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**QUESTIONS AND RESPONSES # 1**  
**Project No. F10B8200014**  
**Dental Benefits Program**  
**May 16, 2008**

Ladies/Gentlemen:

This List of Questions and Responses #1, questions #1 through #35, is being issued to clarify certain information contained in the above named RFP. The statements and interpretations of contract requirements, which are stated in the following questions from potential Offerors, are not binding on the State, unless the State expressly amends the RFP. Nothing in the State's responses to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the vendor asking the question as to what the contract does or does not require.

1. *How can I disable the macro security settings in the Excel spreadsheet attachments?*

**RESPONSE:** Under the "Tools" menu, click on "Macro," then click on the "Security" submenu. In the "Security" submenu, select "Low."

2. *Although the plan calls for a fully insured dental plan, will you accept an alternative plan for your Dental RFP, F10B8200014?*

**RESPONSE:** Under Section 1.11, the RFP clearly states that "neither multiple nor alternate proposals will be accepted." Offerors may propose to one or more Functional Areas under the RFP. For each Functional Area, all services are required to be performed by the selected Contractor and/or its subcontractors. Plans alternative to those Functional Areas will not be responsive to the RFP.

3. *I want to confirm that there is still a Dallas based consultant reviewing the proposals.*

**RESPONSE:** Gabriel, Roeder, Smith & Co. (GRS) Consulting is assisting the State with this procurement. The evaluation committee will be made up of State personnel.

4. *Will the State of Maryland modify the minimum qualification statement to allow non-rated companies to respond to the RFP?*

**RESPONSE:** The Department of Budget and Management has issued Amendment # 1 to the Dental Benefits Program RFP, which included changes to the Minimum

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Requirements and Responsibility sections of the RFP. These changes will allow non-rated companies to submit proposals. Information about ratings of an Offeror must be submitted with the technical proposals to evaluate responsibility and stability of the Offeror. Please see Amendment # 1.

- 5. We have completed review of the enclosed Non-Disclosure Agreement. A key step in this process included review of all document pages by our legal department. Based on their review, and our understanding of the State's desire to have in place a strong non-disclosure agreement, we would like to request a few proposed language changes to the agreement. The first requested change is to clarify what is, and what is not, considered confidential information. The second requested change is focused on required individual signatures by all employees with RFP access and the associated individual liability they would assume.*

**RESPONSE:** The State has decided not to amend the Non-Disclosure Agreement (NDA). Vendors who wish to receive the confidential data on CD and have not submitted a complete NDA should do so as soon as possible.

- 6. Is it the State's intent to award its dental contract to up to three vendors in each functional area or up to three dental vendors across both functional areas? (Section 1.1 Summary Statement – Page 1)*

**RESPONSE:** The State intends to award up to three dental services contracts across both functional areas. An award in each functional area is not guaranteed. There is the possibility of more than one award in a single functional area.

- 7. Can the State please clarify what is considered an alternate proposal? Are proposed enhancements to the current plan considered an alternate proposal? (Section 1.11 Multiple or Alternate Proposals – Page 9)*

**RESPONSE:** An alternative proposal would be a proposal that does not conform to the specifications of the RFP. An example would be a proposal for a fully-insured indemnity plan; such a proposal does not meet the functional area specifications of either an HMO or PPO plan. Proposed enhancements to the current plan would not be considered an alternate proposal if the submitted proposal as a whole conformed to the desired specifications of the RFP. It is suggested that proposals be drafted as complete proposals, as opposed to proposing only enhancements or modifications to the current plan.

