

State of Connecticut Dental RFP

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1 REQUEST FOR PROPOSAL INTRODUCTION

1.1 The Office of State Comptroller, State of Connecticut (the "State"), acting through the Health Care Cost Containment Committee ("HCCCC"), is soliciting proposals for vendors to administer its current insured dental benefits plans for active employees and both non-Medicare and Medicare eligible retirees, as well as their dependents. Due to collective bargaining contracts, the State must duplicate current plan designs and funding arrangements. In addition to providing benefits to State employees and retirees, the State also covers employees in the probate court system, General Assembly members, former legislators, State Marshals, and other groups, as authorized by statute.

The State also offers dental benefits through its current dental benefits vendor to local municipalities under the Connecticut Partnership Plan. Municipalities that join the Partnership medical plan are not required to select the Partnership dental plan. See the "Partnership Account Listing 2019.xls" attached as an appendix for a complete listing of current dental Partnership groups.

Currently, the State offers all dental plan designs through one vendor - Cigna.

- The State offers its employees and retirees a choice of three dental plans at open enrollment: two DPPO options – a Basic and an Enhanced plan – and a DHMO option.
- The State offers Judges an alternative dental plan.
- Partnership groups can elect to offer one of the following three options:
- Partnership DPPO Plan 1 (with or without the State's DHMO option)
- Partnership DPPO Plan 2 (with or without the State's DHMO option)
- The State Basic, State Enhanced and State DHMO dental plan choices. (Partnership groups cannot elect to offer only the State Basic plan, or only the State Enhanced plan, or only the State DHMO plan.)
- Additional plan offerings can be made available for larger groups. Some existing Partnerships groups have elected to retain their existing dental plans.

Summaries of the State and the Partnership dental plans are attached as an appendix.

The State is seeking an organization that can administer both the State Plans and the Partnership Plans. Proposals submitted for only the State Plan or only the Partnership Plan will not be considered.

All dental plans are currently insured. Premium rates for the State plans are to be underwritten based on the State plans' claims experience, whereas premium rates for the Partnership plans are to be underwritten based on the Partnership plans' claims experience; there is to be no cross-subsidization between the State plans and

State of Connecticut Dental RFP

the Partnership plans. **Current premium rates for State and Partnership plans are not being released as part of this RFP process.**

The State is seeking proposals for the current DPPO plans on both the current insured basis and also on a self-insured Administrative Services Only (ASO) basis. The State is seeking proposals for the current DHMO plans on the current insured basis. Bidders may submit a proposal for only one type of funding arrangement or both funding arrangements. Please note that a bidder may not be considered if a fully insured proposal is not provided.

The current Dental Plan contract expires on June 30, 2020. The State of Connecticut is seeking a cost-effective solution that will match current benefit designs and provide high quality service to its covered employees, retirees, and their dependents through a network of providers. Proposals containing the lowest cost will not necessarily be awarded as the State recognizes that factors other than costs are important to the ultimate selection of the provider or providers of their benefit plan.

The State's dental benefits plans are defined through a collective bargaining agreement that remains in effect through June 2027. Therefore, it is imperative that entities responding to this RFP provide a proposal that duplicates the current benefit structure without modification. The State currently provides its employees access to a number of health benefits options, which are offered through two medical vendors, one PBM, and one dental vendor.

In 2011, in response to a collective bargaining agreement, the State implemented the Health Enhancement Program ("HEP") a value-based insurance design ("VBID") program. State employees, certain retirees, and their dependents that voluntarily enroll in the HEP are required to seek age-appropriate preventive services, including one dental cleaning per year. Enrollees who are identified with one of five chronic medical conditions (diabetes types I and II, asthma and Chronic Obstructive Pulmonary Disease ("COPD"), coronary artery disease, hypertension, and hyperlipidemia) must also adhere to certain condition-specific education requirements. HEP reduces copays for certain services and prescriptions used to treat HEP related chronic conditions. Currently, there are 180,000+ participants in HEP under the State health plan; another 54,000+ members participate in HEP through the Partnership Plan. Presently, over 95% of employees participate in HEP.

Care Management Solutions, Inc. ("CMSI"), an affiliate of ConnectiCare, and a division of Wellspark has supported the HEP program since January 2013. CMSI uses a subcontractor, Conifer Value-Based Care, LLC, as a claims data aggregator to identify at-risk individuals and to monitor member compliance with HEP preventive requirements. Conifer receives weekly claims feeds from the State's PBM, dental and healthcare vendors to maintain HEP compliance data.

If enrolled in the Health Enhancement Program, there is no annual dollar maximum on services for periodontal maintenance (2 per calendar year) or scaling and root planning; however, frequency limits and costs shares still apply. See the benefit designs in the "Benefit Summaries" appendix for details.

This RFP requests proposals for dental benefits only. Medical and pharmacy benefits are not part of this RFP.

The State requests that you provide rates and fees (if any) separately for each benefit described below.

State of Connecticut Dental RFP

Entities responding to this RFP should also note that the State is requiring access to certain information and that detailed monthly claims data must be provided to the State's data warehouse vendor, healthcare consultants and other partners as may be required for the administration of the plan. Submission of your proposal will acknowledge acceptance of these requirements. Claims must also be shared with the HEP administrator weekly. The financial requirements include initial and renewal pricing and projection controls.

Background

The State Comptroller is empowered by Connecticut General Statutes § 5-259 to arrange and procure a "group hospitalization and medical and surgical insurance plan" for employees and retirees of the State of Connecticut. Public Act 10-174 affords the State the ability to offer the financial arrangement and services of these plans to local municipalities.

The HCCCC was established through collective bargaining in 1985 and is composed of six labor representatives and six management representatives. It is responsible for implementing cost control measures, monitoring and improving plan quality, and implementing health promotion and wellness activities for state employees, retirees, and their eligible dependents.

CT SmartShopper Rewards

In 2017, the State introduced the CT SmartShopper Rewards program, currently administered by MDx Medical, Inc. d/b/a Sapphire Digital (formerly "Vitals"). Effective July 1, 2020, the program will be administered by Health Advocate. This program provides cash incentives to State employees, certain retirees, and their dependents, who "shop" for certain health care services, such as ultrasounds, mammograms, MRIs and CT scans, knee, shoulder and hip surgery, and then obtain such services from high quality, lower-cost providers identified through the program. This program was implemented as a result of the latest Collective Bargaining Agreement (CBA).

Site of Service Program

In 2017, the State also introduced the "Site of Service" program for labs and diagnostic imaging services. State employees, certain retirees, and their dependents have 100 percent coverage (\$0 copay) for lab tests, X-rays and other high-cost imaging services, like MRIs and CT scans, when they select a preferred "Site of Service" (SOS) provider. Site of Service (SOS) providers are labs, radiology and imaging centers that have proven to deliver high-quality, low-cost services. If a provider is in network but is not designated as a Preferred provider, member cost share is 20%; members using out-of-network providers have a 40% cost share. Breast ultrasounds and mammograms of all types are excluded from this program, and waivers are considered when proven to be medically necessary.

Centers of Excellence

In July 2020, the State will roll out a "Centers of Excellence" program (COE) to be administered nationally by Carrum Health and in-state by Remedy Partners. In addition, full concierge services to steer members to high quality, lower cost providers for certain medical procedures or screening and surgeries via COE will be provided by Health Advocate. This program applies to active and non-Medicare retiree members of the State's plan and participants in the State of Connecticut Partnership Plans.

State of Connecticut Dental RFP

In partnership with Remedy Partners, the State will pursue direct contracting negotiations with its hospital providers.

Tiered PCP and Specialty Medical Providers

The state plan currently has two tiers for PCP and Specialty medical provider copays. Preferred providers include PCPs with shared savings contracts with our present carriers. Preferred specialists are those with better than average quality and efficiency metrics. This tiering does not apply to dental providers.

Please be mindful that this RFP covers dental services only. The references to medical plans are to provide insight into the medical benefit plans that work in tandem with the dental plans.

1.2 Current Dental Plans:

The State offers its employees and retirees three dental plans - two DPPO options (a Basic and an Enhanced plan) and a DHMO option - from one vendor, Cigna. The dental plans are available to active employees and both non-Medicare and Medicare eligible retired members, as well as their dependents. Coverage for dependents ends at age 19. Below is a summary of the benefit plans currently offered:

	Basic Plan⁶	Enhanced Plan	DHMO Plan
Annual deductible	None	Individual: \$25 Family: \$75 The deductible does not apply to routine exams, cleanings and x-rays	None
Annual benefit maximum	None; \$500 per person for periodontics ²	\$3,000 per person; excluding orthodontia	None
Routine exams, cleanings, bitewing x-rays	Plan pays 100%	Plan pays 100% ¹	Covered ³
Full mouth and panoramic x-rays	Plan pays 80% (If enrolled in HEP covered at 100%)	Plan pays 100% ¹	Covered ³
Periodontal maintenance²	Plan pays 80% (If enrolled in HEP covered at 100%)	Plan pays 100% ¹	Covered ³
Periodontal root scaling and planing²	Plan pays 50%	Plan pays 80%	Covered ³
Other periodontal services	Plan pays 50%	Plan pays 80%	Covered ³
Basic restorations			
Fillings; simple extractions	Plan pays 80%	Plan pays 80%	Covered ³
Oral surgery (except simple extractions)	Plan pays 67%	Plan pays 80%	Covered ³

State of Connecticut Dental RFP

Major restorations			
Crowns	Plan pays 67%	Plan pays 67%	Covered ³
Dentures, fixed bridges	Not covered ⁴	Plan pays 50%	Covered ³
Implants	Not covered ⁴	Plan pays 50% (maximum of \$500)	Covered ³
Orthodontia	Not covered ⁴	Plan pays a maximum of \$1,500 per person per lifetime ⁵	Covered ³

¹ Must use an in-network dentist to receive 100% coverage; if an out-of-network dentist is used, subject to balance billing if dentist charges more than the maximum allowable charge. The maximum allowable charge is based on the average in-network contracted fee schedule (for location of services rendered).

² If enrolled in the Health Enhancement Program, frequency limits and cost share are applicable; however, periodontal maintenance and periodontal root scaling & planing do not apply to the annual dollar benefit maximum.

³ Patient copay amounts vary.

⁴ While these services are not covered, discounted rates on these services apply if an in-network dentist, unless prohibited by state law.

⁵ Benefits prorated over the course of treatment.

⁶ The Basic Plan guarantees no balance billing even if an out of network provider is utilized. The Plan uses FairHealth 95th percentile for out of network services; however, members can request reimbursement for any charges that are balance billed.

The State offers Judges an alternative dental plan.

The State's recent active employees and retirees' open enrollment planners provide eligibility guidelines, benefit summaries, and an illustration of employee contributions. You may find the planners and additional benefits information on the State's web site at: <http://www.osc.ct.gov/benefits.htm>

Effective 7/1/2018, the State Partnership Plan expanded to include the same dental benefits that are offered to State employees:

Plan Name Network Out of Network Coverage	Option 1: DPPO Plan 1 with or without DHMO Plan 1	Option 2: DPPO Plan 2 with or without DHMO Plan 2	Option 3: Offer Current State Plans		
	Any dentist Yes	Any dentist Yes	Basic Any dentist Yes	Enhanced State of CT DPPO Yes, low reimbursement (MAC) \$25/individual, \$75/family Preventive & Orthodontia	DHMO State of CT DHMO No
Annual deductible	\$25/individual, \$75/family	None	None	\$25/individual, \$75/family	None
Deductible waived for	Preventive, Perio Cleaning &Orthodontia	not applicable	not applicable	Preventive & Orthodontia	not applicable
Annual maximum per person	\$1,000 Annual Max applies, No annual max	\$1,500 Annual Max applies, No annual max	Unlimited \$500 Annual Max except	\$3,000	Unlimited

State of Connecticut Dental RFP

Periodontal Care Maximum per person	for Periodontal cleanings, Scaling & Root Planing	for Periodontal cleanings, Scaling & Root Planing	Periodontal cleanings, Scaling & Root Planing	Annual Max Applies	None
Implant Maximum (per calendar year)	Not covered	Not Covered	Not Covered	\$500	No dollar annual max, frequency max applies
Orthodontia Lifetime Maximum per person	\$1,500	\$1,500	Not covered	\$1,500	None
Preventative					
X-Ray	100%	100%	100%	100%	covered
Cleanings	100%	100%	100%	100%	covered
Oral Exam	100%	100%	100%	100%	covered
Fluoride	80%	100%	80%	100%	covered
Sealants	100%	100%	80%	100%	covered
Basic					
Fillings	80%	80%	80%	80%	copay applies
Emergency Care	80%	80%	80%	80%	covered
Endodontics	80%	80%	80%	80%	copay applies
Periodontal Cleaning	80%	80%	100%	100%	copay applies
Periodontal : All Other	50%	80%	50%	80%	copay applies
Denture, Bridge, Crown Repair	80%	80%	80%	80%	copay applies
Simple Extractions	80%	80%	80%	80%	copay applies
General Anesthetics	not covered	80%	not covered	80%	copay applies
Major					
Crown/Inlay/Onlay	50%	67%	67%	67%	copay applies
Dentures	not covered	67%	not covered	50%	copay applies
Bridges	not covered	67%	not covered	50%	copay applies
Space Maintainers	50%	100%	67%	80%	copay applies
Oral Surgery (non Simple Extractions)	50%	80%	67%	80%	copay applies
Implants	not covered	not covered	not covered	50%	copay applies
Orthodontia					
Braces	50%	50%	Not covered	50%	copay applies
Child & Adults	Yes	Child only	Not covered	Yes	Yes

The State recommends Partnership groups offer the three plan (Basic, Enhanced & DHMO) option as it provides various levels of rates, network access and benefits. (Due to the additional offerings, the Partnership Plan eliminated some plan offerings that were available prior to 7/1/2018.) Additional plan offerings can be made available for larger Partnership groups. Some existing Partnerships groups offer dental plans other than the options outlined above. (For example, approximately 25% of the subscribers in the Partnership plans are in a plan other than the plans outlined above - CT500-DENTAL PPO PLAN OPTION 5.)

See the “Benefit Summaries” appendix for additional detail on each State and Partnership dental plan.

