

PSERS RFP 2020-3 Retiree Dental Benefits questions:

Given the COVID-19 restrictions, including the governor’s stay-at-home order for Dauphin County, is PSERS still requiring hard copies to be delivered to its headquarters? Can electronic copies be submitted in place of hard copies?

Pennsylvania Governor Tom Wolf issued a Proclamation of Disaster Emergency related to the emergence and spread of the novel coronavirus known as COVID-19, the Commonwealth of Pennsylvania has been taking numerous steps to mitigate and prevent the spread of the virus while maintaining the programs and services provided by the Commonwealth to its citizens.

As a result, PSERS is amending its Proposal Submission Requirements. Please monitor website for all communications regarding the RFP.

<http://www.emarketplace.state.pa.us/Search.aspx>

The Issuing Office will **not** accept proposals via email or facsimile transmission.

Is there a date range for Finalist Presentations for Dental?

If finalist presentations are requested, they will be during the best and final period, May 15 through 20, 2020

The links for A. Technical and B. Cost did not pull up the criteria for evaluation. Can you please provide this information?

[https://www.dgs.pa.gov/MaterialsServicesProcurement/ProcurementResources/Pages/RFP\\_SCORING\\_FORMULA.aspx](https://www.dgs.pa.gov/MaterialsServicesProcurement/ProcurementResources/Pages/RFP_SCORING_FORMULA.aspx)

Is there a family deductible or is this per person?

<b>Annual Deductible</b> (waived for preventive services)	Network \$0 Non-Network \$100
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The deductible is per person. There is no family deductible.

Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year – is this 4 for each or 4 total?

Periodontics-Non Surgical	Periodontal scaling and root planing once per quadrant, every 12 months  Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
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Periodontal maintenance --- in which periodontal treatment including scaling, root planing, and periodontal surgery, such as gingivectomy, gingivoplasty and osseous surgery has been performed -- is limited to four times in 12 months, less the number of teeth cleanings received

during such 12 month period. The respondent has the liberty to propose a limit greater than four treatment in a 12 month period, but this needs to be documented as a deviation.

Is the dedicated customer service inquiry toll-free telephone line specific to PSERS members or specific to the line of coverage?

PSERS is requesting a dedicated customer service inquiry toll-free telephone line(s) specific to PSERS members. Please describe your capabilities in providing this. Otherwise, please describe how your toll-free telephone lines are assigned if at all.

RFP States: "Confirm your agreement to comply with each Customer Service performance standard and disclose your proposed amount of penalty at risk (where applicable)." Please confirm if the offeror proposes the amount of penalty at risk or if the offeror must follow the amounts in the RFP?

A customer service performance guarantee must be included in the respondent's submission. The service categories listed could be included in the respondent's proposed performance guarantee. However, changes to category, metrics or penalty must be clearly disclosed. Otherwise, PSERS assumes that the respondent has agreed to match the service categories, service measures and penalties.

Would PSERS like to see Per Member Per Month rates and not Per Retiree/Contract Per Month? For Fully insured and Monthly Claim Rate.

PSERS is requesting that the respondent propose per member per month rate. PSERS will use the per member per month rates to develop the monthly premium rate structure as follows

Individual = 1 x Per Member Per Month Rate  
Two-Party = 2 x Per Member Per Month Rate  
Family = 3 x Per Member Per Month Rate

As it relates to the Background Checks referenced under Section III-5 Work Plan Item G, please describe a scenario when it would be expected the dental carrier or their subcontractor would access the Commonwealth IT Facilities.

It is not anticipated that the Dental Contractor would be required to access the PSERS IT Facilities to retrieve information critical the proper administration of the plan. Eligibility and premium payment information would all flow through the HOP Administration Unit to/from the Dental Contractor.

Under Section II-4 Evaluation Criterial, Item C Small Diverse Business and Small Business Participation, it states, "A total combined SDB/SB commitment less than one percent (1%) of the total contract cost is considered de minimis and will receive no Small Diverse Business or Small Business points." Please confirm if total cost is defined as premium, which is intended to cover claims, reserves, Plan Administration Expenses and Taxes or if it is defined as the Plan Administration Expenses? Please also confirm if total cost under a self-insured arrangement is defined as the self-insured fee.

For a fully insured arrangement, total cost is defined as total annual premium.  
For a self-insured arrangement, total cost is defined as the total annual administration costs.

