



PRE-OFFER CONFERENCE

Request for Proposal: ASRS Group Dental Services

Solicitation Code: BPM001922

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of
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Q&As – Discussion Forum

Posted 1-3-2020

Q: For Exhibit K – ASRS Procedure Summary & Detail, is this data reflective of both the Basic & Advance PPO plans combined or reflective of the Advance Plan only?

A: The data is reflective of both the Basic & Advance PPO plans.

Q: Special Instructions to Offerors, Section G Submission of Offer. Item #5 states "Documents uploaded to APP should not exceed ten mbs". Please clarify that this requirement relates to each document uploaded and not the total number of documents uploaded for the submission through APP.

A: The 10 megabyte (mb) limit is for one document. The Offeror may have several documents to submit, and each one may be up to 10 mbs.

Posted 12-30-2019

Q. What documents must be submitted by December 30, 2019?

A. As indicated on the Notice Page of the document labeled BPM001922 Part 1 of 2 - SOW Terms Instructions Exhibits, an exception or request for a substitution to the Solicitation is due on December 30, 2019. The purpose of this deadline is, in accordance with Section B (Inquiries) of the Uniform Instructions to Offeror, for the ASRS to review and to consider whether a Solicitation Amendment may be issued. Offerors may submit the request in any format but must utilize the APP *Discussions with Buyer* tab: select Compose, select Owner as the "To" recipient, write a message and attach a file, if applicable.

This deadline does not refer to Attachment B: Exceptions referenced in Section C(3) (Offer Preparation) of the Uniform Instructions to Offerors and Section F(2) (Attachments) of the Special Instructions to Offerors. If applicable, Attachment B: Exceptions should be utilized by Offeror to document any proposed changes to any requirements or terms or conditions that Offeror would like ASRS to consider during the evaluation process and for any resulting Contract. Attachment B: Exceptions, should be submitted, along with all other requested attachments, by the Offer due date and time (as amended by Solicitation Amendment). As stated in the instructions, these exceptions may impact an Offeror's susceptibility for award.

Q. If we simply upload a document, do we hit "Save" or do we need to hit "Validate and Send my answer"? We don't want to close out the ability to respond yet.

A. It is the ASRS's understanding that until Offeror has uploaded all requested documents and is ready to submit the response, Offeror should NOT click the "Validate and send my answer" (see [Submitting an Offer QRG](#)). Otherwise Offeror will have to follow a process to amend or withdraw that Offer and re-submit, which must be done before the due date and time (see [Amending and Withdrawing an Offer](#)). If you have any other system questions, the APP Helpdesk can be reached at app@azadoa.gov or by calling 602-542-7600.

Q. Can you confirm if the due date for questions has been extended?

A. The ASRS has not extended the due date for questions. At this time, the due date for submitting questions is January 3, 2020. Potential Offerors are encouraged to review all of the Questions and Answers on the *Discussions with Buyer* tab that have been posted, including any attachments to those posts, which may provide the information based on a similar question. If the due date for questions is revised in the future, information will be posted by the ASRS on the *Discussions with Buyer* forum.

Q. We see mention of providing a SSAE-18 report annually, which traditionally is considered a SOC 1 report and is focused on a carrier's financial reporting. A SOC 2 Type II report, which has become the industry standard, includes those elements of a SOC 1, but also includes elements around how a carrier secures and protects customer data. Please confirm that you are looking for the winning carrier to provide a SOC 2 Type II report.

A. The ASRS will accept and review, on an annual basis, the generally accepted standardized reporting format for operational audits of the Contractor conducted by an external firm. The ASRS may also exercise the audit rights in the Section 16 (Audit) of the Special Terms and Conditions and Section 3.3 (Audit) of the Uniform Terms and Conditions.

Q. Under Section J. Minimum Qualifications and Requirements, item 3. States, "Offeror has provided dental services that include claims administration and network management for at least one group of 20,000 or more eligible participants for at least five years." Please confirm that the ASRS cannot be used as an example of meeting such a requirement.

A. The ASRS has not specifically excluded any experience that otherwise meets the requirements outlined in Section J (Minimum Qualifications and Requirements) of the Special Instructions to Offeror. As outlined in that section, the ASRS will review all Offerors' stated experience and explanations detailed on Attachment D: Questionnaire and Attachment F: References for Offeror.

Q. Requesting clarification of terminology (highlighted below) on question 2.5.1.3: *Respond to all complaints, disputes and appeals promptly, according to time standards established by ASRS. Disputes about dental treatment should be resolved within seven (7) business days after the complaint is filed.*

- Does "disputes" and "complaint" include appeals, complaints, and grievances?
- Is "treatment" limited to pre-determination of dental service requests or includes both pre and post services?
- Does "resolution" require approval or denial of services?

