

# Strategic Plan

2017-2019



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## Mission

PEBA's mission is to provide competitive retirement and insurance benefit programs for South Carolina public employers, employees and retirees.

## Vision

Serving those who serve South Carolina

## Core values

### Solutions oriented

We anticipate the needs of our members, colleagues and supervisors, and work daily to improve processes and increase customer satisfaction.

### Communication

We encourage and facilitate the flow of information, listen effectively and are receptive to constructive feedback.

### Credibility

We accept responsibility for our individual jobs and achieving the goals of PEBA. We are accountable, thorough and accurate.

### Collaboration

We foster cooperative relationships, and appreciate and respect the contributions of others.

### Responsive

We strive to achieve our goals and objectives. We adapt to change. We follow through.

### Emotional intelligence

We maintain self-awareness and modify behavior appropriately. We work to build rapport with others and effectively manage and resolve conflict.

### Ethical behavior

We value honesty, trust, fairness and consistency.

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## Strategic goals

At the broadest level, PEBA's goals are to:

### Goal one

Promote financially sound PEBA programs

### Goal two

Improve health outcomes and promote retirement awareness

### Goal three

Enhance the customer experience for members and employers

### Goal four

Responsibly manage risk to the organization

### Goal five

Maintain a workforce and work environment conducive to achievement of agency goals and objectives

### Goal six

Improve internal efficiencies through new system implementation

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## Goal one

### Promote financially sound PEBA programs

PEBA has a responsibility to its stakeholders to control public employee benefit costs while providing maximum benefits. The cost to members and taxpayers is impacted by investment performance, member behavior, competitive developments in relevant labor markets, policy determinations regarding cost-allocations and the willingness to pay of participants and taxpayers.

#### Key measures

##### Insurance

- State Health Plan expenditure growth per subscriber is at least two percentage points below the five-year average national benchmark (see key measure 1 in the appendix on Page 17 for actual measure)
- State Health Plan net expenditure per member per month (see key measure 2 in the appendix on Page 17 for actual measure)
- State Health Plan actuarial value ratio (AVR) is equal to or higher than the benchmark of the average of bordering peer plans (Florida, Georgia, North Carolina and Tennessee) and the southeast regional states (see key measure 3 in the appendix on Page 17 for actual measure)
- State Health Plan net expenditure to revenue loss ratio is less than or equal to 1.0 (see key measure 4 in the appendix on Page 17 for actual measure)
- Cumulative cash balance of self-funded health plan reserves is at least 140 percent of current estimated outstanding liability (see key measure 5 in the appendix on Page 17 for actual measure)
- State Health Plan average monthly composite premium is at or below the southeast regional state employee plan average for the employer, enrollee and total premium (see key measure 6 in the appendix on Page 17 for actual measure)

##### Retirement

- Ensure employer and employee contribution rates are sufficient to maintain a funding period for the Retirement Systems that does not exceed 30 years, and meets all federal and state requirements

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### Strategy 1.1

Provide the legislature with information to properly determine contributions and funding to ensure long-term viability of benefit programs.

#### Staff actions

- Conduct annual actuarial valuations and financial audits, and benchmarking and research to gauge and communicate soundness of plans
- Provide fiscal impact and other information as needed for public policy makers as legislation is considered

### Strategy 1.2

Research best practices, and recommend and implement health plan design changes.

#### Staff actions

- Conduct an analysis of further usage of incentives in the State Health Plan  
*Pending due to federal court case*
- Conduct ongoing research and analysis of health plan design, experience and industry best practices

### Completed staff actions

- Researched lowering the Savings Plan deductible
- Reviewed investment process for health savings accounts
- Evaluated new opportunities for reference-based pricing strategies and a phased-in approach to implement current reference-based pricing
- Evaluated patient-centered medical home initiative's effectiveness, provider accessibility and member participation
- Conducted an independent actuarial audit one year after the next scheduled experience study
- Completed a review of the major cost drivers of the State Health Plan
- Communicated the proposed budget requirements for both the State Health Plan and Basic Dental Plan for the 2018 plan year
- Continued financial analysis of MUSC Health Plan pilot performance; continued to work collaboratively with MUSC on plan management
- Developed strategies to address specialty pharmacy spend and to better manage specialty pharmacy sector; continued to work collaboratively with pharmacy and medical contractors
- Communicated results of experience study and required contribution rate increases for retirement systems
- Completed pharmacy benefits manager contracting process in a timely manner; completed implementation process in a manner which serves the best interest of the State Health Plan and its membership