Questions regarding the Small Diverse Business and Small Business Programs, including questions about the self-certification and verification processes can be directed to:

Department of General Services  
Bureau of Diversity, Inclusion and Small Business Opportunities (BDISBO)  
Room 611, North Office Building  
Harrisburg, PA 17125  
Phone: (717) 783-3119  
Fax: (717) 787-7052  
Email: [gs-bdisbo@pa.gov](mailto:gs-bdisbo@pa.gov)  
Website: [www.dgs.pa.gov](http://www.dgs.pa.gov)

Would the Commonwealth agree that, if the bidder was awarded the dental business on an insured basis, it would be a Covered Entity, a defined by HIPAA and therefore, a Business Associate Agreement would not be necessary, as we would not be acting as a Business Associate?

If the bidder is awarded the vision benefits on an insured basis, it would be a covered entity as defined by HIPAA and a Business Associate Agreement would not be needed.

Please confirm the spouse and children provided on the census file are eligible members and not covered by a living retired schoolteacher.

Spouses and children on the census file may be covered by a living retiree. However, spouses and dependents must also be enrolled in the HOP Medical or Value Medical program to be eligible for dental plan.

The RFP requires hardcopies mailed to PSERS. Due to the mandatory work from home, is there an option for electronic delivery? We currently have the ability to work with an outside printer, however it does add time and therefore I wanted to see if an electronic delivery option was available with an option to deliver hard copies a couple days later.

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- Please clarify if eligible members must enroll into a medical plan to obtain dental insurance? Page 5, provision 1 describes that members may enroll in dental only and later states members must enroll in either HOP or Value Plan.

- “Members may enroll into dental only when they are newly eligible for HOP or during a qualifying event, and must enroll in either a HOP plan or Value Plan.” (pg. 1)

Members may enroll in dental coverage only when they are first eligible for HOP, or if they have a subsequent qualifying event, and must also enroll in either the HOP Medical Plan or the Value Medical Plan.

Please confirm, if a spouse is under age 65, can they enroll in the voluntary dental plan?

Spouses and dependents must also be enrolled in the HOP Medical or Value Medical program to be eligible for dental plan.

Please confirm, if a surviving spouse, can they enroll in the voluntary dental plan? If so, are there any stipulations (e.g. pension receiving spouses)?

Spouses and dependents must also be enrolled in the HOP Medical or Value Medical program to be eligible for dental plan.

Can carriers submit electronically only due to the COVID-19 pandemic and subsequent stay at home orders and office closures?

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Please confirm total points available in the evaluation.

1000 points

Please confirm carriers must review and redline, and that they need to be included with the proposal response.

It is not clear what Articles I, II, and III refer to, therefore PSERS cannot provide an answer.

Please confirm if the service performance set forth in Section III-5, c-f are referencing the requested Performance Guarantees. If not and these are separate standards, can you please clarify the additional detail and the requested metrics required for the quarterly service reports?

Quarterly Reports service performance guarantee are outlined in Section III-6.B.2 requested reports are provided 20 business days after the end of the quarter. Metrics for items in Section III-5.F.1 thru 3 Telephone Customer Service Responsiveness, Telephone Inquiry Responsiveness and Written Correspondence are in Section III-6.B.1. All other items should represent your organization’s standard reporting and Account Management services.

Please confirm if PSERS is currently fully insured or self-funded.

PSERS' dental plan is currently fully insured.

If self-funded, please confirm the administrative fee (PEPM) and any network access fees.

If self-funded, on the experience file does the total benefits paid include admin fee amount or is this solely paid claims? Can you please provide the total paid admin fee broken out from paid claims by month?

If fully insured, please confirm current rates by tier.

PSERS will not release current and historical fully insured per member per month rate.

Small Business & Small Diverse Business Participation:

Is the Total Cost requirement based on self-funded premium or fully insured premium?

**For a fully insured arrangement, total cost is defined as total annual premium.**

**For a self-insured arrangement, total cost is defined as the total annual administration costs.**

Questions regarding the Small Diverse Business and Small Business Programs, including questions about the self-certification and verification processes can be directed to:

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Email: [gs-bdisbo@pa.gov](mailto:gs-bdisbo@pa.gov)  
Website: [www.dgs.pa.gov](http://www.dgs.pa.gov)

Are carriers permitted to submit a good faith efforts if meeting the requirement is unattainable?

**As stated in Section II-4.C.2, a total combined SDB/SB commitment of less than one percent (1%) of the total contract cost is considered de minimis and will receive no Small Diverse Business or Small Business points.**

Please see answer given above regarding the Small Diverse Business and Small Business Programs.

Is the current carrier meeting SDBSB participation requirements?

PSERS will not be providing a response.

Please confirm if PSERS requires dental packets/information sent annually to all enrolled members or just newly enrolled members?

Information is sent annually in personalized statements and kits as well as at meetings with newly eligible retirees. The Offeror will be required to assist in the development and distribution of communications. PSERS develops its own consolidated communications for all its programs and the

Offeror would coordinate with PSERS, the HOP Administration Unit (TPA) and its consultant on the enrollment process and materials distribution. The Contractor may be responsible for distribution of any approved additional communications requested directly from the member.