A successful bidder would be expected to administer any new plan designs that labor and management agree to offer to state employees, retirees or Partnership groups.

In addition, the State seeks suggestions from bidders as to whether alternative benefit approaches might improve the covered population’s overall oral health without increasing the cost to the State. Bidders are encouraged to provide bids for alternative services to be added to the plan. Keep in mind that changes in benefits will need to conform to the current State Employee Bargaining Agent Coalition (SEBAC) requirements.

1.3 RFP Objective

State of Connecticut Dental RFP

The objective of this RFP is to obtain bids for dental plans that duplicate the current dental benefits in a cost-effective manner, match current benefit designs, and provide high quality service to covered employees, retirees, and their dependents through a robust network of providers with the following goals:

To efficiently and effectively administer existing and planned programs and design elements in order to improve the quality of care provided to plan participants and reduce total plan costs;

To engage a partner with the capacity and creativity to help advance labor, and management, and the plan administration's ongoing efforts incorporate design and payment changes that improve oral health outcomes and reduce cost.

1.4 Planned Schedule of RFP Activities

It is the State's intention to comply with the following schedule:

Date	Activity
December 13, 2019	Release RFP
December 20, 2019	Intent to Bid Form and NDA Deadline by 2:00 PM EST
January 2, 2020	Bidder Question Deadline by 2:00 PM EST
January 9, 2020	Bidder Questions Answered
January 17, 2020	Electronic Proposals Posted to Proposal Tech by 2:00 PM EST
January 21, 2020	Hard Copy Proposals Due by 2:00 PM EST
Week of February 24, 2020	Finalist Interviews (if Necessary)
Week of March 2, 2019	Best and Final Offer
March 9, 2020	Contract Awarded
March 15, 2020	Begin Implementation
July 1, 2020	Effective Date for Contract

- These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time, with appropriate notice to prospective bidders.
- This RFP does not commit the State to award a contract. The State reserves the right to reject all proposals, and at its discretion, may withdraw or amend this RFP at any time.
- The State may revise and amend the RFP prior to the due date for the proposal. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the due date may be extended.
- The State reserves the right to reject any and all proposals received, for specific reasons, which include, but are not limited to, non-compliance with RFP requirements.
- Responses to this RFP will be the primary source of information used in the evaluation process. Each bidder is requested and advised to be as complete as possible in its response. The State reserves the right to contact any bidder to clarify any response or make a presentation.

1.5 Instructions for Submitting Offers

State of Connecticut Dental RFP

Detailed instructions for the completion and submission of your proposal will be found in the electronic RFP (eRFP) on ProposalTech. ProposalTech will be available to assist you with technical aspects of utilizing the system.

All sections must be answered completely and, as outlined in the RFP, using ProposalTech. It is not acceptable to use the term "See Attached" as a response to any of the questions, fee quotation forms, plan or network comparisons. Such a response may jeopardize your chances for consideration.

Final submissions must be posted with ProposalTech at www.proposaltech.com before the due date and time cited. Access to the eRFP will be locked after that time. Bidders will not be able to post or change their responses. Late proposals will not be considered.

The State reserves the right to ask bidders follow-up questions through ProposalTech as may be necessary to fully evaluate bidder capabilities.

1.6 Intent to Bid and NDA

By December 20, 2019, please email the Intent to Bid form (contained in Section V) to the solicitation contact, Ms. Emily Peters, at EPeters@segalco.com and state whether you intend to bid. By December 20, 2019, please email the NDA to Ms. Emily Peters at EPeters@segalco.com. The Intent to Bid form and the NDA are included at the back of this RFP and are posted to ProposalTech. Upon receipt of the Intent to Bid and fully executed NDA, the State's healthcare consultant, Segal Consulting, will provide bidders with detailed claims and census to be used in responding to the RFP.

Please note that although Intent to Bid form and NDA will be provided on the ProposalTech system, completed and signed Intent to Bid Forms and NDAs must be emailed to the appropriate parties described above and NOT posted to the ProposalTech site.

1.7 Bidder Questions

Any questions regarding content should be submitted using the "Ask Questions" feature on the main RFP page by the deadline of **2:00 P.M. (EST) on January 2, 2020**. Questions from any bidder that is considering a response to this RFP will be answered. Questions via email or telephone will not be accepted. The State reserves the right to provide a combined answer to similar questions. Any and all questions and answers to this RFP will be posted by **January 9, 2020** on ProposalTech and the OSC website at <http://www.osc.ct.gov/vendor/index.html>.

Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support.

1.8 Proposal Submission

All electronic proposals must be uploaded to ProposalTech by 2:00 P.M. (EST), January 17, 2020 in order to be considered. Proposals posted later than the time and date specified will not be considered. If you choose not to offer a proposal, please confirm this in writing with the specific reasons for your declination.

State of Connecticut Dental RFP

All hard copy proposals must be received by 2:00 P.M. (EST), January 21, 2020 in order to be considered.

Proposals received later than the time and date specified will not be considered.

We ask that your proposals limit the amount of materials submitted in paper form. We would expect large bulky printouts, such as geo-access reports, marketing materials, provider lists, etc., to be included on the thumb drive but not included as paper copies. Written materials should be printed double-sided where possible.

In the event of a discrepancy/conflict between the ProposalTech submission and the hard copy version, the ProposalTech version will take precedence. In the event of a power failure or similar occurrence, the hard copy version will be used. In the event a document or section is omitted from the ProposalTech version of the bidder's response, OSC reserves the right to accept the omitted document or section, if included, in the hard copy version. **All documents, including those related to the Cost Proposal, must remain in their native format.**

Each bidder must submit one original, one unbound, plus one copy of its response in a sealed package upon which a clear indication has been made of the RFP reference title and the date and time the proposal is submitted. Each bidder shall also submit two copies of its complete response on a thumb drive.

Any bidder that submits trade secrets or confidential commercial or financial information must also provide one copy of its RFP response in a thumb drive from which all trade secrets and confidential data have been redacted and which may be disclosed without objection in the event that the State receives a FOIA request for its proposal.

The package should be delivered to:

STATE OF CONNECTICUT

OFFICE OF the State COMPTROLLER

Attention: Steven Cosgrove, RFP – Dental

Budget & Fiscal Analysis

165 Capital Ave., 4th Floor

Hartford, CT 06106

1.9 Evaluation of Proposals

Note: These are not listed in order of importance.

1. Bidder's experience with and ability to provide required services.
2. Conformity with specifications.
3. Proposed cost: (rates/fees, provider discounts, administrative costs, fees at risk and guarantees).

State of Connecticut Dental RFP

4. Availability and competence of personnel and evidence of appropriate staffing and training.
5. Adequacy of bidder's network with comprehensive access to dental providers (sufficient coverage by general, specialist and orthodontia dentists, average wait times for appointments, number of providers accepting new patients, willingness to expand network, as needed).
6. Sufficiency of Eligibility Management, Payment and Billing Systems, Customer Service, Flexibility, References, Reporting Capability, Member Services, and Quality Assurance Programs.
7. Implementation and Communications Plan (workability of transition and implementation schedule; efficiency and fairness of appeals process, sufficiency of member communication programs and systems, assistance with distribution of benefit descriptions, educational materials, notices required by laws).
8. Information Services and Reporting: Ability to exchange HEP-related claims and other data with State's data warehouse provider and the State's healthcare consultant, availability of standard reports and ad hoc reporting functionality.
9. Ability to administer the State's specific benefits designs and current programs.
10. Demonstration of bidder's commitment to affirmative action by full compliance with the regulations of the Commission on Human Rights and Opportunities.
11. Willingness to accept the terms and conditions of the State's proposed contract.
12. Commitment to transparency.
13. At the option of the review committee, bidder's oral interview.

1.10 Contract Period

The State of Connecticut is seeking a contract-effective date commencing July 1, 2020. Insured proposals should include rates that are guaranteed for July 1, 2020 through June 30, 2021 and proposed guaranteed premium rates or guaranteed rate caps for years beginning July 1, 2021 and July 1, 2022. There will also be the potential for two one-year extensions. Self-funded proposals should include fees that are guaranteed for a period of no less than three-years beginning July 1, 2020 through June 30, 2023. Your self-funded proposal should provide pricing guarantees for three-years, with the potential for two one-year extensions. The template that should be used for your financial terms is attached to this RFP.

1.11 Restriction on Contact with State Personnel

Except as called for in this RFP, from the date of release of this RFP until the right to negotiate a contract is awarded as a result of this RFP, any communications with personnel employed by the Comptroller's Office, members of the Health Care Cost Containment Committee, and RFP committee members about the RFP until selection of the successor bidders are prohibited. All communications must be directed to Ms. Emily Peters at EPeters@segalco.com. For violation of this provision, the State reserves the right to reject the proposal of the violator.

State of Connecticut Dental RFP

1.12 Conflict of Interest

The bidder shall certify in writing that no relationship exists between the bidder and the State of Connecticut that interferes with fair competition or is a conflict of interest, and no relationship exists between the bidder and another person or organization that constitutes a conflict of interest with respect to any State contract. Any successful bidder must execute a contract and grant disclosure and certification form.

The bidder shall provide assurances that it presently has no interest and shall not acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder. The bidder shall also provide assurances that no person having any such known interests shall be employed during the performance of this contract.

1.13 Governing Law

The contract shall be governed in all respects by the laws of the State of Connecticut.

1.14 Verification of Accuracy

1. Your response must designate the individual responsible for coordinating proposal responses and for binding the company to the responses to this RFP.
2. Your response must designate proposer’s Dental Director or Chief Dental Officer.

	Proposal Response Coordinator	Dental Director/Chief Dental Officer
Name	20 words.	20 words.
Phone #	20 words.	20 words.
Company	20 words.	N/A
Title	20 words.	20 words.

1.15 Terms and Conditions

Contractors responding to this RFP must be willing to adhere to the following conditions and must affirmatively state their adherence to these requirements with a transmittal letter appended to their proposal response.

1. **Acceptance or Rejection by the State**—The State reserves the right to accept or reject any or all proposals submitted for consideration. All proposals will be kept sealed and safe until the deadline for submission has passed. By responding to this procurement, applicants agree to accept the Comptroller’s determinations as final.
2. **Conformance with Statutes**—Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the federal government.
3. **Ownership of Proposals**—All proposals submitted in response to this RFP are to be the sole property of the State and will be subject to the applicable Freedom of Information provisions of Conn.Gen.Stat. §§1-200 et seq. Any proposer that submits matter that it in good faith determines to contain trade secrets or confidential commercial or financial information must mark such materials as “CONFIDENTIAL” and provide two redacted copies of its RFP response on a thumb drive, which may be disclosed without objection in the event a FOIA request is made for its proposal.

State of Connecticut Dental RFP

4. **Ownership of Subsequent Products**—Any product, whether acceptable or unacceptable, developed under a contract award as a result of this RFP is to be the sole property of the State of Connecticut, unless explicitly stated otherwise in the RFP or contract.
5. **Communication Blackout Period**—Except as called for in this RFP, contractors may not communicate about the RFP with any of the following: the Healthcare Policy & Benefit Services Division within the OSC or members of the HCCCC until the successful bidder(s) are selected. No Contractor or Contractor's representative may contact an employee of the State or member of the HCCCC or their representatives regarding their proposal until final selections have been made. Until such time as final selections are made, any such contact will be considered collusion under the "Terms and Conditions" herein and may be grounds for disqualification of the Contractor's proposal.
6. **Notice of Intent to Respond**—The notice of intent to respond and NDA (Attachments A and B, respectively) will be due to EPeters@segalco.com by 2:00 P.M. on December 20, 2019. In the notice, the Contractor must provide an email address to receive information about the RFP process, including data, answers to questions submitted by other potential contractors, requests for clarification and other matters about the selection process.
7. **Availability of Work Papers**—All work papers and data used in the process of performing this project must be available for inspection by the State of Connecticut Auditors of Public Accounts for a period of three (3) years or until audited.
8. **Timing and Sequence**—All timing and sequence of events resulting from this RFP will ultimately be determined by the State. Late responses may or may not be considered, and it will be left to the Comptroller's discretion whether to accept or reject late responses.
9. **Stability of Proposed Prices**—Any price offerings from Contractors must be valid for a period of one hundred eighty (180) days from the due date of the Contractor proposals.
10. **Oral Agreements**—Any alleged oral agreement or arrangement made by a Contractor with any agency or employee will be superseded by the written agreement.
11. **Amending or Canceling Requests**—The State reserves the right to amend or to cancel this RFP prior to the due date and time, if such action is deemed to be in the best interest of the State.
12. **Rejection for Default or Misrepresentation**—The State reserves the right to reject the proposal of any Contractor that is in default of any prior contract or for misrepresentation.
13. **State's Clerical Errors in Awards**—The State reserves the right to correct inaccurate awards resulting from its clerical errors.
14. **Rejection of Qualified Proposals**—Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
15. **Contractor Presentation of Supporting Evidence**—A Contractor, if requested, must be prepared to present evidence of experience, ability, service facilities and financial standing necessary to satisfactorily meet the requirements set forth or implied in the proposal.
16. **Changes to Proposal**—No additions or changes to the original proposal will be allowed after submittal. However, OSC reserves the right to seek clarification of a response.
17. **Expenses Incurred**—The State will not reimburse any Contractor for any costs or expenses incurred in preparing proposals or in any other connection with the RFP, including travel expenses relating to an oral presentation. All expenses incurred by the Contractor in preparing and submitting proposals are the sole responsibility of the Contractor.
18. **Collusion**—By responding to this RFP, the Contractor implicitly states that the proposal is not made in connection with any competing Contractor submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the Contractor did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the Contractor's proposal preparation.