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- Implemented reference-based pricing strategy for certain imaging, pathology and endoscopy services commonly performed in non-hospital settings to make pricing more comparable with those other settings and evaluated plan impact related to new strategy
  - Implemented State Health Plan benefit design incentivizing members to receive care at a network Patient-Centered Medical Home by waiving the \$12 office visit copay and reducing the member coinsurance to 10 percent

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## Goal two

### Improve health outcomes and promote retirement awareness

PEBA understands the importance of making appropriate changes to health plan design to improve health outcomes and reduce costs, including changes to reduce member behaviors that negatively affect health outcomes. In addition, the agency has a new focus on retirement awareness to ensure that members are aware of the benefits available to them through PEBA-administered plans, as well as options to supplement their benefits.

#### Key measures

- Maintain overall patient health risk score for non-Medicare primary adult State Health Plan members that is adjusted for demographics (see key measure 1 under “improve member health” in the appendix on Page 18 for actual measure)
- Achieve 10,000 interactions annually with members and employers to promote retirement awareness through the following channels:
  - Online resources
  - Attendance at early- and mid-career seminars

#### Strategy 2.1

Promote member engagement with both retirement and insurance programs to ensure members understand benefit options and can make educated decisions and take personal responsibility regarding health and retirement.

#### Staff actions

- February 28, 2019  
Conduct a review of dental insurance level of benefits
- March 31, 2019  
Develop and execute marketing plans and goals for MoneyPlus/cafeteria plan
- June 30, 2019  
Improve member and employer education of health savings accounts
- June 30, 2019  
Improve member education on adult well visits
- December 31, 2019  
Increase member attendance at seminars
- December 31, 2019  
Continue development and promotion of *Navigating Your Benefits* materials to highlight and increase education of benefits

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## Completed staff actions

- Created improved educational materials to assist members in making an informed choice between the State Optional Retirement Program and the defined benefit plan
- Completed a review of the performance of current health coaching programs and benchmarked against industry standards
- Targeted and engaged executive management of our employers in managing the health of their employees and provided ready-to-use resources that promote benefits available to State Health Plan members
- Developed an automated enrollment process for the State Optional Retirement Program that is easier and more straightforward for employers and members to enroll in the Program
- Launched *Navigating Your Benefits*, a series to provide members with easy-to-use information about insurance and retirement benefits Implemented Rally, a new digital platform to help members get and stay healthy through personalized challenges, rewards and content
- Required worksite screening providers to electronically provide biometric data to the plan
- Reached 40 percent of State Health Plan active employees through employer participation in PEBA Health Hub
- Increased unique count of members participating in tobacco cessation program or utilizing tobacco cessation prescription drugs by 5 percent
- Increased rate of State Health Plan members current with colorectal cancer screening by 1.5 percentage points
- Identified best practices among other insurance plans regarding improving health outcomes and reducing costs
- Defined and measured appropriate benchmarks against both public and private sector insurance plans
- Reviewed vendor marketing plans for insurance benefits
- Implemented value-based insurance design at no member cost for routine and diagnostic colonoscopies, adult vaccinations recommended by the Centers for Disease Control, tobacco cessation prescription drugs (Chantix and generic Zyban) and diabetes education
- Included retirement awareness presentations on the agency's YouTube channel and incorporated into Field Services' seminars
- Developed and communicated a wellness scorecard to employers to engage them in managing the health of their employees

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## Goal three

### Enhance the customer service experience for members and employers

PEBA aims to provide the best quality service to its stakeholders, including members, dependents and beneficiaries. As such, PEBA strives for continuous improvement of the level of service we provide, as well as those services provided by our third-party administrators.

