1. STATE DOCUMENTS

A. TITLE PAGE

9.2.1.1 The State Documents section must include and be organized as follows:

A. Title Page: The title page must include the following:

This title page contains the requested information and is followed by our transmittal letter and executive summary.

RFP Title:	**Dental Benefits Administrator**
RFP:	**3290**
Vendor Name:	**Delta Dental Insurance Company**
Address:	**100 First Street** **San Francisco, CA 94105**
Proposal Opening Date:	**12/15/16**
Proposal Opening Time:	**2:00 PM**

TRANSMITTAL LETTER AND EXECUTIVE SUMMARY

Delta Dental Insurance Company is pleased to submit this proposal for a Medicaid Dental Administrator that supports the State of Nevada's efforts to improve the oral health of its dental plan recipients in response to the Nevada Department of Health Care Financing and Policy's (the DHCFP's) Dental Benefits Administrator Request for Proposals (RFP) Solicitation No. 3290.

Our transmittal letter and executive summary are presented on the following pages.

TRANSMITTAL LETTER AND EXECUTIVE SUMMARY

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

RE: Proposal for State of Nevada Dental Benefits Administrator; Request for Proposal: 3290

Dear Ms. Miller,

I am pleased to submit Delta Dental Insurance Company's (Delta Dental's) proposal for a Medicaid Dental Administrator that supports the State of Nevada's efforts to improve the oral health of its dental plan recipients in response to the Nevada Department of Health Care Financing and Policy's (the DHCFP's) Dental Benefits Administrator Request for Proposals (RFP) Solicitation No. 3290.

Delta Dental is fully committed to working collaboratively with the DHCFP to meet the Nevada Medicaid and Nevada Check Up dental care programs' mission of:

- Emphasizing preventive care, early intervention, appropriate utilization and quality care;
- Enhancing continuity of care through integrated dental, medical, behavioral and social care;
- Ensuring a dental home where each recipient can access high quality, comprehensive dental services within the recipient's service area;
- Streamlining and simplifying the Medicaid and Nevada Check Up dental care program administration and encourage provider participation; and
- Providing and implementing a process for continuous quality improvement.

Our proposal for fulfilling the requirements of RFP 3290 for Dental Benefits Administrator features the following:

- A commitment to providing quality dental health care services to low-income Nevadans in the most efficient manner;
- A solution that provides equal access to dental care to recipients at an affordable cost;
- A strong Nevada presence covering 137,000 lives, with an office in Las Vegas; supported by Delta Dental team members nationwide specializing in all aspects of dental benefit administration; and
- A contract fulfilled by Delta Dental – the nation's largest stand-alone dental insurer – that has the resources and clinical expertise to successfully collaborate with the DHCFP, the dentist community and other professional organizations to address recipient needs.

As the DHCFP's dental partner, Delta Dental will provide eligible recipients with high-quality, comprehensive and accessible dental care. We offer an extensive choice of network dentists, provider access, an exceptional approach to service, and unparalleled Medicaid dental expertise. Our network of credentialed dentists, one of the largest in the nation, continues to grow in all regions. A recognized

national leader in dental benefits administration, Delta Dental unquestionably offers the DHCFP the best value and the lowest-risk solution of any potential contractor, making us the best possible choice for the Nevada DBA contract.

Delta Dental operates under the direction of a single executive management team and forms one of the nation's largest integrated dental benefits systems serving over 34.5 million people in 15 states. We provide in-depth knowledge and expertise developed over 42 years of Medicaid experience and 14 years of experience with Children's Health Insurance Programs (CHIPs) and CHIP-like programs. Leveraging this deep enterprise experience, Delta Dental can deliver essential services, resources and support to ensure successful implementation and efficient administration designed to control costs and ensure high-quality dental care for the Program.

Delta Dental is excited and ready to partner with the DHCFP bringing our experience, proven processes and systems and experienced staff to provide dental benefits for Nevada Medicaid and Nevada Check Up recipients. In the following paragraphs, Delta Dental showcases our experience and abilities to provide you and your recipients with the superior service you expect and deserve.

THE DELTA DENTAL DIFFERENCE

Service, excellence and innovation are the hallmarks of an outstanding health care organization, one that can truly "deliver the goods." Throughout our proposal, Delta Dental clearly demonstrates that we are that organization – providing world-class customer service, achieving excellence through quality and leveraging our experience and strengths to meet the challenges of tomorrow. Our consistently high enrollee retention rate – 97.9% in 2015 – is a clear endorsement of the quality of our service levels.