State of Connecticut Dental RFP

19. **Conformance to Instructions**—All responses to the RFP must conform to the instructions herein. Failure to provide any required information, provide the required number of copies, meet deadlines, answer all questions, follow the required format, or failure to comply with any other requirements of this RFP may be considered appropriate cause for rejection of the response.
20. **Appearances**—In some cases, Contractors may be asked to appear to give demonstrations, interviews, presentations or further explanation to the RFP's screening committee.
21. **Standard Contract and Conditions**—The Contractor must accept the State's standard contract language and conditions. See Standard Contract and Conditions. Attachment C.
22. **Entire Agreement**—The contract will represent the entire agreement between the Contractor and the State and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for payment of services under the terms of the contract until the successful Contractor is notified that the contract has been accepted and approved by the Office of the State Comptroller and by the Office of the Attorney General. The contract may only be amended by means of a written signed agreement by the Office of the State Comptroller, the Contractor, and the Office of the Attorney General.
23. **Rights Reserved to the State**—the State reserves the right to award in part, to reject any and all proposals in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.
24. **Receipt of Summary of State Ethics Laws.** The Contractor must acknowledge that is has received a summary of State Ethics Laws by submitting a signed receipt with its bid. See Attachments D and E hereto.

1.16 Standard Contract Terms and Conditions

Be advised that the State has certain contract requirements. Contractors responding to this RFP must be willing to adhere to the following contract requirements and must affirmatively state their adherence to these terms and conditions with a transmittal letter appended to their proposal response.

Attached as Attachment C is a sample contract containing standard terms and conditions. The Contractor must agree that the contract shall be governed by, construed, and enforced in accordance with the laws and court decisions of the State of Connecticut without giving effect to its principles of conflicts of laws. Under no circumstances may a State contract contain limited liability and/or binding arbitration provisions. The State may not indemnify a Contractor or waive its sovereign immunity.

At all times, Contractor shall utilize approved, qualified personnel necessary to perform the services under this Agreement. If at any time the State in its sole discretion determines that the personnel/staff assigned to perform the services under this agreement is incompetent, dishonest or uncooperative, State reserves the right to request that Contractor reassign personnel/staff and arrange for an employee(s) or subcontractor(s) satisfactory to State to provide the services otherwise performable by the Contractor hereunder.

Contractor shall review any requests by State to reassign personnel/staff. In requesting such reassignment of personnel/staff, State shall give thirty days (30) notice to Contractor of State's desire for such reassignment. Contractor will then have fifteen (15) days to investigate the situation and attempt, if it so desires, to resolve the situation to the mutual satisfaction of the parties. Should the parties not reach a mutual resolution, then fifteen (15) days thereafter, or thirty (30) days from the date of the notice of reassignment, the State may terminate this agreement by providing written notice.

State of Connecticut Dental RFP

Contractor shall advise the State promptly, in writing, of any labor related occurrence known to Contractor involving Contractor's employees, which may reasonably be expected to affect Contractor's performance of services under this agreement. Notwithstanding such occurrence, the Contractor shall at all times assign competent personnel/staff to perform the services contracted for under this agreement.

1.17 Additional Procurement Requirements

The following forms must be completed and uploaded with your submission via ProposalTech:

Follow instructions for submission of the following:

1. a) Agency Vendor Form (SP-26NB), available at:
[http://das.ct.gov/Purchase/Info/Vendor_Profile_Form_\(SP-26NB\).pdf](http://das.ct.gov/Purchase/Info/Vendor_Profile_Form_(SP-26NB).pdf)
2. b) W-9 Form, available at: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Forms to be submitted via BizNet

The Connecticut Department of Administrative Services (“DAS”) has implemented a requirement that all firms seeking to do business with the State create a business profile on the DAS Business Network (“BizNet”) system. BizNet eliminates certain redundancies, such as the requirement to complete and submit forms even though the forms had been recently submitted in response to another Request for Proposals. In addition to eliminating redundancy, BizNet has automated the completion and submission of required Ethics Affidavits and Non Discrimination forms. Firms must now upload these forms electronically to their BizNet account and update them on an annual basis, rather than submitting paper copies with each proposal. Firms will have the ability to view, verify and update their information by logging in to their BizNet account, prior to submitting responses to an RFP.

Additional required forms as described below must be submitted to or be on file with the BizNet system by the deadline for submission of proposals. Paper or electronic copies need not be provided with the submission to the Comptroller's office.

Create an account on BizNet by using the following link: <https://www.biznet.ct.gov/AccountMaint/Login.aspx>. Once your firm creates an account, login and select “CT Procurement” and then “Company Information” for access. If you experience difficulty establishing or otherwise managing your firm's account, please call DAS at 860-713-5095.

Ethics Certifications

The following Ethics Forms must be signed, dated, notarized, uploaded or updated on BizNet. To obtain these forms, you must login to BizNet and follow the instructions referenced above.

OPM Ethics Form 1: Gift & Campaign Contribution Certification;

OPM Ethics Form 5: Consulting Agreement Affidavit:

OPM Ethics Form 6: Affirmation of Receipt of State Ethics Laws Summary

OPM Ethics Form 7: Iran Certification

State of Connecticut Dental RFP

For information on how to complete these forms, please access the Office of Policy and Management website by using the following link:

http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV_GID=1806

Affirmative Action and Nondiscrimination

Choose one (1) of the forms listed below that applies to your business. Complete and upload or update the form on BizNet annually. To obtain a copy of these forms, you must login to BizNet and follow the instructions referenced above.

Form A: Representation by Individual (Regardless of Value); or

Form B: Representation by Entity (Valued at \$50,000 or less); or

Form C: Affidavit by Entity (Valued at \$50,000 or more); or

Form D: New Resolution by Entity; or

Form E: Prior Resolution by Entity

For information on how to complete these forms, please access the Office of Policy and Management website by using the following link:

http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNAV_GID=1806

Commission on Human Rights and Opportunities ("CHRO") Workplace Analysis Affirmative Action Report/Employment Information Form.

The CHRO Workplace Analysis Affirmative Action Report/Employment Information must be completed in BizNet and updated as necessary. You must login to BizNet and follow the Instructions referenced above. For information on how to complete these forms you may contact Diane Comeau at Diane.Comeau@ct.gov for assistance.

For information about how to upload the Ethics Affidavits and Non-Discrimination forms please access the following page. <http://das.ct.gov/images/1090/Upload%20Instructions.pdf>.

Affirmative Action. The proposal must include a summary of the Contractor's experience with affirmative action including a summary of the Contractor's affirmative action plan and the Contractor's affirmative action policy statement.

Regulations of Connecticut State Agencies Section 46a-68j-30(10) require agencies to consider the following factors when awarding a contract that is subject to contract compliance requirements:

The Contractor's success in implementing an affirmative action plan;

The Contractor's success in developing an apprenticeship program complying with Section 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;

The Contractor's promise to develop and implement a successful affirmative action plan;

the Contractor's submission of employment statistics contained in the "Workforce Analysis Affirmative Action Report," indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and

State of Connecticut Dental RFP

The Contractor's promise to set aside a portion of the contract for legitimate small Contractors and minority business enterprises, where applicable (See C.G.S. §32-9e).

The State of Connecticut's Contract Compliance Forms applicable to State contracts are available at <http://www.ct.gov/chro/cwp/view.asp?a=2525&Q=315900>, please click on the four forms indicated below to download the pdf files from the CHRO web page:

Notification to Bidders

This document gives notice that the contract to be awarded is subject to the contract compliance requirements mandated by State statutes and regulations.

Workforce Analysis Affirmative Action Report-State Contractors

This employment information form is used to report the racial and sexual composition of a firm's or corporation's workplace. The form must be completed by the Contractor and submitted with the proposal.

Affidavit for Certification of Subcontractors as Minority Business Enterprises

Upon award of a contract, this form is used to document the good faith efforts of a Contractor to include minority business enterprises as subcontractors (including suppliers) on the State contract

Contract Compliance Notice Poster

This notice concerns the prohibition of discrimination in employment practices. Upon award of a State contract, the notice must be posted by the Contractor in conspicuous places accessible to all employees and applicants for employment. More information about the State of Connecticut's Contract Compliance requirements is available on the Commission on Human Rights and Opportunities' web site at www.state.ct.us/chro under "Contract Compliance."

Your proposal should confirm you have downloaded, completed, and submitted all of the procurement documents listed above to BizNet. If not, please explain.

Authorized Agent

An authorized agent for the Contractor with authority to negotiate and contractually bind the Contractor must sign the proposal; such individual's title, address, and telephone number must also be provided.

Freedom of Information

All materials submitted in connection with this RFP are subject to the terms of the State of Connecticut Freedom of Information Act (FOIA), Conn.Gen.Stat. §§1-201 et seq. and all rules, regulations and interpretations resulting therefrom. Due regard will be given for the protection of proprietary information contained in a vendor's proposal. Each vendor should identify particular sentences, paragraphs, pages or sections in its response which it in good faith believes to be exempt from disclosure under FOIA by marking each as "CONFIDENTIAL". It will not be sufficient for vendors to state in general terms that the entire proposal is proprietary in nature and therefore not subject to release to third parties. (See instructions below on submitting a redacted thumb drive with your response.)

State of Connecticut Dental RFP

2 DENTAL PLAN CONFIRMATIONS

Below are the specific confirmations for submitting a Dental proposal. By checking "Confirmed", Bidder represents the proposal submitted adheres to these confirmations, unless otherwise noted in the proposal. **Failure to agree to any of these confirmations may result in disqualification of proposal.** If a Bidder takes exception to any of these confirmations, it must be so noted in the Bid Exceptions and Deviations Document (Attachment F) of their proposal response. These confirmations will also explicitly apply to any subcontractors used by the Vendor to deliver services to the State.

2.1 Confirm that you are licensed to do business in the State of Connecticut.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

2.2 Please review all summaries of the State and the Partnership dental plans attached as an appendix. Completion of this proposal confirms that you have reviewed this information and your ability to duplicate requested benefits. If you are unable to meet all requirements, variations by dental plan should be clearly reported in the Bid Exceptions and Deviations Document. If no variations are provided on this Document, it will be assumed that your organization can administer the current dental plan designs exactly as written in the plan design summaries. Also complete and return "State of CT - DHMO Plan Design Deviations.xlsx." Completion in whole or in part will also act as confirmation of the accuracy of the data provided in your proposal.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

2.3 Confirm that you will have certain providers removed from the Dental Network, at the State's request for such instances as evidence of fraud, waste and abuse or placement on the Office of Inspector General (OIG) Exclusions List, evidence of poor member health outcomes/management, etc.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

2.4 Confirm that proposed rates/fees include payment of "run out" claims at no extra charge. Run-out administration will be the responsibility of the then incumbent Administrator.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

2.5 Confirm that there will be no minimum participation requirements.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

2.6 Confirm you will comply with any independent auditing or claims review firm employed by the State in providing required financial information, claim information and claim documents for claims audits and/or review.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

State of Connecticut Dental RFP

2.7 Confirm you agree to pay the State 100% of any overpayments made by the State as determined from an audit no later than 30 days after both parties have agreed to the recoveries, subject to a compounding interest penalty of 1% per month.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

2.8 Confirm that you will be responsible for defending any litigation concerning erroneous claims administration.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

2.9 The Vendor will be required to interface with the following organizations below. Confirm your agreement with details outlined in the table below.

Organization	Description of Files	Frequency	File Format	Confirmation	Comments
State	Vendor will receive an initial full eligibility feed and eligibility updates (change file)	At least weekly	Standard HIPAA 834 Benefit Enrollment and Maintenance transaction file layout	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain in comments	500 words.
CMSI (chronic condition management) / Conifer (data warehouse)	Vendor to provide a data feed of all dental claims.	Weekly	Mutually agreed upon format	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain in comments	500 words.
Highline Health (data management)	Vendor to provide a detailed claims and patient information data feed monthly data feed of all dental claims.	Monthly. Data feed must be provided for the prior month by the 3 rd business day of the current month.	Mutually agreed upon format	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain in comments	500 words.
Segal Consulting (health care consultant)	Vendor to provide a detailed claims and patient information data feed monthly data feed of all dental claims.	Monthly. Data feed must be provided for the prior month by the 3 rd business day of the current month.	Mutually agreed upon format	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain in comments	500 words.
Health Advocates	TBD	TBD	TBD	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain in comments	500 words.

State of Connecticut Dental RFP

2.10 Confirm you will notify the State and each affected individual directly if a breach of unsecured protected health information is discovered, as required under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, and in accordance with the HIPAA/HITECH Comprehensive Final Rule.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

2.11 Confirm your willingness and ability to modify claims processing systems in order to administer unique benefits, reimbursement schedules and methodologies specific to the State and Partnership plans.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

2.12 Confirm your Basic Plan proposal guarantees no balance billing even if an out of network provider is utilized - the Basic Plan will use FairHealth 95th percentile for out of network services; however, members can request reimbursement for any charges that are balance billed.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

2.13 Confirm that under your Enhanced Plan proposal, if an out-of-network dentist is used that coverage may be subject to balance billing if a dentist charges more than the maximum allowable charge. The maximum allowable charge is based on the average in-network contracted fee schedule (for location of services rendered).

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

3 ADDITIONAL REQUIREMENTS

Below are additional requirements for submitting a Dental proposal. By checking “Confirmed”, bidder represents the proposal submitted adheres to these requirements, unless otherwise noted in the proposal.

Failure to agree to any of these requirements may result in disqualification of proposal. If a bidder takes exception to any of these requirements, it must be so noted in the Bid Exceptions and Deviations Document of their proposal response. These requirements will also explicitly apply to any subcontractors used by the Bidder to deliver services to the State.

