

July 13, 2018
BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA
REQUEST FOR PROPOSALS (RFP) Y18-1102-AH; ADDENDUM NO. 2
GROUP DENTAL INSURANCE PLAN

This Addendum is hereby incorporated into the bid documents of the project referenced above. The following items are clarifications, corrections, additions, deletions, and/or revisions to and shall take precedence over the original documents. Additions are indicated by underlining and deletions via ~~strikethrough~~.

A. The Bid Opening Date remains July 19, 2018 at 2:00PM

B. Questions and Answers

1. **Question:** Can we please have the experience split by plan – Low/Medium/High? Since the County has such a large population, we need to experience rate to develop our premiums effectively.

Answer: Please see experience report provided in Attachment K.

2. **Question:** Please provide a revised census in excel format

Answer: A revised census in excel format was provided as part of Addendum No. 1 for RFP #Y18-1102-AH.

3. **Question:** Please advise if we can include tabs for additional documents following the ones outlined specifically in the RFP.

Answer: Yes, tabs can be included for additional documents.

4. **Question:** Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.

Answer: Yes, an individual with the authority to bind a contract can sign all applicable signature documents required for the submission of proposals.

5. **Question:** Please confirm that in order to minimize printing, we can provide large attachments and requested samples and brochures on USB.

Answer: The proposal shall be submitted in both hard copy and USB format.

6. **Question:** Please confirm if page numbering can restart within each tab.

Answer: Please number all pages sequentially throughout the document, crossing the tabs.

7. **Question:** If needed, can we provide a Tab 5 for any additional documents?

Answer: Yes, other tabs can be included for additional documents.

8. **Question:** Please clarify the contribution strategy with exact percentages if possible.

Answer: Per Section 2 (b) item 3 of the Scope of Services in the RFP all premiums are paid by the employee.

9. **Question:** Please confirm if retirees are currently covered.

Answer: Retirees are covered under the plans.

10. **Question:** Please provide current claim data. It appears historical claims are only through 12/2017.

Answer: Please see experience report provided in Attachment K.

11. **Question:** Please advise if you have the premium vs. claims information for the first 4 months of 2018? Also, are you able to provide a report of the individuals who received "Carry forward Annual Maximum" for 2017? Also, need clarification on your low plan, if this is a scheduled plan as stated in Attachment F we will need the experience broken out by plan.

Answer: Please see experience report provided in Attachment K. Additional reports are not available at this time. You may access the attachment through the following link:

<ftp://ftp.ocfl.net/divisions/purchasing/pub/Current%20Bids%20and%20RFPs%20-%20Large%20Files/Y18-1102-AH/>

12. **Question:** Please provide carrier history for the last 5 years.

Answer: Carrier history has been provided as Attachment I.

13. **Question:** After reviewing the RFP, I noticed no mentioning of bundling with other service in order to receive discounts. Will this RFP process allow for it? If so, where in the RFP is the is mentioned?

Answer: This RFP is not requesting other services beyond Dental insurance.

14. **Question:** Can you ask Cigna if any part of their network is leased and if so can the providers be identified?

Answer: Form 3 will be used to evaluate network disruption. Additional information is not available at this time.

15. **Question:** What network(s) are associated with each plan (high, mid and low)? Is it Cigna's DPPO Advantage PPO or Cigna DPPO?

Answer: It is Cigna's DPPO.

16. **Question:** Are retirees being individually billed? If so, is the carrier required to perform this function?

Answer: Retirees are individually billed. The County contracts with a third part to handle this function.

17. **Question:** Can you give details on the current carrier's on-line access in regards to billing and enrollment?

Answer: The County provides weekly eligibility files to the carrier. The program is self-billed on a per payroll basis – every two weeks.

18. **Question:** Is the current carrier providing physical ID's on an ongoing basis?

Answer: Yes, the current carrier provides physical IDs on an ongoing basis.

19. **Question:** Where do we list the M/WBE vendor that we use? Is the M/WBE criteria embedded into any selection criteria (administrative services; dental plan design and provider network; financial, reporting and data interface; cost and guarantees)? Will using a M/WBE contractor be weighed into the decision and how?

Answer: There is no M/WBE Goal associated with this procurement; it is not a part of the selection criteria.

20. **Question:** Please submit any 2018 YTD claims experience.

Answer: The updated claims experience report which includes 2018 information is hereby incorporated into this solicitation as Attachment K.

21. **Question:** Please provide the information on the attached provider disruption PPO template to allow carriers to develop a disruption report.

Answer: Please complete the available provider information that has been included in Form 3, Attachment E.

22. **Question:** What is the timeline in regards to the committee meetings?

