

State of Connecticut

Dental RFP Answers to Bidders' data related questions.

The following questions were submitted by bidders for the State of Connecticut Dental RFP following receipt of the files containing census and utilization data needed to complete the RFP. As previously announced bidders were permitted to submit questions related to the data files only by email to osc.rfp@ct.gov. Several bidders submitted supplemental questions not restricted to the data files; these questions will not be answered.

While we can provide information to clarify what these files contain, we will not be expanding the data supplied at this time.

Question	Answer
In the file, UHC_Util2, what is the JUDGES DENTAL Plan? Is it part of the RFP and if so, does it have a separate plan design or does it match the plan design of the Enhanced Dental Plan or the Basic Dental Plan?	The Judges Plan is part of the RFP. The dental benefits for Judges differ slightly from those for active and retired employees in that bridges and dentures are covered at 50%. (See attached brochure.)
In the file, Member_Summary_20131121, what does FLES stand for?	FLES (Family Less Employed Spouse) is an internal program to allow an employee married to another State employee (with at least one dependent) to benefit from the higher premium subsidy provided for employees. One pays the individual employee premium; the other pays the family premium less the individual employee premium.
In the file named UHC_Util, what period of paid claims are covered? Does it match the same claims period as the incurred claims summary shown in the file UHC_Util2?	The periods are the same: July 2012 through June 2013.
In the Census file provided, can an indicator be provided for which plan the employee is enrolled in?	No, we have provided the information furnished by the carriers.
In order for competing carriers to provide their most competitive bid, we would like the State to reconsider providing the following information. <ul style="list-style-type: none">• Confirm the percentile level of UCR reimbursement for the Basic Plan.• Confirm the level of reimbursement for out-of-network claims is the same as the level of the in-network reimbursement levels.• Provide two additional years of claim experience with a description of plan changes that occurred during that period. Provide a census with a plan indicator.	This is outside the scope of data related questions. Answers were provided in the original Q&A; no additional information will be provided

<p>Additional Data-related questions:</p> <ul style="list-style-type: none"> • Is the Premium for the Basic plan included under the premium for the Basic plan with HEP. • Is the Premium for the Enhanced plan included under the premium for the Enhanced plan with HEP. • Can you confirm that the State desires a quote for the Judges plan as well? Is the Premium for this plan included under the premium with HEP? • Does the claims experience for the Basic plan for HEP participants include Bitewings covered at 100%? • Does the claims experience for the Basic plan for HEP participants cover the same benefits for eligible dependents as it covers for employees and retirees? • Does the claims experience for the Basic plan for HEP participants and the Enhanced plan for HEP participants reflect a deductible of \$350 or is the deductible applied to the medical plan only? • Does the claims experience for the Basic plan for HEP participants and the Enhanced plan for HEP participants reflect the employee's election from the previous policy year? <p>Can you please provide the UHC State of CT Providers 2012-2013 document in an Excel format and also include TINs as well as Provider address and phone number if possible?</p>	<p>We have provided the data as supplied to us by the State's current dental carriers. No further information will be provided.</p>
<p>In addition to these details about the Basic and Enhanced plans we would like more detail on the Partnership plans:</p>	<p>This is outside the scope of data related questions. Answers were provided in the original Q&A; no additional information will be provided</p>
<ul style="list-style-type: none"> • What is the out of network plan design and reimbursement levels for partnership plans under Options 4, 5, 6 and 7? Is it the same for each plan or does it vary by plan? Is it based on an in network reimbursement schedule or a UCR percentile and which percentile? 	<p>This is outside the scope of data related questions.</p> <p>Answers were provided in the original Q&A; no additional information will be provided</p>

