

1. It is our preference to provide our RFP response, electronically. Escambia County School District's (ECSD) Request for Proposal and Proposal Acknowledgment form indicates that all proposals must be sealed and received in the School District's Purchasing Office at 75 North Pace Blvd., Pensacola, Florida, by the "RFP Opening Date & Time".

In addition, Section B. of the General Terms states proposals by email, fax, telegram, or verbally by telephone or in person *will not* be accepted.

However, on the Read Me First – Intro Tab of the Excel workbook states *responses are all electronic, no hard copies please, except for The Officer Worksheet*, which should be signed, completed and returned in hardcopy format.

Please confirm the proposal submission format of all required documents. If hardcopies are required, please state how many (original and copies) and to whom shall receive the hard copies.

- Your firm's proposal package will consist of 2 parts, which may be sent/received in a single submission or two submissions (one submission for your flash drive and one containing the required hard copy forms with original signatures). These files/documents must be received by the School District of Escambia County's Purchasing Department no later than 1:00pm Central Time, May 22, 2020 to be considered for this marketing. Below is an overview of what each part is intended to address.

Your completed "ECSD Dental RFP" spreadsheets must be provided on a portable flash drive ("Jump Drive") in Microsoft EXCEL format along with any attachments that you are being asked to provide about your firm. An explanation of each attachment that you are required to provide appears in the provided EXCEL Questionnaire; please be sure to follow the naming conventions that are provided for each.

These completed "ECSD Dental RFP" spreadsheets include:

Proposal Questionnaire File: A Questionnaire sheet to provide Explanations, and a Financial Quote Worksheets is contained in this Excel file. Your firm is expected to respond to the Questionnaire and the various worksheets by entering responses in this file in its entirety. The majority of the questions on the Questionnaire tab have been structured to elicit declarative responses through the use of drop down boxes. Please note that ECSD is interested in a 2 tier and 4 tier rate structure. The entire workbook should be submitted in the original Excel format; with the exception of the "Officer" worksheet (see below).

Attachments: Please be sure to follow the naming conventions that are provided in the questionnaires, for each attachment. In order to help you organize your proposal and ensure you have provided each required item, please review the provided list to ensure that you have provided each required item.

The following are to be provided as original hard copy documents. Sign or initial, as applicable, each document and return a hard copy. Failure to do so may result in the rejection of your proposal.

- ✓ Signed Letter of Transmittal providing the names of the persons who will be authorized to make representations for the proposer, their titles, addresses and telephone numbers. The Letter will also include an express agreement to meet the performance specifications in this Request for Proposal and a positive commitment to meet indicated deadlines.
  - ✓ REQUIRED RESPONSE FORM (Page one (1) of RFP): Printed, with all required information completed, and all original signatures as specified. Any modifications or alterations to this form shall not be accepted and the proposal will be rejected.
  - ✓ Addenda Acknowledgement: Completed and signed by an authorized officer of the company. And, any additional information if requested.
  - ✓ CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANACTIONS (Attachment A of RFP).
  - ✓ DRUG FREE WORKPLACE (if applicable see Attachment B of RFP).
  - ✓ STATE OF FLORIDA VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS (see Attachment C of RFP).
  - ✓ OFFICER'S STATEMENT (see ECSD Dental RFP EXCEL worksheets, Officer Statement tab.)
2. If RFP responses are to be submitted electronically, will this be done so via Greater Insight? If so, please inform us when the proposal will be posted in Greater Insight. If Greater Insight is not the electronic submission channel, please inform us to whom we shall we submit our electronic responses.
- Submission will not be through Greater Insight. Please see the above answer for Q1.
3. Please update the census file to include gender. If individual gender is unavailable, please confirm the current participant male/female percentage.
- The District has provided an updated census to include both gender and DOB. Password is: **ecsddental**.