Delta Dental is a national leader in providing dental insurance

Delta Dental's founding principle and continuing objective is to improve the oral health of all individuals. Nowhere is this objective more critical than in populations such as those served by the Nevada Medicaid and Check Up programs. In our more than 40 years of experience serving publicly funded programs, Delta Dental has acquired a clear understanding of the unique needs of vulnerable children and adults and has worked tirelessly with recipients, families and providers to promote utilization of covered benefits with an emphasis on preventive care education and services. Our extensive presence and experience in the commercial dental marketplace complement our unique government marketplace expertise and afford us the opportunity to access dentists who might not otherwise be amenable to network participation. Since our founding, Delta Dental has offered innovative programs designed to assist customers in managing costs while ensuring high-quality care.

Delta Dental possesses a wealth of clinical knowledge and expertise. We realize that dental care is continually evolving to reflect new scientific developments in preventive, diagnostic and restorative treatments. Our professional staff stay at the forefront of this evolution, not only taking proactive steps to stay abreast of changes in the field but also becoming involved in implementing those changes. We have the expertise and experience to implement, operate and administer a successful dental benefits program for the DHCFP, just as we do in other state government programs and for many corporations, large and small, throughout the country. No matter the size of the contract, our commitment is always the same: to increase dental access and educate enrollees on the importance of good oral health.

Delta Dental Experience

Delta Dental is backed by a corporate organization with unparalleled experience administering large-scale dental contracts. Our organization administers indemnity, preferred provider and DHMO plans that cover nearly 34.5 million people in commercial and government programs throughout the country. Customers include more than 10,000 public sector and commercial groups, including labor unions, aerospace and defense contractors, hospital systems, educational and financial institutions, high-technology companies and the entertainment industry. As a testament to the strength and stability of the organization, nearly 97.9% of our customers (employer groups and other commercial organizations) renew their contracts with us.

While it would be too lengthy to mention each one of our organization's dental insurance contracts to demonstrate our vast experience, following are a few examples of current and completed contracts that are similar in size and/or scope to the Nevada Medicaid and Nevada Check Up dental plans.

Denti-Cal

The State of California Department of Health Care Services (DHCS) is our largest and longest tenured government customer. Under a singular management team, we have continuously served as California's dental Medicaid (Denti-Cal) program's fiscal intermediary since the program's inception in 1974. Under this competitively bid contract with DHCS, we provide dental coverage to more than 13.1 million individuals. We have consistently administered the Denti-Cal program in an efficient and cost-effective manner, delivering high-quality dental care to California's Medicaid recipients while increasing dental provider participation.

As the face of Denti-Cal outreach since 1991, our staff have worked closely with schools, social service agencies and other entities that influence the improvement of dental health care in underserved areas. We work tirelessly to educate the public about the importance of oral health and to secure funding to increase dental clinic resources and facilities in those areas. Our outreach efforts are supported by established liaisons with dental providers, dental schools, educational institutions and professional associations. Activities range from participation in health fairs and school-based programs to teaming with organizations – such as the American Academy of Pediatric Dentistry and local dental associations – that can disseminate information to those with direct access to Denti-Cal recipients.

Utah Medicaid Dental

Our organization serves more than 54,000 recipients in our Utah Medicaid Dental Services program. We are in our fourth year of operations, with responsibility for underwriting and program administration. Our operations responsibilities include executive oversight, member services, provider services, network management, dental management, quality assurance and utilization review, complaint and grievance resolution, management information systems, accounting and budgeting and program administration. We implemented this contract in a timely, thorough manner and worked closely with our customer, the Utah Department of Health, to address and resolve issues.

We implemented a provider network at Go-Live that provided a dental home to each recipient, with a provider-to-recipient ratio of 1:170. Through analysis of the network to identify potential access issues

and continued targeted recruiting, we increased the provider network by 4% in the first year of the contract. All recipients have a dental home primary care dentist, either by choice or assignment.

California Healthy Families

Our organization provided dental coverage for the California Healthy Families (Healthy Families) program from its inception in July 1998 through the end of the program in 2014 when Healthy Families became part of Denti-Cal. We were selected in part because of our capability to rapidly recruit a network of highly qualified dentists and specialists well within the mandated patient-to-dentist ratio, even in underserved and rural areas. We implemented the program two months after award, and it was extremely successful from the outset. We originally implemented the Healthy Families provider network by recruiting 3,768 providers and grew the network over the life of the contract to over 9,000 dental providers.

