

Request for Quotes (RFQ): Surgical Center of Excellence (COE)

Addendum 8 - Parts 1 & 2

1/28/2026

NOTE: The Quote Submission Date and Time is 2/6/2026, 5pm EST.

Please note that questions from potential Bidders may have been edited to ensure greater clarity and to eliminate duplicates.

Part 1: Questions and Answers (Round 2)

Q1. Procedure List Updates

Can the State confirm whether the list of Covered Procedures (as defined in the State-supplied Price Sheet) may be updated during the Contract Term? If so, what is the process for adding or removing procedures during the pilot?

A1. **The State Health Benefits Program (SHBP) Plan Design Committee (PDC) may make changes to this pilot program via resolution. Material changes to scope during the Contract term will be handled via Contract Amendment, in accordance with State of New Jersey Combined Standard Terms and Conditions Section 5.14.**

Q2. Population Scope Changes

Is there a formal mechanism for expanding or modifying the eligible SHBP population participating in the COE pilot program during the contract period?

A2. **The population of members of eligible SHBP benefit plans is defined in SHBP PDC resolutions. Any change to the population of eligible participants will be made via resolution of The State Health Benefits Program (SHBP) Plan Design Committee (PDC).**

Refer to the SHBP PDC Resolution #2024-7 To Create a Centers of Excellence Pilot Program, and Resolution #2025-13 To Modify Resolution 2024-7 Creating the Centers of Excellence Pilot Program. These resolutions can be found here:

<https://www.nj.gov/treasury/pensions/documents/hb/Resolutions/SHBP-PDC/2024-7-centers-of-excellence.pdf>

<https://www.nj.gov/treasury/pensions/documents/hb/Resolutions/SHBP-PDC/2025-13-SHBP-PDC-modify-COE-pilot-program.pdf>

Q3. Additional Network Adequacy Requirements

Beyond the 50-mile “reasonable distance” standard, are there any additional network adequacy requirements (e.g., provider-to-member ratios, timeliness-of-care standards, appointment access requirements) that COE networks must meet?

- A3. There are no additional mandatory network adequacy requirements other than those described in the previously SHBP PDC resolutions #2024-7, #2025-13 and in this RFQ.**
- Q4. Credentialing Requirements
What credentialing cycle (e.g., annual, biannual, triennial) and documentation standards does the State require for provider and facility credentialing and quality verification under the COE program?
- A4. Please refer to Section 4.1.5 Network Management, paragraphs E and G of this RFQ.**
- Q5. Data Standards & Formats
Will the State provide technical specifications or required data formats (e.g., X12, FHIR, flat file layouts) for eligibility, claims, and utilization data exchanges with SHBP carriers, the Online Enrollment Vendor, or other partners?
- A5. Upon award, DPB will assist in coordination of interface specifications across all involved vendors.**
- Q6. Member Support Staffing & SLA Minimums
Beyond the requirements in Section 4.1.2 and Exhibit 1, are there minimum staffing levels, service-level agreements (e.g., ASA, abandonment rates), or training/credentialing expectations for Member Call Center and Concierge Support teams?
- A6. The selected vendor is expected to have and maintain a sufficient number of staff with appropriate education and training to meet the requirements, service-level agreements, and performance guarantees as outlined in this RFQ.**
- Q7. Standard Reporting Templates
Will the State provide standard templates for monthly claims reporting, quarterly utilization reporting, annual review reporting, or performance guarantee reporting, or should vendors propose template formats as part of their submission?
- A7. Bidders may submit their templates for review with the Quote submission. The final format/template to be utilized will be determined by DPB after discussion with the selected bidder.**
- Q8. Satisfaction Survey Template
For the required member satisfaction survey, will the State provide a standard survey instrument or methodology, or should the vendor design the survey subject to State review?
- A8. The State will review surveys designed by the Contractor. The final survey to be utilized will be determined by DPB after discussion with the selected bidder.**

Q9. System Performance Thresholds

Are there specific system performance thresholds (e.g., maximum page load time, system availability target, acceptable response times under load) required for acceptance testing during implementation?

A9. For any mandatory system performance minimum thresholds, please refer to RFQ Sections 4.1.2.2 Website, Mobile Capabilities, and Transparency and 4.1.2.3 Technical Requirements: Website.

Q10. Change Management Notification Requirements

What notice periods and approval requirements apply when the Contractor plans to change key personnel, technology platforms, or material processes that may affect contract performance or compliance?

A10. Please refer to the following sections in this RFQ: 4.1.1 Claim/Invoice/Administration, 4.1.4.1 Account Executive, 5.3 Ownership of Material, and 5.4 Substitution of Staff.

Q11. Ongoing Security Review Cadence

Beyond the initial NJOIT/NJCCIC assessment, what is the expected cadence and scope for ongoing security assessments or reviews (e.g., annual, upon material change)? Should vendors also perform and submit periodic assessments of subcontractor security posture?