#### Key measures

- PEBA's customer satisfaction survey score should be greater than or equal to a 95 percent satisfaction rate for both the Visitor Center and Customer Contact Center (see key measure 4 under "provide positive member experience" in the appendix on Page 18 for actual measure)
- Achieve a 2.5 percent survey completion rate, based on the total number of surveys completed and the total number of calls received and visitors per fiscal year
- Trust: members feel the State Health Plan is a plan they can trust. Score at least an 8 out of 10 on the BlueCross BlueShield of South Carolina *Consumer Brand Index Survey* where "1" means strongly disagree and "10" means strongly agree (see key measure 1 under "provide positive member experience" in the appendix on Page 18 for actual measure)
- Likelihood to recommend: how likely members are to recommend the State Health Plan to family and friends; score at least an 8 out of 10 on the BlueCross BlueShield of South Carolina *Consumer Brand Index Survey* where "1" means very unlikely to recommend and "10" means likely to recommend (see key measure 2 under "provide positive member experience" in the appendix on Page 18 for actual measure)
- State Health Plan medical third-party administrator customer satisfaction after-call survey average total score is greater than or equal to 4.5 where "1" means very dissatisfied and "5" means very satisfied (see key measure 3 under "provide positive member experience" in the appendix on Page 18 for actual measure)
- Deferred Compensation third-party administrator customer satisfaction after-call survey average total score is greater than or equal to 4.5 where "1" means very dissatisfied and "5" means very satisfied

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### Strategy 3.1

Implement cost effective integrated systems and processes that are intuitive and practical, and provide value for members and employers.

#### Staff actions

- December 31, 2018  
Enhance call management system functionality to include courtesy call back
- December 31, 2018  
Expand social media strategy to other platforms and increase engagement
- January 1, 2019  
Implement new capabilities for the MoneyPlus system, including data sharing among vendors, rollover options, online enrollment within the PEBA MyBenefits platform, standardized employer reporting and an improved customer service platform
- March 31, 2019  
Research methods for improving electronic delivery of training material to employers
- June 30, 2019  
Develop employer checklists based on life events
- June 30, 2019  
Determine feasibility of engaging members more directly through annual mailing of paper benefits statement
- December 31, 2019  
Improve required minimum distribution process for all retirement plans
- December 31, 2019  
Develop member checklists based on life events

#### Completed staff actions

- Awarded contract for flexible benefits program, MoneyPlus
- Improved communication of retiree insurance eligibility to members and employers
- Improved eligibility verification process for retiree insurance
- Completed requirements for new Governmental Accounting Standards Board other post-employment benefits (OPEB) standards (GASB 75)
- Completed requirements for new Governmental Accounting Standards Board other post-employment benefits (OPEB) standards (GASB 74)
- Implemented data sharing between PEBA and third-party record keepers for the State Optional Retirement Program and Deferred Compensation Program in order to simplify enrollment and claims processes for members and employers
- Implemented the Business Transformation Project for the South Carolina Deferred Compensation Program
- Implemented an updated call management system

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- Launched a new agency identity to include logo, tagline, colors, templates and identity and style guidelines for staff and vendors
  - Launched a consolidated agency website and implemented a survey feature on the website to solicit feedback from members regarding use and content
  - Developed a comprehensive communications plan
  - Created an employer advisory group which provides employers a forum to give feedback on processes and improvements related to customer satisfaction
  - Implemented elimination of revenue sharing to State Optional Retirement Program third-party administrators
  - Implemented Governmental Accounting Standards Board 67 and 68 by communicating with stakeholders, employers and policy makers on new pension reporting requirements

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## Goal four

### Responsibly manage risk to the organization

It is incumbent upon our individual employees and organization to continually assess and mitigate the threats and risks to which we are exposed. Through enterprise risk management, we will plan, organize, lead and control the activities of our organization in order to minimize the effects of risk. This will include financial, strategic and operational risks.

#### Key measures

- Compliance with state-issued information technology security mandates
- Create a risk-aware methodology for managing third-party vendors

#### Strategy 4.1

Implement enterprise risk management.

