

**Pre-Proposal Conference
November 1, 2013
1:00 p.m.**

**Medical Care Programs
MD Medicaid Dental Benefits Administrator
OPASS #14-13780**

Introduction

Sabrina Lewis

Procurement and MBE Coordinator, Administrative Services, Office of Finance

I am here to help you understand the process for this procurement. Please be sure that your name, telephone and fax numbers, address and e-mail address are listed on the sign in sheet. If there is a need to contact you as a result of this meeting, we will be able to do so easily.

Attendees

Nancy McMorran, DeCare Dental

Sheila Fuchs, DeCare Dental

Mark Haraway, DentaQuest

Tequila Terry, DentaQuest

Jennifer Hoenstire, Delta Dental

Betty Scott, Quality Plan Administrators, Inc.

Maritza Rosales, Quality Plan Administrators, Inc.

Janelle Bryant, Global Strategies, LLC

Felicia Benjamin, Global Strategies, LLC

Sabrina Lewis, DHMH

Cathy Carter, DHMH

Michelle Lehner, DHMH

Joel Tornari, DHMH

Claire Serio, DHMH

Monchel Pridget, DHMH

Overview of Procurement Process

Cathy Carter

Procurement Specialist, Office of Procurement & Support Services

DHMH/Office of Health Services is seeking proposals to obtain a Dental Benefits Administrator to administer the dental program to all Medicaid recipients who are under the age of 21, recipients that are pregnant or enrolled in the Rare and Expensive Case Management program. These duties are described in the Scope of Work which begins on pg. 29 of the RFP.

- A. Minutes will be taken of this meeting and will be distributed to everyone in attendance and to everyone known to have received a copy of the proposal. If you decide not to

submit a proposal, we ask that you complete and return **pg. ii** which is a feedback response form which helps the Department in planning future procurements.

Subsequent to the pre-proposal conference, written questions will be accepted until there is insufficient time to do so before the due date. Also, questions and answers will be distributed to all vendors known to have received a copy of the proposal.

Questions and Answers as well as the minutes from this pre-proposal will be posted on eMM and the DHMH website. Please remember that in order to receive a contract award, a vendor must be “registered” on eMM. Registration is free. Please review Subsection 1.8 for details and website addresses.

Subsequent questions should be submitted no later than five (5) days prior to the proposal due date. Based on the availability of time to research and communicate an answer; will determine whether an answer can be given before the proposal due date. So try to get questions to us ASAP.

The contract resulting from this solicitation will be for 3 years beginning on or about July1, 2014, with 2 one year option renewals.

B. The Procurement Method for this solicitation is **Competitive Sealed Proposal**.

C. Offerors are required to submit their responses to the RFP in two parts

Volume I – Technical Proposal (separately sealed envelope)
Volume II – Financial Proposal (separately sealed envelope)

Each envelope shall bear the RFP Title and number, name and address of the Offeror, and closing date and time for receipt of the proposal. Pages of both volumes shall be consecutively numbered. The general format for this proposal is clearly stated under **Section 4 - Proposal Format**.

A brief transmittal letter prepared on the Offeror’s letterhead and signed by someone who is authorized to commit the Offeror to the services and requirements of the RFP is requested. Be sure to include your FEIN or SSN, acknowledgement of addenda, if applicable and **please include your e-mail address**.

Subsection 4.4 lists all of the documents and information required to be submitted with **Volume I** – which is your **Technical Proposal**. And please give special attention to **Subsection 4.4.2** which lists the (Additional Required Technical Submissions).

A **20%** MBE goal has been established for this contract and a **.5%** VSBE goal. Be sure to complete the MDOT Certified MBE Utilization and Fair Solicitation Affidavit (**Attachment D1**). **This attachment must be provided in separately sealed envelopes and labeled.**

If an Offeror fails to submit Attachment D1 with the offer as required, the Procurement Officer shall deem the proposal non-responsive and shall determine that the offer is not reasonably susceptible of being selected for award.

The Department of Health and Mental Hygiene's MBE Director, Courtney Billups, is here to expound on the proper way to complete this form.

Your Technical Proposal should consist of: 1 unbound original; 4 copies; 1 electronic version (CD) in Microsoft Word Format; and a second electronic version in searchable .pdf format (CD) for Public Information Act (PIA) requests. This copy shall be redacted so that confidential and/or proprietary information has been removed.