- 8. Can the State please clarify if the 6 copies requested for the Technical and Financial for PPO and DHMO need to be sealed individually and boxed together as Volume I or Volume II or can all copies of each volume of each proposal be boxed and sealed collectively as Volume I or Volume II? (Section 4.2 Proposal Submission – Page 24)*

**RESPONSE:** Per RFP Section 4.2, Volume I – Technical Proposal shall be sealed separately from Volume II – Financial Proposal but submitted simultaneously (two

separate sealed packages, submitted at the same time). Each sealed package shall contain an unbound original, so identified, and six (6) copies of each proposal volume submitted, along with two electronic copies of the appropriate proposal (Technical or Financial.). The contents of each Volume's box need not be sealed separately inside that Volume's box. For example, the contents of a box labeled "Volume 1: Technical, DHMO" may be sealed collectively within that box.

9. *The GeoAccess reports will comprise hundreds, if not thousands, of pages. Can the State please confirm that it requires hard copies of the GeoAccess reports in addition to the electronic copies?(Attachment L-1 – Members Access to Providers – Page 1)*

**RESPONSE:** Please see Amendment #2. The RFP has been amended as follows: Hard copies of the GeoAccess reports are required, but hard copy reports need only contain the aggregated provider access information. Please see Attachments L-4 and O-4 for required output format.

10. *Our experience has found that there are minimal calls after 8:00 p.m., Eastern Time, and on weekends. Would the State consider live customer service representatives who are either available 8:00 a.m. to 8:00 p.m., Eastern Time, or 24 hours a day, five days a week? (Attachment L-6 – Question CC-3 – Page 14)*

**RESPONSE:** If any answers to the Compliance Checklist deviate from a simple "Yes" response in any way, Offerors are instructed to select the "No – See Section L-2 Explanations and Deviations" option, and detail the explanation and/or deviation in L-2 accordingly. For the DPPO functional area, please use attachment O-2 for explanations and deviations.

11. *Will the State consider a guarantee based upon the date the ID cards are mailed? Since ID cards are mailed via the U.S. Postal Service, it is difficult to measure when members receive ID cards. (Attachment L-6 – Question CC-14 – Page 14)*

**RESPONSE:** Please see Amendment #2. The RFP has been amended as follows: ID cards are to be mailed to members at least 10 business days before the program is operational. ID cards must be mailed to new members within three business days of notification by the State or receipt of the add/change/delete enrollment file that reflects the new enrollment, whichever is earlier.

12. *Is it the State's intent for the dental carrier to visit every participating DHMO dentist in the Maryland service area or just those participating dentists that provide care to the State's members? (Attachment L-6 – Question CC-100 – Page 19)*

**RESPONSE:** It is the State's intent for the dental carrier to visit every participating DHMO dentist in the Maryland service area (within network range of State employees as defined by the employee census included with the RFP).

13. *Can the State please clarify if the subcontractor or carrier should sign Attachments L-8f and O-8f: Subcontractors Questionnaire? (Attachment L-8f – Page 37; Attachment O-8f – Page 34)*

**RESPONSE:** The actual Offeror is to sign Attachments L-8f and O-8f.

14. *Can the State please provide clarification on the required performance guarantee? This performance guarantee appears to combine a Telephone Service Factor goal with an Average Speed to Answer goal.*

*This performance guarantee also appears to conflict with the requirement stated in Attachment L-6 – CC-5 – Page 14 and Attachment O-6 – CC-5 - Page 10: “During call center hours, as indicated above, the customer service phone intake system should be an automatic answering system that picks up within 30 seconds and directs participants into a queue to be serviced, with an available opt-out to a live representative at any time during the call.” Can the State please clarify? (Attachment L-9 – Page 38; Attachment O-9 – Page 35)*

**RESPONSE:** Please see Amendment #2. The RFP has been amended as follows: 95% of telephone calls are to be answered by a live service representative (with knowledge of State of Maryland account) within 30 seconds for automation and 60 seconds for a live representative.

15. *Is it the State’s intent for the dental carrier to visit every participating PPO dentist nationally or just those participating dentists that provide care to the State’s members? (Attachment O-6 – Question CC-105 – Page 15)*

**RESPONSE:** It is the State’s intent for the dental carrier to visit every participating PPO dentist in the Maryland service area (within network range of State employees as defined by the employee census included with the RFP).