Throughout the 16 years that we served as a dental plan for the program, Healthy Families recipients selected us more often than any of the other dental plans. During our long tenure with the Healthy Families program, we consistently met or exceeded all service standards. The state's final annual Healthy Families survey clearly reflected our success in meeting the needs of children enrolled in the program. Of the six available plans, we received the highest score in customer satisfaction ratings.

Delta Dental offers true value.

Delta Dental will draw upon our past experience with government and commercial dental plans to provide dental insurance plan services to Nevada. It is this experience, over many years, contracts, clients, recipients and providers, which will drive innovation and world-class service for Nevada.

Basics matter.

All the innovation in the world will not replace the underlying need to provide quality dental insurance and customer service to recipients and providers. Your dental insurance contractor must ensure adequate provider network coverage, respond to recipients in federally and state required timeframes, process claims and encounters correctly, pay provider promptly and assure that all supporting systems meet uptime and performance requirements. These items are the price of admission for any organization seeking to enter the exclusive ranks of dental insurers – and yet, so many do not perform the basics well. Recipient complaints rarely cite lack of innovation!

Delta Dental has a strong track record of delivering on the basics – annually we process in excess of 47 million claims with an accuracy rate of 98% to date.

Our corporate philosophy is to do one thing – improve oral health care through quality dental insurance – and do it well. This simple philosophy permeates all levels of our organization and motivates us to continually improve our performance and enhance the quality of our services. Our philosophy is embodied in Delta Dental's mission to offer simple, affordable, quality dental insurance; customized for your needs. We believe we accomplish this mission better than anyone else.

Innovation matters too.

With Delta Dental, you can be assured the basics will be delivered timely, with accuracy and attention to detail. And, with Delta Dental, you can also be assured that improvement and innovation are an integral part of the package.

Innovation starts with a corporate-wide commitment to quality that permits and encourages staff members – from entry-level clerical staff to senior-level management and dental professionals – to look for innovation and improvement in areas such as our business process, outreach and education programs and customer service methods. Delta Dental was one of the first to work with dentists to remove barriers to electronic submission of claims and encounters, and one of the first of our kind to embrace social media as a means to interact with our constituents.

Innovation and improvement don't have to be driven by "the bottom line". As a nonprofit organization, we are not focused on increasing profits; instead we focus on increasing value for our customers and improving services to recipients and providers.

WHY DELTA DENTAL IS YOUR BEST CHOICE

From the design, development and administration of dental health benefits to advanced management information systems, Delta Dental strives to be the best dental health care delivery system in the nation. Quality, service, value and an ongoing commitment to excellence and performance improvement are among our most prized attributes and are the keys to our continued success.

Delta Dental's proposed solution draws on our experience administering government plans and private sector groups and individual plans. Our focus is on improving oral health for all of our recipients, regardless of the plan in which they are enrolled. We accomplish our goal through providing dental insurance. We are experts at providing dental insurance services in all aspects from recruitment, enrollment, benefit plan offerings, customer service, reporting, financials, claims processing. We are a nonprofit organization.

The practical benefit of working with Delta Dental is that our first goal is improving oral health. We know that accomplishing that goal requires the administrative details to be seamless and transparent to providers and recipients as much as possible. A recipient worried about paying for dental services is not focusing on their oral health.

Over our long history, we have evolved into a company decidedly dissimilar from most for-profit dental insurers. The cumulative years of experience of our management, professional and paraprofessional staff, combined with our institutional memory and understanding of Medicaid and other government-sponsored dental programs, have been major contributors to the stability and respect enjoyed by the programs we administer.

Delta Dental is a financially strong, stable and reliable dental partner. We bring to the DHCFP the breadth of our dental benefits industry expertise, our many years of Medicaid and CHIP and six decades of dental program and dental insurance operations experience nationwide. We offer the DHCFP the following advantages:

- We provide a stable, comprehensive network of qualified dentists with broad geographic access, specialty services and reserve capacity. Our commitment to developing a provider network for the Nevada Medicaid and Nevada Check Up dental plans is demonstrated by the fact that we have already begun recruitment and securing contracts for network providers.
- We actively manage each of our dental networks to create, monitor and maintain an environment in which enrollees can conveniently access quality dental services.
- We know how to professionally assess and take on risk in a win-win partnership with our customers and can responsibly perform all contract-required activities.
- We are a trusted business partner that consistently demonstrates our ability to meet required contract service levels. We possess the expertise necessary to implement contract requirements and manage our own performance using best-in-class tools.

