MARYLAND
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STATE OF MARYLAND DENTAL PLAN ADMINISTRATION AND INSURANCE SERVICES

RFP NO. F10B9400020

Q&A #2
ISSUED FEBRUARY 7, 2019

Ladies/Gentlemen**:**

This List of Questions and Answers #2, Questions 16 through 79, is being issued to clarify certain information contained in the above named RFP. No provided Answer to a Question may in and of itself change any requirement of the RFP.

16) Can you please indicate if the State currently has 24/7 live customer service?

ANSWER: The State currently does not have 24/7 live customer service. Amendment 3 revises Attachment T-6 to change the customer service requirement to providing live customer service representatives Monday through Friday, from 8:00 a.m. to 8:00 p.m., EST, to correspond to the current contracts.

17) Can you please advise when we will receive the information referenced in section 4.31.1?

ANSWER: This information will be released upon receipt of a signed Non-Disclosure Agreement (Offeror).

18) FA1 Attachment T_DHMO-FI Technical Proposal: This document is locked except for the areas in which we insert our responses. We are running into issues in terms of being able to fit some of our responses, especially within the questionnaire sections (cells won't expand due to being locked). Could you please provide a revised document which allows for longer responses, or advise on how we can expand the cells?

ANSWER: Answers should fit into the space provided. We will not provide a revised document that allows for longer responses and the cells cannot be expanded.

19) Can you please confirm that the below section only applies for Self- Funded DPPO as the section shows "DPPO-SF"?

> *Page 11 of the RFP, section 3.3.1 "Payment Procedures - Claims Payment Specifications for Functional Area 2 (DPPO-SF)" states:*

*"2.) Submit to the State for each claim invoiced, a 100-character record with claims detail (**Attachment P-100 Character File Layout**). The file containing these records must equal the amount invoiced and be submitted within 48 hours of invoice submission. 3.) Accept adjustments based on the reconciliation of State's invoice amount and 100-character file. Applicable adjustments will be made to a subsequent invoice."*

ANSWER: As stated on page 11 of the RFP, the above section applies only to Functional Area 2 (DPPO-SF).

20) Item number CC-77, page 29, under "F10B9400020 FA1 Attachment T_DHMO-FI Technical Proposal" mentions "as detailed in the Quality Assurance section below". Could you please advise exactly where the Quality Assurance section is?

ANSWER: Amendment #3 has removed this item from the Compliance Checklist.

21) Can you please confirm that someone with binding authority can sign all forms?

ANSWER: Yes, anyone with binding authority can sign all forms.

22) Can you please confirm that any larger files (samples, disruption file, GeoAccess reports) can be provided on CD or Flash drive?

ANSWER: Larger files may be provided electronically if no signature is required. Amendment 3 amends Section 5.3.2 P to clarify this. Note that all electronic submissions must be on flash drive as stated in Section 5.2.7. CD is not permitted.

23) Could you please extend the question deadline as we have not had a chance to review the files that we haven't received yet (census, disruption, etc.)?

ANSWER: Submit any questions you have even if the question deadline has passed. We will review them and do our best to answer them before proposals are due.

24) How many flash drives of the Technical volume and the Financial proposal are required for each Functional Area?

ANSWER: One flash drive of the Technical volume and one of the Financial proposal per functional area.

25) Please provide experience by month, including monthly enrollment.

ANSWER: This information will be released after receipt of a signed NDA (Offeror).

26) 5.3 C states to include the "Offeror Information Sheet" found in Appendix 2 under Tab B. Appendix 2 is the "Non-Disclosure Agreement – Offeror." Please provide the "Offeror Information Sheet."

ANSWER: No Offeror Information Sheet is required. Amendment #3 revises Section 5.3.2 C to remove the reference to it.

27) FA1 Attachment T-6: Compliance Checklist and FA2 Attachment T-6: Compliance Checklist, CC-3, requests that offerors "establish and provided a dedicated, state-of-the-art customer service operation (including a toll-free line) that is available to plan participants (both in-state and out-of-state) 24 hours a day, seven days a week, staffed by live customer service representatives." It is our understanding that this provision was removed from the current DHMO contract effective in 2018. Please confirm that the State is looking to reinstate the 24/7 live customer service provision for both the PPO and DHMO programs.

ANSWER: See answer to Question 16 above.