16. *We have had the opportunity review the census information and would just like to clarify the definition of "current enrollment" when reporting the Member Access information.*

**RESPONSE:** Census data reflects current enrollment as of January 1, 2008.

17. *Could we have the 2007 rates for the dental PPO plan? Your proposal supplied the 2008 and 2009 rates.*

**RESPONSE:** The 2007 rates for the dental PPO plan are published on the DBM website at:  
[http://www.dbm.maryland.gov/portal/server.pt?open=514&objID=4007&parentname=CommunityPage&parentid=1&mode=2&in\\_hi\\_userid=1332&cached=true](http://www.dbm.maryland.gov/portal/server.pt?open=514&objID=4007&parentname=CommunityPage&parentid=1&mode=2&in_hi_userid=1332&cached=true)

18. *Have there been any plan design, funding, or contribution changes during the experience period provided?*

**RESPONSE:** There have not been any plan design, funding, or contribution changes during the experience period provided.

19. *Is there any flexibility in your reporting format and requirements? While many of the reports requirements can be met, the formatting and data elements may vary slightly.*

**RESPONSE:** There may be some flexibility as to reporting format and requirements, but any deviations from the requirements must be detailed in the appropriate “Explanations and Deviations” section. Please see Response to Question # 10: If any answers to the Compliance Checklist deviate from a simple “Yes” response in any way, Offerors are instructed to select the “No – See Section L-2 Explanations and Deviations” option, and detail the explanation and/or deviation in L-2 accordingly. For the DPPO functional area, please use attachment O-2 for explanations and deviations.

20. *What is the dependent age for children?*

**RESPONSE:** Please see Section 1.2 of the RFP, Abbreviations and Definitions: 1. “Dependent Child.” In addition, please note that there is a proposed amendment to COMAR 17.04.13.03 regarding coverage of dependent children.

21. *Can the State please clarify if this percentage applies to financial, processing and/or coding accuracy or if the percentage is different for each? (Attachment O-6 – Question CC-70 – Page 14)*

**RESPONSE:** This performance guarantee percentage applies to financial accuracy and benefit accuracy.

22. *Since 10 business days are equivalent to 14 calendar days, will a claims processing guarantee of 90% of claims within 14 calendar days be acceptable? (Attachment O-6 – Question CC-71 – Page 14)*

**RESPONSE:** A claims processing guarantee of 90% of claims within 14 calendar days is not acceptable. This performance guarantee is to be based on and expressed as 90% within 10 business days.

23. *Would it be possible to see a more comprehensive list of procedure codes with allowances and UCCI payment amounts for both in and out of network? At a minimum, it would be helpful to obtain the allowances and payments for the Top 60 procedure codes.*

**RESPONSE:** This requested information is confidential to UCCI and not available.

24. *How frequently does UCCI update the out of network allowances and payment amounts for the State of Maryland’s PPO procedure codes?*

**RESPONSE:** Please see Response to Question # 23: This requested information is confidential to UCCI and not available.

25. *Please advise how much the allowances and UCCI payments amounts have increased since 1/1/05.*

**RESPONSE:** Please see Response to Question # 23: This requested information is confidential to UCCI and not available.

26. *Please confirm there is not a capitated arrangement in place on the DPPO plan.*

**RESPONSE:** There is not a capitated arrangement in place on the DPPO plan.

27. *Can the census file be provided in Excel format?*

**RESPONSE:** The census file will not be provided in Excel format.

28. *It would be helpful to have the PPO rates and monthly premium that corresponds with the claims and lives data that was already provided (1/1/05-11/30/07).*