4. Please provide monthly paid claims, split by the Active and Retiree plans, for 1/1/2017 through 3/31/2020.
  - The claim and provider file included “ECSD 2019 Claim and Provider File.xlsx” contains 2019 claims only as those were the only year available from the TPA.
  - Please see Excel attachment titled “ECSD Summary Dental Claims paid 2017-2019”
5. For the proposed plan Option 3, is the intent to continue the same Employer contribution percentage (Retiree 100% Voluntary, Active 93% Employer Paid for EE Only tier)?
  - Yes, the fully insured proposal should mirror the current contributions.
6. Have there been any plan design changes in the last three years?
  - No plan design changes have been made in the last 3 years
7. What channels does ECSD typically use to communicate benefits information with employees (e.g., email, portal, print, etc.)? Are there any communication or benefit education challenges they would like to address?
  - The District utilizes all methods listed above. In the past there have been enrollers from the District’s Benefit Administrator during open enrollment. The District is currently in the process of marketing the Ben Admin platform so there may be additional changes depending on the decisions made.
8. How does ECSD handle enrollment (e.g., online, telephonic, paper)? Will employees be able to enroll in these benefits at the same time and on the same platform as Medical? Will enrollment be a mandatory and active process (i.e., employees required to actively elect or decline benefits in order to have benefits the following year)?
  - Enrollment would take place during Annual Open and New Hire Enrollment periods. Each eligible member will be enrolled by the district’s ben admin provider and platform. ECSD does require mandatory enrollment however, there will be a default selection for those that did not enroll but had prior coverage.
9. Would ECSD be agreeable to consider offering a standalone, focused enrollment and communication campaign?
  - The offering will occur during open enrollment. For any vendor or plan design changes there will be a communication campaign.
10. Would ECSD be agreeable to the carrier providing ongoing communication to employees experiencing life events (e.g., newly hired, newly eligible, retirement, newly married, new parent, etc.)?
  - Yes, the District is agreeable.

11. Question 6 in the Minimum Requirements section of the Excel worksheet refers to requirements relative to attendance at client and open enrollment meetings. We could not find a reference to said requirements. Please clarify.
  - Client meetings would be held on an annual basis with periodic (quarterly) reporting of utilization and claim updates.
12. If possible, please provide a revised census that lists Date of Birth.
  - Please refer to question 3
13. Would the District be willing to accept electronic ID cards in lieu of paper ID cards?
  - Currently, with ECSD's Direct reimbursement program, no ID cards are required. For options 2 and 3, new paper/plastic cards are preferred to be produced and sent to each subscriber.
14. If printed ID cards are required, would including the District's logo in black and white suffice?
  - Yes, the district has multiple logo colors that are currently used so this would be acceptable.
15. Please confirm that the note on the excel tab entitled "READ ME FIRST – Intro" stating that "responses are all electronic" overrides the instructions below and the instructions on the attached RFP ("753185023963251333.pdf") and that no hard copies are required for any document, including the Officer worksheet and page 1 of the RFP.
  - Please refer to Q1
16. Please confirm that out-of-network reimbursement is to be at the 70<sup>th</sup> percentile for options 2 and 3.
  - 90<sup>th</sup> percentile
17. For carriers quoting options 2 & 3, should the "Max OON Reimbursement" in the RFP workbook be completed for the 70<sup>th</sup> percentile or the 90<sup>th</sup> percentile?
  - 90<sup>th</sup> percentile
18. Please provide claims experience for 2018 and 2019.
  - Please refer to Question 4. Please see Excel attachment titled "ECSD Summary Dental Claims paid 2017-2019"

19. What are the commissions (if any) currently built into the ASO Fee?

- There are no commissions on this product currently and there are no plans to change. Please submit your proposals net of commissions.