28) Should the Claim of Confidentiality be placed in a separate tab labeled as A-1, or under tab A after the Title Page and before the Table of Contents?

ANSWER: As stated in Section 5.3.2 B, the Claim of Confidentiality should be submitted under a separate TAB A-1, between TAB A and TAB B.

29) Section 2.2.3, Project Implementation Milestones and Due Dates, lists "provide necessary forms to State for review and approval" as an activity. Please advise what forms the State is referencing.

ANSWER: This refers to any and all communication materials that will be provided to the State's participants.

30) Section 5.2.5 B. requests an electronic version of the Financial proposal in Microsoft Excel, with a "second searchable Adobe pdf copy of the Financial proposal, with confidential and proprietary information redacted." Are two searchable Adobe pdf copies of the Financial proposal requested (one redacted and one not redacted), like with the Technical proposal, or only a pdf copy of the redacted proposal?

ANSWER: Only a redacted pdf copy of the proposal is required. Amendment #3 clarifies this.

31) There are several questions on T-6: Compliance Checklist and T-7: Questionnaire for both Functional Areas that do not allow for a response; the cells are blank and can't be clicked on. Please advise how we should input our responses to these questions (for example, should we put our response on T-2: Explanations and Deviations?).

ANSWER: We have reviewed T-6 and T-7 and unlocked all cells that should be unlocked. When a question has subparts to it, the subparts are what is unlocked for Offerors to complete. If you find a cell that should be unlocked that isn't, let us know the specific cell.

32) If we are submitting a financial proposal for both Functional Areas, should we provide a separate financial proposal for each Functional Area, or include Attachment B (FA1) and Attachment B (FA2) in one submission?

ANSWER: If you are submitting for both Functional Areas, provide a separate financial proposal for each Functional Area.

33) Please provide the current PPO dental contract.

ANSWER: The current PPO dental contract is available online at: https://dbm.maryland.gov/proc-contracts/Pages/contract-library/EmplBen/Dental-Plan.aspx

34) Section 5.3 states that if we are submitting a proposal for both Functional Areas, we only need to submit the information that is different from the contents of the "Complete Proposal" (FA1) in the proposal for Functional Area 2. Please advise if this applies to all responses in Attachment T as well any additional attachments we are to provide.

ANSWER: The entire Attachment T will need to be completed for each Functional Area in which you are submitting a proposal. Additional attachments that apply to both can be referenced the proposal for Functional Area 2.

35) Section 7 RFP Attachments and Appendices, Table 1: RFP Attachments and Appendices states that we are not to return Attachment E-2 (VSBE Subcontractor Participation Statement) with the RFP and that the form is to be returned five business days after recommended award. However, section 5.3.2 P (Technical Proposal – Required Forms and Certifications) states that we are to return this form with our RFP response. Please advise whether or not we are to return Form E-2 with our bid response.

ANSWER: The Form E-2 must be returned within five business days after recommended award, not with the Proposal. Section 5.3.2 P is amended in Amendment 3 to remove this confusion.

36) Will the audits mentioned in FA1 Attachment T-6: Compliance Checklist, CC-32 and CC-33/FA2 Attachment T-6: Compliance Checklist, CC-33 and CC-34, be performed at the expense of the State?

ANSWER: FA1 Attachment T-6: Compliance Checklist, CC-32 and FA2 Attachment T-6: Compliance Checklist CC-33 state that the Offeror agrees to have an annual audit performed by an independent audit firm. These audits will be at the Contractor's expense. FA1 Attachment T-6, CC-33 and FA2 T-6, CC-34 state that the Offeror agrees to provide the State the right to audit the performance of the plan and services provided. These audits will be at the State's expense.

37) Does the current PPO administration fee include any shared savings?

ANSWER: This information is proprietary to the current vendor and cannot be disclosed.

38) T-6: Compliance Checklist, CC-101 (DHMO)/CC-112 (PPO) ask offerors to provide the State with a periodic "at-risk" provider report. Please advise what information is required to be included with this report.

ANSWER: This reporting should include any providers that may be terminated in the upcoming quarter (voluntarily or involuntarily) from the network. The report should include provider name, address, reason for potential termination, and actions taken to retain provider (if applicable).

