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 2 to Request for Proposal 3290
RFP TITLE:	Dental Benefits Administrator
DATE OF AMENDMENT:	December 1, 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 Question 4 and 28 of RFP 3290 Amendment 1

20161130 MC Dental Databook.pdf

20161130 MC Dental Databook - Excel.xlsx

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.

Response to Question 33 of RFP 3290 Amendment 1

Medicaid Pop by age gender Cohort & Prog

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.

QUESTIONS & ANSWERS

1. Section 1 & 1.1.6; (Pages 4/6) – Can the State please confirm that the type of license required to "provide dental services for this RFP" is a Prepaid Limited Health Service Organization certificate of authority issued under NAC Chapter 695F?

   Yes, the DBA must meet the federal definition of a Prepaid Ambulatory Health Plan (PAHP), as defined in 42 C.F.R. 438.2. Contact the Nevada Division of Insurance for state specific requirements.

2. Section 1; (Page 4) – "Contact the Nevada Division of Insurance for information on obtaining a Certificate of Authority which must be obtained upon contract award." "Upon contract award" is not defined. Does this mean "Contract Award Date" which is defined as "The date when vendors are notified that a contract has been successfully negotiated, executed and is awaiting approval of the Board of Examiners"?

   Selection of vendor is on or about 12/28/16. After the selection, there may be negotiations. Once this process is completed, the contract will be awarded. The process should be completed and Certificate of Authority required upon Board of Examiners approval.

3. Section 9.1.3.6 (Page 158) – Section 9.1.3.6: We understand the State's desire to reduce solid waste and to further recycling efforts. If our RFP response does not comfortably fit in a large binder clip, will the State accept binders made from 100% recyclable materials or one large reusable binder?

   Yes. Only the Master copy is to be submitted on paper.

4. Attachment E; (Paragraph 5(c)) – Paragraph 5(c) of Attachment E "Insurance Schedule" states "The bond or policy shall include coverage for extended theft and mysterious disappearance." Bidder has been advised by its insurance broker and carrier that "extended theft and mysterious disappearance" are not traditional terms of a crime policy. Can the State please clarify the expectations surrounding this insurance requirement?

   For the scope of this RFP, those terms can be deleted.

5. Namely section 4.2. Also Sections 3.6.4; 3.14.4; (Page 150) – Would a vendor who performs data entry for claims and authorizations be considered a "Subcontractor" for purposes of the RFP, or would such a vendor be considered a "third part[y] who provide[s] support or incidental services to the contractor"?

   If this vendor is providing service to the Dental Benefit Administrator, it would be a Subcontractor.

6. Section 3.11.2.4; (Page 97) – Section 3.11.2.4 states: "The vendor must maintain the performance security deposit after the contract term for a length of time to be determined by the DHCFP in order to cover all outstanding liabilities." How long does the State expect the vendor to maintain the performance bond? Would it be longer than any claims run-out period? See 3.11.4.4. Does the State require vendor to maintain the full amount of the bond during this period after the contract termination?

   The State cannot answer specifically as additional information would be required such as status of outstanding liabilities that may exist, pending lawsuits, and/or stale claims.

7. Attachment O; (Page N/A) – Attachment O - Is there any aggregate limitation or cap on the amount of sanctions and liquidated damages that may be assessed against vendor per month, quarter, year?

No.

8. Attachment E; (Performance Security) – Attachment E, Performance Security - The contract term is 4 years and there are two potential 1 year extensions after the initial term for a potential 6 year contract. Bidder is unable to obtain a 4 to 6 year bond term but is able to obtain the bond for the first year which will be extended via a continuation certificate/annual bond form every year thereafter, including extensions. Can the State please advise if it will accept a one year, continuous renewal bond?

It can be renewed each year, as long as there is a bond in place during the contract term. Refer to 3.11.2.1.