A11. The State requests updated security assessments periodically to meet the State's compliance standards and requirements. Contractors are expected to also provide updated assessments upon any material changes.

It is the responsibility of the Contractor to ensure any Subcontractors abide by the State's standards and requirements as delineated within this RFQ and the awarded contract.

Q12. Subcontractor Disclosure Requirements

Beyond the Subcontractor Utilization Form submitted with the Quote, does the State require recurring subcontractor disclosures or annual attestations during the Contract Term?

A12. Subcontractors are required to have a current Business Registration and Affirmative Action Plan prior to award and during the term of the contract. Please refer to RFQ Sections 3.5.8 and 3.5.11.

Q13. Contract Adoption of Exhibit 1 PGs

Will all Performance Guarantees listed in Exhibit 1 be incorporated as-is into the final contract, with only the at-risk dollar amounts negotiated? Or does the State anticipate modifying any PG definitions, metrics, or thresholds?

A13. The State intends to incorporate the PGs listed in Exhibit 1 into the final contract; only the at-risk dollar amounts are to be subject of negotiation. The state does not

anticipate modifying the underlying definitions, metrics, or threshold requirements associated with each PG. These elements reflect core operational standards that the State relies on to ensure quality, timeliness, accuracy, and compliance across SHBP administration. The State reserves the right to refine PG definitions or thresholds if necessary to align with statutory requirements, updated operational practices, clarified measurement methodologies, or changes in federal or state regulatory guidance. Any revisions would be limited to ensuring clarity, enforceability, and consistency across vendors and would not materially alter the intent of the guarantees as presented in Exhibit 1.

Q14. Administrative Fee — At-Risk Allocation

Will the State define how the 20% of administrative fees at risk should be allocated across the Performance Guarantees, or should vendors propose their own weighting methodology?

A14. In Performance Guarantees – Exhibit 1 of this RFQ, bidders can allocate the percentage of fees at risk above the defined minimum percent for each line item but cannot propose anything below the defined minimums.

Q15. Financial Guarantees — Penalty Methodology

How will non-compliance with Financial Guarantees be calculated, communicated, and reconciled (e.g., per metric, aggregate, graduated penalty model)?

A15. Per the Financial Guarantees tab on the Pricing Sheet of this RFQ, there will be an annual reconciliation process conducted by the State and the State's health benefits consultant to determine compliance with Bidder's guaranteed bundled pricing caps.

Q16. Inclusion of Avoided Surgeries / Appropriateness Metrics

For program performance and cost savings reporting, will the State allow inclusion of avoided surgeries, clinical appropriateness determinations, and conservative-care redirection as recognized performance outcomes?

A16. No. Clinical performance metrics are outlined in Exhibit 1 of this RFQ.

Q17. Future Development of Reference-Based Pricing

If the State elects to introduce Reference-Based Pricing during the Contract Term, what transparency or reporting requirements would be expected of the COE Contractor, and how would such requirements be communicated?

A17. Reference-based pricing is not in scope of this RFQ.

Q18. Request for additional claims data.

A18. A bidder requested 15 months of claims data in a specified format.

All Bidders were sent 12-months of claims data, split into 5 parts due to the data size, with the following fields.

- **Member ID Unique ID (e.g. plan member ID, or a combination of fields to create a unique member ID).**
- **Member Home Zip Code**
- **Provider / Facility NPI**
- **Provider Zip Code**
- **Date of Service**
- **CPT Code(s)**
- **Allowed Amount (the sum of plan paid amounts and member cost share)**

No additional claims data will be made available.

Part 2: Surgical Center of Excellence (COE) RFQ Modifications

Note: “Exhibit 1- Surgery COE Performance Guarantees” has been modified to remove references to “Liquidated Damages” and correct typographical errors.

The following paragraph has been added to Section 4.1.5 of this RFQ:

4.1.5 NETWORK MANAGEMENT

- M. Ensure that the Member and the Plan, as appropriate, will be charged the lower of the Provider’s billed charges and the Contractor’s discounted or negotiated rate with a Provider or rate agreed to by the State and the Provider. The Contractor understands and agrees that the Contractor’s discounted or negotiated rate with a Provider applicable to the SHBP/SEHBP shall be consistent, or less than, the Contractor’s comparable network commercial book of business; and that the Contractor shall not utilize or apply a discounted or negotiated rate schedule that is distinct and materially different from the Contractor’s discounted or negotiated rate with a Provider, unless fully disclosed and agreed to by the State. In the event a Provider submits a Claim with a value lower than the discounted or negotiated rate with Contractor, the Contractor agrees to process the Claim at the Provider submitted amount. In no circumstance will a Contractor pay a Claim at a higher rate than what is submitted by the Provider;