<p>We would also like the following data for the partnership plans:</p> <ul style="list-style-type: none"> - A census of employees including <ul style="list-style-type: none"> o Gender o Zip code o Tier o Plan Indicator o Participating indicator o Municipality indicator - For each plan, past 2-3 years of monthly paid claims split between in-network and out-of-network. - For each plan, past 2-3 years of monthly EOBs split between in-network and out-of-network. - For each plan, past 2-3 years of monthly employee counts - For each plan, past 2-3 years of monthly premium. What contribution level are the participants required to pay? - For each plan, average tier counts for the past 2-3 years. • Rate history for the past 2-3 years. 	<p>As stated in the RFP, Partnership Plans have been in effect since July 2013. We have provided the information as made available to us by the current dental plan vendors.</p>
<p>Question 6 follow up: Please confirm that the State is requesting two sets of premium rates, 1) current plan design with HEP participation requiring one mandated cleaning and 2) rates or an increment to #1 rates with two mandated cleanings.</p>	<p>This is outside the scope of data related questions. Please refer to the previous Q&A.</p>
<p>Is the UHC Basic Plan an indemnity plan offering no provider discounts or hold harmless protection for participants? If so, is the directory in the RFP simply a listing of those dentists whose average charge is below a specific level of Usual & Customary (U&C) reimbursement? Assuming this is correct, please confirm that for specific services, these providers may in fact balance bill and collect up to their full charge. Under these assumptions, it is necessary to understand that level of U&C in order to evaluate a comparable plan. Please provide this reimbursement level and what year it was established. How often is the U&C level updated?</p>	<p>There are two UHC Provider listings. The PDF file lists all providers in the UHC Network, plus non-network providers who have informally agreed not to balance bill State plan members treating with them. The other file contains all providers who billed UHC for State employee services. Note: We are sending a replacement for this file to include all billed providers rather than the top 500 providers supplied previously.</p>

<p>-</p> <p>Question 21 follow up: The contributions listed on page 27 of the employee benefit planner list the employee contributions for the Basic plan as higher than the Enhanced plan. This leads us to believe that the Basic Plan rates are higher than the Enhanced Plan rates with a benefit plan that is not as robust. Is this a correct conclusion and if so, is this positioned intentionally to direct enrollment into the Enhanced Plan? Is this due to the Basic plan being an indemnity offering?</p>	<p>This is outside the scope of data related questions. – As previously stated, please provide your best pricing and document all assumptions that were made in the course of developing that pricing.</p>
<p>Are rates to be provided separately for Active vs Retired enrollees?</p>	<p>This is outside the scope of data related questions. Please provide separate rates for active employees and retirees.</p>
<p>Is the Dental Plan exempt for the 1.75% CT State Premium Tax?</p>	<p>This is outside the scope of data related questions. Please consult the State's insurance department.</p>
<p>There were 3 tabs on the file for the UHC census, are they just continuations of one another due to spreadsheet space limitations? If they are a continuation of one another can you update tabs 2 and 3 to match tab 1. Tab 1 has additional columns(State, Product Type/Plan Name, Status, Coverage type) that were not included on tabs 2 and</p>	<p>This will be updated and resent. Status is the only relevant code necessary. The other fields are either uniform or can be derived from the information provided.</p>
<p>3. Can plan choice Basic/Enhanced be added to the census to identify which employees are in each plan?</p>	<p>We have provided the files as they were provided by UHC. No additional information is currently available.</p>
<p>How are the Prenatal Dental care recipients identified by the State of Connecticut and communicated to the carrier? How does UHC administer these benefits?</p>	<p>This is outside the scope of data related questions. Please provide your approach.</p>
<p>Are the employee contributions expected to change or remain at the current levels?</p>	<p>For purposes of this RFP, the State desires to maintain maximum flexibility in determining its benefit plan offerings.</p>
<p>Please provide the details around the Consumer MaxMultiplier formula for establishing the maximum carryover funds?</p>	<p>This is outside the scope of data related questions. Please provide your best pricing and document all of your assumptions.</p>
<p>For HEP enrollees, are the procedures where the waiver of the annual maximum limited to periodontal maintenance, scaling and root planing? Can the State supply the specific procedure codes that apply?</p>	<p>We do not understand the first question. As to the second question, we do not have specific codes for these procedures. Please provide your best pricing and document all of your assumptions.</p>