##### Staff actions

- December 31, 2018  
Research enhancing and implementing audits at participating employers

#### Strategy 4.2

Create a culture of risk awareness through the development, implementation and maintenance of an enterprise risk management program.

- November 30, 2018  
Conducted an incident response tabletop test
- September 30, 2019  
Conduct a business continuity test coordinated with a disaster recover test
- December 31, 2019  
Develop and monitor key performance indicators

#### Strategy 4.3

Ensure information technology resources are utilized to implement continuing security initiatives.

##### Staff actions

- December 31, 2019  
Implement online dual-factor authentication for members and employers

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## Complete staff actions

- Updated the incident response plan
- Developed a risk dashboard
- Completed an agency risk assessment
- Developed a risk management framework
- Purchased cyber liability insurance
- Ranked vendors based on information technology security risks; will use rankings in ongoing due diligence efforts
- Conducted an information technology security due diligence process on third-party vendors that store, transmit or process PEBA-associated restricted data
- Created a charter for enterprise risk management
- Evaluated the need for cyber insurance
- Developed a minimum set of information technology security requirements for vendors
- Developed an information technology security due diligence questionnaire for third-party vendors
- Complied with state-issued information security policies
- Completed a business continuity plan
- Created a security review and practice calendar for internal review
- Hired an Enterprise Risk Management and Compliance Director
- Engaged external firm to review cyber security risks to the organization

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## Goal five

### Maintain a workforce and work environment conducive to achievement of agency goals and objectives

Like many organizations, PEBA is faced with staffing challenges brought on by loss of staff due to retirement and new skills requirements due to advances in technology. We use our Characteristics of High Performance throughout the agency to develop a positive agency culture.

#### Key measures

- Develop and maintain a workforce plan
- Identify and maintain a pool of viable succession candidates
- Develop and implement individual development plans for succession candidates

#### Strategy 5.1

Ensure a consistent, viable talent pool that adapts effectively and fulfills business needs for the present and future.

##### Staff actions

- Continue to evaluate staffing needs in operational areas as peba:connect progresses

#### Strategy 5.2

Develop and maintain effective training and development programming.

##### Staff actions

- December 31, 2018  
Implement Retirement online training for Customer Contact Center
- September 30, 2019  
Implement Insurance online training for Customer Contact Center
- 2017 - 2022  
Ensure each operational area has up-to-date written policies and procedures, as well as specific training to be used in cross-training and on-the-job training

#### Strategy 5.3

Foster an agency culture driven by high performance.

#### Strategy 5.4

Ensure a safe, secure and functional physical working environment.

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## Completed staff actions

- Developed and implemented an internal employee wellness program
- Executed a long-term facilities plan to include updates to the physical property
- Developed PEBA-specific training regarding statutory framework, actuarial valuations and financial background of the plans
- Researched flexible work schedules and telecommuting; pilot in progress to gauge effectiveness
- Developed and implemented a program to hire and rotate staff among departments; pilot in progress to gauge effectiveness
- Hosted annual benefits fair at PEBA showcasing benefits and programs
- Updated workforce plan to ensure staffing needs are being met
- Implemented Phase II of onboarding process (included expansion of education on agency functions and operations)
- Developed *The PEBA Way* training for all employees
- Mapped succession needs and actions (positions, retirement eligibility)
- Developed and delivered monthly high performance characteristics training
- Implemented Phase I of onboarding process (includes new employee education of immediate compliance and awareness issues)
- Assessed, identified and delivered employee and organizational training and development opportunities
- Conducted employee satisfaction and engagement survey every two years
- Created an Employer Services unit
- Hired a Director of Employer Services
- Hired an Insurance Policy Director
- Hired a Training and Development Director
- Developed characteristics of high performance
- Integrated characteristics of high performance into performance management process and performance compensation policy
- Updated signage in building and on Highway 277 to better identify PEBA for visitors
- Retained services of the Bureau of Protective Services to provide full-time security for the PEBA campus
- Received required approval to replace HVAC system and carpeting for building 202

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## Goal six

### Improve internal efficiencies through new system implementation

PEBA is challenged with aging information systems. Operational systems and business processes are being assessed with assistance from benefits administration experts to create a roadmap for securing internal efficiencies through new technology. This system implementation project will be a multi-year endeavor requiring intensive capital and human resources.