Within 5 days of being notified of its recommendation for award, the Offeror must complete and submit the Contract Affidavit set forth in Attachment C. If there is a question of who your Resident Agent is, please call the State's Corporate Charter Division at (410) 767-1330. The office is located at 301 W. Preston Street.

Please note that the contract shall not become effective until the Contract Affidavit is signed and returned after official notification.

Volume II - Financial Proposal shall contain all price information in the format specified in **Attachment F**. The number of copies for Volume II Financial Proposal is 1 unbound original, 4 copies, and 1 electronic version (CD) in MS Word of the Financial Proposal.

Your proposals will be evaluated by a committee organized for that purpose and will be based on the criteria set forth in the RFP under **Section 5 – Evaluation Criteria and Selection Procedure**. The **Technical Criteria**, listed in descending order of importance, can be found in Subsection 5.2. and the **Financial Criteria** is listed in Subsection 5.3.

As noted in Subsection 5.5 under **Selection Procedure** the contract will be awarded to the responsible Offeror that submitted the proposal determined to be the most advantageous to the State considering **technical** evaluation factors and **price** factors as set forth in the RFP. Unsuccessful Offerors have the right to ask for a debriefing.

- D. It is very important that you get your proposals to us by the date, time, and location listed. Your proposals are due no later than **Friday, November 15, 2013 at 2:00 p.m. (local time)**. The address for receipt of proposals is listed on the Key Information Summary Sheet (page iii) **No proposals will be accepted after.**

The three acceptable means of delivering a proposal are:

1. The U.S. Postal Service
2. Hand Delivery by Offeror - ask for receipt
3. Hand Delivery by Commercial Carrier - ask for receipt

The Office of Health Services will give you an overview of the services and after, will address any questions you may have.

Background, Purpose, and Scope of Work

Michelle Lehner

Deputy Director, Acute Care Administration, Office of Health Services

In 2007, the Dental Action Committee (DAC) recommended that Maryland Medicaid solicit a dental benefits administrator (DBA) to manage the dental program, partially in response to criticisms of the program after the death of Deamonte Driver. The first procurement was completed in 2009, and the DBA created the Maryland Healthy Smiles Program. The Maryland Healthy Smiles Program covers participants under 21 years of age, adult pregnant women, and adults enrolled in the REM program. Utilization has grown since the implementation of the Maryland Healthy Smiles Program, to approximately 42%.

The purpose of the program is to expand the network for the providers and for participants. Maintaining the dental home program will be critical.

The Offeror is expected to develop and maintain a network that will be compatible with DHMH's network. At the start of the contract, the Offeror will be working with DHMH's current system. Midway through the contract, DHMH will switch to a new eligibility and information system, and the Offeror will be expected to maintain compatibility and continuity with the new system as well.

Provider relations and education is also important. Offerors will be expected to do outreach with providers, including education on appropriate billing practices where appropriate. The Offeror is expected to increase access for participants in the Maryland Healthy Smiles Program; DHMH would like to see additional growth.

DHMH expects the Offeror to be responsible for credentialing for all dental providers. The Offeror would have access to enroll the provider through the eMedicaid portal to be directly uploaded to the Maryland Medicaid Information System (MMIS). An application for this process is required, and the application template would require approval from DHMH and the Assistant Attorney General.

Participant outreach is also important. If a recipient does not attend an appointment, the Offeror is expected to follow up or reschedule appointments.

The Offeror will be responsible for developing an office reference manual for all providers, informing them where to send bills, billing practices, and the details of the dental benefit packages. This manual should be posted online as well as mailed to each participating provider.

The Offeror will be responsible for sending out a recipient handbook, along with a dental card, to each recipient.

The Offeror will be responsible for keeping an updated provider directory to comply with federal requirements to maintain addresses and phone numbers of all providers. This information must be submitted to the federal government on a quarterly basis.

The Offeror is expected to develop and maintain educational materials for recipients on its website, to answer any questions recipients may have about the Maryland Healthy Smiles Program.

The Offeror will be responsible for all pre-authorizations; none will be conducted through DHMH.

The Offeror will be responsible for auditing dental providers on a regular basis for due diligence.

Appeals will be the responsibility of the Offeror. It is expected that the Offeror provide a clinician to be present at all appeals at the Office of Administrative Hearings.