3.1 General

3.1.1 Vendor will provide all labor, equipment, facilities, supplies, and services as needed/specified.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

3.1.2 Administration of benefit plans for active and retired State employees and dependents and affiliated groups participating in the Partnership program described in Section I:

State of Connecticut Dental RFP

Vendor must agree to administration of the plan as mutually agreed to by the vendor and the State, with final determination to be made by the State. All operational aspects of the plan must be clearly described and the State must reserve the right to review and audit the operations of the plan.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.3 Develop and maintain an employee benefit plan providing benefits as specified by the State. The benefit plans to be offered are described on the State's website at <http://www.osc.ct.gov/stemploy.htm>.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.4 Vendor must allow the State to test website structure, pages, and review and approve content for usability as determined by the State; usability concerns must be resolved within two (2) business days.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.5 Vendor must agree that all data, records, files and other information relating to the plan belong to the State and are subject to release to the State if the contract is terminated.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.6 Vendor must provide a copy of their emergency operations/disaster recovery/business continuity/pandemic flu plan as part of their response to this RFP.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.7 Vendor must provide detailed information on insurance, bonding, and guarantees offered in the event of issues caused by loss of operations due to an emergency or disaster.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.8 Vendor must provide subrogation services.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.9 Vendor must disclose offshore relationships, if any.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.10 Vendor must receive prior approval for all communications to members. This includes all written website, electronic communication including, but not limited to, media advertising and regulatory mailings required under federal and/or state law. During open enrollment periods, all general media advertising in the

State of Connecticut Dental RFP

State of Connecticut media markets must also be approved by the State. Failure to comply will result in a penalty payment of 0.50% of total expenses, no less than \$30,000 and no greater than \$100,000.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.2 On-line services/Functions

3.2.1 What on-line services/functions will be made available to the State?

	Response	Comments
I. Claims Summary and Detail by Unit	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	500 words.
II. Billing History	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	500 words.
III. Provider Directory	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	500 words.
IV. Enrollment Summary by Unit	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	500 words.
V. Dental Cost Tracker by Member	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	500 words.
VI. Ability to Order New Member Materials	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	500 words.
VII. Ability to Print Temporary ID Cards	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	500 words.
VIII. Oral Health Topics/Information	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	500 words.
IX. Benefit Plan Details	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	500 words.
X. Standard and/or Ad Hoc Eligibility Reports by Unit	<i>Single, Pull-down list.</i> 1: Confirmed,	500

State of Connecticut Dental RFP

	2: Not Confirmed, please explain	<i>words.</i>
XI. Standard and/or Ad Hoc Dental Reports (e.g., utilization, claim, etc.) by Unit	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	<i>500 words.</i>
XI. COBRA Enrollment	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	<i>500 words.</i>
XII. Special Enrollment	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	<i>500 words.</i>
XIII. Other	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain	<i>500 words.</i>

3.3 Eligibility

3.3.1 Vendor must agree to accept and provide electronic data feeds in the appropriate HIPAA or State defined format on a schedule determined by the State. Currently for active employees and retirees, enrollment data is sent via the HIPAA 834 format. All carriers will receive the identical format and data structure as defined by the State.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

3.3.2 Vendor must agree to share data with health benefits administrators and the State's healthcare consultant and actuary, data manager and wellness plan coordinator.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

3.3.3 Vendor must agree to accept the eligibility structure as defined by the State.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

3.3.4 Enrollment data that does not pass carrier system edits must either be corrected or bypassed by the carrier. The remaining data must be posted without delay. Issues related to errant data must be addressed with the employing agency's benefit staff or the Healthcare Policy and Benefit Services Division as appropriate.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

3.3.5 Vendor must agree to the State-defined Eligibility Periods; award of this contract means that any eligible employee and their dependents will be eligible for coverage.

State of Connecticut Dental RFP

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.3.6 Open enrollment shall be the period announced by the State to allow eligible subscribers to join the plan, change coverage, or add eligible dependents. The open enrollment periods are generally from May 1st to June 1st each year for active employees and retirees.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.3.7 HIPAA Events: members may add, drop or make changes as appropriate if an allowable qualifying event occurs.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.3.8 The vendor must agree to process active and retiree enrollment additions, changes and deletions correctly within seven (7) days of the creation date of the file or information provided by the State. The State will provide a weekly file to report any changes within their enrollment data (to be known as the Change File). This file will include additions, terminations, coverage class changes, changes in dependent enrollment, etc. Towards the end of each month, the State will provide a monthly file to report a snapshot of all current live enrollment data (to be known as the Full File). The Full File is typically not loaded and used for comparative purposes only. After receipt of the monthly Full File, the vendor must reconcile all active employee and retiree enrollment data and report any discrepancies, in a format defined by the State, by the 15th of the next month to the appropriate State agency personnel; aggregate information must be sent to the Healthcare Policy and Benefit Services Division. The State will review the discrepancies and provide feedback appropriate to the condition being reported and make any necessary corrections to State enrollment information.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.3.9 Group Numbers - Department ID, as defined by the State, will substitute for any arbitrary vendor group number that might otherwise be assigned to a State agency or location. More specifically, enrollment and remittance information from the State will include the Department ID as the sole identifier of an employee's location. The vendor may translate the data to accommodate their own systems, however; all communications to and from the State and its data warehouse vendor, whether electronic or otherwise, will refer to the Department ID.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.3.10 The vendor will capture and report the State provided Employee ID (EMPLID) in data stores and data transfers with the State and other state vendors. The member's EMPLID must also be connected to all associated dependents.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.3.11 The vendor will provide the State with online access to their enrollment information in real time.

State of Connecticut Dental RFP

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.3.12 The successful vendor must agree to process Partnership enrollment additions, changes and deletions correctly within seven (7) days of the creation date of the file or submission of information provided by the Partnership Plan groups and to administer the billing of all Partnership premium.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.4 File Exchange Protocol

3.4.1 There are currently two methods for exchanging files with the State's Core-CT system:

1. The carrier logs into the secure Core-CT Production Supplier Portal via https to download files. The URL is <https://corect.ct.gov:10400/psp/PSPRD/signon.html>

-or-<https://corect.ct.gov:10400/psp/PSPRD/signon.html>
2. The carrier logs into the secure Core-CT Axway Server. The URL is <https://sfile.ct.gov/> For those using an automated system Axway has a client available at <http://www.axway.com/productssolutions/securetransport>

Testing Requirements

At least one test cycle must be completed successfully prior to going live employing one of the previously mentioned file transports.

The Core-CT Supplier Portal uses a non-standard port (10400 for Production, 15000 for Test) and that may require action by the carrier's Tech Support area to accomplish this. Vendors must report in their response to this RFP whether they were able to successfully reach the portal sign on page at:

<https://corect.ct.gov:10400/psp/PSPRD/signon.html> or have obtained Axway client software and successfully connected to: <https://sfile.ct.gov/>

For testing purposes, the link to the TEST supplier portal is:

<https://corect.ct.gov:15000/psp/PSTPR/?cmd=login&languageCd=ENG&>

Additional information for all parties that exchange data with State's Core-CT system is available at:

<http://www.core-ct.state.ct.us/hrint/>

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

State of Connecticut Dental RFP

3.5 Network Development, Rental and Management

3.5.1 Vendor will be responsible for maintaining all provider contracts, terms and conditions, within its claims payment system.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.5.2 Vendor will handle all provider quality issues.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.6 Administrative or Executive Support

3.6.1 Vendor must verify and commit that during the length of the contract, it shall not undertake a major conversion for, or related to, the system used to deliver services to the plan without specific written notice to the State. This does not apply to any program fixes, modifications and enhancements.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.6.2 Vendor must notify the State prior to any changes in vendor's representatives.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.6.3 Vendor must agree to change the assigned vendor's representatives at the State's request.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.7 Performance Standards

3.7.1 Vendor must comply with performance standards as identified in this RFP (examples provided in Performance Standards are provided for illustrative purposes only and may be expanded at the State's option.)

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.8 Audits

3.8.1 Vendor must agree to audits conducted by the State or their chosen auditor and/or legislative audit.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

State of Connecticut Dental RFP

3.8.2 Vendor must agree to annually provide a SSAE-16 Report if the State determines there is a need (allowable time will be given to provide this information, if the vendor doesn't currently have a completed or a SAS 70 and any other applicable audits and certifications).

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.8.3 Vendor must agree to make available all provider records to the State or its representatives (e.g. State Auditors, the State's actuary, etc.).

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.8.4 Vendor will guarantee to the State or its appointees the right to reasonable inspection of facilities, equipment, and system support operations to ensure the continued ability of the vendor to support the plan; failure to comply with a reasonable request to inspect will result in a penalty; failure to respond to a finding from an inspection within 30 calendar days will result in a penalty.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.9 Data Requirements

3.9.1 Vendor must agree to provide claims data in the format outlined by the State on a schedule determined by the State.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.9.2 Vendors must agree to provide requested claims, enrollment, and related data to the State's consultant and data manager for inclusion in the State's claims database.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.9.3 Vendor must agree to supply weekly dental claims including procedure codes and payment data to the State or its designated data manager vendor (Currently Conifer).

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.9.4 Vendor must agree to supply DHMO utilization data to the State or its designated data manager vendor (Currently Conifer) necessary to monitor member compliance with HEP preventive requirements.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

State of Connecticut Dental RFP

3.10 Reporting Requirements

3.10.1 Vendor must provide some form of on-line ad hoc reporting capability with full description of the tools available.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.10.2 Vendor must provide reporting based on the divisions defined by the State.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.10.3 Vendor will provide a detailed description of its capability to track and report on telephone services to include categories being monitored; at a minimum, the vendor must provide a monthly report of types of calls, number of calls resolved during the month, phone abandonment rate, and average response times.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.10.4 Vendor must negotiate with the State to develop mutually agreeable reporting formats and deadlines; the State reserves the right to establish formats and deadlines, if negotiations fail.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.10.5 Vendor must provide basic provider background information, cost data, and quality data on a scheduled basis as determined by the State.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.11 Accounting Requirements

3.11.1 Vendor must provide a year-end report at the appropriate plan year-end.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.11.2 Vendor will respond to all requests for additional information within a 24-hour period.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.11.3 Vendor will provide a copy of the data dictionary for all fields that are operational in any system proposed. This data dictionary must include the length of the field and a specific description of the data stored in each field.

State of Connecticut Dental RFP

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.12 Privacy and Security

3.12.1 Vendor must comply with HIPAA, PPACA and other federal and/or state mandates to include privacy, security and electronic data transfer requirements and provide, upon request, supporting documentation outlining organization's policies and procedures as they relate to management of the dental benefit plan for the State.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.12.2 Vendor must describe any breaches, complaints or grievances with regards to protected health information (e.g., security or privacy) for their complete book of business; list the event and resolution in detail.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.12.3 Vendor must disclose any event where its employees have willfully committed acts that compromise member information, regardless of whether it is PHI or not.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.12.4 Vendor must describe its HIPAA policies, procedures and training related to quality and provider data.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

4 QUESTIONNAIRE

4.1 COMPANY OVERVIEW

4.1.1 Provide contact information for the individual authorized to answer questions regarding your response to the RFP.

Contact Name	500 words.
Contact Title	500 words.

State of Connecticut Dental RFP

Address	500 words.
Telephone Number	500 words.
e-Mail Address	500 words.
Company URL (web address)	500 words.

4.1.2 Please complete the following table:

	Response
Year Organization Established	500 words.
Total Lives Covered (2018)	500 words.
Percent Lives Covered from Top 10 Clients	500 words.
Total Number of Your Organization’s Employees (2018)	500 words.
Describe any parent/subsidiary relationship.	1000 words.

4.1.3 Provide the most recent ratings and date of rating for your company by the major rating organizations.

Rating Agency	Rating	Date of Rating
Standard & Poors	10 words.	10 words.
Fitch	10 words.	10 words.
A.M. Best	10 words.	10 words.
Moody's	10 words.	10 words.

State of Connecticut Dental RFP

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4.1.4 Has there been a downgrade in your ratings in the last 2 years?

Single, Radio group.

1: Yes,

2: No: [500 words]

4.1.5 Has your organization recently undergone any workforce realignments and/or experienced recent merger or acquisition activity? If so, please describe. Are there any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital? Please explain.

500 words.

4.1.6 Describe any changes in the organizational structure (including, but not limited to demutualization, addition/deletion of claim offices, addition/removal of product lines, and staff reductions) that have occurred in your organization over the last twelve (12) months or are anticipated to occur in the next 24 months.

500 words.

4.1.7 Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months.

500 words.

4.1.8 Indicate how many years your organization has been in the business of providing the coverage(s) for which you are submitting a proposal.

Single, Pull-down list.

1: More than 10 years,

2: 5-10 years,

3: 1-4 years

4.1.9 Does your company have any administrative, regulatory, judicial actions or investigations regarding past or current activities? If yes, please explain the nature and current status of the action(s) to the extent possible.

Single, Radio group.

1: Yes: [500 words] ,

2: No

4.1.10 Please complete the following table:

	Response	Comments
Have you ever failed to complete any work awarded to you? If so, where and why?	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain	<i>500 words.</i>
Have you ever defaulted on a contract? If so, where and why?	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain	<i>500 words.</i>

State of Connecticut Dental RFP

Has your firm ever had a contract terminated for cause within the past five years? If yes, provide details.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain	<i>500 words.</i>
Has your firm been named in a lawsuit related to errors and omissions within the past five years? If yes, provide details.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain	<i>500 words.</i>
During the past seven years, has your firm ever filed for protection under the Federal bankruptcy laws? If yes, provide details.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain	<i>500 words.</i>
Have you ever been fined for a HIPAA violation?	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain	<i>500 words.</i>
Are there any other factors or information that could affect your firm's ability to provide the services being sought about which the State should be aware?	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain	<i>500 words.</i>

4.1.11 What fidelity and surety insurance or bond coverage do you carry or would you recommend to protect the State? Specifically, describe the type and amount of the fidelity bond, which would protect the State in the event of a loss. Please provide copies of such policies.

1000 words.

4.1.12 What cyber security insurance do you carry or would you recommend to protect the State? If named a finalist, the State will require that you provide copies of all privacy policies, terms of use protections and any other terms related to cyber security protection. Please note that this applies not only for how you will use and transfer data but also as it relates to employee sites or portal access.

1000 words.

4.1.13 Provide names of all subcontractors along with type of services they will provide, the number of years your firm has utilized the subcontractor, and the contractual relationship between subcontractor and your company. Please use the table provided below.

	Name and Address	Type of Service(s)	Years Utilizing this Contractor	Contractual Relationship
1.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
2.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required

State of Connecticut Dental RFP

3.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
4.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
5.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required

4.1.14 Confirm that all of your subcontractors are authorized/licensed to do business in Connecticut.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

4.1.15 Indicate your firm's liability insurance limit with regard to errors, omission, negligence, and malpractice. Include in your response the annual dollar limit per occurrence:

1000 words.

4.1.16 Confirm you will provide the last two (2) years of your firm's unaudited financial statements.

Single, Pull-down list.