20. Please confirm the current ASO fee is \$1.43.

- Yes, the current ASO fee is \$1.43

21. On the 2 PPO plans that are requested, where would you like the following services rated (in Basic or Major services): **Endo, Perio, Oral Surgery, Simple Extractions**

- See below

<b>Class I (Preventive)</b>	<b>100%</b>
	Oral Exams Prophylaxis/Cleaning Bitewing X-rays Sealants Fluoride Treatment Space Maintainers
<b>Class II (Basic/Restorative)</b>	<b>80%</b>
	Fillings Periodontal Maintenance General Anesthesia
<b>Class III (Major)</b>	<b>50%</b>
	Simple Extractions Endodontics Peridontics Dentures Bridges Crowns
<b>Class IV (Orthodontia)</b>	<b>50%</b>

22. Do you want implants covered?

- Yes, implants should be covered.

23. Please provide 24 months of claims experience broken out by Plan, Enrollment and Claims by month.

- We are only able to provide claims experience by month. Please see answer to question 4.

24. Please provide the current census with gender included.

- Please refer to Question 3

25. Will you contribute the same percentage for the Fully Insured quote?

- Yes, the fully insured proposal should mirror the current contributions.

26. Please confirm the rates listed on Apt. 1A Plan tab (\$13.65, \$28.10, \$22.20, \$60.65) are Equivalent rates (projected claims + ASO Fee)?

- Yes, those are the current premium equivalent rates.

27. How do the promissory notes work with the current plan? Services must be incurred, and it is against IRS regulations for services that have not been rendered to be reimbursed. Is the plan reimbursing any claims based on expected services today? If not, how does the promissory note process work?

- A Promissory note should only be provided upon rendered service(s) in agreement to pay for those given services. Specific terms should be laid out in the given promissory note. The plan will not reimburse any claims based on expected services. Claims must be submitted within 90 days of service for reimbursement to member and/or provider. Please refer to the *Dental Benefit Summary* for additional information and *the Escambia plan document, section XI Claim filing procedures for dental (pg. B-11)*.

28. There current plan design states that claims submitted after 90 days of service would be denied. Is this a big deal for the plan moving forward? This design leads to a very poor user experience and it is much better to just have a runout period at the end of the year. We would not administer this feature as it leads to a lot of manual work on our service team and opens room for error and a poor service experience for participants.

- The District would like to avoid denials and will allow the time frame to be eliminated. This will only apply to the direct reimbursement plan and will not apply to options 2 or 3.

29. The plan mentions orthodontia benefits are available only for dependents under the age of 19. How does the client and current administrator track the age of dependents today? Does ECSD update eligibility with the current administrator when a dependent ages out of the benefit or is the administrator responsible for tracking this?

- The District would expect the Benefit Administrators to track the dependents age.

30. How do plan participants submit claims today?

- Within 90 days after a service is completed, Participants must submit (mail-in) a claim form to the TPA by attaching proof of payment. Please refer to the *Dental Benefit summary, claim reimbursement section and the Escambia plan document, section XI Claim filing procedures for dental (pg. B-11)*. Claims may also be submitted via an online web-based portal.

31. What online tools are currently available to administrators and participants?

- Eligibility updates (add new hires, correct the system, etc.), limited reporting, research benefits, submittal of claims, check on EOB's, etc.

32. Are there any services that are not included in current administrative fee of \$1.43 per employee per month?

- No

33. What specific plan and service features are most important to ECSD in finding a new partner?

- Ability to provide direct reimbursement to both Members and providers if applicable
- Access and ability to provide accurate/ frequently updated utilization reports when requested
- Online tools/technology: ease of access to resources when needed (claims submission status, detail of claims)
- Implementation process
- If a network is required, the network will need to be large enough to ensure there is not a disruption of service for members

34. For best plan design and participant experience, the deductible is usually in the first tier instead of the second. Would ECSD be open to switching the first and second tiers to have the deductible met first?

- Yes

35. Due to the COVID-19 pandemic, the majority of our operations are currently restricted to working from home. As a result, will ECSD accept electronic only proposals at this time?

- Please refer to Question 1.

36. If electronic only proposals will not be accepted, how many hard copies are required?

- Please refer to Question 1.

