

**WRITTEN QUESTIONS AND ANSWERS****SP-19-0036 Dental and Vision Insurance Administration  
ANSWERS ARE IN BLUE**

QUESTION NUMBER	SECTION REFERENCE	WRITTEN QUESTION & ANSWER
1	Not Listed	<p><b>Question:</b> Request attachments such as census.</p> <p><b>Answer:</b> Upon award, this information will be provided to the successful Contractor.</p>
2	Not Listed	<p><b>Question:</b> Request attachments such as any vision related information.</p> <p><b>Answer:</b> See IFB Sections 2.4 and 2.6.</p>
3	Not Listed	<p><b>Question:</b> Will group consider having separate dental and vision carriers?</p> <p><b>Answer:</b> No</p>
4	1.1	<p><b>Question:</b> There are approximately 730 active, COBRA, and retired State Police uniformed employees, their spouses, and qualified dependents.</p> <p><b>Answer:</b> Correct</p> <p>How many members make up each of those categories separately?</p> <p><b>Answer:</b> See IFB 2.4.C.2</p>
5	2.5	<p><b>Question:</b> Which codes are covered for each benefit category?</p> <p><b>Answer:</b> Use standard dental coding for preventative, basic, and major services.</p>
6	2.5	<p><b>Question:</b> What is the out-of-network reimbursement percentage, if it differs from in-network?</p> <p><b>Answer:</b> The match is based on the maximum allowed charge.</p>
7	2.4 a	<p><b>Question:</b> Can you clarify what is expected in order to fulfill the requirement for "guarantee of approval of coverage must be issued to each member..."</p> <p><b>Answer:</b> Member/ dependent must be covered effective 1/1 of the following year when applying during open enrollment.</p> <p>Clarify that ASP as the Plan Administrator will be responsible for determining that members meet the eligibility requirements of the self-funded plan.</p> <p><b>Answer:</b> Correct</p>

8	2.4 e	<p><b>Question:</b> Can you confirm that ASP will handle all payroll deductions?</p> <p><b>Answer:</b> Correct</p>
9	3.1	<p><b>Question:</b> Can you confirm that there is no expectation to bill and collect retiree premiums?</p> <p><b>Answer:</b> Correct</p>
10	2.8	<p><b>Question:</b> Will you confirm that current carrier(s) will process run-off claims?</p> <p><b>Answer:</b> Correct</p>
11	2.8	<p><b>Question:</b> Will you confirm that Arkansas State Police, not [Contractor] serves as Plan Fiduciary?</p> <p><b>Answer:</b> Correct</p>
12	2.4 B	<p><b>Question:</b> Can the State offer further clarification on what the 750 minimum AR vision provider count includes? Are dispensaries counted separately within that count?</p> <p><b>Answer:</b> The 750 points of access are inclusive of optometrists, ophthalmologists, and dispensaries.</p>
13	2.6	<p><b>Question:</b> If the plan coverage will be greater than the minimum outlined how does the State want the differences identified?</p> <p><b>Answer:</b> Question is unclear</p>
14	2.6 A	<p><b>Question:</b> Can you confirm OON coverage for Exam/Single Vision/Bi-focal is truly a copay and not an allowance?</p> <p><b>Answer:</b> It is an allowance.</p> <p>Tri-focal, lenticular, progressives indicated as an allowance.</p> <p><b>Answer:</b> Correct</p>
15	2.6	<p><b>Question:</b> Can you confirm that LVC discounts only apply through the contracted surgery centers?</p> <p><b>Answer:</b> Correct</p>
16	2.6	<p><b>Question:</b> Can you confirm additional purchases discount only apply in-network since only a contracted provider could extend?</p> <p><b>Answer:</b> Discount is for in-network and out-of-network.</p>
17	1.10	<p><b>Question:</b> Can you provide a census?</p> <p><b>Answer:</b> See Question 1.</p>