- 1: Confirmed and unaudited financial statements attached,
- 2: Not Confirmed

4.1.17 Do you meet all applicable NAIC, minimum state insurance and managed care organization net worth and reserve requirements?

Single, Radio group.

- 1: Yes,
- 2: No: [500 words]

4.2 EXPERIENCE

4.2.1 Provide statistics regarding membership that receives dental benefit services from your firm. Provide statistics further split as requested in the grid, below.

	Total Group Covered Lives	Group Covered Lives in Connecticut	Total Number of Employer Groups	Public Sector Covered Lives	Number of Public Sector Groups	Number of Clients with 50,000+ Covered Lives
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

State of Connecticut Dental RFP

4.2.2 How many new groups with more than 500 covered lives did your organization add effective on or after January 1, 2019?

	2019 New Groups	Total Member Count
Actives and Retirees	<i>Integer.</i>	<i>Integer.</i>

4.2.3 What percentage of your 2018 total group membership renewed for the 2019 plan year?

	2018 Total Group Member Percentage Renewed
Actives and Retirees	<i>Percent.</i>

4.3 BASIC MEMBER SERVICES

4.3.1 Confirm that a specific toll-free number will be made available to members at no additional charge to handle claims or other service issues.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

4.3.2 Confirm this specific toll-free number will be dedicated solely to the State (meaning only members of the State or Partnership Plans can access this line).

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.3.3 Confirm that this toll free number will be answered by a staff member and not a voice recording.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.3.4 Confirm that this toll-free number will be offered in languages other than English, and you will be able to accommodate the special needs of the hearing impaired (e.g., have a TDD (Telecommunications Device for the Deaf) or other voice capability).

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

4.3.5 Confirm that at a minimum, all Vendor-staff servicing the State will be available from 9:00 a.m. to 5:00 p.m., EST, Monday through Friday.

State of Connecticut Dental RFP

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.3.6 Confirm the Member Services line will produce performance-reporting specific to the State only.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

4.3.7 Do members reach a live member service representative (MSR) or an interactive voice response unit (IVR) when calling Member Services?

500 words.

4.3.8 Do members have access to the claims/Member Service group via e-mail or internet? If yes, please specify features available (e-mail, web chat, etc.).

Single, Radio group.

- 1: Yes [500 words] ,
- 2: No

4.3.9 How are calls "after hours" of operation handled? Is there a voicemail system or capability for caller to leave messages after normal business hours?

Single, Radio group.

- 1: Voice Mail,
- 2: No Service,
- 3: Full Service (24/7),
- 4: Some Extended hours for calls,
- 5: Other, please specify: [500 words]

4.3.10 Provide the geographic location of the Member Service unit(s) that will be servicing the State's members. Will this service be outsourced? If so, provide the name of the outsourcer.

500 words.

4.3.11 Using most recent year-end data complete the table below for the office that would be handling State calls:

	Target	Actual 2018 year end results
Call Volume (calls/day)	N/A	500 words.
Call Abandon Rate (%)	Percent.	Percent.
Average Speed of Answer (in seconds)	Decimal.	Decimal.
Average wait time (in seconds)	Decimal.	Decimal.

4.3.12 Check all items below, which pertain to calls handled by the MSR:

Multi, Checkboxes.

- 1: All calls are recorded,

State of Connecticut Dental RFP

- 2: MSRs document all calls,
- 3: MSRs can make adjustments to claims during a call,
- 4: Calls are documented verbatim,
- 5: Calls are documented in summarization,
- 6: Other, please explain [500 words]

4.3.13 Can the MSRs access claims status online real-time?

Single, Radio group.

- 1: Yes,
- 2: No: [500 words]

4.3.14 Can MSRs make adjustments to claims during a call in real-time?

Single, Pull-down list.

- 1: Yes,
- 2: No

4.3.15 Describe the escalation process for Member Service satisfaction and complaints.

1000 words.

4.3.16 What are the education and experience qualifications your organization requires of the MSR staff that will serve the State's members?

1000 words.

4.3.17 Describe the process in which staff supporting the State will be trained on their account and benefits.

1000 words.

4.3.18 Do your web-based and app-based products comply with all current and known future security and HIPAA requirements for both aggregate and individual transactions?

Single, Pull-down list.

- 1: Yes,
- 2: No

4.3.19 Describe your member website and member smartphone app (if applicable) capabilities including whether your member website and smartphone app include the following:

	Member Website	Smartphone App
a. Accurate provider directory and provider search (generalists, specialists, and orthodontia)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
b. Ability to make a provider appointment online	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
c. Provider quality and outcomes data	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A

State of Connecticut Dental RFP

d. Provider pricing data by procedure	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
e. Provider reviews from other members	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
f. Treatment cost estimator	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
g. Information about diseases and conditions	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
h. Ability to see a summary of the State's plan design and review the State's SPD	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
i. Ability to review the State's appeals process and file an appeal online	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
j. Ability to review the waste, fraud and abuse notification process	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
k. Contact information for the State, its other vendors, and links to their websites	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
l. On-line access to forms	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
m. Ability to review claims payment status online	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A

State of Connecticut Dental RFP

n. Ability to review a history of claims payments, including deductible status, plan maximums status	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
o. Ability to review or print out EOBs and a history of claims payments	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
p. Ability to print ID cards and request replacement cards	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
q. Eligibility status/changes	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
r. Dependent information	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
s. Ability to contact member services online	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
t. Ability to access tele-dentistry services	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No, 3: N/A
Other (Describe)	<i>Unlimited.</i>	<i>Unlimited.</i>

4.3.20 Describe the web and smartphone apps planned for deployment in future years.

1000 words.

4.3.21 Confirm that you will include the Comptroller's logo throughout your portal and that online tools can be customized, as requested by the State.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

4.3.22 Complete the table below regarding ID Cards:

	Response	Comments

State of Connecticut Dental RFP

a. Confirm that you will issue a member ID card and mail, via surface mail, to covered Members within ten (10) business days following the enrollment period.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
b. Confirm that all State covered members will have a valid ID card in hand prior to July 1, 2020.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
c. Confirm that you will re-issue the member ID card within five (5) business days of notification that a member has lost a card, or for any reason that results in a change to the information disclosed on the member ID card.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
d. Confirm extra ID cards will be available for a dependent child away from home attending school or residing out of area.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
e. Indicate how many ID cards you will mail to subscribers who have family coverage, at no additional charge.	<i>500 words.</i>	
f. Confirm members may request new ID cards and print temporary ID cards from your website.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>

4.4 MEMBER COMMUNICATION

4.4.1 Vendor will prepare benefit booklets/summaries, ID cards, and other plan descriptive material. Materials will be mailed directly to the home residence of the participant prior to the contract effective date and for new participants.

State of Connecticut Dental RFP

Single, Radio group.

- 1: Agree,
- 2: Disagree

4.4.2 Confirm that, if selected, your firm will pay its pro rata share of cost of preparing and mailing open enrollment materials to plan members.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.4.3 Identify your standard communication materials and indicate those that can be customized at no additional charge and those that require an additional charge. Indicate fee if there is an additional charge.

	Response	Amount of Fee
Benefit Booklet/Summaries	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
Provider Directories	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
Member ID Cards	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
Claim Forms	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
Explanation of Benefits (EOBs)	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
Internet Access	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
General Letters and Correspondence sent to Participants	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
Annual Benefit Statements	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
HIPAA Privacy Notices	<i>Single, Radio group.</i> 1: Standard, 2: Custom,	500 words. Nothing required

State of Connecticut Dental RFP

	3: Additional Fee	
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4.4.4 Confirm that staff will be available and participate in the State's Open Enrollment communications campaign. Describe your involvement and how you will assist members in learning about their benefit options. Note that Open Enrollment periods are generally from May 1st to June 1st each year for active employees and eligible retirees.

Single, Radio group.

1: Confirmed, Explain: [Unlimited] ,

2: Not confirmed, Explain: [Unlimited]

4.4.5 Confirm that your organization will conduct on-site, statewide educational sessions for the State's eligible members and dependents of eligible members beginning no later than the start of the Open Enrollment period.

Single, Radio group.

1: Confirmed: [500 words] ,

2: Not confirmed: [500 words]

4.4.6 Are you willing to mail reminders to enrollees about routine care (e.g., fluoride treatment, cleanings and x-rays) to assist enrollees with seeking regular preventive care? If yes, please describe this process and include frequency of mailings and samples of these mailings.

1000 words.

4.4.7 Confirm that you agree to notify members if their network provider terminates their contract during the plan year.

Single, Radio group.

1: Confirmed: [500 words] ,

2: Not confirmed: [500 words]

4.5 COVERAGE ISSUES

4.5.1 Confirm you guarantee that all insureds, who would have continued to be covered on the plan effective date if there had been no change in carriers, will be covered by your policy on the plan effective date.

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

4.5.2 At the outset of the contract, how will coverage for treatment in progress be handled?

Single, Pull-down list.

1: Coverage begins on the first day of eligibility, patient can keep current provider until treatment ends and in-network benefits apply,

2: Coverage begins on first day of eligibility and patient must use network provider or receive out-of-network benefits,

3: No coverage until completion of current treatment

4.5.3 At the end of a client's contract, treatment in progress is covered as follows:

Single, Pull-down list.

1: Coverage continues until completion of current treatment. Network discounts apply until completion of treatment,

2: Coverage continues until completion of current treatment. Network discounts cease to apply,

3: Coverage ends on the day the contract is terminated

State of Connecticut Dental RFP

4.5.4 Describe how work in progress (at the time of plan transition) will be treated. How will non-orthodontics claims be adjudicated? Orthodontic claims?

1000 words.

4.5.5 Describe how treatment in progress will be covered if your plan is terminated during an episode of treatment. What services (i.e., root canal, crowns, etc.) are covered and for what amounts?

1000 words.

4.5.6 Describe how your pretreatment review process operates. What is the turnaround time for a pretreatment review?

1000 words.

4.5.7 Describe edits in place to identify cosmetic procedures. For example, do you allow for composite or porcelain on posterior teeth?

1000 words.

4.5.8 Do your proposed plans include a least expensive professionally acceptable treatment clause?

500 words.

4.5.9 What additional dental health screenings and/or wellness benefits (e.g., screenings for oral cancer, cavity risk assessment tool, additional benefits for diabetics, expectant mothers, CAD patients, etc.) do you offer at no additional cost?

1000 words.

4.6 ACCOUNT MANAGEMENT/ CLIENT SERVICES

4.6.1 Provide contact information for the Account Executive that will be assigned to this engagement.

Company Name	<i>100 words.</i>
Contact Name	<i>100 words.</i>
Contact Title	<i>100 words.</i>
Address	<i>100 words.</i>
Office Number	<i>50 words.</i>
Mobile Number	<i>50 words.</i>

State of Connecticut Dental RFP

e-Mail Address	100 words.
Company URL (web address)	100 words.

4.6.2 Identify the key account management team you propose to work on this account. At a minimum, your team should include an Account Executive, Account Manager, Dental Director, Underwriter, Member Service Manager, Implementation Coordinator, Claims Manager, and an IT Coordinator. For each team member listed, identify whether this staff member will be 100% dedicated to the State account. If the member is not 100% dedicated to State, please indicate the percentage of time the staff member will designate to the State account as well as the number of other clients with which the staff member has responsibilities.

1000 words.

4.6.3 Provide an organization chart, including names and titles, of management and key personnel that will be responsible for the management of the State account.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

4.6.4 Provide the following information regarding the account service team that would be assigned to this account.

	Name	Location	Years of Industry Experience	Years in Current Position	Relevant Qualifications	Number of Accounts Currently Assigned	Brief Description of Staff Member's Job Functions
Account Executive	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Account Manager	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Dental Director	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Underwriter	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Member Service Manager	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Implementation Coordinator	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.

State of Connecticut Dental RFP

Claims Manager	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
IT Coordinator	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Other	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.

4.6.5 Confirm the Account Executive and other account management personnel, as needed, will be available for direct outreach to members.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.6.6 Confirm that you will respond to all inquiries from the State's staff within one (1) business day.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.6.7 Confirm your team will attend onsite meetings upon request to present current plan and service performance, address any recent issues/challenges encountered, suggest potential savings opportunities specifically applicable to the State's plan, and discuss other pertinent topics to be identified prior to each meeting. At a minimum, the State requests that the appropriate clinical and analytical team members closely involved in the daily operations of the account and the Account Executive and Account Manager with oversight responsibility attend all meetings.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

4.7 REFERENCES

4.7.1 Please provide references of three (3) current clients of similar size and industry for which you provide similar services. At least one of these references must be a public sector plan with at least 50,000 covered lives.

	Company Name	Contact Name	Contact Title	Telephone	Email Address	Contract Start Date	Products/Services Offered	Number of Lives Covered
Reference 1	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.

State of Connecticut Dental RFP

Reference 2	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.
Reference 3	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.

4.7.2 Please provide references of three (3) former clients of similar size and industry for which you provided similar services and the reason for termination.

	Company Name	Contact Name	Contact Title	Telephone	Email Address	Contract Termination Date	Products/ Services Offered	Number of Lives Covered	Reason for Termination
Reference 1	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.
Reference 2	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.
Reference 3	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.

4.8 ELIGIBILITY

4.8.1 Confirm that you will update eligibility data within 24 hours from receipt of data for the State Plan and the Partnership Plan.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

4.8.2 Confirm that you will provide direct same day email confirmation that the eligibility file was received, properly loaded, processed, and that this confirmation will include the date of receipt, for the State Plan and the Partnership Plan.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

4.8.3 Confirm you will post remaining data, not identified as errant, within 24 hours, for the State Plan and the Partnership Plan.

State of Connecticut Dental RFP

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

4.8.4 Confirm you will provide the State with online access to their enrollment information, for the State Plan and the Partnership Plan, in real time.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

4.8.5 Can the State staff make eligibility changes online?

Single, Radio group.