39) Section 5.3.2, G, "Experience and Qualifications of Proposed Staff," requests that we include "letters of intended commitment to work on the project, including letters from any proposed subcontractor(s)." Are we to provide letters of intent from individual team members, or is a letter from our company sufficient?

ANSWER: Letters from individual team members are required.

40) The instructions for T-7: Questionnaire state that any "no" responses must be addressed in T-2: Explanations and Deviations. Please advise if all "no" responses need to be addressed, or just those "no's" where we are not agreeing to an RFP requirement. For example, if we answer no to a question like, "Will your organization be involved in any acquisitions or mergers within the next 12 months?", will that need to be addressed on T-2: Explanations and deviations?

ANSWER: All No responses that indicate not agreeing to an RFP requirement must be addressed in Attachment T-2. Answering No to a question like the one in the example does not need to be addressed on T-2.

41) Attachment D (Minority Business Enterprise Forms) on page 65 and Attachment E (Veteran-Owned Small Business Enterprise Forms) on page 66 reference a participation goal as a percentage of total premium for Functional Area 2. Page iii shows the participation goal as a percentage of total administrative fees for Functional Area 2, as this is the self-funded PPO proposal. Please confirm that the MBE and VSBE participation goals for Functional Area 2 should be shown as a percentage of the total administrative fees paid to Contractor.

ANSWER: The MBE and VSBE participation goals for Functional Area 2 should be shown as a percentage of the total administrative fees paid to the Contractor, as stated in the Key Information Summary Sheet. Amendment #3 revises Attachments D and E to clarify this.

42) FA1 Attachment T-6: Compliance Checklist, CC-38 and FA2 Attachment T-6: Compliance Checklist, CC-39, section b (1), requests that notice of a breach is made to the State "even if the breach is not of a Member of the State's Plan." Please advise whether the State wishes to be notified of any breach, or only those breaches impacting the State's Members. It is our understanding that under the current plan, the State only wishes to receive notification of breaches impacting its Members.

ANSWER: That is correct, the State wishes only to receive notice of breaches impacting the State's participants and/or data. FA1, CC-38(b.)(1) and FA2, CC-39(b.)(1) have been revised in Amendment #3 to clarify this.

43) FA1 Attachment T-6: Compliance Checklist, CC-77 and FA2 Attachment T-6: Compliance Checklist, CC-87 state: "A report summarizing the outcomes of the Offeror's Quality management initiatives (as detailed in the Quality Assurance section below) for the prior plan year and areas of focus for the upcoming plan year." Please advise if the "Quality Assurance" section refers to the "Quality of Care" section in Attachment T-7: Questionnaire, or if this refers to another section.

ANSWER: See answer to Question 20 above.

44) In the RFP, 5.3.2.C. mentions an Offeror Information Sheet and directs the reader to Appendix 2. However, Appendix 2 is the Non-Disclosure Agreement (Offeror). Can you please clarify what proposers should complete and include for the Offeror Information Sheet requirement?

ANSWER: See answer to Question 26 above.

45) For Attachment T-5, what counting method should carriers use (individual or access points)?

ANSWER: Individual. Per the RFP, please list the total number of participating in-network providers by specialty.

46) Given that current customer service hours are 8:00 a.m. to 8:00 p.m., is there a need to provide the requested 24/7 coverage (CC-3)?

ANSWER: See answer to Question 16 above.

47) Regarding FA1 CC-54 and FA2 CC-55, please clarify in what situation does the State expect a pay and pursue response?

ANSWER: In the event the vendor has paid a claim in error, the vendor will refund the State and pursue collection from either the provider or the participant.

48) For PG-4 Complaint Resolution Time, does the State define a complaint as those that are initially received by DBM and sent to the carrier?

ANSWER: This refers to complaints sent directly by participants to the vendor and those submitted through DBM to the vendor.

49) For PG-15 Network Access, the standard is measured quarterly, but when does the State collect any liquidated damages (i.e. quarterly, annually)?

ANSWER: Liquidated damages are collected annually as determined by the State's external auditor's report.

50) For PG-20 Claims Standards Processing Time, please define "per period" (i.e. quarterly, annually).

ANSWER: The term "pre period" refers to each calendar quarter.

51) The allowance table on tab B-7 of FA2 Attachment B is locked. Carriers are unable to enter the average reimbursements for each CDT code/zip code. Please provide a new attachment where the table is unlocked/editable.