Delta Dental is well-positioned to deliver all contractual services in a manner that fully supports the State of Nevada's ongoing efforts to improve the oral health of its plan recipients. We have always maintained a special focus on children's dental health care and, as a result, we possess extensive experience and expertise in providing dental coverage to children and other vulnerable populations. We share with the DHCFP a deeply held commitment to delivering quality dental services to the Medicaid and CHIP dental eligible population.

OVERVIEW OF THE TECHNICAL PROPOSAL

As requested by the RFP, our proposal is organized and numbered following the sections described in RFP Section 9 and in the numerical order of the RFP. We have distinguished RFP section and/or subsection language with the following format.

> *9.1.3.3 For ease of evaluation, the proposal must be presented in a format that corresponds to and references sections outlined within this RFP and must be presented in the same order. Written responses must be easily identifiable and placed immediately following the applicable RFP question, statement and/or section. Exceptions/assumptions to this RFP may be considered during the evaluation process.*

Our responses are easily identifiable with the following italicized format.

Our proposal is comprehensive and contains no marketing material. Our written response has been placed immediately following the applicable RFP question, statement and/or section.

We meet our commitments to provide dental insurance and we will exceed your expectations. After a thorough review of our proposal, we believe you will find that Delta Dental's experience and ability is a perfect fit for the DHCFP and its needs.

Our proposal fully addresses your requirements, and provides a high-level description of what we will do and how we will do it, along with our cost for providing these services. We thank you for the opportunity to submit this proposal and look forward to working with you.

Delta Dental has reviewed, understands, acknowledges and accepts all provisions of the RFP and Contract terms and conditions without exception. In addition, we acknowledge receipt of the three RFP addenda identified below and have include the required signed acknowledgement forms in Section 1 of our proposal.

- Addendum #1, issued November 28, 2016;
- Addendum #2, issued December 1, 2016;and
- Addendum #3, issued December 1, 2016

As the executive who is authorized to bind this corporation and who will receive all official notices concerning this RFP, I, Joseph F. Ruiz, am the primary contact person. If I am not available, Catherine Lackey is authorized to respond to inquiries. Our contact information is:

Joseph F. Ruiz, Group Vice President
Delta Dental
11155 International Drive
Rancho Cordova, CA 95670
Voice: (916) 861-2320
Fax: (916) 631-0574
E-mail: JRuiz@delta.org

Catherine Lackey, Contract Administrator
Delta Dental
11155 International Drive
Rancho Cordova, CA 95670
Voice: (916) 861-2421
Fax: (916) 631-0574
E-mail: CLackey@delta.org

On behalf of Delta Dental, thank you for the opportunity to submit this proposal. We look forward to working with you to achieve your shared goals for the successful delivery of dental services to recipient of the Nevada Medicaid and Nevada Check Up dental care programs.

Sincerely,

Joseph F. Ruiz
Group Vice President

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Section 5 – Cost

5. Cost 1
5.1 Cost Proposal 3

Section 6 – Confidential Financial

6. Confidential Financial Information 1
6.1 Dun and Bradstreet Number 1
6.2 Federal Tax Identification Number 1
6.3 Profit and Loss Statements and Balance Statements 1

C. OTHER DOCUMENTS

C.1 SIGNATURE PAGE FROM ALL AMENDMENTS

C. Other Documents:

1. The signature page from all amendments with an original signature by an individual authorized to bind the organization. Please do not include the entire amendment.

The signature pages from RFP Amendment #1, Amendment #2, and Amendment #3 are presented on the following pages. Each has an original signature by Mr. Joseph Ruiz. Mr. Ruiz is authorized to bind the organization.

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: Delta Dental Insurance Company

Authorized Signature:

Title: Group Vice President Government Programs Date: 12.12.16

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

ALL ELSE REMAINS THE SAME FOR RFP 3290.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: Delta Dental Insurance Company

Authorized Signature:

Title: Group Vice President Government Programs Date: 12-12-16

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

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 3 to Request for Proposal 3290
RFP TITLE:	Dental Benefits Administrator
DATE OF AMENDMENT:	December 6, 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.