18	1.10	<p><b>Question:</b> Can you provide a detailed dental claims file that would allow us to reprice the claims and demonstrate our network savings?</p> <p><b>Answer:</b> This question is not applicable for Prospective Contractor to submit a qualified bid.</p>
19		<p><b>Question:</b> Can you clarify the effective date? 1.2.B states the starting date for any resulting contract is June 10, 2019. 2.11.F requires a go-live date of September 1, 2019.</p> <p><b>Answer:</b> The Anticipated Award date is 6/10/19. The Anticipated Services Go live date is 9/1/19.</p>
20		<p><b>Question:</b> Performance Standards Attachment Do damages applied to the performance standards account for both dental and vision combined, or would there be a penalty assessed to each product? (specifically penalties relating to claims processing)</p> <p><b>Answer:</b> Each product.</p>
21	2.5	<p><b>Question:</b> Can you provide a copy of the Certificate of Coverage for in-force Dental?</p> <p><b>Answer:</b> This question is not applicable for Prospective Contractor to submit a qualified bid.</p>
22	2.4 B	<p><b>Question:</b> Please clarify how you would like network providers counted when the provider practices at multiple locations.</p> <p><b>Answer:</b> Per provider.</p>
23	2.4.E	<p><b>Question:</b> Please clarify contractors role in payroll deduction of premiums.</p> <p><b>Answer:</b> See Question 8.</p>
24	2.4	<p><b>Question:</b> Please provide a description of the current benefit program.</p> <p><b>Answer:</b> See IFB Items 2.5.A, 2.5.B, 2.5.C, 2.5.D and 2.6.A.</p>
25	2.5 and 2.6	<p><b>Question:</b> Please provide a detailed description of proposed benefits.</p> <p><b>Answer:</b> Match current benefits as stated in IFB Items 2.5.A, 2.5.B, 2.5.C, 2.5.D and 2.6.A.</p>
26	2.8.H	<p><b>Question:</b> For each benefit category, please advise exactly which codes are covers as well as what the OON reimbursement % is, if it differs from in-network.</p> <p><b>Answer:</b> ASP does not provide codes for services.</p>

27	2.4.C.2	<p><b>Question:</b> May we please obtain a current copy of the Certificate of Coverage in-force for dental?</p> <p><b>Answer:</b> This question is not applicable for Prospective Contractor to submit a qualified bid.</p>
28	2.4.E	<p><b>Question:</b> Please clarify contractor's role in payroll deduction of premiums?</p> <p><b>Answer:</b> See Question 8.</p>
29	2.4	<p><b>Question:</b> Please provide a detailed description of current benefit program.</p> <p><b>Answer:</b> See Question 24.</p>
30	2.4.C	<p><b>Question:</b> Please provide a detailed description of proposed benefits.</p> <p><b>Answer:</b> See Question 25.</p>
31	1.10.A.1.a	<p><b>Question:</b> What is the current ASO fee?</p> <p><b>Answer:</b> This question is not applicable for Prospective Contractor to submit a qualified bid.</p>
32	2.4	<p><b>Question:</b> Please provide a detailed description of all administrative and program services current TPA provides.</p> <p><b>Answer:</b> See Questions 24 and 25.</p>
33	3.9.C	<p><b>Question:</b> What are current and future banking arrangement requirements?</p> <p><b>Answer:</b> Invoices are sent to ASP weekly.</p>
34	3.9.p	<p><b>Question:</b> What are the current and future claim and administrative fee reimbursement schedule requirements?</p> <p><b>Answer:</b> Claim invoices are sent to ASP weekly. Administrative invoices are sent to ASP monthly.</p>
35	Section 4.23	<p><b>Question:</b> What are the current and future broker commissions?</p> <p><b>Answer:</b> This question is not applicable for Prospective Contractor to submit a qualified bid.</p> <p>Do broker commissions need to be included in the ASO fee?</p> <p><b>Answer:</b> This question is not applicable for Prospective Contractor to submit a qualified bid.</p>

36	11.1.8	<p><b>Question:</b> Please indicate whether the current TPA has assumed fiduciary responsibility or if this is a requirement of the ASO fee quote.</p> <p><b>Answer:</b> ASP is a fiduciary.</p>
37	2.8	<p><b>Question:</b> If plan is currently self-insured, indicate how current TPA run-out claims will be processed.</p> <p><b>Answer:</b> ASP will contract with current TPA to handle run-out claims.</p>
38	2.8	<p><b>Question:</b> In the event of plan termination, what is the expectation for the processing of run-out claims?</p> <p><b>Answer:</b> 90-day timeframe to pay run-out claims.</p>
39	2.9.H.2	<p><b>Question:</b> Does the current TPA provide COBRA administration?</p> <p><b>Answer:</b> No</p> <p>Is COBRA administration a requirement of the ASO fee quote?</p> <p><b>Answer:</b> No</p>
40	2.10.D	<p><b>Question:</b> Please provide minimum of 12-months claims utilization experience (no older than 4 months from the date of quote) and number of covered contracts and covered members by month for the experience period provided.</p> <p><b>Answer:</b> This question is not applicable for Prospective Contractor to submit a qualified bid.</p>
41	2.8.I	<p><b>Question:</b> Is there a requirement that members' prior claims history be transferred to [Contractor] for benefit consideration?</p> <p><b>Answer:</b> Yes</p> <p>If so, which specific benefits are affected?</p> <p><b>Answer:</b> Calendar year max</p>
42	1.10	<p><b>Question:</b> Please provide detailed electronic claims file with the most recent 12-month claims data for repricing and to determine provider disruption.</p> <p>To perform an accurate analysis, please provide the following information at the claim line level:</p> <ul style="list-style-type: none"> <li>· Provider Tax ID/ SSN</li> <li>· Provider Zip Code</li> <li>· Procedure Code (CDT Compliant codes)</li> <li>· Provider Charge</li> </ul>