The reason for requested clarification is, the seven-day resolution time-frame may result in escalated levels of review resulting in increased costs to adjudicate claims. It often takes longer than seven days to get needed clinical documentation from a provider (i.e. X-Rays, History notes) in order to make a treatment determination. This time-frame may result in the denial of appeals due to lack of necessary documentation at the first level, forcing the appeal up to a second level and a third level (external independent review) at an accelerated pace. This may cause increased time and cost to adjudicate due to additional touch time (2nd level instead of 1st level) and the cost of an external independent review.

A. In Section 2.5 (Claim Appeals) of the Scope of Work, the intent of the ASRS is to ensure Participants receive transparent and timely communication regarding matters concerning their care. This includes providing clear information about required forms, steps, and timeframes by both the Participant and the Contractor, to receive complete and accurate documentation necessary to make a determination without unnecessarily delaying requested or proposed treatment.

Offeror should provide information regarding its internal processes to meet the requirements outlined in the Scope of Work in the section labeled Claim Appeals on Attachment D: Questionnaire.

Q. Attachment E - GEO Access Analysis (DPPO): Key Locations

The DPPO GEO Access Analysis Instructions state that we are to complete the summary table for key locations, however we cannot identify what you define as "key locations".

- Exhibit A-E Part 1 of 2 does not state any "key locations" for DPPO. Please advise how you define "key locations".
- Is it your expectation that all zip codes listed on Exhibit A (ASRSDentalCensus) be considered as key locations?

A. Per instructions on the GeoAccess Analysis tab, Exhibit A-ASRS Dental Census located in the document labeled BPM001922 Part 1 of 2 – ExhibitsA-E.xlsx provides zip codes for key locations.

Posted 12-24-19

Performance Guarantees

Q: We understand the ASRS desire to have 100% of Open Enrollment events attended by Contractor representative, so to better understand your needs we have a few questions:

- a) does the ASRS have benefit fairs on the same day in multiple locations? If so what's the most extreme example?
- b) how many benefit fairs is the ASRS planning, what's been the historical number of recent?
- c) over how many days does the ASRS have benefit fairs?
- d) are benefit fairs hosted all over the Arizona or only in a few locations, any detail would be helpful.

A: ASRS Open Enrollment events are typically scheduled during and throughout the designated Open Enrollment period. Attached to this message is a copy of the meeting dates, locations, times, and method of delivery (in-person or webinar) for the 2020 Open Enrollment. As indicated, no events were scheduled on the same day at multiple locations. Instead, for in-person meetings, multiple presentation sessions (4) per day were conducted at a single location; the

sessions were scheduled on eight (8) different dates in five (5) unique cities across the state. For webinar meetings, a single session per day was conducted on four (4) different dates and was hosted from the ASRS office in Phoenix. In total, there were 36 sessions on 12 different dates that required participation by a dental representative.

The ASRS anticipates that future Open Enrollment events will be similar in structure and volume. However, in accordance with Section 2.7.1.3 (Open Enrollment) of the Scope of Work, the ASRS may determine that fewer/more events are required depending on the number of plan changes and in order to best assist Subscribers in reviewing their coverage options.

*attached 2020OEmeetings.pdf

Posted 12-20-19 **Alternate Benefits**

Q: For the 2019 plan year, how were posterior composite restorations covered? As a primary benefit, as an alternate benefit, or no coverage? For the 2019 plan year, how were full cast noble metal crowns (CDT 2790) covered? As a primary benefit, as an alternate benefit, or no coverage? Please provide a listing of CDT codes that alternate benefits applied to during the 2019 plan year.

A: For the 2019 plan year, both posterior composites and full cast noble medal crowns were covered under the Alternative Benefits provision. For the 2020 plan year, the posterior composites will be covered in full (at the coinsurance level) with no alternative benefit; crowns will remain unaffected by the change. A full listing of CDT codes for which the Alternative Benefits was applied is not available.

Specific Requirements

Q: Regarding page 4 of 12 of the Statement of Work # 2.3.5 "allow ASRS view access to all provider contracts and fee schedules for audit purposes", can you please clarify the intent of this request? Is this provision currently in place with the incumbent carrier today?