#### Key measures

- Successfully transition all custom software programs written in Natural to a new technology with an expected life of at least 15 years
- Accomplish implementation with minimal service disruption to members and employers; meet project implementation milestone deliverables
- Complete transition on-budget

#### Strategy 6.1

Conduct and maintain multi-phase initiatives to generate system and operational changes to improve internal efficiencies.

#### Staff actions

- November 15, 2018  
Define, develop and release request for proposal for new benefits administration system implementation

#### Completed staff actions

- Awarded contract to data migration vendor
- Defined, developed and released a request for proposal for data migration vendor
- Defined, developed and released a request for qualification to procure new benefits administration system
- Developed communications plan for employers
- Developed communications plan for employees
- Awarded contract for client support services
- Hired a project manager for the peba:connect project
- Conducted training with all PEBA staff on the peba:connect project
- Included a review of peba:connect goals in the annual Town Hall employee meetings

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- Collaborated with business units to implement process improvements specific to data integrity and operational efficiencies prior to new system implementation
  - Identified process improvements specific to data integrity and operational efficiencies prior to new system implementation
  - Defined, developed and released a request for proposal for client support services
  - Completed phase three of the operational assessment to include a high-level roadmap, cost benefit analysis, recommendations for implementation projects, budget requirements and a final assessment report
  - Completed phase two of the operational assessment to include a future business flow document, high-level design of future systems and alternative proposal solution
  - Completed phase one of the operational assessment

# Key measures

## Goal one

### Promote financially sound PEBA programs

#### Key measures

##### Insurance

- State Health Plan expenditure growth per subscriber is at least two percentage points below the five-year average national benchmark

	2013	2014	2015	2016	2017	5-year average (2013-2017)
State Health Plan	4.0%	-1.4%	8.9%	4.0%	5.5% <sup>1</sup>	4.2%
National benchmark	5.6%	8.1%	8.5%	7.5%	9.3%	7.8%

<sup>1</sup>Incurred in 12 months; paid in 18 months

- State Health Plan net expenditure per member per month

	PMPM
2015	\$354.32
2016	\$356.08
2017 <sup>1</sup>	\$362.98

<sup>1</sup>Incurred in 12 months; paid in 18 months

- State Health Plan actuarial value ratio (AVR) is equal to or higher than the benchmark of the average of bordering peer plans (Florida, Georgia, North Carolina and Tennessee) and the southeast regional states

	2017 AVR
State Health Plan Standard Plan options	81.8
Average of bordering peer plans	77.6
All southern states MEP	76.1

Benefit design for each plan applied to the Centers for Medicare and Medicaid Service's 2018 Actuarial Calculator.

- State Health Plan net expenditure to revenue loss ratio is less than or equal to 1.0

	2016 incurred claims (paid through 12.31.17)	2017 incurred claims (paid through 12.31.17)
State Health Plan	0.930	0.943

- Cumulative cash balance of self-funded health plan reserves is at least 140 percent of current estimated outstanding liability

	As of 12.31.17	Cash balance compared to estimated outstanding liability
State Health Plan cash balance	\$408,899,422	248%
Outstanding liability	\$164,616,747	

- State Health Plan average monthly composite premium is at or below the southeast regional state employee plan average for the employer, enrollee and total premium

	Employer	Employee	Total
State Health Plan	\$533.25	\$159.71	\$692.96
South	\$726.00	\$186.19	\$912.19
United States	\$890.87	\$182.02	\$1,072.89

## Retirement

- Ensure employer and employee contribution rates are sufficient to maintain a funding period for the Retirement Systems that does not exceed 30 years, and meets all federal and state requirements

SCRS contribution schedule		
Fiscal year	Employer contribution	Employee contribution
2016-2017	11.56%	8.66%
2017-2018	13.56%	9.00%
2018-2019	14.56%	9.00%
2019-2020	15.56%	9.00%
2020-2021	16.56%	9.00%
2021-2022	17.56%	9.00%
2022-2023	18.56%	9.00%