- 1: Yes, please explain: [Unlimited] ,
- 2: No

4.9 CLAIMS PROCESSING

4.9.1 With regard to the claim offices that will be used, provide the following:

Position	Number of Staff	Average Years of Total Claims Administration Experience	Average Years of Claims Administration Experience with Your Firm	Annual Turnover (%)	Work Remotely or from Home (%)
Claims Processors	<i>Integer.</i>	<i>Decimal.</i>	<i>Decimal.</i>	<i>Percent.</i>	<i>Percent.</i>
Claims Supervisors	<i>Integer.</i>	<i>Decimal.</i>	<i>Decimal.</i>	<i>Percent.</i>	<i>Percent.</i>
Claims Managers	<i>Integer.</i>	<i>Decimal.</i>	<i>Decimal.</i>	<i>Percent.</i>	<i>Percent.</i>
Auditors	<i>Integer.</i>	<i>Decimal.</i>	<i>Decimal.</i>	<i>Percent.</i>	<i>Percent.</i>
Quality Control Managers	<i>Integer.</i>	<i>Decimal.</i>	<i>Decimal.</i>	<i>Percent.</i>	<i>Percent.</i>
Clinical Review Staff	<i>Integer.</i>	<i>Decimal.</i>	<i>Decimal.</i>	<i>Percent.</i>	<i>Percent.</i>

State of Connecticut Dental RFP

4.9.2 What safeguards are in place to monitor quality and HIPAA compliance for staff that work from home?

200 words.

4.9.3 How are claims and customer service systems linked?

Single, Radio group.

- 1: Same system,
- 2: Integrated, but different systems,
- 3: Different systems, but accessible to all,
- 4: Not linked,
- 5: Some linked,
- 6: Other, please specify: [500 words]

4.9.4 Does your claims system have the capability to process network, non-network, out of State or regional claims on the same system?

Single, Pull-down list.

- 1: Yes,
- 2: No

4.9.5 Describe your process to review claims for billing irregularities by provider (such as regular overcharging, unbundling of procedures, upcoding or billing for inappropriate care, etc.)?

500 words.

4.9.6 What control measures do you have in place to verify that claims are paid only for treatments that were actually provided?

500 words.

4.9.7 How are claims selected for internal audit? What triggers do you utilize?

Multi, Checkboxes.

- 1: Random by system,
- 2: Set percent per day,
- 3: Set number per approver per day/week,
- 4: Procedure,
- 5: Dollar amount,
- 6: Other, please specify: [500 words]

4.9.8 On average, what percentage of all claims are audited by an internal audit group?

Percent.

4.9.9 What are your procedures for recovery of overpayments or duplicate payments? How do those procedures differ for in-network vs. out-of-network providers?

1000 words.

4.9.10 How do you screen for and identify claims that could be the responsibility of a third-party? Please explain your process in detail including details on any subcontractors or vendors your organization uses to research and/or recoup.

1000 words.

4.9.11 Confirm you agree to return 100% of all recovered monies from overpayments, duplicate payments, and overpayments on third-party liability claims, or other processing errors to the State, without a processing fee?

State of Connecticut Dental RFP

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

4.9.12 Describe your process for claim coding audits. How often and what percent of claims are audited for proper claim coding?

1000 words.

4.9.13 Do you agree to hold the State harmless for any liability arising from your firm's payment processing errors that result in overpayment or duplication of payments to providers?

1000 words.

4.9.14 Using most recent year-end data, complete the table below for the claim office that will have payment responsibility for this account:

	Target	Actual 2018 year end results
Total annual claim volume per year (in total number of claims)	<i>Decimal.</i>	<i>Decimal.</i>
Average claims processed per processor per day	<i>Decimal.</i>	<i>Decimal.</i>
Claims turnaround time (percent of clean claim transactions processed within 14 calendar days following receipt of claim)	<i>Percent.</i>	<i>Percent.</i>
Average number of business days to process a clean claim from date received to date check/EOB issued	<i>Decimal.</i>	<i>Decimal.</i>
Financial accuracy (percentage of total claim dollars paid without error, relative to total claim dollars paid)	<i>Percent.</i>	<i>Percent.</i>
Processing accuracy (percentage of claims processed without error, relative to the total number of claims processed)	<i>Percent.</i>	<i>Percent.</i>
What percent of all non-clean claims submitted are processed (from date	<i>Percent.</i>	<i>Percent.</i>

State of Connecticut Dental RFP

received to date check/EOB issued) within 10 business days?		
What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 30 business days?	<i>Percent.</i>	<i>Percent.</i>

4.9.15 Are your eligibility and claim systems compliant with current HIPAA regulations?

Single, Pull-down list.

- 1: Yes,
- 2: No

4.10 COORDINATION OF BENEFITS (COB)

4.10.1 Explain how your system:

- a. Identifies existence of other;
- b. Questions/tracks COB;
- c. Handles COB conflicts;
- d. Communicates with members and providers;
- e. Interfaces with other group carriers regarding COB.

1000 words.

4.10.2 When you are the secondary payer in a COB situation, do you use your usual, customary and reasonable (UCR) profiles, reduced network fees, or those of the primary vendor in determining your level of reimbursement?

1000 words.

4.10.3 How is the State held harmless for erroneous payments made by you during the COB process?

1000 words.

4.10.4 Please complete the following table:

Average COB savings as a percent of total plan	<i>Percent.</i>
Will you guarantee COB savings?	<i>Single, Pull-down list.</i> 1: Yes, 2: No

4.10.5 Confirm that when spouses are both employees of the State and enrolled in the plan there will not be a coordination of benefits with the plan.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, explain: [500 words]

State of Connecticut Dental RFP

4.11 DPPO NETWORK MANAGEMENT

4.11.1 What is your firm's current book-of-business in-network utilization percentage?

Percent.

4.11.2 Please provide your network provider turnover rate.

	Current Year	Prior Year
Provider Turnover Rate	500 words.	500 words.

4.11.3 Describe separately the out-of-service area, regional, out-of-state, and out-of-country coverage for your products for routine, urgent and emergency care.

1000 words.

4.11.4 What criteria are used to identify the situations where there is no access to network providers?

Single, Radio group.

- 1: Mileage,
- 2: Travel Time,
- 3: Other (explain): [500 words]

4.11.5 Are there any services or specialists that are not available in your networks in the service areas where there are plan participants? If yes, please identify them and explain what provisions are made for patients requiring these services.

1000 words.

4.11.6 If the Vendor or the State identifies a network gap or deficiency, how do you address the need for additional providers?

1000 words.

4.11.7 Confirm that you will maintain an accurate online directory of in-network providers to which the State's members may refer and that this directory is updated at least weekly.

Single, Radio group.

- 1: Confirmed, please indicate how often your directory is updated: [1000 words] ,
- 2: Not Confirmed

4.11.8 Confirm that you are able to provide the following minimum data elements for provider inquiries:

	Response
Provider Name	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Provider Address and telephone number	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed

State of Connecticut Dental RFP

Office Hours	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Dental Group	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Practicing Specialty(ies)	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Providers that are not accepting new patients	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Languages spoken in office	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Age/gender limitations	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed

4.11.9 Are members able to change network dentists whenever they want?

Single, Radio group.

- 1: Yes,
- 2: No: [1000 words]

4.11.10 Can network dentists limit the number of network patients/cases that they accept? If so, how is the limit established and what is it? What percentage of network dentists in the network that would serve the State are at full capacity and are not accepting new patients?

1000 words.

4.11.11 In the case where a provider is in both the DPPO and DHMO, and a member wants to switch from the DHMO to the DPPO (and keep the same provider), is it possible that the provider would not be accepting new patients through the DPPO contract?

Single, Radio group.

- 1: Yes: [500 words],
- 2: No

4.11.12 Please provide a general description on how you establish your organization's networks and the corresponding financial arrangements.

1000 words.

4.11.13 Do you wholly own, partially own or lease your network?

Single, Radio group.

- 1: Wholly own,
- 2: Partially own,
- 3: Lease,
- 4: Other, please specify: [500 words]

4.11.14 Do you use a secondary (wrap) network for providers not in your primary provider network? If so, please describe the network used.

State of Connecticut Dental RFP

1000 words.

4.11.15 How much notice is a provider contractually required to give if they elect to terminate a contract with your network(s)?

1000 words.

4.11.16 Explain how the State will be informed of potential network disruption to its members.

1000 words.

4.11.17 How do you monitor non-network utilization and what steps do you take to contract with these providers? What is your success rate in recruiting these non-network providers?

1000 words.

4.11.18 Check off those elements that are included in the provider selection process and provide the estimated percentage of network providers that satisfy the following selection criteria elements:

	In Selection Process	% of Providers
Require unrestricted state licensure	Yes/No.	Percent.
Review malpractice coverage and history	Yes/No.	Percent.
Require full disclosure of current litigation and other disciplinary activity	Yes/No.	Percent.
Require current DEA registration	Yes/No.	Percent.
Review adherence to state and community practice standards	Yes/No.	Percent.
Require dated examination of radiograph equipment	Yes/No.	Percent.
Board eligibility	Yes/No.	Percent.
Onsite review of office location	Yes/No.	Percent.
Review hours of operation and capacity	Yes/No.	Percent.

State of Connecticut Dental RFP

Review practice patterns and utilization results	Yes/No.	Percent.
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4.11.19 How do you assess network provider performance? Include in your response the programs in place, the quality metrics used, and how you monitor and measure performance results.

1000 words.

4.11.20 What performance information will be shared with the State? What performance information is shared with providers?

1000 words.

4.11.21 Describe your quality improvement initiatives.

1000 words.

4.11.22 Is the “right to audit” included in your standard provider contracts?

Single, Radio group.

1: Yes,

2: No: [500 words]

4.11.23 Do you have a mechanism for routinely investigating if a contracted provider has any disciplinary actions imposed by their state licensure dental board?

Single, Radio group.

1: Yes,

2: No: [500 words]

4.11.24 Other than provider directories and access to providers via your website, what quality or practice pattern data about your contracted providers do you make available to plan enrollees?

1000 words.

4.11.25 Please detail any changes anticipated in your network configuration over the next two years. To the extent that you plan to expand your network over the next two years, will you be buying, leasing, or building your network?

1000 words.

4.12 DHMO NETWORK MANAGEMENT

4.12.1 Please provide your network provider turnover rate.

	Current Year	Prior Year
Provider Turnover Rate	500 words.	500 words.

State of Connecticut Dental RFP

4.12.2 Describe separately the out-of-service area, regional, out-of-state, and out-of-country coverage for your products for urgent and emergency care.

1000 words.

4.12.3 Are there any services or specialists that are not available in your networks in the service areas where there are plan participants? If yes, please identify them and explain what provisions are made for patients requiring these services.

1000 words.

4.12.4 If the Vendor or the State identifies a network gap or deficiency, how do you address the need for additional providers?

1000 words.

4.12.5 Confirm that you will maintain an accurate online directory of network providers to which the State's members may refer and that this directory is updated at least weekly.

Single, Radio group.

1: Confirmed, please indicate how often your directory is updated: [1000 words] ,

2: Not Confirmed

4.12.6 Confirm that you are able to provide the following minimum data elements for provider inquiries:

	Response
Provider Name	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Provider Address and telephone number	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Office Hours	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Dental Group	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Practicing Specialty(ies)	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Providers that are not accepting new patients	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Languages spoken in office	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Age/gender limitations	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed

State of Connecticut Dental RFP

4.12.7 Are members able to change network dentists whenever they want?

Single, Radio group.

1: Yes,

2: No: [1000 words]

4.12.8 Can network dentists limit the number of network patients/cases that they accept? If so, how is the limit established and what is it? What percentage of network dentists in the network that would serve the State are at full capacity and are not accepting new patients?

1000 words.

4.12.9 Are DHMO members required to select a primary care dentist? If yes, can family members choose a different primary care dentist?

1000 words.

4.12.10 Does your DHMO plan require a referral from a general dentist to use a specialist?

Single, Radio group.

1: Yes: [500 words] ,

2: No

4.12.11 In the case where a provider is in both the DPPO and DHMO, and a member wants to switch from the DPPO to the DHMO (and keep the same provider), is it possible that the provider would not be accepting new patients through the DHMO contract?

Single, Radio group.

1: Yes: [500 words] ,

2: No

4.12.12 Please provide a general description on how you establish your organization's networks and the corresponding financial arrangements.

1000 words.

4.12.13 Do you wholly own, partially own or lease your network?

Single, Radio group.

1: Wholly own,

2: Partially own,

3: Lease,

4: Other, please specify: [500 words]

4.12.14 Do you use a secondary (wrap) network for providers not in your primary provider network? If so, please describe the network used.

1000 words.

4.12.15 How much notice is a provider contractually required to give if they elect to terminate a contract with your network(s)?

1000 words.

4.12.16 Explain how the State will be informed of potential network disruption to its members.

1000 words.

State of Connecticut Dental RFP

4.12.17 Check off those elements that are included in the provider selection process and provide the estimated percentage of network providers that satisfy the following selection criteria elements:

	In Selection Process	% of Providers
Require unrestricted state licensure	<i>Yes/No.</i>	<i>Percent.</i>
Review malpractice coverage and history	<i>Yes/No.</i>	<i>Percent.</i>
Require full disclosure of current litigation and other disciplinary activity	<i>Yes/No.</i>	<i>Percent.</i>
Require current DEA registration	<i>Yes/No.</i>	<i>Percent.</i>
Review adherence to state and community practice standards	<i>Yes/No.</i>	<i>Percent.</i>
Require dated examination of radiograph equipment	<i>Yes/No.</i>	<i>Percent.</i>
Board eligibility	<i>Yes/No.</i>	<i>Percent.</i>
Onsite review of office location	<i>Yes/No.</i>	<i>Percent.</i>
Review hours of operation and capacity	<i>Yes/No.</i>	<i>Percent.</i>
Review practice patterns and utilization results	<i>Yes/No.</i>	<i>Percent.</i>

4.12.18 How do you assess network provider performance? Include in your response the programs in place, the quality metrics used, and how you monitor and measure performance results.

1000 words.

4.12.19 What performance information will be shared with the State? What performance information is shared with providers?

1000 words.

4.12.20 Describe your quality improvement initiatives.

1000 words.

State of Connecticut Dental RFP

4.12.21 Does your organization provide satisfaction surveys to providers? If so, describe the survey and uses of results.

1000 words.

4.12.22 Is the “right to audit” included in your standard provider contracts?

Single, Radio group.