9. Section 3.9.15.5 & 3.9.15.6; (Page 81-82) – If we have already credentialed a provider and they are a member of our network, can we assume 3.9.15.5. does not apply, and we should adhere to the requirements of 3.9.15.6 instead?

There would need to be documentation to support that the provider meets all Medicaid qualifications and credentialing requirements for the intent of this contract.

10. Section 9.3; Section 2; (Page 159) – Should Section 2: Company Information (9.3) include the entirety of Section 4?

Yes.

11. Section 4.1.9; (Page 150) – Section 4.1.9 requires a response to company background/history (limit 5 pages). Section 3 (9.4.2) repeats the same requirement for company background/history (limit 5 pages). Should the same company background/history information be duplicated in both Section 2 and Section 3 (assuming all of Section 4 should be included in Section 2)?

No, only submit Company information under Section 2 of the Proposal Submission Requirements, Format and Content.

12. Section 4.3.3; (Page 153) – Section 4.3.3, requires we submit Attachment F, Reference Questionnaire to the business references, while Section 9.3.1.6 B.1 requires we submit Attachment J, Reference Questionnaire to the business references. Are Attachment F and Attachment J the same thing? We believe Attachment J is the Certification Regarding Lobbying form. Is our assumption correct?

Attachment J is the Certification Regarding Lobbying.

13. Section 9.6, Section 5; (Page 163-164) – Should Section 5 (9.6) include the entirety of Section 5. Cost and Section 6. Financial?

No. Financial information is to be separate.

14. Question 2 of Amendment 1 states: Section 1.1 Please provide the current Medicaid MCO enrollment figures for the contract regions of Washoe and Clark counties.

The response was an Excel attachment titled "Amend 1 quest 2" and includes both FFS and MCO enrollment figures (totaling 654,157 lives for October 2016).

Enrollment numbers are included in the attached excel document. For the purposes of this RFP, the covered entities are MCO enrollees in urban Clark and Washoe counties. Example: October 2016 would be 396,804 enrollees in Clark County and 62,765 enrollees in Washoe County.

15. Question 22 of Amendment 1 states: Can DHCFP confirm how many eligible recipients live in Clark and Washoe Counties (under 21 and over 21 noted separately)?

See excel spreadsheet amendment 1 question 22.

16. The response was an Excel attachment titled "Amend 1 quest 22" and includes only the MCO enrollment figures (totaling 435,596 lives for October 2016).

Correct.

17. It is not clear to vendor if the membership total should be inclusive of the MCO and FFS membership for these counties, or if the FFS membership should be excluded.

Membership should include MCO only, FFS is excluded.

18. Please clarify if the membership total includes both the MCO and FFS programs or only the MCO program.

MCO membership only, FFS is excluded.

19. The response to question 44 indicates that one of the components that must be included in the administrative rate bid is the provider tax (we assume this is a reference to the Health Insurance Provider Fee - HIPF). The response to question 53, states that the attached rates are inclusive of a 3.5% premium tax load and a 10.5% administrative load but there is no mention of the HIPF. Is the HIPF included in the 10.5% administrative load? If so, can you indicate the amount that was included?

The HIF is paid by DHCFP once the vendor(s) provide proof of the obligation in the form of IRS documentation.

20. The RFP requires proposers to provide an "Administrative rate bid". As noted in the response to questions 34 and 35, the attached rates include a 10.5% administrative load and therefore we assume that the rates that are certified as being "actuarially sound" include an administrative load of 10.5%. In order to meet the actuarial soundness requirement, do the administrative rate bids need to be equivalent to 10.5%? Is there an actuarially sound plus/minus range that the Administrative rate bid must stay within.

CMS no longer allows ranges for certification; the rate schedule is a contemporary assessment; specific rates will be developed for July 2017 launch based upon the administrative rate bid of the awarded vendor. Respondents are urged to assess all information provided, incorporate their own business model(s), and submit an administrative rate bid accordingly.

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.