---

1. Can you provide more detail about the basis for the trend assumption in the cost of care build, in particular the 0% utilization trend assumption on the Expansion population?

   For the Expansion population, utilization trends were chosen to be generally lower than TANF and Check-Up. It is expected that the Expansion population cost trends will reflect larger management impacts relative to the base period data since the transition to managed care is relatively recent.

ALL ELSE REMAINS THE SAME FOR RFP 3290.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: Delta Dental Insurance Company

Authorized Signature: _____

Title: Group Vice President Government Programs Date: 12.12.16

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

C.2 ATTACHMENT A: CONFIDENTIALITY AND CERTIFICATION

2. Attachment A: Confidentiality and Certification of Indemnification with an original signature by an individual authorized to bind the organization.

Attachment A: Confidentiality and Certification of Indemnification is presented on the following pages. Attachment A has an original signature by Mr. Joseph Ruiz. Mr. Ruiz is authorized to bind the organization.

Following Attachment A, Delta Dental provides the Confidentiality and Certification of Indemnification Redaction Cross-Reference and Justification Matrix listing the items redacted and the justification for each item.

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked "confidential" in their entirety, or those in which a significant portion of the submitted proposal is marked "confidential" **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a "trade secret" as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors' technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked "**Part I B Confidential Technical**" and "**Part III Confidential Financial**".

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in ***Section 2 "ACRONYMS/DEFINITIONS."***

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part IB – Confidential Technical Information			
YES	X	NO	
Justification for Confidential Status			
Proprietary information			

A Public Records CD or Flash Drive has been included for the Technical and Cost Proposal			
YES	X	NO (See note below)	
Note: By marking "NO" for Public Record CD or Flash Drive included, you are authorizing the State to use the "Master CD or Flash Drive" for Public Records requests.			

Part III – Confidential Financial Information			
YES	X	NO	
Justification for Confidential Status			
Proprietary information			

Delta Dental Insurance Company
Company Name

Signature

Joseph F. Ruiz
Print Name

12-12-16
Date

This document must be submitted in Tab IV of vendor's technical proposal

Attachment A – Confidentiality and Certification of Indemnification Redaction Cross-Reference and Justification Matrix

Redacted Section	***Justification***	***Pages***
Section 1: Disclosure of Ownership and Control Interest Statement	*Personal Information*	*Section 1, final attachment*
Section 2.3: Business References	*Confidential business information and personal information*	*2-21 through 2-31*
Section 2.4: Staff Resumes (References)	*Personal information*	*2-32*
Section 5.1: Cost Proposal	*Confidential business information*	*5-3*
Section 6.3: Profit and Loss Statements and Balance Statements	*Confidential business information*	*All attachments*

C.3 ATTACHMENT B: TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

3. Attachment B: Technical Proposal Certification of Compliance with Terms and Conditions of RFP

4. Attachment B with an original signature by an individual authorized to bind the organization must be included in this section.

5. If the exception and/or assumption require a change in the terms or wording of any section of the RFP, the contract, or any incorporated documents, vendors must provide the specific language that is being proposed on Attachment B.

6. Only technical exceptions and/or assumptions should be identified on Attachment B.

7. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. If vendors do not specify any exceptions and/or assumptions in detail at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Attachment B: Technical Proposal Certification of Compliance with Terms and Conditions of RFP is presented on the following pages. Attachment B has an original signature by Mr. Joseph Ruiz. Mr. Ruiz is authorized to bind the organization.

Delta Dental has no technical exceptions and/or assumptions to the terms or wording of any section of the RFP, the contract, or any incorporated documents. Delta Dental understands that no exceptions and/or assumptions will be accepted after the proposal submission deadline and that the State will not consider any additional exceptions and/or assumptions during negotiations.

ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Delta Dental Insurance Company
Company Name

Signature

Joseph F. Ruiz
Print Name

12.12.16
Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab V of vendor's technical proposal

D. ATTACHMENT C: VENDOR CERTIFICATIONS

D. Attachment C: Vendor Certifications with an original signature by an individual authorized to bind the organization.

1. Copies of applicable certifications and licenses.

Attachment C: Vendor Certifications is presented on the following pages. Attachment C has an original signature by Mr. Joseph Ruiz. Mr. Ruiz is authorized to bind the organization.

D.1 APPLICABLE CERTIFICATIONS AND LICENSES

Delta Dental presents the listed certifications on the following pages.

