

	Question	Answer
1	Can you confirm that you would like to see 3 tier rates for the quote?	Yes - CIGNA tier ratios are 1, 2.2, and 2.7. UHC Tier Ratios are 1, 3.05 and 3.05.
2	Will we be able to review the other proposals that were submitted for this dental RFP?	No. Once the award is made, a Freedom of Information request may be made for redacted versions of the RFP responses.
3	Will we be able to ask questions after reviewing the additional information that is released after the Intent to Bid is sent in?	You may direct data related questions through the osc_rfp.ct.gov email through December 30, 2013.
4	The RFP requested that we include Sealants as an option. They are currently covered under the Enhanced Benefit plans. We understood that the Basic plan could not change until 2022 and this was non-negotiable. Please advise why sealants were requested.	For purposes of this RFP, the objective is to obtain bids for dental plans that duplicate the current dental benefit plans in the most cost-effective manner, and provide high quality services to state employees retirees and their dependents through a network of dentists. In addition, the State seeks suggestions from vendors as to whether alternative benefit structures might improve the covered population's overall dental health while achieving savings or without increasing the cost to the State. Bidders are encouraged to provide supplementary information about the cost of adding alternative services, which might include, for example: coverage for (1) sealants; (2) implants, to the benefit design. We also wish you to indicate the costs, if any, of adding these benefits, to the benefit design.
5	Dentures/Bridges – same as above. Currently covered under Enhanced Benefit plans. Please advise why we were requested to include Dentures as an option.	For purposes of this RFP, the objective is to obtain bids for dental plans that duplicate the current dental benefit plans in the most cost-effective manner, and provide high quality services to state employees, retirees and their dependents through a network of dentists. We also wish you to indicate the costs, if any, of adding dentures and bridges, or other benefits, to the benefit design.

6	Please confirm that one cleaning is mandatory and it will remain that way going forward. Page 3 of the RFP indicates for HEP plans that two cleanings are required. Is this a change going forward?	For purposes of the RFP, we wish you to submit your response with the 2013 requirement of one mandated cleaning as well as the possibility that starting in 2014, two cleanings would be mandated.
7	Questionnaire Page 13 Question #15- how do we handle non-covered procedures? We don't understand this question. Please provide further explanation.	We are interested in how you manage provider charges for services that are not covered. Do you provide a UCR schedule for member payment or is the member expected to pay the full charges.
8	Questionnaire Page 18 – Question #9 – Return on investment for states HEP program on sealants. We don't understand this question. Please provide further explanation.	We are interested in vendors that can provide value-based benefit designs. Can you provide evidence, for example, of the positive economic value of providing sealants as a benefit?
10	Could you please provide the RFP and State Certification/Affidavit forms in a Word format?	No, but if you look at the Office of Personnel Policy and Management website, fillable forms are available for download. http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806
11	With our intent to bid confirmation, detailed claims data will be provided per the RFP. Could you provide the most recent twenty-four (24) months of claims and enrollment by product offering shown on a monthly basis with the enrollment split by tiers? Could you also provide claims identified by provider and identified as In / Out of Network including TIN numbers in order to re-price claims? This would allow for a	Census and Utilization data have been provided

	detailed reflection of the claims under our networks in order to accurately estimate the member out of pocket costs and projected claims under a self-insured alternative funding option.	
12	Can you confirm that dependents are covered to age 26 on Partnership plans and to age 19 on State of CT plans.	Confirmed
13	Will you provide membership (contracts, members) by dental product and carrier?	These have been provided
14	Is it the State's intention to seek one replacement carrier or to continue with a multiple dental carrier solution?	The RFP's objective is to obtain bids for dental plans that duplicate the current dental benefit plans in the most cost-effective manner, and provide high quality services to state employees, retirees and their dependents through a network of dentists. The State wishes to maintain maximum flexibility in its benefit offerings.
17	Will you provide the group's rate history?	No. For purposes of this RFP we are interested in your best estimate of rates for this group.
18	Do the United Enhanced plans with HEP have different rates than the United Enhanced plans without HEP?	No