**RESPONSE:** Rates for plan years FY06 and FY07 are available on the DBM Benefits website. No other information will be provided. The link is below:  
[http://www.dbm.maryland.gov/portal/server.pt?open=514&objID=4007&parentname=CommunityPage&parentid=1&mode=2&in\\_hi\\_userid=1332&cached=true](http://www.dbm.maryland.gov/portal/server.pt?open=514&objID=4007&parentname=CommunityPage&parentid=1&mode=2&in_hi_userid=1332&cached=true)

29. *Would it be possible to obtain experience data from 12/1/07 – current? This would be extremely beneficial in setting the appropriate rates.*

**RESPONSE:** Experience data from 12/1/07 – current is not available at this time.

30. *Why have the PPO lives steadily increased and the DMO decreased? Any insight would be helpful.*

**RESPONSE:** Any trends in enrollment are based on employee selections.

31. *Would you consider any alternate plans? We have some suggestions for plan design modifications and would also like to suggest a low option PPO plan to replace the DMO plans.*

**RESPONSE:** Please see Response to Question # 2: Under Section 1.11, the RFP clearly states that "neither multiple nor alternate proposals will be accepted." Offerors may propose to one or more Functional Areas under the RFP. For each Functional Area, all services are required to be performed by the selected Contractor and/or its subcontractors. Plans alternative to those Functional Areas will not be responsive to the RFP.

32. *Is your expectation to gather 9 different references or can the 1<sup>st</sup> and 3<sup>rd</sup> sections contain the same companies? Is there flexibility around the 50,000 minimum lives as long as it is close?*

**RESPONSE:** The 1<sup>st</sup> and 3<sup>rd</sup> sections may contain references to the same companies. There is no flexibility concerning the 50,000 minimum lives.

33. *Section 1.27 – Please confirm that this is required for insurance companies. Our law department and the Dept of Assessments and Taxation have both stated that this does not apply to insurance companies. I have attempted to register and was not allowed to by the*

*State Dept of Assessments and Taxation. If this is a requirement, we have to be allowed to register.*

**RESPONSE:** Domestic insurance companies are not prohibited from registering and filing as noted in RFP §1.27. Any Offeror who is prohibited from registering with the Department of Assessments and Taxation should note the prohibition and cite to the applicable law. In addition, such Offerors must provide a certification that:

(1) it is a foreign corporation that is not required to be registered in accordance with the Corporations and Associations Article, Annotated Code of Maryland, §7-201;

(2) it is in good standing, and has a certificate of authority issued by the Maryland Insurance Commissioner;

(3) the name and address of its resident agent is: \_\_\_\_\_.;  
and

(4) except as validly contested, the business has paid, or has arranged for payment of, all taxes due the State of Maryland and has filed all required returns and reports with the Comptroller of the Treasury, the State Department of Assessments and Taxation, and the Department of Labor, Licensing, and Regulation, and the Maryland Insurance Commission as applicable, and will have paid all withholding taxes due the State of Maryland prior to final settlement.

34. *Please confirm that CC-38 and CC-39 do not apply in Attachment O-6. These look to be part of the medical RFP, not dental.*

**RESPONSE:** Please see Amendment #2. The RFP has been amended as follows: In Attachment O-6, Compliance Checklist items CC-38 and CC-39 are deleted, as they do not apply to the Dental RFP.

35. *Is it acceptable to include explanations to “yes” answers within Attachment O-2? Some answers will need further explanation even if we answer Yes.*

**RESPONSE:** Please see Response to Question # 10: If any answers to the Compliance Checklist deviate from a simple “Yes” response in any way, Offerors are instructed to select the “No – See Section L-2 Explanations and Deviations” option, and detail the explanation and/or deviation in L-2 accordingly. For the DPPO functional area, please use attachment O-2 for explanations and deviations.

**Please remember that offers are due on June 6, 2008, no later than 2:00 p.m.** If there are additional questions concerning this solicitation, please contact me via e-mail at [ggnall@dbm.state.md.us](mailto:ggnall@dbm.state.md.us) or by phone at (410) 260-7338 as soon as possible.

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