State of Nevada
Department of Administration
Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Jeffrey Haag
Administrator

SUBJECT:	Amendment 1 to Request for Proposal 3290
RFP TITLE:	Dental Benefits Administrator
DATE OF AMENDMENT:	November 28, 2016
DATE OF RFP RELEASE:	November 7, 2016
OPENING DATE:	December 15, 2016
OPENING TIME:	2:00 PM
CONTACT:	Ronda Miller, Procurement Staff Member

The following shall be a part of RFP ***3290.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

RESPONSE TO QUESTIONS 32, 34, 35, 53, 54, 55 AND 56

Amend 1 Response attach.pdf

To open the document, double click on the icon.

If you are unable to access the above inserted file once you have doubled clicked on the icon, please contact Nevada State Purchasing at srvpurch@admin.nv.gov for an emailed copy.

RFP DELETIONS

Section 12 ~ SUBMISSION CHECK LIST to be deleted.

Vendors to submit proposals according to Section 9 ~ Proposal Submission Requirements, Format and Content.

QUESTIONS & ANSWERS

1. Section 3.9.15.1 Please provide confirmation if the form NDOI-901 is a form to be used by a vendor for credentialing a dental provider or if the referenced form is used by the State of Nevada for credentialing providers. If a vendor is to use the NDOI-901 form, which is 25

pages and includes the request for information for all provider types, is there a dental provider specific form?

Lisa- Form NDOI-901 is to be used by the vendor for credentialing a dental provider. The Division of Insurance does not provide a form specific to Dental providers.

2. Section 1.1 Please provide the current Medicaid MCO enrollment figures for the contract regions of Washoe and Clark counties.

Amend 1 quest 2.xlsx

3. Section 1.1.4 Please advise if the contract will be awarded to one (1) vendor or if it would be divided to multiple vendors.

One vendor.

4. Attachment P Please advise if the proposed CY 2016 Managed Care Dental Rates represent PMPM rates.

This attachment includes the proposed rates. A databook will be forthcoming.

5. Section 3.3 Please provide current Dental prior authorization requirements for the current FFS vendor, and the current MCO vendors.

Attached is the FFS information. We do not have the MCO information.

Amend 1 quest 5.xls

6. Section 3.9.19.1 Please provide current Dental utilization experience for the current FFS vendor, and the current MCO vendors.

Here are the links to the Dental Dashboards:

http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/CPT/DentalDashboardsFY16.pdf
http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/CPT/DentalDashboardsFY15final.pdf
http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/CPT/DentalDashboards_FY14_to_date_Q4.pdf

7. Section 3.6.5.4 Please provide clarification, is it correct to interpret that the only three provider types that must be included at a minimum are the following: pediatric dentist, dental hygienist, and oral surgeons?

Refer to 3.6 – Network: The vendor must maintain a network of General Dentists, Pediatric Dentists, Endodontists, Oral Surgeons, Oral and Maxillofacial Surgeon, Periodontists and Prostodontists, Dental Hygienists, and ancillary services sufficient to provide access to all services covered in this RFP in a manner that complies with access standards described in this RFP, in the DHCFP's Access to Care Plan, and the Code of Federal Regulations. Refer

to 3.5.6.4 The vendor's dental provider network must also include at a minimum, pediatric dentist, dental hygienists, and oral surgeons in each geographic service area sufficient to provide necessary access to care.

8. Section 3.6 Please clarify that vendor's have the authority to propose a fee for service provider reimbursement model?

   The vendor will receive capitation payments per member per month. The rates that the vendor pays the providers in their network is between the vendor and the provider.

9. Section 3.6 Please provide current Dental Provider Network directories for the current FFS vendor, and the current MCO vendors.

   All providers must be enrolled with Nevada Medicaid. A provider search can be found at the link below:

   https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx

10. Section 3.6 Please provide current Dental Provider Network fee schedules for the current FFS vendor, and the current MCO vendors.

    The FFS rates can be found at the link below:

http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/Rates/PT22Dentist-04012016.pdf

11. Section 3.3 Certain enhanced periodontal benefits exist for pregnant women. Do those benefits end at the birth of the child, or is there coverage for a certain period post-partum?

    Benefits end at the birth of the child or termination of pregnancy.

12. Section 3.12.3.1 Do benefits that are prior-authorized before a recipients 21st birthday remain in effect until the expiration of the authorization time limit or does the authorization end when the recipient turns 21?

    Prior authorized treatments remain in effect until the end of the treatment or time limit if the authorization is obtained before their 21st birthday.

13. Section 3.3.1.8 There is a requirement to provide second opinions, if requested by the recipient. Under which CDT code(s) are the second opinions billable and what are their utilization rates?

    D9310 – Consultation, utilization data attached.