ANSWER: Amendment 2, issued January 24, 2019, included a revised FA2 of Attachment B with the cells in the allowance table, tab B-7 unlocked.

52) Regarding the DHMO plan design, are carriers required to quote the current plan design, or may they propose an alternate plan?

ANSWER: Carriers are asked to quote the current plan design.

53) The requirements provided in Section 5.3.2.C requests that the carrier completes and includes the "Offer Information Sheet (see Appendix 2)", as Tab B in Volume I of the Technical Proposal. Appendix 2 that was provided in the RFP was the NDA that was submitted at the pre-proposal conference. Please provide the Offeror Information Sheet or clarification on this instruction.

ANSWER: See answer to Question 26 above.

54) Please provide an unlocked version of the F10B9400020 FA2 Attachment B_DPPO-SF Financial Proposal excel document. Additionally, please revisit formulas on the B-5 Pricing Tab.

ANSWER: The State will not provide an unlocked version of FA2 Attachment B. The locked version allows the Offerors to input all information necessary

55) With respect to CC-3, does the current PPO provider, currently, have live customer service representatives 24 hours a day, seven days per week?

ANSWER: See answer to Question 16 above.

56) With respect to CC-14, we have 2 questions: We understand this requirement to be that ID cards must be mailed to all current plan participants one time (at least ten business days before the program is operational), and only to new enrollees after that. Can you please confirm our understanding is correct?

ANSWER: ID cards are to be issued relative to the time requirements indicated for any enrollment transaction that warrants the issuance of a new ID card including but not limited to new enrollments, address changes, name changes, etc.

57) CC-14, second question: What data elements are included on the ID cards PPO plan enrollees receive today? Are the ID cards personalized in any way?

ANSWER: ID cards must include all data necessary for providers to properly submit claims.

58) With respect to CC-20, is it the State's desire for the PPO carrier to notify the State's participants, in writing, for every provider contract termination? Since PPO plan participants have the freedom to choose any provider, in or out of network, we find that this type of requirement is usually not applicable to PPO plans. If it is applicable, does the State want participants to be notified of contract terminations of all providers nationally, or only contract terminations of Dental providers in Maryland?

ANSWER: Yes, the State requires notice of the termination of any PPO provider which has been utilized by a State of Maryland participant at any time in the prior twelve months.

59) With respect to CC-21, is the State interested in being notified of contract terminations of all providers nationally, or only contract terminations of Dental providers in Maryland?

ANSWER: Please see response to question 58 above.

60) With respect to CC-52, can you please clarify what type of complaint this requirement applies to? For example, is it complaints made to the carrier from the plan participant or the State? Does this include complaints received from the Department of Insurance?

ANSWER: This item refers to complaints made by or on behalf of State of Maryland participant.

61) CC-72 states: Offeror agrees to provide claims adjudication at 90th R&C percentile for non-network DPPO services. Are you requesting that out of network claims be paid at the 90th percentile?

ANSWER: Yes.

62) With respect to CC-79, who is the current Data Warehouse vendor?

ANSWER: Segal Company is the current data warehouse vendor.

63) Please clarify question CC-87 as there is no detailed Quality Assurance section. If possible, please provide a sample of the reporting that the current carrier provides.

ANSWER: See answer to Question 20.

64) With respect to CC-95, can you clarify what is meant by "dedicated (but not exclusive) account management team"? Is the State requesting an Account Manager dedicated to the Dental contract?

ANSWER: The Department requires a designated, that is "shared," account service team.

65) With respect to the current PPO contract: Does the Administrative Services Fee (PEPM) include all charges, or are there additional fees (such as network access) that are billed separately?

ANSWER: Please refer to the instructions in Attachment B.

66) With respect to the current PPO contract: What is the R&C percentile for Out-of-Network Maximum Allowable Charges and how is it derived?

ANSWER: The current contract is irrelevant and this information will not be released. Please prepare your proposal as instructed in the RFP.

67) With respect to the current PPO contract: What UCCI PPO Dental provider network is used today?

ANSWER: The name of the network will not be released because it is confidential information.

68) With respect to the current PPO contract: What percentage of claims are from in-network PPO providers?

ANSWER: The State cannot answer such questions regarding the current contract because the information is not available and is confidential.

69) Please provide full census with lives by tier.