37. Can you please provide a breakdown of what services you would like covered in each class under Option 3: Fully Insured Plan?

- See below

<b>Class I (Preventive)</b>	<b>100%</b>
	Oral Exams Prophylaxis/Cleaning Bitewing X-rays Sealants Fluoride Treatment Space Maintainers
<b>Class II (Basic/Restorative)</b>	<b>80%</b>
	Fillings Periodontal Maintenance General Anesthesia
<b>Class III (Major)</b>	<b>50%</b>
	Simple Extractions Endodontics Peridontics Dentures Bridges Crowns
<b>Class IV (Orthodontia)</b>	<b>50%</b>

38. Can additional data be added to the provider file to include street address, city, state, zip code and provider name instead of group name where possible?

- Please see the attached EXCEL file named "PROVIDER DISRUPTION SUMMARY"

39. Is there any additional claims experience you are able to provide?

- Please refer to Question 4

40. Are we able to get 2-3 years of claims and lives by month for this group?

- Please refer to Question 4

41. Please provide an Excel dental census to include: DOB, Gender, Zip Code, Dental Plan and Dental Tier. If the dental tier could be in a 4-tier format, that would be best so we can capture how many are employee only, employee and spouse, employee and children and employee and family.
- Please refer to Question 3. Currently, ECSD only has a 2-tier and will not be able to supply for a 4 tier. A HIPPA file with requested items will be provided. Please refer to the attached file "ECSD Membership.xlsx". The password is ecsddental.
42. Please provide a member report including a count of each subscriber and all dependent members (spouse and all children) by month for the most recent 12 months. This report will capture all members enrolled in the plan, not just the employee.
- Please see attached file "ECSD Membership.xlsx". The password is ecsddental.
43. Would you like scanned copies of the original signature pages on the USB drive, as well, in addition to the completed Excel file?
- Please refer to Question 1.
44. Regarding the up-to-\$30,000 quality review cost to be completed prior to implementation in #9 of the Financials section of the Questionnaire: is this review cost in addition to the pre-implementation audit credit of \$25,000 requested in the Optional Considerations section, or are these costs one in the same?
- These costs for proposed credits are one in the same.
45. Please provide a complete employee census, including dates of birth and gender. We will need this to create our quote.
- Please refer to Question 3.
46. Is the ECSD able to accept electronic-only submittals (via email or web) for this RFP and waive the print copy requirement in light of the current stay-at-home orders due to COVID-19?
- Please refer to Question 1.
47. Can proposers include additional attachments (e.g., informational flyers) in addition to the prescribed proposal format?
- Yes, proposers can include additional attachments.
48. Will the ECSD accept digital signatures on all required forms?
- Please refer to Question 1

49. Can you please clarify geo instructions which were provided? For the 3 cuts of data: active, retirees and combines, should analysis be provided in one comprehensive report or a separate report for each group of data (active, retirees, combined)?

- You should send 3 individual sets of results (3 individual Access Databases) – one for each group. Please refer to the Word document embedded within the network access tab in the RFP. The instructions will explain what format and how to create the Access Database.

50. Please clarify the Patient Satisfaction Survey performance guarantee. Can you clarify who will be surveyed? (i.e. employees, patients or providers)

- Patients should be provided access to requested surveys within the performance guarantees.

51. What are the District's goals in soliciting dental coverage carriers?

- Please refer to Question 33

52. The RFP states that the ECSD would like to review continuing its current direct reimbursement dental plan model (Option 1) plus two additional options (Options 2 and 3). We are unable to offer a direct reimbursement dental plan option at this time, but we **can** offer Option 2 (self-funded point-of-sale PPO) and 3. Is the ECSD open to receiving bids that do NOT include a direct reimbursement model (Option 1)?

- Yes, please follow the directions within the RFP in the *dental questionnaire tab* (cells C1 and D1) to indicate the options you will submit. This will indicate the proposal options provided by your organization during submission.