PORS contribution schedule		
Fiscal year	Employer contribution	Employee contribution
2016-2017	14.24%	9.24%
2017-2018	16.24%	9.75%
2018-2019	17.24%	9.75%
2019-2020	18.24%	9.75%
2020-2021	19.24%	9.75%
2021-2022	20.24%	9.75%
2022-2023	21.24%	9.75%

## Goal two

### Improve health outcomes and promote retirement awareness

#### Key measures

- Maintain overall patient health risk score for non-Medicare primary adult State Health Plan members that is adjusted for demographics

Risk level	2013		2015		2017	
	Risk score	% of population	Risk score	% of population	Risk score	% of population
Low risk	0.4172	22.1%	0.416	23.5%	0.3839	23.3%
Medium risk	1.3942	66.4%	1.4047	65.8%	1.338	62.2%
High risk	4.5589	11.5%	4.471	10.7%	4.5811	14.5%
Overall risk	1.5148		1.4665		1.5879	

- Achieve 10,000 interactions annually with members and employers to promote retirement awareness through the following channels:
  - Online resources
  - Attendance at early- and mid-career seminars

	Count
Retirement awareness web page visits	46,473
Retirement awareness video views	8,605
Early- and mid-career seminar attendance	475
<b>Total interactions</b>	<b>55,553</b>

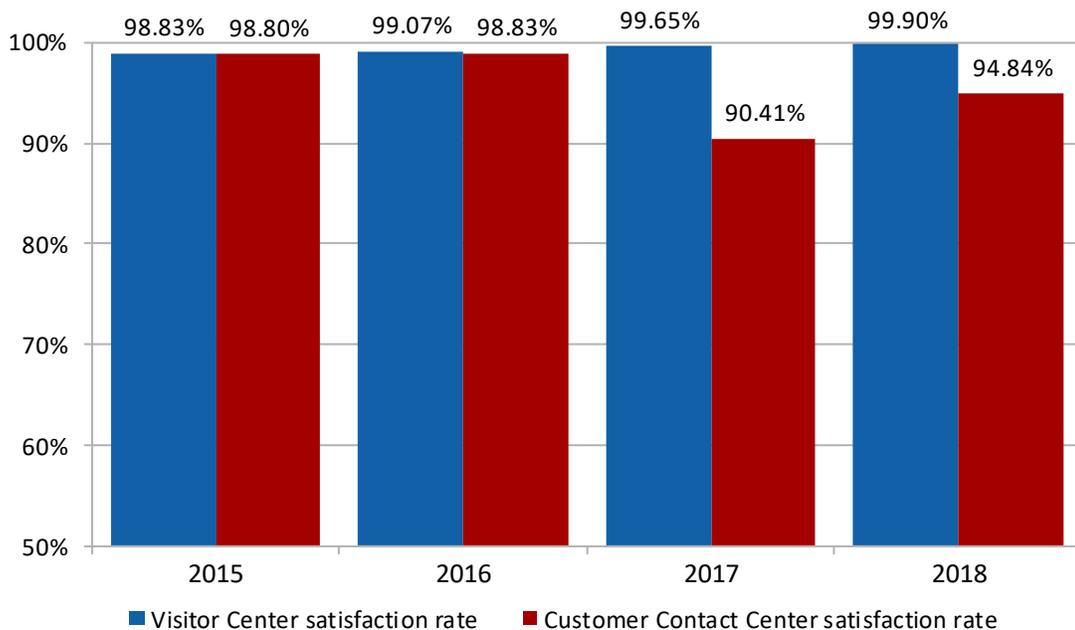
## Goal three

Enhance the customer service experience for members and employers

### Key measures

- PEBA's customer satisfaction survey score should be greater than or equal to a 95 percent satisfaction rate for both the Visitor Center and Customer Contact Center

