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| ETF_logo_large | STATE OF WISCONSIN **Department of Employee Trust Funds**  **Robert J. Conlin**  SECRETARY | 4822 Madison Yards Way  Madison, WI 53705-9100  P. O. Box 7931  Madison, WI 53707-7931  http://etf.wi.gov |

Date: June 25, 2020

To: All Potential Proposers to ETF RFP ETJ0045

RE: **Addendum No. 1 – Vendor Questions and ETF Answers to Request for Proposals (RFP) ETJ0045 – Third Party Administration of Uniform Dental Benefit**

**Acknowledgement of receipt of this Addendum No. 1:**

**Proposers must acknowledge receipt of this Addendum No. 1 by providing the required information in the box below and including this Page 1 in the Tab 1 section of their Proposal.**

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| Proposer’s Company Name: |  |
|  |  |
| Authorized Person (Printed Name and Title): |  |
|  |  |
| Authorized Person’s Signature: |  |
|  | Date |

**Please note the following updates to RFP ETJ0045:**

**ADD** to the RFP the following questions regarding RFP ETJ0045 from Proposers and answers from the Department:

Vendor Q&A

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| Q # | RFP Section | RFP Page | Question/Rationale | Department Answer |
| Q1 | Appendix 5 – 1.2.1 | 2 | 1.2.2 - Are you requiring a printed dental provider directory be sent to all members or can hard copies be available on ad hoc basis at the members’ request? | We would require a dental provider directory be available on the microsite that will be created for this benefit and copies be available on ad hoc basis at the members’ request. |
| Q2 | N/A | N/A | Please provide a list of all covered services by CDT (ADA) procedure code, and the benefit category they are covered under (Diagnostic/Preventive, Restorative, Periodontics, Oral Surgery, Adjunctive Services, Non-surgical extractions, and Orthodontics). | The CDT codes listed in Form H of the RFP are the benefits current covered services |
| Q3 | N/A | N/A | Please provide an Excel spreadsheet that provides us with the number of enrolled EEs and number of enrolled Deps broken out monthly for the most recent 24 months. | [See the chart on page 4 of this memo for the information you are requesting](https://etf.wi.gov/boards/groupinsurance/2019/11/13/item7/direct). Membership broken down by month is not available. |
| Q4 | N/A | N/A | Please provide an Excel spreadsheet that provides us with paid claim dollars broken out monthly for the most recent 24 months. | [Again, see the chart on page 4 of this memo for the information you are requesting](https://etf.wi.gov/boards/groupinsurance/2019/11/13/item7/direct). Paid claim dollars broken out monthly is not available. |
| Q5 | Appendix 3- Section II (Historical Development and Statutory Authority) | Page 2 | In Appendix 3, under Historical Development and Statutory Authority, there were some changes to coverage. We will need the effective dates these coverage enhancements went into effect. For 2019, Non-surgical extractions are covered at 90%. When in 2019 did this occur? We also need the same information for the three plan revisions (Periodontal Maintenance increase coverage from 80% to 100%, Pulp Vitality Tests covered at 100%, and Caries Assessment and Sealant Restorations covered at 100%) that occurred in 2020. When in 2020 did these occur? | All changes to coverage began on January 1st of the year mentioned. |
| Q6 | N/A | N/A | Will the State be providing a copy of their full SPD? | No |
| Q7 | Appendix 5 – Program Agreement | Page 6  1.5.1 Performance Standards and Penalties | What are the performance measures of these reports?   1. UW System 2. University Hospital and Clinics (UWHC) 3. All other State Agencies 4. All Local Government Agencies | That all employer inquires identified in numbers 10-13 were addressed within 24 hours. |
| Q8 | Appendix 5 – Program Agreement | Page 8  1.5.1 Performance Standards and Penalties | 1.5.1 B. Performance Measure – Star Agency (Upload enrollment files successfully, as scheduled.)  What is the schedule that is being referred to? | The schedule that will be agreed by STAR Agency and the vendor |
| Q9 | N/A | N/A | Please provide a complete census in an Excel format of all eligible Dental EE’s which contains Date of Birth, Gender, Dental Tier (EE, EE + Sp, EE + Ch, Family or alternate tier), and Home Zip code. The census should also indicate waiver information as well. | No census will be provided besides the zip code eligibility already available in appendix 7, Please note as it is laid out and explained in appendix 3 our currently uniform dental program there are only two tiers:  Employee/Retiree Family |