19	The United Enhanced plan out of network reimbursement schedule is stated as MAC. Is this equivalent to the in network reimbursement schedule?	We don't comment on our providers' reimbursement provisions.
20	On pages 29 and 32, what zip code should be used for the expected member out of pocket cost estimates?	Please provide all assumptions used to produce your price estimates.
21	Please provide employee contribution strategy by grouping.	Employee contributions may be found on page 27 of the employee benefit planner. See http://www.osc.ct.gov/benefits/docs/SOCActvEmpl2013finrev51413.pdf
24	Please confirm Partnership participants are only offered the United offerings #4-7 (no Cigna offering). What is the future expectation for Partnership members relative to choice?	Same
25	The municipalities covered under the Connecticut Partnership Program have four options, options 4, 5, 6, 7. What are the rates for these options?	For purposes of this RFP we are interested in your best estimate of rates for this group.
26	It's stated each municipality is charged a fully insured equivalent rate. This is language we usually see for self-insured plans. The RFP indicates that all plans are currently fully insured, how is the equivalent rate calculated for a specific location?	The Partnership plans are fully insured. Rates are the standard premium rates based on the benefit design as described in the RFP for Partnership Plans.
27	Is the expectation that it will remain FI or will it convert to ASO to align with the Partnership medical funding arrangement?	For purposes of the RFP, we are interested understanding the pricing and other differences between the two options.

28	Is the expectation that the rates provided for July 2014 will serve as rates for existing Partnership plan participants or is the expectation that the rates will hold for any new Partnership participants who enroll during the 2014-2015 contract year?	For purposes of the RFP, we expect that municipalities would change dental plan upon their scheduled renewals. At this time, the only large Partnership Plan group has a renewal date of July 1st.
29	Would a municipality be able to join the dental plan only under the Partnership plan and retain their autonomy with respect to medical or pharmacy coverage?	For purposes of the RFP, a municipality would need to participate in the medical plan in order to be eligible for the Partnership dental plan
32	The State Specific Provider Network reflects a listing from 2006. Will you make available an updated version?	Yes, that information has been provided
35	Please outline dental care management programs inherent in the Cigna/United dental offerings.	For purposes of responding to this RFP, we are interested in learning about your care management programs
38	C.2. – Please clarify what is meant by a “narrower network” and how does this question relate to the existing State network?	If you propose a more limited network that results in a different premium (with for example, fewer providers than normal or fewer than the current offerings), we want to know your justification.
39	D.13 – Is it acceptable to provide overall book of business trend?	Please be as detailed as you can about the justification for your proposed rates.
40	G.2. – Please clarify what the State means by “changing reimbursement methods”.	For example, if you utilize a UCR (Usual Customary and Reasonable) reimbursement method or a MAC (Maximum Allowable Cost), or some other method.

41	J. 6. – Please provide the historical and anticipated amount of the Vendor’s contribution to publication costs.	The most recent dental carrier assessment was \$13,719.
42	O. (3)k. – Please advise whether the Employee IDs are alpha-numeric or just numeric, and how many digits they contain.	They are numeric with leading zeroes, which means they are text, not integers, with 9 places.
43	O. (5)a. – Please clarify what is meant by a “virtual” network and how does this question relate to the existing State network?	The State has worked with its vendors and highly utilized dentists to allow a payment method for those providers without balance billing the patient.
44	O. (5)b. – Please clarify what is meant by a “Proprietary” Network and how does this question relate to the existing State network?	The State has worked with its vendors and highly utilized dentists to allow a payment method for those providers without balance billing the patient.
45	O. (11)e. – Please clarify this request.	We expect vendors to provide reports about the utilization, cost and expenditures on a regular basis. We also expect vendors to provide reports regarding specific providers upon request. The successful bidder must also agree to provide Tax ID and NPIs, be willing and able to audit providers whose billing practices appear suspicious as requested.
48	Is it the State’s expectation that the Vendor sign and submit the attached Sample Contract with our proposal?	Yes
49	If so, should we outline any concerns within the Sample Contract (e.g. redlined version) or outline them in a separate document?	Yes, please be aware that certain provisions may be mandated by statute, and a bidder's expressed refusal to consent may lead to disqualification from further consideration.
52	Will being unable to offer the HEP result in elimination?	Yes