As of June 30



*A new call management system was purchased and installed in August 2016. In the former system, survey participants were selected by Contact Center representatives. The new system has additional technical features which allow every caller the opportunity to take the survey. PEBA believes this change in methodology is the primary reason for a lower satisfaction rating in 2017 compared to prior years.*

- Achieve a 2.5 percent survey completion rate, based on the total number of surveys completed and the total number of calls received and visitors per fiscal year

**As of June 30**

	Surveys				Interactions			
	Visitor Center	Customer Contact Center	Retirement event	Total	# of visitors	# of calls	Total	% completion
2013	586	2,685		3,271	19,416	287,142	306,558	1.07%
2014	1,040	4,482		5,522	16,865	261,268	278,133	1.99%
2015	1,255	4,515		5,770	18,379	256,521	274,900	2.10%
2016	1,520	4,481		6,001	18,341	273,729	292,070	2.05%
2017	1,523	3,930	793	6,246	19,527	223,508	243,035	2.57%
2018	1,983	4,439	800	7,222	21,489	256,976	278,465	2.59%

- Trust: members feel the State Health Plan is a plan they can trust. Score at least an 8 out of 10 on the BlueCross BlueShield of South Carolina *Consumer Brand Index Survey* where “1” means strongly disagree and “10” means strongly agree

	2016		2017	
	Survey score	Participants	Survey score	Participants
State Health Plan	8.1	272	8.3	217
System average	8.2		8.1	

- Likelihood to recommend: how likely members are to recommend the State Health Plan to family and friends; score at least an 8 out of 10 on the BlueCross BlueShield of South Carolina *Consumer Brand Index Survey* where “1” means very unlikely to recommend and “10” means likely to recommend

	2016		2017	
	Survey score	Participants	Survey score	Participants
State Health Plan	8.4	272	8.1	217
System average	8.2		8.0	

- State Health Plan medical third-party administrator customer satisfaction after-call survey average total score is greater than or equal to 4.5 where “1” means very dissatisfied and “5” means very satisfied

	2016	2017
BlueCross	4.6	4.6

- Deferred Compensation third-party administrator customer satisfaction after-call survey average total score is greater than or equal to 4.5 where “1” means very dissatisfied and “5” means very satisfied

	2016	2017
Empower Retirement	4.77	4.72

## Goal four

### Responsibly manage risk to the organization

#### Key measures

- Compliance with state-issued information technology security mandates
- Create a risk-aware methodology for managing third-party vendors

The Enterprise Risk Management and Compliance department continues to monitor PEBA’s compliance with state-issued information security requirements. Activity related to this key measure includes a gap analysis of the DIS 200 control matrix, a risk assessment of PEBA’s compliance with HIPAA and weekly meetings with the PEBA IT director to manage PEBA’s security posture.

In addition to monitoring PEBA’s compliance with the state’s information security requirements, the department developed and implemented a risk based program that guides the frequency and depth of due diligence that is performed on PEBA vendors. This program is critical to ensure that PEBA understands how our high-risk vendors are protecting PEBA’s information, complying with HIPAA regulations and complying with contractual obligations.

## Goal five

Maintain a workforce and work environment conducive to achievement of agency goals and objectives

### Key measures

- Develop and maintain a workforce plan
- Identify and maintain a pool of viable succession candidates
- Develop and implement individual development plans for succession candidates

A workforce plan was developed for the agency and we are actively monitoring succession plans.

## Goal six

Improve internal efficiencies through new system implementation

### Key measures

- Successfully transition all custom software programs written in Natural to a new technology with an expected life of at least 15 years
- Accomplish implementation with minimal service disruption to members and employers; meet project implementation milestone deliverables
- Complete transition on-budget

The procurement of the client services vendor was delayed due to protests of the award, which was posted in January 2017. We hired a project manager and in October 2017, Linea Solutions was awarded the client services vendor contract. Linea is onsite working to move peba:connect into the next phase. Their primary responsibility is to assist us with the data and software vendor requests for proposals. The request for proposal for the data vendor and the request for proposal for the new system is scheduled to be released by late March 2018.

A peba:connect web page was created to keep employers and members apprised of the project's status. An email was sent to all employers on November 30, 2017, announcing the project.