will only be reflected up to the dollar amount at-risk. *Confirmed.*