- ***Attachment J – Certification Regarding Lobbying***
- ***Vendor Disclosures: Information on Ownership and Control***

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

(1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

(2) All proposed capabilities can be demonstrated by the vendor.

(3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.

(5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.

(6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.

(7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

(8) All employees assigned to the project are authorized to work in this country.

(9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.

(10) The company has a written policy regarding compliance for maintaining a drug-free workplace.

(11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

(12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

(13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Delta Dental Insurance Company
Vendor Company Name

Vendor Signature

Joseph F. Ruiz
Print Name

12-12-16
Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT J – CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

By: _____ 12-12-16

Signature of Official Authorized to Sign Application — Date

For: Delta Dental Insurance Company

Vendor Name

Nevada RFP 3290 Dental Benefits Administrator

Project Title

This document must be submitted in Tab IV of vendor's technical proposal

CONFIDENTIAL

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

INSTRUCTIONS: Please complete the following information that is applicable to you. If the information requested does not apply, leave blank. See definitions of ownership and controlling interest.

I. Identifying Information			
Name of Entity/Individual D/B/A Delta Dental Insurance Company		NPI	Telephone Number 888-858-5252
Street Address 1130 Sanctuary Parkway	City, County, State Alpharetta, GA	ZIP Code 30009	Date of Birth Incorporated 02/09/1970

II. Answer the following questions by checking "Yes" or "No". If any of the questions are answered "Yes", list names and addresses of individuals or corporations. List additional names and addresses under "Remarks" on Page 2. Identify each item number to be continued. See definition of ownership and controlling interest.		YES	NO
A. Are there individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?			X
Name	Address		
Name	Address		
B. Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?		YES	NO X
Name	Address		
Name	Address		

III. List name, address and SSN for all managing employees. List additional names, addresses and SSN under "Remarks" on Page 2.			
Name	Address	Social Security Number	Date of Birth MM/DD/YY
Joseph F. Ruiz	11155 International Drive, Rancho Cordova, CA 95670	[redacted]	[redacted]
Doug Konovaloff	11155 International Drive, Rancho Cordova, CA 95670	[redacted]	[redacted]
Catherine Lackey	11155 International Drive, Rancho Cordova, CA 95670	[redacted]	[redacted]
Diane Silva	11155 International Drive, Rancho Cordova, CA 95670	[redacted]	[redacted]

IV. List names, addresses for individuals, SSN and the EIN for organizations having direct or indirect ownership or a controlling interest in the entity of 5 percent or more. If more than one individual is reported and any of these persons are related to each other, i.e., spouse, parent, child, or sibling, this must be reported. List additional names and addresses under "Remarks" on Page 2.

Name	Address	SSN Individual EIN Corporation	Relationship	Date of Birth MM/DD/YY
Delta Dental of California	100 First Street, San Francisco, CA 94105	94-1461312	Ultimate controlling entity	05/31/1955

A. Type of Entity: ☐ Sole Proprietorship ☐ Partnership ☐ Other (Specify)
☐ Unincorporated Association ☒ Corporation

B. Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example, sole proprietor, partnership or members of Board of Directors.) If yes, list names, addresses of individuals and NPI numbers, list additional names, addresses and NPI under "Remarks" on Page 2.	YES	NO
		X

Name	Address	NPI

V.		
A. Has there been a change in ownership or control within the last year? If yes, when?	YES	NO X
B. Do you anticipate any change in ownership or control within the year? If yes, when?	YES	NO X
C. Do you anticipate filing for bankruptcy within the year? If yes, when?	YES	NO X

VI. Is this facility operated by a management company, or leased in whole or part by another organization? If yes, when? Give date of change in operations.	YES	NO X

VII. Has there been a change in Administrator, Director of Nursing or Medical Director within the last year?	YES	NO X

VIII. Is this facility affiliated to a chain? (If yes, list name, address of Corporation, and EIN.)		YES	NO X
Name	Address	EIN	

IX. List owners of subcontractors that you have had business transactions with totaling more than $25,000 during the past 12 months.		
Name	Address	EIN

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, ATERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR THE SECRETARY, AS APPROPRIATE.

Name of Authorized Representative (Printed or Typed) Joseph F. Ruiz	Title Group Vice President Government Programs	
Signature	Date 12·12-16	Telephone Number 916-861-2320

REMARKS (add additional sheets if necessary):