1: Yes,

2: No: [500 words]

4.12.23 Do you have a mechanism for routinely investigating if a contracted provider has any disciplinary actions imposed by their state licensure dental board?

Single, Radio group.

1: Yes,

2: No: [500 words]

4.12.24 Other than provider directories and access to providers via your website, what quality or practice pattern data about your contracted providers do you make available to plan enrollees?

1000 words.

4.12.25 Please detail any changes anticipated in your network configurations over the next two years. To the extent that you plan to expand your network over the next two years, will you be buying, leasing, or building your network?

1000 words.

4.13 DPPO PROVIDER REIMBURSEMENT

4.13.1 Describe in detail how you contract with and pay orthodontic dentists. Do you negotiate rates based on CDT code, discount from billed services, treatment plan, etc.?

1000 words.

4.13.2 Indicate non-network provider fees, such as maximum allowable charge or UCR percentile, used for non-network reimbursement separately for the Basic Plan and the Enhanced Plan.

1000 words.

4.13.3 Indicate the source of non-network provider fees (e.g., First Health, Other).

1000 words.

4.13.4 How often are network fees and out-of-network allowances updated?

1000 words.

4.13.5 When were the last two times that the network fee schedule and out-of-network allowances increased, and how much did the fee schedule increase each time?

1000 words.

State of Connecticut Dental RFP

4.13.6 What maximum annual increase to network provider fees will you guarantee in year 2 of this contract? For example, maximum increase may be defined as the weighted average increase in provider charges based on a uniform list of top 100 CDT codes.

1000 words.

4.13.7 If you anticipate renegotiating provider contracts in the next 12, 24 or 36 months please describe the planned changes and anticipated impact on your book-of-business premium rates.

1000 words.

4.13.8 Please describe any surcharges, adjustments, mark-ups or other fees that would be included in claims or applied in connection with using a network provider located outside your geographic area.

1000 words.

4.13.9 Explain any financial incentives (bonuses) or disincentives (withholds) in network provider contracts that are tied to utilization goals, specialty referrals, member survey results, readmission rates, quality of care outcomes or other performance results.

1000 words.

4.13.10 Do network discounts apply after an individual has met the annual maximum?

Single, Radio group.

1: Yes: [500 words] ,

2: No: [500 words]

4.13.11 Do network discounts apply to dental procedures that are not covered by the State's dental plans?

Single, Radio group.

1: Yes: [500 words] ,

2: No: [500 words]

4.13.12 Can a member find out what the maximum allowable charge is for a particular procedure in advance of having the procedure performed? If so, how?

Single, Radio group.

1: Yes: [500 words] ,

2: No

4.14 UTILIZATION MANAGEMENT

4.14.1 Describe your Utilization Management programs including your pre-service review process (i.e., precertification, prior authorization).

1000 words.

4.14.2 Describe your methods for internally monitoring and evaluating the performance of utilization management activities.

1000 words.

4.14.3 Describe monitoring activities to identify gaps in oral health care and opportunities improvement.

1000 words.

State of Connecticut Dental RFP

4.14.4 Please describe programs you have in-place to manage the utilization of opioid pain medications.
1000 words.

4.14.5 Explain any financial or other incentives established for providers to comply with utilization management protocols, treatment standards or other aspects related to oral health care management.
1000 words.

4.15 VENDOR INTERFACES

4.15.1 Confirm you will share data with benefits administrators and the State's healthcare consultant and actuary, data manager and other vendors as requested by the State.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.15.2 How do you ensure that the State's information is treated distinct/separate from other customers' information? What protocols are in place within your company to ensure that only authorized individuals within your company can view and/or edit the State's information?

1000 words.

4.16 DATA AND REPORTING

4.16.1 Describe capabilities that are available to State staff through your employer portal (i.e., view eligibility changes and validate eligibility data, view claims, pull standard reports, create customized ad hoc reports, etc.)?

1000 words.

4.16.2 Descriptions of reports possibly required by the State are listed below. Please indicate for each: whether or not you can provide such a report; that you can provide the report at the requested frequency; the availability as an online report; and if the report will be provided at no additional charge

	Can Provide?	Confirm Frequency of Report	Available as Online report?	Included in Fees?
Monthly paid claims summary for all benefit payments made during the month. The summary shall show claims separately for employees, spouses, and dependents, and by type of service category (Preventive, Basic, Major, etc.), the eligible charges submitted, amount paid during the month, member out-of-pocket expenses, and the number of claims (e.g., the number of checks or drafts issued)	Yes/No.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	Yes/No.	Yes/No.
Monthly in and out-of-network utilization showing information	Yes/No.	<i>Single, Radio</i>	Yes/No.	Yes/No.

State of Connecticut Dental RFP

noted above in (a) by in and out-of-network		<i>group.</i> 1: Confirmed, 2: Not confirmed		
Monthly call center reports including average speed to answer, call abandon rate, and calls by issue type	<i>Yes/No.</i>	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Yes/No.</i>	<i>Yes/No.</i>
Monthly paid claims summary for all benefit payments made during the month. The summary shall show the following information by patient: claimant ID, last name, first name, date of birth, claim number, date of service, date of payment, procedure(s), amount paid by the plan, amount paid by the patient	<i>Yes/No.</i>	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Yes/No.</i>	<i>Yes/No.</i>
Quarterly paid claims summary for all benefit payments made during the quarter. The summary shall show, by dental procedure code, the total number of claims, eligible charges, amount paid by the plan, amount paid by the patient	<i>Yes/No.</i>	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Yes/No.</i>	<i>Yes/No.</i>
Monthly summary of gross submitted charge amounts, amounts determined to be ineligible, amounts applied to coinsurance, and amounts adjusted for COB	<i>Yes/No.</i>	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Yes/No.</i>	<i>Yes/No.</i>

4.16.3 Detail the full package of available reports and indicate which reports are available to the State on-line.
1000 words.

4.16.4 Are there reports available to the State that will summarize the overall oral health of the membership? These reports may include (but not be limited to) placing members into dental disease risk categories, monitoring and reporting the frequency of checkups / cleanings / fluoride treatments, reporting this information by age bucket, and comparing this information to benchmarks. Please explain.
1000 words.

4.16.5 Provide a sample of weekly detailed claims and enrollment data downloads including file layouts and documentation.

Single, Pull-down list.

- 1: Sample attached,
- 2: Sample not attached.

4.16.6 Confirm that there is no additional cost for these reports and electronic data downloads as required by the State.

Single, Pull-down list.

- 1: Yes, please explain (500 words),
- 2: No

State of Connecticut Dental RFP

4.16.7 Confirm you would agree to transfer electronic claim history and eligibility data to the State at no additional cost upon termination.

Single, Pull-down list.

1: Yes, please explain (500 words),

2: No

4.16.8 Describe the requirements on the user/client site to access your site (i.e., levels of passwords required for users to log onto the site).

1000 words.

4.16.9 Indicate the earliest possible availability of detailed claims data for analysis. Can your systems provide information to the State and its vendors about member utilization within 24 hours of occurrence?

1000 words.

4.16.10 What tools do you offer clients to spot and identify trends in claim information?

500 words.

4.16.11 Do you charge for ad hoc or customized reports? If so, please explain.

Single, Radio group.

1: Yes,

2: No,

3: Other, please specify: [500 words]

4.16.12 For the State and Partnership Plan, all reports must be stratified by Plan, and sub-stratified by: Actives, Retirees, Dependents, and Partnership. The Partnership groups must then be able to be stratified by individual groups and subgroups as set forth in the plan structure. Please confirm that you agree to this provision.

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

4.16.13 With regard to your computer systems, please describe your record retention and destruction policy, including how long records are retained.

Unlimited.

4.16.14 What types of security do you have with regard to your website and the transfer of data?

Unlimited.

4.17 AUDITS

4.17.1 Once each year, or more frequently as reasonably determined by the State, or within two (2) years following termination of this Agreement, Client's third party Auditor(s) ("Auditor"), as reasonably approved by Vendor (which approval shall not be unreasonably withheld), may inspect and verify claim data, eligibility, billing records, pricing discounts and terms, claims adjudication systems, healthcare benefits, clinical programs, subcontracted administrative services directly related to Client's Member utilization and services, performance guarantees, and operational processes relating to the services provided to Client pursuant to this Agreement to ensure Vendor's compliance with the terms and conditions of this Agreement, as Client deems appropriate.

State of Connecticut Dental RFP

Single, Radio group.

- 1: Agree,
- 2: Disagree

4.17.2 Such audits may be based on either a 100% review of claims or a statistically representative sample thereof, or combination of methodologies. Auditor's preliminary findings will be shared with Vendor. Any findings from a statistically representative sample of claims will be extrapolated to the total claims population for purposes of measuring overall financial dollar and incidence processing achievements; Vendor will produce financial impact reports for confirmed systemic errors. In the instance where Auditor has reviewed 100% of claims and identified suspect claims, Vendor may elect to review a mutually-agreed upon representative sample of the suspect claims.

Single, Radio group.

- 1: Agree,
- 2: Disagree

4.17.3 The audit may include an onsite review of the sample claims by the Auditor at Vendor's office. The Auditor will provide Vendor with the sample claims thirty (30) calendar days in advance of the onsite review. The onsite review will last up to five (5) business days.

Single, Radio group.

- 1: Agree,
- 2: Disagree

4.17.4 Confirm the scope of such audits may include up to three (3) benefit plan years as determined by the State.

Single, Radio group.

- 1: Agree,
- 2: Disagree

4.17.5 Indicate whether you agree with the following statements regarding audits.

	Response
You will allow auditing of your operations as they relate to the administration and servicing of this account.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree
Your organization will not charge for services rendered in conjunction with the audit.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree
If problems are discovered, the cost of follow-up audits will be paid by your organization.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree
Vendor agrees to fund up to \$35,000 for a pre-implementation audit.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree

State of Connecticut Dental RFP

4.17.6 The State via its auditor has the right to perform additional audits during the year of similar scope if performed as a follow-up to ensure significant/material errors found in a previous audit have been corrected and are not recurring or if additional information becomes available to warrant further investigation.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.17.7 The State via its auditor has the right to audit post termination of service contract.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.17.8 Your organization will provide a response to all findings received within 30 days of audit, or at a later date if mutually determined to be more reasonable based on the number and type of findings.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.17.9 Confirm you will allow Segal Consultants, or any other party selected by the State to audit all provisions governed by the contract.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.17.10 Confirm you agree not to charge the State for EOBs/claims issued as corrections due to audits.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.17.11 Any and all costs and expenses of each party associated with State's audit shall be borne by the party incurring the cost. the parties agree that the scope of audits by Client or Auditor will not be duplicative of the SSAE-18 audit, but may include inspection and/or verification of certain information provided in the SSAE-18 audits to the extent necessary to give a more thorough understanding of and support for such information. Audit materials or documentation provided by Vendor will be confined to client-specific information. Confirm your agreement with this provision.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.17.12 If the audit discovers any validated overpayment of fees or claim payments by Vendor or other errors that result in economic losses to the client for failure to meet all vendor guarantees or performance standards, then Vendor shall pay the amount owed to the State following completion of the audit, within 30 days of written confirmation from the client as to the agreed upon settlement terms and amounts. Confirm your agreement with this provision.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.17.13 Vendor agrees to grant the right of the State or its representative(s) to audit claims at any time during and up to two years following termination of the business relationship with prior written notification. The

State of Connecticut Dental RFP

State will have access to 100% of all valid claim records to complete the audit at no cost to the plan sponsor. Bidder agrees to provide all necessary claims details, data definitions and reasonable support to complete an independent claim audit for each completed year under the contract in effect. The State will not be held responsible for time or miscellaneous costs incurred by the bidder in association with an audit including, but not limited to, the costs associated with providing audit reports, systems access, or onsite space.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.18 FINANCE AND BANKING

4.18.1 What data/electronic information is needed to coordinate billing between you and the State for services provided?

500 words.

4.18.2 Confirm you will invoice the State on a monthly basis for insured benefit arrangement premium.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.18.3 Confirm you can accommodate the State making self-funded benefit (i.e., ASO) arrangement payments in arrears, providing claims reimbursements twice per month and administrative fees once per month at the end of the month.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.18.4 Do you require that self-funded plans use a specific bank for funding claims? If yes, indicate the name of the bank.

Single, Radio group.

- 1: Yes [500 words] ,
- 2: No

4.18.5 What payment options are available to the State?

Single, Radio group.

- 1: ACH,
- 2: Wire transfer,
- 3: Other: [500 words]

4.18.6 Confirm you will not charge interest on negative cash flow for any delay of wire transfer.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

4.18.7 Confirm that the State will not be charged for reissued checks or drafts.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

State of Connecticut Dental RFP

4.18.8 Confirm that you will accept fiduciary responsibility for claims processing at no additional charge.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.18.9 Do you require an initial deposit and/or imprest amount?

Single, Radio group.

- 1: Initial deposit only,
- 2: Imprest amount only,
- 3: Both

4.18.10 Confirm the fees and premium rates quoted in your proposal can only be recalculated if enrollment changes more than 20% from the census.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.18.11 Indicate any minimum requirement for employee and dependent participation in the dental plans.

Single, Radio group.

- 1: Other: [500 words]

4.19 IMPLEMENTATION SUPPORT

4.19.1 Provide a detailed implementation plan assuming an implementation date of July 1, 2020. At a minimum, the implementation plan must provide specific details on the following:

1. Identification and timing of significant responsibilities and tasks for the State and Vendor
2. Names, titles, and implementation experience of key implementation staff and time dedicated to the State during implementation
3. Data Interfaces – the Vendor will be required to transmit and receive data to and from the State and its vendors as outlined in this RFP and as determined necessary by the State.
4. Transition requirements with the incumbent vendor(s), including data needs and timing for transition of work-in-progress (e.g., implants, orthodontia)
5. Member communication plan
6. Issuance of I.D. Cards
7. Completion of Vendor Contract

Single, Radio group.