55	Can the following data be provided?	
56	A census of employees including: Gender, Zip Code, Tier, Plan Indicator, Participating Indicator	Provided
57	For each plan, past 2-3 years of monthly paid claims split between in-network and out-of-network.	A data file containing utilization and census data was provided.
58	For each plan, past 2-3 years of monthly EOBs split between in-network and out-of-network.	A data file containing utilization and census data was provided.
59	For each plan, past 2-3 years of monthly employee counts	A data file containing utilization and census data was provided.
60	For each plan, past 2-3 years of monthly premium. What contribution level are the participants required to pay?	Employee contributions may be found on page 27 of the employee benefit planner. See http://www.osc.ct.gov/benefits/docs/SOCActvEmpl2013finrev51413.pdf
61	For each plan, average tier counts for the past 2-3 years.	A data file containing utilization and census data was provided.
62	Rate history for the past 2-3 years.	For purposes of this RFP we are interested in your best estimate of rates for this group.
63	What is the current out-of-network reimbursement level for the enhanced plan, is it a UCR percentile of 99th, 90th,	For purposes of responding to this RFP, we are interested in your proposal for out-of-network reimbursement levels

	80th, 70th or 51st?	
64	What is the in-network and out-of-network reimbursement level for the Basic plan, is it a UCR percentile of 99th, 90th, 80th, 70th or 51st?	For purposes of responding to this RFP, we are interested in your proposal for out-of-network reimbursement levels
65	Are the partnership plans ASO? Are there any plan design differences between partnership and primary plans?	Partnership plans are fully insured. Rates are standard premium rates based on the benefit design described in the RFP for Partnership Plans.
66	How many plans can the municipalities under the Connecticut Partnership plan choose from? Are they only able to choose the United Health care plans?	UHC offers four plans for Partnership participants. Rates are standard premium rates based on the benefit design described in the RFP for Partnership Plans.
67	Is the pricing exhibit provided to be used twice (once for HEP and once for Non-HEP), or are there separate exhibits to be used for either?	Please provide an exhibit for each plan quoted
68	Of the employees who participate in HEP, what percentage of participants does not comply with the HEP requirements, thereby incurring the additional deductible?	Currently, approximately 98% of active employees and their dependents participate in HEP. A small number who participate in HEP are still working toward various aspects of HEP compliance; however this is an evolving process. A regular dental cleaning is currently the largest reason for potential non-compliance. We are interested in your thoughts about how compliance can be increased.
69	Are ID cards a requirement?	Yes

70	Are there any rate caps in place for the current carrier for 2015 and 2016?	All Dental vendor contracts expire 6/30/2014
71	Will there be an opportunity to submit questions on the experience and census data once it is received?	You may direct data related questions through the osc_rfp.ct.gov email through December 30, 2013.
72	On the self-insured Rate Proposal Exhibit, what should be included in the Theoretical Premium equivalent? Should it include taxes as well as Claims and ASO fees or just Claims and ASO fees?	Please itemize all expected expenditures in your pricing assumptions.
75	Is it a requirement for the current dentists in the State Network to be in the carriers' network?	For purposes of this RFP, the objective is to obtain bids for dental plans that duplicate the current dental benefit plans in the most cost-effective manner, and provide high quality services to state employees retirees and their dependents through a network of dentists. Said another way, we wish to harmonize a network solution that minimizes member abrasion and extends the network to include all dental providers who serve our state employees and dependents at the best possible price.
		In lieu of rates by plan, below you will find annual percentage increases for the past three years.

Annual Percentage Increase in Premium

Time Period	UHC Basic	UHC Enhanced	CIGNA
7/1/2013-6/30/2014	8.03%	7.93%	7.52%
7/1/2012-6/30/2013	2.20%	2.19%	0.00%
7/1/2011-6/30/2012*	12.62%	12.63%	3.45%
7/1/2010-6/30/2011	7.00%	7.00%	8.01%
*First Year of HEP: Increase reflects mandated cleanings			