Will PSERS require physical ID cards sent to enrollees?

Physical ID cards are not required.

What kind of current communications is the current dental carrier sending each year, and to what populations (newly enrolled or all enrolled)?

The Offeror will be required to assist in the development and distribution of communications. PSERS develops its own consolidated communications for all its programs and the Offeror would coordinate with PSERS, the HOP Administration Unit (TPA) and its consultant on the enrollment process and materials distribution. The Contractor may be responsible for distribution of any approved additional communications requested directly from the member.

Please provide a census file showing all eligible employees, enrolled elections (enrolled or waived), enrollment tier, and member zip code.

Once your organization submits the signed NDA, you will receive via secure email the Attachment A – Medical Enrollment as of January 2020 which contains home zip codes of all eligible members. There is no census available that shows enrollment nor tier elected

Please confirm when carriers can expect to receive the additional data that would be provided upon submitting the NDA.

Once your organization submits the signed NDA, you will receive the additional data via secure email as quickly as possible.

Will PSERS consider reassessing the RFP due date dependent upon when carriers receive the additional information?

All proposals must be received by the Issuing Office at PSERS at close on April 15.

Please provide Appendix F – Iran Free Procurement Certification.



IranFreeProcurementCertificationForm.

Please provide Appendix G – Trade Secret Confidential Proprietary Information Notice Form.



TradeSecret\_ConfidentialPropertyInformation

Please provide a claims reprice (full claim data detail by line) to assist with pricing.

Claims repricing is not requested. We are requesting respondents' to provide in Section III-3.D. so self-report their average negotiated discounts for Western PA, North & Central PA, Eastern PA. PSERS will not be providing a claims repricing file.

Please provide a network utilization by benefit category (submitted and paid) for in-network vs. out-of-network.

For both calendar year 2019 and for calendar year 2018, 87% of benefits paid are in-network and 82% of service counts are in-network.

Page 33 – Enrollment – It does not define a mid-year retirement. If the member retires mid-year, are they entitled to full benefits under the retirement coverage?

Members may enroll in dental coverage only when they are first eligible for HOP, or if they have a subsequent qualifying event, and must also enroll in either the HOP Medical Plan or the Value Medical Plan.

Page 40 – Alternate Benefit – Please clarify if the current carrier requires a dentist to make the alternate benefit determination.

PSERS requests that you provide your dental insurance coverage consistent with your standard claims practices and insurance policies and certificates. The MetLife dental certificate has been provide to you so that you may generally understand the current dental program. PSERS will not be able to provide responses to any of MetLife's specific dental claims practices.

Page 41 – First Paragraph – Exam, pre and post x-rays, filling needed for Root Canal Therapy (RCT) – not able to bill separately, if so only pay for RCT ? All other services should be denied? This would also apply to Implants (requires multiple sessions)

PSERS requests that you provide your dental insurance coverage consistent with your standard claims practices and insurance policies and certificates. The MetLife dental certificate has been provide to you so that you may generally understand the current dental program. PSERS will not be able to provide responses to any of MetLife's specific dental claims practices.

Page 43 - #3 – Anesthesia – We have all anesthesia pre-authorized and paid by the Medical Carrier not Dental. Since the HP is not the medical carrier, can we still apply our logic or do we need to cover anesthesia services under dental?

General anesthesia or intravenous sedation in connection with oral surgery, extractions or other covered services, when determine that such anesthesia is necessary in accordance with generally accepted dental standards is a covered expense under the dental coverage.

Page 44 - #18 – Veneers – Please confirm if this applies to Anterior teeth only.

There are no specific exclusions for certain procedures on either posterior or anterior teeth in the MetLife certificate. PSERS requests that you provide your dental insurance coverage consistent with your standard claims practices and insurance policies and certificates. The MetLife dental certificate has been provide to you so that you may generally understand the current dental program. PSERS will not be able to provide responses to any of MetLife's specific dental claims practices. If your proposal excludes veneers on posterior teeth, please identify it as a deviation.

- [Page 46 - #27 – Missing Tooth Clause – If the member loses a nature tooth while covered under the PSERS' "active" plan, would the appliance qualify for benefits? If so, we will need prior history with a tooth map/chart to make these determinations.](#)

There is a specific exclusions in the MetLife certificate for certain procedures associated with missing teeth insured for dental insurance. The MetLife dental certificate has been provide to you so that you may generally understand the current dental program. PSERS will not be able to provide responses to any of MetLife's specific dental claims practices. PSERS requests that you provide your dental insurance coverage consistent with your standard claims practices and insurance policies and certificates. Please describe what your organization would exclude or include.