Amend 1 quest 13.xlsx

14. Section 3.5.3.3 There is a clause that states that the vendor must ensure that recipients can speak with a "qualified dental professional" 24/7 to advise and direct recipients in case of emergencies outside of the normal business days/hours. Does this require that a licensed dentist be available?

The vendor should define the qualified dental professional in their policies and includes dentists and dental hygienist under Nevada Revised Statutes, NRS 631.

15. Section 3.12.6.3 There is a requirement that the vendor participate in the State Fair Hearing process for all adverse determinations. Does this require that the participation be in person, or can it be by phone? What level of staff participation is required, paraprofessional or licensed dentist?

    The Hearing Preparation Meeting (HPM) is completed over the phone. The expectation from the vendor is they have a dental specialist who can explain why the vendor made the adverse decision per the clinical documentation submitted. This person will need to be versed in what clinical documentation is missing and/or what requirement has not been completed to authorize the service and be able to explain this decision in laymen's terms to recipients. There is no requirement this person be a licensed dentist participating at the HPM but a licensed dentist will be expected to testify if the HPM proceeds to a Fair Hearing.

16. Section 3.12.3.2 There is a requirement for expedited authorizations should the provider indicate, or the vendor determine that the standard timeframe for authorizations could seriously jeopardize the recipient's life or health or ability to attain, maintain, or regain maximum function. The requirement states that this expedited authorization should be made no later than 72 hours after receipt. Does this timeframe include holidays and weekends? Also, can you report the frequency of such expedited authorizations?

    Holidays and weekends are included.

    Reference CFR 438.210

    (2) Expedited authorization decisions. (i) For cases in which a provider indicates, or the MCO, PIHP, or PAHP determines, that following the standard timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, the MCO, PIHP, or PAHP must make an expedited authorization decision and provide notice as expeditiously as the enrollee's health condition requires and no later than 72 hours after receipt of the request for service.

17. Section 3.6.5.8.B Therapeutic and diagnostic care must be provided within 14 days of what instance/incident?

    From the time the recipient requests services.

18. Section 3.6.5.8.B Routine or preventive dental services for eligible recipients within six weeks of what instance/incident?

    From the time the recipient requests services.

19. Section 3.6.5.8.B PDP's must make referrals for specialty care no later than 30 days of what instance/incident?

    From the time the recipient is seen by the PDP and the referral made.

20. Section 3.11.4.13 Does this statement of medical review only apply to procedures that require prior authorization? Also, can you report the frequency of these reviews?

A medical review of claims will be conducted when the appropriateness of service, procedure, or payment is in question. This does not only apply to procedures requiring prior authorization.

21. Section 1, page 4: Regarding the Certificate of Authority - For an out-of-state insurance company, is it sufficient to apply for an Expansion Application with the Division of Insurance, or are there any special or additional licensure requirements for this contract?

Questions concerning the Certificate of Authority should be directed to Nevada Division of Insurance.

http://doi.nv.gov/Contact-Us/

22. Can DHCFP confirm how many eligible recipients live in Clark and Washoe Counties (under 21 and over 21 noted separately)?

Amend 1 quest 22.xlsx

23. How many vendors will DHCFP select to administer this program?

One.

24. If more than one vendor is selected, how will DHCFP decide how much membership will go to each vendor?

Not applicable, this will be a sole award.

25. Section 10 Proposal Evaluation and Award Process: Can DHCFP provide additional details to bidders on how proposals will be scored? For example:

    a. Is each section of the SOW worth equal number of points, with the same weight?

    b. What is the total possible score for the technical proposal?

    c. What percentage of the proposal scoring will be based on our technical response vs our cost proposal?

This information is confidential until the Notice of Award has been issued.

26. Attachment H: This attachment appears to be instructions on how to develop our cost proposal. Is there a specific form or format in which DHCFP would like to review our cost proposal?

There is not a specific form or format.

27 Attachment P: Can DHCFP please provide supporting data for the prescribed rate such as claim lags, membership trends, member access percentages current and goal, D-code level experience/utilization, fee schedule assumptions, trend assumptions and any program changes made during the rating period?

See Question 10 for the rates and Question 6 for data.

28. Attachment P: Can DHCFP please provide a narrative that identifies the specific data assumptions and methodologies behind the specific payment rates?

A databook will be forthcoming.

29. Section 3.1.2. Please define the official date for contract readiness review.

To be determined after contract award and prior to 07/01/17 implementation.

30. Section 4.1.2 - 4.1.4. The RFP requires registration with the Nevada Secretary of State. However, the following statute specifically exempts insurers holding a Nevada Certificate of Authority:

NRS §680A.230 – Applicability of general corporation laws to foreign insurers. The general corporation laws of this state do not apply to foreign insurers holding certificates of authority to transact insurance in this state, except as otherwise provided in NRS §80.190.