		<ul style="list-style-type: none"> <li>· Number of services, if different than one service per claim line</li> <li>· Dates of Service</li> <li>· Current Carrier Allowed Charges to calculate allowed dollar savings</li> <li>· Current Carrier Paid amount</li> <li>· Denied Claim amount</li> </ul> <p>Note:</p> <ul style="list-style-type: none"> <li>· Please specify the incurred period for the claims extract if dates of service are not provided on a claim line level.</li> </ul> <p><a href="#">Answer: This question is not applicable for Prospective Contractor to submit a qualified bid.</a></p>
43	2.4.E	<p><b>Question:</b> Please advise of any Employer/Employee payroll contributions.</p> <p><a href="#">Answer: This question is not applicable for Prospective Contractor to submit a qualified bid.</a></p>
44	2.7.C.5	<p><b>Question:</b> Please provide current COBRA rates to determine self-funding rates</p> <p><a href="#">Answer: This question is not applicable for Prospective Contractor to submit a qualified bid.</a></p>
45	1.10.A.1.c.ii	<p><b>Question:</b> Please provide a census file for covered membership with zip codes for GeoAccess reports.</p> <p><a href="#">Answer: See Question 1.</a></p>
46	2.3.B	<p><b>Question:</b> Can you please define ASP's secure file transfer protocol?</p> <p><a href="#">Answer: The file transfer needs to be encrypted.</a></p>
47	2.3.E	<p><b>Question:</b> Can you please clarify if full policies regarding emergency operations, disaster recovery and business continuity plans are required, or if summaries that are non-confidential would be sufficient?</p> <p><a href="#">Answer: Full polices are required.</a></p>
48	2.3.F	<p><b>Question:</b> Can you please advise how the formatting should be sent for the listing of participating providers should be provided?</p> <p><a href="#">Answer: Listings should be by cities.</a></p>
49	2.3.H	<p><b>Question:</b> Can you please define ASP's system requirements for Contractor to convert data to?</p> <p><a href="#">Answer: ASP's system will not be used by the Contractor.</a></p>

50	2.4.A	<p><b>Question:</b> Can you clarify what suffices as a guarantee of approval of coverage? Is this an ID card, or is a more specific document required?</p> <p><b>Answer:</b> A guarantee of approval of coverage is the issuance of ID card and benefits available upon approval without a waiting period.</p>
51	2.4.B	<p><b>Question:</b> Can you clarify what suffices as a guarantee of approval of coverage? Is this an ID card, or is a more specific document required?</p> <p><b>Answer:</b> See Question 50.</p>
52	2.4.E	<p><b>Question:</b> Can you clarify - Contractor shall deduct from payroll after taxes for the 26 deductions. Are you asking the Contractor to create a deduction tool for this?</p> <p><b>Answer:</b> See Question 8.</p>
53	2.5.A and 2.5.B	<p><b>Question:</b> Preventative and Diagnostic care is listed in A, and also in B. under basic. Can you clarify if preventative &amp; diagnostic should be covered in A at 100% - and Basic coverage at 70% separately from diagnostic and preventive care. or are we two implement two plan choices for members?</p> <p><b>Answer:</b> There will not be 2 plan options.</p>
54	2.7.A.2	<p><b>Question:</b> Coverage is requested for all members with no pre-existing conditions. Typically orthodontics is the only dental pre-existing treatment exclusion. Can you confirm if we should keep in-process ortho treatment as pre-existing, or would the group like to cover in process ortho treatments for new members?</p> <p><b>Answer:</b> See section 2.5.E.</p>
55	2.10.C	<p><b>Question:</b> Can you confirm if the last calendar day of the month referenced is the last calendar day of the quarter to be reported on, or the last day of the month following the quarter to be reported on?</p> <p><b>Answer:</b> The last day of calendar month is the last day of the quarter to be reported on.</p>
56	Performance Standards	<p><b>Question:</b> Performance Standards - are these applicable to both dental &amp; vision?</p> <p><b>Answer:</b> See Question 20.</p>
57	Performance Standards Question 7	<p><b>Question:</b> Can you confirm how this list should be delivered, ex: online, excel, etc</p> <p><b>Answer:</b> List should be delivered in Excel.</p>