- 1: Attached,
- 2: Not attached, explain: [500 words]

4.19.2 Confirm that, if awarded the business, you will be prepared to start implementation work as of the contract award date due to the lead-time needed for open enrollment.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed

4.19.3 Confirm your organization will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report.

State of Connecticut Dental RFP

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

4.19.4 Are you willing to provide a one-time implementation allowance to fund, as approved by the State, implementation support, pre-implementation audits, readiness assessments, communication plans, outside printing costs, etc., for the dental plans? If so, what dollar amount are you willing to provide?

Single, Radio group.

- 1: Confirmed, please specify amount: [Dollars] ,
- 2: Not Confirmed

4.19.5 Identify the implementation team you propose to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience and qualifications for the entire proposed implementation team including key positions and support staff.

1000 words.

4.19.6 Does your Implementation Team conduct pre-implementation and post-implementation testing?

Single, Radio group.

- 1: Yes,
- 2: No, explain [500 words]

4.20 FINANCIAL SECTION AND NETWORK ACCESS

This section refers to spreadsheets that are provided upon receipt of the Intent to Bid and fully executed NDA. All responses are due in the electronic Excel format provided.

4.20.1 Fully Insured Premium Rates / Administrative Services Only Fees

4.20.1.1 Confirm completion of the Fully Insured Premium Rates Charts in the attached Excel spreadsheet assuming a July 1, 2020 effective date. Guaranteed premium rates are requested on a mature basis for July 1, 2020 through June 30, 2021 with an option for July 1, 2021 and July 1, 2022. If you are not proposing guaranteed premium rates for July 1, 2021 and July 1, 2022, propose guaranteed rate caps. Rates should be on a per subscriber (contract) per month basis. Please provide answers only as applicable for quote. Rates must be shown in the format provided. **[See “1.1 Insured Rates SOCT” and “1.2 Insured Rates Partnership” tabs in State of CT - July 1, 2020 Dental RFP Attachment File.xlsx]**

Premium rates for the State plans are to be underwritten based on the State plans’ claims experience, whereas premium rates for the Partnership plans are to be underwritten based on the Partnership plans’ claims experience; there is to be no cross-subsidization between the State plans and the Partnership plans. For purposes of the RFP analysis, one set of composite rates for Partnership are requested.

Your rates should be inclusive of all implementation costs. Note if rates will vary based on the size of the population.

Single, Radio group.

- 1: Attached,
- 2: Not provided

State of Connecticut Dental RFP

4.20.1.2 Confirm that in addition to the fully insured premium rates developed in response to question 4.20.1.1, that if the successful bidder, you will provide fully insured July 1, 2020 premium rates for all Partnership plan groups during implementation, with overall premium equal to the premium generated from the composite rates provided, and that you will work with the State on rate relativities between both State plans and Partnership plans such that overall premium remains the same. See the "Partnership Account Listing 2019.xls" attached as an appendix for a complete listing of current dental Partnership groups' premium rate structures.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.20.1.3 Confirm completion of the Administrative Services Only Fees Chart in the attached Excel spreadsheet assuming a July 1, 2020 effective date. Fees are requested on a mature basis for July 1, 2020 through June 30, 2023 with an option for July 1, 2023 and July 1, 2024. Fees should be on a per subscriber (contract) per month basis. Please provide answers only as applicable for quote. Fees must be shown in the format provided. **[See "1.3 ASO Fees" tab in State of CT - July 1, 2020 Dental RFP Attachment File.xlsx]**

Your fees should be inclusive of all implementation costs. Note if fees will vary based on the size of the population.

Single, Radio group.

- 1: Attached,
- 2: Not provided

4.20.1.4 Confirm that under an Administrative Services Only arrangement, and if the successful bidder, you will develop and provide July 1, 2020 working rates for all State plans and all Partnership plans during implementation, and that you will work with the State on rate relativities between both State plans and Partnership plans such that overall working rates remains the same.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.20.2 Mature Expected Claims

4.20.2.1 Confirm completion of the Mature Projected Claims chart in the attached Excel spreadsheet. Provide the mature expected claims per employee per month. **[See "2. Mature Expected Claims" tab in State of CT - July 1, 2020 Dental RFP Attachment File.xlsx]**

Single, Radio group.

- 1: Attached,
- 2: Not provided

4.20.3 DPPO Claim Costs - Provider Reimbursement & Discounts

This section refers to spreadsheets that must be completed based on the current DPPO network provider contracts and experience. Worksheets should be completed separately for select locations or for a composite of all network areas (if specific location is not requested).

State of Connecticut Dental RFP

4.20.3.1 Provider Reimbursement

4.20.3.1.1 Provider Discount Analysis. Confirm completion of these spreadsheets for network providers. Provide your current (as of December 1, 2019) average network discounted provider reimbursements and non-network UCR and maximum allowances in the indicated areas. If submitting a proposal for more than one network, please complete separately for each network. Network discounted provider reimbursements must be based on actual achieved discounts and should not be based on projected or expected discounts. **[See “3.1 Provider Reimbursements” tab in State of CT - July 1, 2020 Dental RFP Attachment File.xlsx]**

IMPORTANT NOTE: DO NOT PROVIDE PROJECTED OR EXPECTED DISCOUNTED REIMBURSEMENTS.

Single, Radio group.

- 1: Attached,
- 2: Not provided

4.20.3.2 Claims Re-Pricing Analysis

4.20.3.2.1 Please re-price the claims provided in the detailed claims experience provided upon receipt of the Intent to Bid and fully executed NDA. The re-pricing should be based on billed charges (column “Billed Amount” on the re-pricing claims files) and your current (as of December 1, 2019) network provider contractual fee arrangements. **The claims re-pricing amounts shall be based on actual data and shall not include any assumptions regarding projected discounts or assumed increases in billed charges.**

Provide the sum of all re-priced claims by in-network (and by network if proposing more than one network) and out-of-network based on the eligible charges in the column “Billed Amount”. Provide a reconciliation that ties the claims re-pricing back to the total eligible charges provided. **[See claims repricing files] Your re-priced claim amounts should be stated in the “3.2 Claims Repricing” tab in the file State of CT - July 1, 2020 Dental RFP Attachment File.xlsx**

Please confirm:

Single, Radio group.

- 1: Attached,
- 2: Not provided

4.20.3.2.2 Provide an explanation detailing how the claims were repriced, noting any and all adjustments and methodologies.

1000 words.

4.20.3.2.3 Confirm your re-pricing is based on your current network provider contractual fee arrangements. “Current” is defined as the discounts the State would achieve through your network as of December 1, 2019. The re-repriced amounts should reflect what you would have paid a provider if the claim was incurred on December 1, 2019. The repriced amounts should also include any and all fees paid to providers for any risk-sharing arrangements with providers.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.20.3.2.4 Confirm your re-pricing is based on actual data and does not include any assumptions regarding projected discounts or assumed increases in billed charges.

State of Connecticut Dental RFP

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.20.3.2.5 Confirm that you have provided an explanation summarizing how you re-priced claims, noting any and all adjustments and methodologies.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.20.3.2.6 Confirm you have not omitted any adjustments or methodologies from your explanation on how you re-priced the claims.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.20.3.2.7 Confirm that you have provided the claims reconciliation for all charges provided in the claims file.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.20.3.3 Network Discount Guarantee

4.20.3.3.1 Network Discount Guarantee - the guarantee should be structured so that your organization will be providing a guarantee based on a specific percentage (clearly stated as "the provider discounts realized by the State will be a minimum of X%") with a risk-free corridor of 1%. You will need to put a minimum of 10% of your fees at risk for this guarantee, and guarantees will be evaluated based on both the percentage discount and the dollars at risk. The formula for the discount measurement would be:

- a. Total of all provider submitted charges (excluding all ineligible charges, duplicate claims, non-covered benefits and any coordination of benefits) = Covered Billed Charges
- b. Covered Billed Charges minus Cost of Benefits (after negotiated provider discounts but before employee copays and cost-sharing) equals Network Savings prior to plan design
- c. Network Savings prior to plan design divided by Covered Billed Charges = Guaranteed % Savings

You must enter the guaranteed percentage in cell F7 of the Network Discount Guarantee chart. [See "3.3 Discount Guarantee" tabs in State of CT - July 1, 2020 Dental RFP Attachment File.xlsx]

Confirm completion of discount guarantee in format requested:

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.20.3.4 Claims Trend Guarantee

4.20.3.4.1 Provide the claims trend your organization is willing to guarantee for each year of the contract by completing the "3.4 Trend Guarantee" tab in the **State of CT - July 1, 2020 Dental RFP Attachment File.xlsx**. Your guarantee should state the percentage of your administration fee that will be at risk.

Trend guarantee will be based on the following methodology:

State of Connecticut Dental RFP

- The trend guarantee will apply to all claims incurred through all DPPO dental plans administered by the selected carrier for all participants.
- The actual 2020 incurred claims number will be measured using claims that were incurred during the fiscal year beginning July 1, 2020 and paid during that fiscal year and a six-month run-out period through December 2021. This total will be divided by the actual enrollment during the policy year. (Same methodology applies for fiscal years beginning July 1, 2021 and 2022.)
- The actual 2019 incurred claims number will be measured using claims that were incurred during the fiscal year beginning July 1, 2019 and paid during that fiscal year and a six-month run-out through December 2020. This total will be divided by the actual enrollment during the policy year. All the necessary supporting claims and enrollment data for the fiscal year beginning July 1, 2019 will be obtained by the State from its current administrator and provided to the Vendor.
- Claims will include the amounts that are the responsibility of both the member and the employer to mitigate distortions created by plan design changes. The actual 2020 trend will be calculated by dividing the adjusted 2020 incurred claims per member per month (calculated as described above) by the adjusted 2019 incurred claims per member per month (calculated as described above) less 1. (Same methodology applies for years beginning July 1, 2021 over 2020 and for 2022 over 2021.)
- A member continuously enrolled 12-months would count as 12-member months.

Confirm completion of claims trend guarantee in format requested:

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.20.4 Network Access

4.20.4.1 Confirm completion of network disruption analysis. Indicate with a “Y” for Yes and “N” for No whether the providers are in your proposed network. If submitting a proposal for more than one dental network, please complete separately for each network. [See **State of CT - July 1, 2020 RFP Network Disruption File.xlsx**]

NOTE: If the same provider is listed multiple times, you must provide a “Y” or “N” response for each individual record on each of the tabs. You cannot make any assumptions, the “Y” or “N” response needs to be specific to that provider, not to a category of providers. Tax ID is included in the Provider Disruption Reports.

Single, Radio group.

- 1: Attached,
- 2: Not provided

4.20.4.2 Confirm completion of geographic access analysis. Summarize your network access reports for your proposed DPPO network. [See **“4.2 Network Access DPPO” tab in State of CT - July 1, 2020 Dental RFP Attachment File.xlsx**]

State of Connecticut Dental RFP

Single, Radio group.

- 1: Attached,
- 2: Not provided

4.20.4.3 Confirm completion of geographic access analysis. Summarize your network access reports for your proposed DHMO network. [See “4.3 Network Access DHMO” tab in State of CT - July 1, 2020 Dental RFP Attachment File.xlsx]

Single, Radio group.

- 1: Attached,
- 2: Not provided

4.20.5 Coverage Recommendations

4.20.5.1 Based on the State's current dental benefit programs, as described in the attached State benefit summaries, what benefit and clinical recommendations, if any, would you make regarding each programs' benefits? Coverage levels? Exclusions? Etc.? Please identify recommendations for each dental benefit program as either benefit improvements and provide cost estimates, or benefit reductions and provide savings estimates, and explain the rationale/thought process behind your recommendations. The State is particularly interested in suggestions that produce cost savings by improving long term dental health, or which update the benefits to conform to more current best practices. [See “5. Coverage Recommendations” tab in State of CT - July 1, 2020 Dental RFP Attachment File.xlsx]

Single, Radio group.

- 1: Attached,
- 2: Not provided

4.21 PERFORMANCE GUARANTEES

Note: Measurement of satisfaction of performance guarantees may be based on internal self-reporting, but is subject to independent audit by the State or its designee.

4.21.1 Confirm completion of Performance Guarantees in State of CT - July 1, 2020 Dental RFP Attachment File.xlsx.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

4.21.2 Provide other guarantees on the Performance Guarantees tab in the State of CT - July 1, 2020 Dental RFP Attachment File.xlsx that you are willing to include in a contract. List standards, measures, and range of penalties and incentives to which you are willing to agree to.

Single, Radio group.

- 1: Agree,
- 2: Do Not Agree

State of Connecticut Dental RFP

5 BID EXCEPTIONS AND DEVIATIONS

5.1 If your bid does not fully comply with the specifications in this Request for Proposal (RFP), please complete and upload the Bid Exceptions and Deviations Document.

Single, Radio group.

1: Bid does not fully comply - Document Attached,

2: Bid does fully comply - Document Not Attached

5.2 Confirm completion of **State of CT - DHMO Plan Design Deviations.xlsx**.

Single, Radio group.

1: Confirmed,

2: Not confirmed

6 APPENDIX

6.1 Forms

A – Dental Intent to Bid Form.docx

All bidders must complete Attachment A – Dental Intent to Bid and email by 2 PM EST on December 20, 2019 to:

Emily K. Peters

Segal Consulting

Email: epeters@segalco.com

B - Non-Disclosure Agreement.docx

C - Std. Terms and Conditions.docx

D - Contractors Guide to the Code of Ethics (rev Jan2019).pdf

E - OPM Ethics Form 6 (Final 9-15-11).docx

F - Bid Exceptions & Deviations Form.docx

G - Eligibility File Feed Requirements.pdf

H - Form 11 SEEC.pdf

Attached Document(s): [A - Dental Intent to Bid Form.DOCX](#), [B - Non-Disclosure Agreement.DOCX](#), [C - Std. Terms and Conditions.DOCX](#), [D - Contractors Guide to the Code of Ethics \(rev Jan2019\).PDF](#), [E - OPM Ethics Form 6 \(Final 9-15-11\).DOCX](#), [F - Bid Exceptions & Deviations Form.DOCX](#), [G - Eligibility File Feed Requirements.PDF](#), [H - Form 11 SEEC.PDF](#)

6.2 Benefits Summaries

I - Benefit Summaries.zip

J - Partnership Account Listing 2019.xls

Attached Document(s): [I - Benefit Summaries.zip](#), [J - Partnership Account Listing 2019.xls](#)