Please confirm that registration with the Secretary of State pursuant to NRS §80.010 and NRS §76 is not required if the conditions of NRS §680A.230 are met.

To determine whether they are exempt from NRS Chap 80 or NRS Chap 76, vendors should consult with private legal counsel for advice on which they can rely.

31. Section 9.4. The RFP states that the total technical proposal must not exceed 15 pages per category. Please define what "category" refers to, as the term is not used anywhere else in the RFP. Does "category" refer to 15 pages for each subpart of Section 3: Scope of Work (3.1 through 3.20) for a maximum of 300 pages for the Section 9.4.1: Response to Scope of Work?

The intent is to not have any marketing materials submitted within vendor's submitted technical proposal.

32. Attachment P Please provide details regarding the determination and effect of the risk adjustment on reimbursement rates.

Refer to top of this amendment.

33. Attachment P Please provide enrollment by the same categories shown for the reimbursement rates in Attachment P (< 1 yr old, 1-2 yrs old, 2-14 yrs old, etc).

Refer to question 22 of this amendment.

34. Attachment P Please provide more clarity regarding what is included in the rates shown in Attachment P. Are these per member per month (PMPM) rates? Do these rates only reflect the

cost of dental care? Do they include the 3.5% premium tax, administrative costs or any other cost component?

Refer to top of this amendment.

35. Attachment P These rates are labeled as 'CY 2016… Effective 1/1/2016'. Please provide the CY 2017 rates.

Refer to top of this amendment.

36. Section 3.9.19.1 Please provide CDT code level service count dental utilization experience for SFY 15 and SFY 16 for the current FFS vendor, and the current MCO vendors.

Refer to question 6 of this amendment.

37. Section 1.1.1 Please provide a complete list of CDT codes covered for adults and children.

Refer to question 5 of this amendment.

38. Section 1.1.1 and Attachment P Attachment P references reimbursement rates for a category labeled 'Expansion'. Please provide detailed information on who this covers and what differences, if any, in coverage this population has from the TANF population. Additionally, please provide the enrollment for this population.

See question 2. Refer to MSM 1000 for coverage and policy.

http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1000/Chapter1000/

39. In order to prepare a thoughtful and thorough proposal to benefit the Medicaid beneficiaries of the State, will the State consider an extension to the proposal due date?

The State is unable to consider an extension at this time.

40. Section 3.3 (Dental Services) - Will DHCFP be providing eligibility information for Medicaid-eligible pregnant woman?

Yes, eligibility data will be passed through DHCFP from the eligibility system of record using HIPAA compliant transactions.

41. Section 3.11.6.2 (Third Party Liability) - "The vendor is required to secure signed acknowledgements from enrolled Medicaid recipients or their authorized representative confirming any prior resources (e.g. Medicare, worker's compensation, private insurance, etc.)" Can acknowledgement or verification of a primary resource be accomplished by both a mailed, hardcopy questionnaire and telephone outreach campaign? How about email or Recipient Portal survey?

The vendor should have policies on obtaining a secure signed acknowledgement based best practices to confirm any prior resources.

42. Section 3.17.2 (Interfaces) - It states that DHCFP's system will interface with our system. I need to know what the expectation is.
    - Is this by way of SFTP and the exchange of data?

      Is this an actual API connection, where the two systems are supposed to connect?

Data required will be passed using HIPAA compliant standard X12 EDI transactions.

43. Section 4.4 - In lieu of a fax number, would a direct phone number and e-mail address suffice for the 3 references provided on the resumes?

Yes.

44. Section 5 - This section states that vendors must provide detailed fixed prices for all costs associated with the responsibilities and related services. It also states that the nature of all expenses anticipated should be specified and refers to the Cost Schedule in Attachment H. Attachment H states that there are 2 components in administrative costs: 1)Non-Medical administrative Costs and 2) Medical Administrative Costs. The "Requirements" at the end of Section 5 indicate that each Vendor is required to submit a not-to-exceed Administrative rate bid. Should the Administrative rate bid be a single number, or should it be broken down between the Non-Medical administrative cost component and the Medical administrative cost component, or should a further breakdown be provided?

It should be broken down: direct non-medical, indirect non-medical, medical administrative, profit, risk and contingency, provider tax and total.

45. Section 5.2 - This section states that Profit and Risk and Contingencies are not considered administrative costs, however, it does indicate that they will be reviewed for reasonableness. The "Requirements" at the end of Section 5 indicate that each Vendor is required to submit a not-to-exceed Administrative rate bid, which based on the criteria in Section 5.2, would not include a Profit or Risk and Contingencies component. The requirements also state that in addition to a capitated rate to cover the costs of required medical services, an Administrative rate will be paid to vendors. There is no reference to the payment of a Profit or a Risk and Contingencies component. Since it appears that the Administrative rate bid, should not include a Profit or a Risk and Contingencies component, how will these amounts be determined?