Answer: The Procurement Committee Meeting for RFP #Y18-1102-AH, Group Dental Insurance Plan, has been tentatively scheduled for August 8, 2018.

23. **Question:** Can you reply with samples of the enrollment material CIGNA is currently marketing and administrative supplies (claim forms, summary plan booklets and informational brochures)?

Answer: The County uses an electronic enrollment mechanism with electronic material for each benefit codified in the Employee Benefits Handbook. Employee benefit information can be found by accessing the following link:

<http://www.ocfl.net/?tabid=874>.

24. **Question:** Can you provide CIGNA's contract?

Answer: The County is a public entity and all contracts can be found on the County's website through the following link:

<http://apps.ocfl.net/OrangeBids/Termcontracts/listtermcontract.asp>

25. **Question:** Do you want a quote on your existing low plan as well as the low plan in the RFP as they are in different formats? Do you want quotes on your current plan designs as well (Low plan's schedule of benefits)?

Answer: The County is moving away from the 2018 plan design for the Low Plan. The plan design proposal shall follow the requirements found under Form 2.

26. **Question:** Do you want a Geo-access ran and if so what parameters (e.g. 2 general dentist in 10 miles and 1 specialist within 15)?

Answer: A Geo-access report is not being requested at this time.

27. **Question:** Are the out of network co-insurances the same as in-network?

Answer: Yes, please see out of network benefit information in Attachment F.

28. Question: What constitutes Internet-based administrative services?

Answer: Question 6 under the Administrative Services section of Form 2 is specific to eligibility. For example, the ability to add or remove coverage using an online portal and provide access to standard administrative reports.

29. Question: Will there be more than 25 on-site enrollment meetings? How often will these be meetings be held?

Answer: The County may have up to 25 onsite enrollment meetings prior to and during the annual open enrollment in October.

30. Question: FINANCIAL, REPORTING, and DATA INTERFACE (TAB 3) - How frequently do you plan to send us enrollment?

Answer: The County provides weekly eligibility files to the carrier. The program is self-billed on a per payroll basis – bi-weekly.

31. Question: FINANCIAL, REPORTING, and DATA INTERFACE (TAB 3) - Are you willing to consider an electronic survey?

Answer: With respect to an annual member satisfaction survey, the County will accept an electronic survey.

32. Question: COST AND GUARANTEES (TAB 3) - When will the final eligibility file be sent?

Answer: The final eligibility file for the new plan year (01/01/2019) will be sent within the first week of December.

33. Question: COST AND GUARANTEES (TAB 3) - Is this guarantee based on financial or procedural accuracy, or both?

Answer: The Performance Standard related to accuracy would include both financial and procedural accuracy.

34. Question: Attachment C: Form 1 – Mandatory Features Checklist - How frequently do you plan to remit premiums?

Answer: Premiums are remitted to the vendor on a per pay-period basis – bi-weekly.

35. **Question:** Attachment D: Form 2 - Dental Insurance Proposal Worksheet - Do you want a Web portal interface prior to or at time of enrollment?

Answer: Yes, the web portal interface would need to be available prior to enrollment to ensure enrollment files will be received and processed correctly.

36. **Question:** What do you use for your out of network reimbursement?

Answer: Please see Attachment F for available plan design information.

37. **Question:** Can we get a new copy of Attachment B – Orange County Security Standards? When opened, it was not readable.

Answer: Attachment B – Orange County Security Standards can be accessed through the following link:

<ftp://ftp.ocfl.net/divisions/purchasing/pub/Current%20Bids%20and%20RFPs%20-%20Large%20Files/Y18-1102-AH/>

38. **Question:** Can we get more recent claims experience data than what was provided with the RFP, which ended in December 2017?

Answer: Please see experience report provided in Attachment K.

39. **Question:** The census enrollment and claims enrollment data do not match; the census shows 8,099 enrolled and the most recent month of claims data shows 7,573 enrolled. Can you please confirm the correct number of enrollees?

Answer: Your proposal response should be based on the census provided; the total number of enrollees is 8,099.

40. **Question:** The claims data shows lines for various groups; 2499302, 2499309, and 3337200. Can you please confirm that the lines beginning with 249 are for the high and mid plan, and the lines beginning with 333 are for the low (fee schedule) plan?

Answer: These are group numbers and not plan numbers. Please see experience report provided in Attachment K for claims data broken out by plan.

41. **Question:** Could you please provide the Low Option fee schedule with Procedure Code detail?

Answer: The County is not seeking a proposal for the current Low Option Plan Design. Please see the Scope of Service and Form 2 for the requested plan design.

42. **Question:** Could you please provide claims data broken out by plan?