| Q10 | Form H- Sheet H2 | Financial Proposal | ASO fees and Projected Claims are requested on a PEPM basis but the monthly enrollment numbers provided (row 21) appear to be enrolled Members and not Employees. Should the estimated monthly enrollment be adjusted to show employees (closer to 110,000?) or should claims and ASO fees be based on a PMPM basis? | You are correct the PMPM is based on subscribers not members. On Form H, Tab H-2, Line 21, Cells GH21, IJ 21, KL 21 is 96,000. |
| Q11 | General | N/A | Please provide the incumbent number of paid claims/EOBs by year for 2017 through 2019, separated by year. | 2017: 920,229  2018: 924,017  2019: 979,143 |
| Q12 | Appendix 2 – Department Terms and Conditions | Section 3, Section 23.2, Section 23.3 | These provisions could make the Contractor liable for plan benefits, under certain instances. To provide an example, as we read these sections, if a program participant sues the service provider and the State regarding a claim determination the service provider would be responsible for the cost of defending the litigation, and paying any plan benefits, legal fees and court costs awarded to the claimant, despite the fact that the requested plan is self-funded. Under a self-funded plan, the employer assumes the financial risk for providing benefits to its employees. Therefore, this would be highly unusual, and we would like to clarify the State’s intent. Is this the State’s intent? | It is not the State’s intent for a Contractor to be liable for plan benefits. |
| Q13 | Form H – Cost Proposal Workbook | Form H – Tab 2: H-2 Financial Proposal worksheet | Please provide the current ASO Admin fee PEPM and Admin fee history.  [purpose: understanding if we are competitive on our fixed cost] | PMPM rate is $1.14  This has been the rate the duration of the program. |
| Q14 | Form H – Cost Proposal Workbook | Form H – Tab 2: H-2 Financial Proposal worksheet | Please provide claims, enrollment, and utilization data for a rolling 24-36 months.  [purpose: additional data required to adequately prepare claims projections for proposal] | See answers to question Q3, Q4 and Q11 |
| Q15 | Form H – Cost Proposal Workbook | Form H – Tab 2: H-2 Financial Proposal worksheet | Please provide claims repricing file that includes in vs out of network claims for accurate completion of the Financial Proposal calculation.  [purpose: additional data required to adequately prepare claims projections for proposal for in vs out of network claims projection] | Under the current uniform dental benefit program no claims are paid out of network.  No in network claims repricing file information will be provided. |
| Q16 | Appendix 3 – Uniform Dental Program Overview | Page 3. V-Additional Resources> Additional Information about the Uniform Dental Benefit for 2020 | Should we also prepare a proposal for the Supplemental Plans (Preventive Plan, Select Plan and Select Plus Plan) at the time we present our Uniform Dental Benefit Proposal? If yes, will you provide census, enrollment by plan and tier, and claims/utilization data for 24 months?  [purpose: to ensure that we are accurately presenting our proposal for consideration] | No the supplemental dental and uniform dental benefits programs are separate from each other. The solicitation for the 2022 supplemental dental provider will go out in November/December of 2020 with proposals due back to ETF around January 31, 2021. |
| Q17 | Appendix 3 – Uniform Dental Program Overview | Page 3. V-Additional Resources> Additional Information about the Uniform Dental Benefit for 2020 | Is the Supplemental Plan, Preventive Plan, ASO or Fully insured?  Is the Supplemental Plan, Select Plan, ASO or Fully insured?  Is the Supplemental Plan, Select Plus Plan, ASO or Fully insured?  [purpose: to ensure that we are accurately presenting our proposal for consideration] | All plans in the supplemental dental program are employee pay all programs. Again, the supplemental dental program is totally separate from the Uniform Dental Program. |
| Q18 | RFP Document, section 7.3.10. *Indicate your organization’s intent to develop a website specifically for the State of Wisconsin plan.* | RPF Document, Page 24 | Does the State of Wisconsin currently have their own website developed by their incumbent Dental plan administrator?  [purpose: to learn the needs of the administration of your plan] | Our current vendor has a website dedicate to the dental programs they offer the State of Wisconsin active employees, local and state retirees and local active employees. |
| Q19 | Appendix 5 – Program Agreement section 1.4.5 | Appendix 5 document, Page 4 | What is the name of the Department’s insurance administration system vendor?  [purpose: to learn the needs of the administration of your plan] | The Department currently does not have an insurance administration system vendor |

This Addendum is available on ETF’s Website at <https://etf.wi.gov/node/15886>