The Offeror is expected to maintain a call center for providers and recipients. The call center should be able to handle all questions related to providers and recipients, eligibility, and locating dentists. The RFP contains additional requirements about answering calls, abandonment rates, and other standards for the center.

The Offeror is expected to maintain an office and staff within the State of Maryland. The staff required to work in Maryland is listed in the RFP.

The Offeror will be responsible for claims processing. The Offeror will pay providers out of a State-owned bank account, after performing all pre-authorizations and claim adjudications. In turn, the Offeror submits claims to the State through MMIS. The State then adjudicates the claim and money is sent back into the State owned bank account. If the State's adjudication does not agree with the Offeror's adjudication, the State cannot recoup the money.

The Offeror is responsible for uploading the eligibility file. This file is sent to the successful Offeror every evening and it must be maintained on a daily basis to ensure accuracy.

Questions and Answers

1) Q: Can the Department define "suburban areas," as described in Section 3.2.1(C) on page 31 of the RFP?

A: Suburban areas are defined by the radius of each recipient's residence, just as the radius defines urban and rural areas.

2) Q: On page 41, 3.2.7(E) describes the Offeror being responsible for adding providers to the system. Because this question appears in the member eligibility section, we wanted to confirm if the Department intended to use the word "provider," or if it should be "member"?

A: The accurate word for that section is member: "The ASO must have the ability to add additional **members** at the request of the Department."

3) Q: When you try to open the link provided on page 146 for Attachment T, you receive the following message: "Page cannot be found." We have searched the site for this document but have not found it. Please provide the current hyperlink for Attachment T.

A: The correct hyperlink is www.doit.maryland.gov, keyword: Security Policy.

4) Q: Does the language in the Contract (Attachment A) on pages 69-70 preclude the Contractor from making any changes to the scope of work following the contract award that are necessary to correct error within the RFP that may be made by the State of Maryland? For example, if the scope of work states that the State wants semi-annual enrollment reports and the State realizes after the fact it intended to request daily enrollment reports, would it be permissible to change the scope of work to accommodate daily enrollment reports?

A: The Contractor will have the flexibility to change the scope of work, so long as it receives approval from the Department.

5) Q: Does the State expect the enrollment in the dental program to be 650,000 on July 1, 2014? Will the Offeror be expected to have a full provider network established on July 1? Will there be the ability to adopt providers from the current network?

A: Currently, the State has approximately 595,000 enrollees in the Maryland Healthy Smiles Program, and with the growth of the program expected from Health Care Reform, the Department expects there to be 650,000 enrollees on July 1. Also, the successful Offeror will be expected to have a provider network in place on July 1. Current dental providers will be grandfathered into the Offeror's network.

6) Q: If the Offeror is an MBE, and they do not meet the 20% subcontracting goal, is the Offeror expected to subcontract out to meet the MBE goal.

A: Yes, all Offerors, regardless of MBE status, are expected to meet the MBE subcontracting goal of 20%.

7) Q: Who is the current incumbent?

A: DentaQuest is the incumbent vendor.

8) Q: How will the Offeror and the State work together to ensure claims are adjudicated properly on both ends of the process?

A: The Offeror will work with the Department to include its edits for claims. Because of the nature of MMIS, all edits may not be incorporated fully. The Department expects to work alongside the Offeror's clinician to incorporate as many edits as possible so both systems are consistent with each other.

9) Q: Of the claims submitted to the Department from the previous Contractor, how many claims were unpaid or rejected?

A: Last year, there were \$151 million paid in dental claims. Out of that total, the current amount of rejected claims is approximately \$500,000.

10) Q: Does the Department's system have the capability to take a mass enrollment file with multiple credentialed providers and upload it directly into MMIS?

A: No. All dental providers must be entered into the system one at a time.

11) Q: In the RFP, the electronic proposal is requested in Word format. Is it permissible to submit some of the exhibits requested by the RFP in .pdf format?

A: Yes, Offerors are permitted to submit exhibits in .pdf format.

12) Q: What is the current breakdown of the population receiving services from the Maryland Healthy Smiles Program?

A: As of November 2013, there are 935 REM adults, 3,262 REM participants under 21, 9,880 pregnant adults, and 577,902 participants under 21 years of age, for a total of 591,979 participants in the Maryland Healthy Smiles Program.