Answer: Please see experience report provided in Attachment K.

43. **Question:** Experience - Attachment G - Monthly Healthcare Detail Experience Report 2015-2017 shows 7,573 employees (subscribers) enrolled in the plan as of December 2017. However, the census file provided contains records for 15,488 participating employees. Does Attachment G only contain data for one of the three plan options? Please explain.

Answer: The census contains employee and dependent information. It also includes information on employees whom have waived coverage.

44. **Question:** Experience - Please split the experience data provided – monthly paid claims, paid premium, and enrolled lives by plan (Low, Middle, and High).

Answer: Please see experience report provided in Attachment K.

45. **Question:** Claims - Please provide monthly paid claims, paid premium, and enrolled lives split by plan (Low, Middle, and High) from January 2018 through May 2018.

Answer: Please see experience report provided in Attachment K.

46. **Question:** Network/Plan Design - Please confirm which Cigna network is currently utilized under the plans – Total PPO or Advantage PPO?

Answer: It is Cigna's Total DPPO.

47. **Question:** Network/Plan Design - Out of network benefits for the Low plan are reimbursed according to Maximum Allowable Charge according to the file "OCBCC_Dental Plan Summary – Low". However, Attachment D - Form 2 - Dental Insurance Proposal Worksheet states out-of-network claims are reimbursed at the 60th R&C percentile. Please confirm which is accurate. Does the County wish for the Low plan to be quoted as a standard PPO plan rather than the current MAC design that is in place?

Answer: The County is moving away from the currently plan design for the low plan. The plan listed in the scope of services and in Form 2 is the design for which a proposal is being sought.

48. Question: Network/Plan Design - Have there been any plan changes in the last three years?

Answer: No, there have been no plan changes in the last three years.

49. Question: Rates - Are 2019 renewal rates available? Please provide.

Answer: Renewal rates are not available for 2019.

50. Question: A Business Associate Agreement (BAA) was included as Exhibit A to the RFP. We note that a carrier providing insured Dental coverage will be a Covered Entity under HIPAA, rather than a Business Associate. Since the BAA would only be applicable if the carrier were a Business Associate of Orange County, and the carrier will be a Covered Entity in this case, please confirm that the BAA will not be required.

Answer: There is no Business Associate Agreement (BAA) associated with this procurement. Submittal of a BAA will not be required.

51. Question: Under the Proposal Format section, Requirement 5. Financial, Reporting, and Data Interface (Tab 3), Sub-bullet I, page 16 states, "*The Proposer's experience relative to the performance guarantees shall be reviewed with the County on a quarterly basis.*" Please confirm if the County is looking for the performance guarantee to be paid out quarterly or annually.

Answer: Performance guarantees are paid out annually.

52. Question: Under the "Proposal Format" section, page 12, it states all pages in the proposal shall be numbered sequentially. Please clarify if the sequential page numbering also applies to all supplemental attachments/documents we include with our proposal.

Answer: Sequential numbering shall also apply to all supplemental attachments/documents submitted as part of the response to the solicitation.

53. Question: In reference to Attachment D - Form 2 - Dental Insurance Proposal Worksheet, G. Performance Standard 7 - Telephone Answering Time minimum of 90% calls answered in less than 20 seconds. Please confirm that this metric is an average speed of answer performance guarantee and could be read as "90% of calls answered in an average of 20 seconds or less"?

Answer: Yes, this metric is an average speed of answer performance, your interpretation is correct.

54. Question: In reference to Attachment D - Form 2 - Dental Insurance Proposal Worksheet, Administrative Services- 1. Local Client Service Representative – Is the County’s expectation that the Local Client Service Representative be truly dedicated to your account only and not service any other account or is the expectation that this individual person assigned does not change throughout the contract and remains dedicated during the term of the contract?

Answer: The Client Services Representative can service other accounts but will need to be a single point of contact for the County and well versed in the County’s plans.

55. Question: In reference to Attachment D - Form 2 - Dental Insurance Proposal Worksheet, Administrative Services – A. References – It appears that several client references are requested of the responding carriers. During this time of year, it is challenging to secure references given vacation schedules, etc., would the County be willing to accept references at finalist or will you accept less references during this proposal process?

Answer: All requested references need to be included with the submittal of the proposal to ensure your proposal is adequately evaluated.

C. ACKNOWLEDGEMENT OF ADDENDA

- a. The bidder shall acknowledge receipt of this addendum by completing that applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned no later than the date and time for receipt of the bid.
- b. All other terms and conditions of the RFP remain the same.
- c. Receipt acknowledge by:

Authorized Signature

Date

Title

Name of Firm