ANSWER: Census information will be released after receipt of a Non-Disclosure Agreement (Offeror).

70) Please provide the claims paid file with EOBs.

ANSWER: This information will be released upon receipt of a signed NDA (Offeror).

71) Based on our review of the following section of the RFP: "Payment Procedures - Claims Payment Specifications for Functional Area 2 (DPPO-SF)", we understand that the State requires the PPO carrier to invoice the State weekly for claims paid. We have a few follow up questions about the funding of self-insured claims: Does the State fund a bank account that the PPO carrier draws money for claims payment from? Or, does the current carrier pay PPO claims and the State reimburses the carrier for claims paid based on the invoices provided weekly?

ANSWER: The current carrier pays claims and the State reimburses the carrier for claims paid based on the weekly invoices.

72) If it's the latter, how often does the State reimburse the carrier (daily, weekly or monthly)?

ANSWER: The State pays the weekly invoices weekly.

73) Lastly, are there any other specific requirements that the State has for the PPO plan provider, with respect to the payment of self-funded PPO claims payment?

ANSWER: Please refer to the RFP for any such requirements.

74) Are there any MWBE subcontractors utilized today by the current PPO provider? If so, can you share the names of the MWBE firm(s) utilized?

ANSWER: The current PPO provider has deemed the requested information confidential and proprietary and the State will not provide it. However, potential subcontractable areas include, but are not limited to: staffing enrollment, printing, benefit fair giveaways, and customer service surveys.

75) With respect to references, can the State provide clarification on what is meant by "in the service area serving most of the state employees" in Items #1 and #3 of Section V (References) in FA2 Attachment T-1 Proposal Request? Is "the service area" Maryland and/or the zip codes where the majority of your participants reside? In Section I of 5.3.2 of the main RFP document, the reference request does not mention references based "in the service area". Please see the language below:

> *At least three (3) references are requested from customers who are capable of documenting the Offeror's ability to provide the goods and services specified in this RFP. References used to meet any Minimum Qualifications (see RFP Section 1) may be used to meet this request. Each reference shall be from a client for whom the Offeror has provided goods and services within the past five (5) years and shall include the following information:*
>
> *1) Name of client organization;*
>
> *2) Name, title, telephone number, and e-mail address, if available, of point of contact for client organization; and*
>
> *3) Value, type, duration, and description of goods and services provided.*

ANSWER: Yes, please provide references from the service area where the majority of our participants reside.

76) With respect to PG-13, are rate renewals required for every year of the 5-year contract, even within a rate/fee guarantee period?

ANSWER: Yes.

77) The PPO SPD does not include a detailed schedule of benefits (at the CDT code level) for Class I and Class II services. If a detailed Schedule of Benefits for Class I/II services exists, can you please provide a copy? We are seeking something similar to the Schedule of Benefits for Class III/Implantology services which begins on page 22 of the SPD.

ANSWER: There is no detailed Schedule of Benefits for Class I/II services, so none will be provided.

78) With respect to sections 10.1, 10.2, and 29.1(c) of Attachment M, as we read these provisions, they would make the service provider liable for plan benefits under certain circumstances, including if the service provider, or their subcontractors, was not negligent. Is that the State's intent? To provide an example, as we read these sections, if a PPO plan participant sues the service provider and the State regarding a claim determination, that was made timely and appropriately in accordance with plan benefits, the service provider would be responsible for the cost of defending the litigation, and paying any plan benefits, legal fees and court costs awarded to the claimant, despite the fact that the PPO plan is self-funded. Under a self-funded plan, the employer assumes the financial risk for providing benefits to its employees. Therefore, we would like to clarify the State's intent.

ANSWER: It is not the State's intent to shift liability for paying valid benefit claims under a self-funded plan.

79) I'm sorry to be bringing this up so long after the fact, but I was reviewing more of the Amendment 2 DPPO-SF Financial Proposal tabs today and while the cells on tab B-7 Average Reimbursement are now unlocked, the cells on tab B-4 ASO Rates are now locked, as well as the Out of Network Claims and Total Claims cells on tab B-5 Repricing. Would it be possible to get an updated Attachment B DPPO-SF where all the yellow highlighted cells are unlocked?

ANSWER: Amendment 3 DPPO-SF Financial Proposal is included with Amendment 3.