Refer to question 44 of this amendment, profit and risk and contingencies should be included.

46. Section 9.4 - Please define "15 pages per category". In the Scope of Work Section 3, there are subsections 3.1 thru 3.20. Does the state consider each subsection (i.e. 3.1, 3.2, 3.3, 3.4, etc.) as a category? If so, does it mean that each of those sub-sections (categories) have a 15 pages limit for response?

The intent is to not have any marketing materials submitted within vendor's submitted technical proposal.

47. Section 9.4 - Is the narrative provided by the state included in the 15 page per category limit or is it excluded, therefore only the responses account for the 15 pages per category?

The intent is to not have any marketing materials submitted within vendor's submitted technical proposal.

48. Section 9.4 - Are attachments included in the 15 page limit?

The intent is to not have any marketing materials submitted within vendor's submitted technical proposal.

49. The current NV Medicaid Manual indicates that Prior Authorization may not be required for members less than 21 except for orthodontics. Is this accurate?

Refer to question 5 of this amendment.

50. Except for emergency and palliative services, is Prior Authorization allowed for all services for members 21 and over?

See Question 5 for coverage, limitations and prior authorization.

51. For all procedures, if the Medicaid Manual is silent, can we implement standard frequency limitations?

No, see question 5 for coverage, limitations and prior authorization.
Services must be provided that are no more restrictive than those used in the State Medicaid and CHIP programs as indicated in State statutes and regulations, the Title XIX and Title XXI State Plans, and other State policy and procedures, including the Medicaid Services Manual (MSM).

52. For all procedures, if the Medicaid Manual is silent AND Prior Authorization is allowed, can we implement standard clinical criteria?

The vendor can utilize different authorization requirements than what is used by the State, as long as they are not more restrictive.

53. The Managed Care Dental Rates for 2016 are included in Attachment P. Will a detailed databook be provided to describe the methodology and assumptions that went into the rate development? This should include, but not be limited to:
    - Base Experience
    - Utilization Assumption
    - Unit Cost Assumption
    - Trend Assumption
    - Other Adjustments
    - Membership by rate category
    - Actuarial Certification

Refer to top of this amendment.

54. Do the rates assume 100% of Medicaid fees for providers?

Refer to top of this amendment.

55. Attachment P mentions the rates are prior to Risk Adjustment, but no detail regarding a Risk Adjustment is found in the rest of the RFP. If there is a Risk Adjustment program, please provide the details.

Refer to top of this amendment.

56. Attachment P implies that 3.5% premium tax is included in the rates. Is this correct? What other non-medical costs are included in the rates and how much of the rate do they account for?

Refer to top of this amendment.

57. Are there specific requirements for the Governing Board?

Refer to section 3.9.9 through 3.9.9.6 and 3.14 through 3.14.3.3 of this RFP.

58. Do the various Clinical Committees, i.e. UM Committee, Quality Committee etc. have to be strictly NV Medicaid Providers or is it allowed to have representation from the Nevada Medicaid Providers to the Plan's National Committees?

The committees should have Nevada Medicaid dental providers represented, additional membership is not prohibited.

59. For Member Fair Hearings, can we get historical numbers?

There has been 10 Fair Hearings for recipients since January 1, 2011.

2011 - 2 Fair Hearings
2013 - 3 Fair Hearings
2015 - 1 Fair Hearing
2016 - 4 Fair Hearings

60. For Provider Fair Hearings, Can we get historical numbers

There has been one Fair Hearing for a dental provider since January 1, 2011.

61. Are the Fair Hearings via telephone? Is there a need for in-person hearings?

The Deputy Attorney General (DAG) represents the DHCFP at Fair Hearings for Fee for Service recipients. The MCOs have their own legal representation at Fair Hearings for MCO recipients. The DAG would prefer the vendor's representatives be at the Fair Hearing if possible but has accommodated dentists with phone testimony. For Southern Nevada, the Fair Hearings are held in Las Vegas and in Northern Nevada they are held in Carson City.

62. Does the Dental Director need to be located in Nevada, or just licensed in Nevada?

The Dental Director must be licensed to practice dentistry in the State of Nevada.

63. Please provide a census by zip code

Amend 1 quest 63.xlsx

ALL ELSE REMAINS THE SAME FOR RFP 3290.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: UnitedHealthcare Insurance Company

Authorized Signature:

Title: Authorized Representative Date: 12/13/2016

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.