MBE

Courtney Billups

Director, Minority Business Enterprise Program

The MDOT Certified MBE Utilization and Fair Solicitation Affidavit (Attachment D-1) must be fully and accurately completed and submitted along with your bid or proposal in a separately sealed envelope. Failure to do so will result in your bid or proposal being deemed non-responsive.

On the D-1 form, you must first acknowledge and express your intention to meet the overall MBE goal percentage established for the solicitation. You must also enter any subgoals that have been established for the solicitation. If no subgoals are established for the solicitation, do not enter any information regarding the percentages for African-American, Hispanic-American, Asian-American or Woman-Owned businesses in Section 1.

You may request of waiver of the MBE goal and within 10 working days of receiving notice that your firm is the apparent awardee, you must submit all required waiver documentation in accordance with COMAR 21.11.03.10.

Within 10 working days of receiving notice that your firm is the apparent awardee, you must submit your Outreach Efforts Compliance Statement (Attachment D-2) and your Subcontractor Project Participation Certification (Attachment D-3).

The MBE participation schedule should include the names of the minority business enterprises that you intend to use to meet the required MBE goal, along with their federal employment identification number, their MDOT MBE certification number as well as their certification category. Only MDOT MBE certification is acceptable. MBE certification from another entity or jurisdiction will not be accepted. Additionally, the percentage of the of the total contract value to be provided by the particular MBE should be entered as well as a specific description of the work that is to be performed by that particular MBE.

In the summary, you will break down the specific MBE status of the particular MBE subcontractors and this should be equal to or exceed the MBE goal established for the solicitation.

Please carefully review the liquidated damages provisions in the solicitation regarding compliance with MBE rules and regulations.

Closing

Additional questions may be submitted via the link in Section 1.9 of the RFP. Thank you for attending. A copy of the minutes will be shared after today's meeting.

**Medical Care Programs
MD Medicaid Dental Benefits Administrator
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Submitted Questions

13) Q: In Section 2.1.2 concerning Offeror Minimum Qualifications (pg. 28), the RFP states “a minimum of 650,000 participants.” Will the ACA or other legislation/programs add additional participants in 2014? If so, what are the projections?

A: The Department does anticipate an increase. At this point, we cannot estimate the additional members.

14) Q: What are the current number of participants classified as Rare and Expensive Case Management participants?

A: As of November 2013, there are 935 REM adults and 3,262 REM participants under 21, for a total of 4,197 REM participants.

15) Q: Concerning Section 3.2.1.B.1 about Network Specifications (pg. 31), is there a classification of dental hygienists such as Registered Dental Hygienist in Alternative Practice, that can bill the Program independently? If so, are they counted in the provider network requirements?

A: A dental hygienist may not bill the Program independently, and therefore are not counted in the provider network requirements.

16) Q: In Section 3.2.2.F dealing with Coordination of Public Health and Other Entities (pg. 35), there is the mention of coordination of transportation services. Does that mean that the Contractor must pay for transportation services as well?

A: No, it does not. If the recipient needs help with coordination of transportation, the Contractor is expected to help the recipient with that coordination.

17) Q: In Section 1.11 dealing with the Proposal Due (Closing) Date and Time (pg. 15), please clarify the intent of the significantly reduced submission timeframes.

A: The current contract ends June 30, 2014. To allow for transition and/or implementation, the submission time needed to be reduced.

18) Q: In Section 1.33 concerning Minority Business Enterprise Goals (pg. 22), the first sentence of this section states an overall MBE subcontractor goal of 20%. The second sentence states there are no MBE subcontractor participation goals for this procurement. Please clarify the contradiction

A: There is a 20% MBE participation goal. Please see attached addendum.

Q: If in fact it is 20%, does that need to be met by the submission date?

A: Please clarify this question.

19) Q: In Section 3.2.2.D concerning Standards for Development of Written Outreach and Education Materials (pg. 34), this section states the materials “must be translated for any group identified by the Department with limited English proficiency.” Please provide a list of current groups that require the translation of materials.

A: Currently, the Department only translates materials into Spanish.

20) Q: For Section 3.2.4.B.5 concerning Grievance and Appeal Handling (pg. 39), please provide the number of State Fair Hearings where an expert witness is required per year.

A: For Fiscal Year 2013, there were 37 hearings. It is required that an expert witness be present for every hearing.

21) Q: For Section 3.2.4.B.3 concerning Grievance and Appeal Handling (pg. 39), please provide a copy of the Department approved template.

A: The expectation of Section 3.2.4.B.3 is to have the Contractor develop its own template.

22) Q: In Section 1.9 concerning Questions (pg. 14), it is written that “all substantive questions, not previously answered, and are not clearly specific to the requestor, will be distributed to all vendors in sufficient time for the answer to be taken into consideration in the Proposal.” Please confirm that all potential bidders (known to have received a copy of the RFP) will receive all questions and answers submitted by all potential bidders, to ensure they have all information needed to respond to the RFP.

A: All substantive questions not previously answered and are not clearly specific to the requestor will be distributed to all vendors in sufficient time for the answer to be taken into consideration in the Proposal.

23) Q: In Section 1.16 concerning Oral Presentation (pg. 15-16), how long after the proposal due date do you anticipate Oral Presentations being held?

A: We cannot say definitively when oral presentations, if any, will be held. Each procurement is different.

Q. How much lead time may we expect between notification of Oral Presentation and the actual presentation?

A. We cannot say definitively how much lead time will be given to offerors for their oral presentations after notification. Each procurement is different.

24) Q: In Section 1.16 concerning Oral Presentation (pg. 15-16), how long after Oral Presentations do you anticipate announcing an intent to award?

A: We cannot say definitively how long after oral presentations we anticipate announcing an intent to award. Each procurement is different.

25) Q: For Section 3.2.4.A concerning Recipient and Provider Assistance – Services – Call Center (pg. 38), please provide historical call metrics to potential bidders. For instance, what were the inbound and outbound call volumes for recipients and providers? What were the average call handling metrics such as average handling time, etc.?

A: For provider calls in the first quarter of 2013, the number of inbound calls was 11,365. The average length of a call was 5:05 minutes. The abandonment rate was 3.0%. For recipient calls in the first quarter of 2013, the number of inbound calls was 31,039. The average length of a call was 4:52 minutes. The abandonment rate was 1.1%.

26) Q: In Section 3.2.4.A concerning Recipient and Provider Assistance – Services – Call Center (pg. 38), is an IVR assumed to be included in the ACD functionality? If so, please provide the current option trees to prospective bidders.

A: Yes, an IVR should be included in the Call Center functionality. The Department feels the option trees are vendor specific.

27) Q: For the Summary Statement in Section 1.1.3 (pg. 7), please identify the contract award date.

A: We cannot say definitively what the contract award date will be. Each procurement is different. However, our anticipated contract start date is July 1, 2014.

28) Q: For the Summary Statement in Section 1.1.3 (pg. 7), please provide detailed electronic claims experience data.

A: Please clarify this question.

29) Q: In Section 3.2.1(C) concerning Participant Access to Services, it states:

- a. Urban areas, within 10-mile radius of each recipient's residence.
- b. Suburban areas, within 20-mile radius of each recipient's residence.
- c. Rural areas, within 30-mile radius of each recipient's residence.

Will the state be providing a census to fulfill this request?

A: No.

30) Q: Can you tell us for the enrollment, estimated at 620,000, roughly what percent of the members are pregnant women, what percent are children, what percentage of REM are adults and kids, and what percent of the total population are REM?

A: At the Pre-Bid conference, the current enrollment was estimated to be 595,000. Based on current enrollment numbers, the breakdown is as follows: for REM adults – 0.16%, for REM participants under the age of 21 – 0.55%, for pregnant women over the age of 21 – 1.7%, and for participants under the age of 21 – 98%.

31) Q: Is DHS willing to accept a provider fee schedule higher than the DHS published fee schedule and not penalize the vendor?

A: The Department of Health and Mental Hygiene (DHMH) would not pay a provider above the published fee schedule.

32) Q: Are there appeal options for the vendor when there are discrepancies in claims between vendor and DHS?

A: Yes.

33) Q: If there is a primary dentist assigned, can the vendor pay other providers (excluding specialty) or can the vendor only pay for the PCD and specialty or can they pay for any dentist the member sees?

A: The vendor may pay any provider.

34) Q: In what format are claims provided to DHS?

A: DHMH accepts the HIPAA compliant 837D from the vendor.