A: In this Solicitation and for the resulting Contract, the ASRS is requesting access to as much information and data as possible that will assist in successfully managing the dental program and in making effective plan design decisions. Any exceptions to the requested requirements or terms and conditions should be documented in Attachment B: Exceptions. As stated in the Uniform Instructions to Offerors, Section C(3) (Exceptions to Terms and Conditions), exceptions may impact an Offeror's susceptibility for award.

Q: If we do not offer direct billing for the 500 retirees that are currently being direct billed, will the viability of our quote be affected

A: Offerors should provide information in the Offer with how they propose to fulfill the requirements under Section 2.9.2 (Financial Management) of the Scope of Work.

Q: How many onsite representatives are currently provided by Sun Life?

To clarify, is one onsite representative being requested for the combined population of all plans or for each plan population?

A: As indicated in the Scope of Work Section 2.1.3. (Account Management) a full-time onsite representative is required when the combined number of Participants for all plans awarded to the Contractor is over 3,000. For the past several contract cycles, the ASRS has had one onsite dental representative from a single contractor.

Performance Guarantees

Q: For the GeoAccess requirement by zip code, is the 99% requirement intended to apply to all plans, including DHMO?

A: One of ASRS's objectives is to provide adequate dental provider access. The 99% threshold in the Performance Guarantees is a target level for access. If Offerors believe different levels of guaranteed access are necessarily different for a DPPO and DHMO plan, Offeror may consider completing Attachment B: Exceptions and identifying recommended changes for the ASRS to review and consider.

Supplemental Information

Q. Will the ASRS be willing to review and sign an additional document?

A: In accordance with section F 2.5(7) of the Special Instructions to Offerors, additional documents that the Offeror will require to be completed or signed by the ASRS must be submitted prior to the performance of services. If applicable, please submit such documents with the Offer submission.

Posted 12-18-19

Reporting Requirements

Q: Attachment D: Questionnaire, Section: Reporting Question: 1 - Describe your record keeping system and the process by which you manage records at the client level and the individual Participant/dependent level? Can we receive additional clarification on the scope of this question?

A: Section 2.8 (Reporting) of the Scope of Work details Contractor record keeping and reporting requirements. Offeror should provide information regarding its internal processes to meet the requirements outlined in the Scope of Work as well as in Section 3 (Contractor's Obligation Regarding Information Security and Data Privacy) of the Special Terms and Conditions.

GeoAccess Analysis

Q: The GeoAccess Analysis tab of Attachment E2 Pricing Schedule DPPO includes the instruction to "complete the GeoAccess summary table below for key locations". Can you please provide clarification on key locations you'd like us to include in the geo access summary table?

A: Per instructions on the GeoAccess Analysis tab, Exhibit A-ASRS Dental Census located in the document labeled BPM001922 Part 1 of 2 – ExhibitsA-E.xlsx provides zip codes for key locations.

Scope of Work

Q. Section 1.7 states the Contractor shall provide an implementation credit of \$200,000, is this allowed for fully insured plans?

A. The ASRS has issued Solicitation Amendment 1, which addresses this question.

DHMO Provider Disruption Data

Q. Is it possible to have the DHMO Provider Disruption file updated to include a column with the provider clinic or provider business name on all the provider lines?

Initial A (12/10/2019). The ASRS is reviewing this request and will provide an update in the Discussion Forum and/or by revising the Solicitation Exhibits.

Final A: This data is not readily available to provide; however the name and address on Attachment E: Pricing Schedule can be utilized to indicate whether the listed provider is in Offeror's network.

Pricing Schedule

Q: Can you please clarify the tier-structure on the census? Rates are listed and requested as 3-tier but 4 tiers are showing on the census. Can you please clarify or provide us with a 3-tier census?

A: Rates requested on the Pricing Schedule is for three tiers: Subscriber, Subscriber +1 Dependent and Subscriber +2 or more Dependents. The census data information provides data for those three tiers. The data is organized using the Family Indicators. EE: Subscriber only corresponds to the Subscriber tier, ES: Subscriber + Spouse corresponds to the Subscriber +1 tier, FF: Subscriber + Family corresponds to the Subscriber+2 or more Dependents tier and EC: Subscriber plus child or children may correspond to either the Subscriber + 1 Dependent or the Subscriber +2 or more Dependents based upon how many children the Subscriber has on the plan.

The column labeled "Assigned Subscriber Number" indicates a unique Subscriber (member). Any duplicate numbers within that column indicate one or more dependents associated with that Subscriber. Based on that column, and utilizing the "Family Indicator" column, the Offeror may organize the data to group by family or to extrapolate the number of unique Subscribers as well as those that have one or more dependents.

Business Continuity Plan/Disaster Recovery Plan

Q: Under Attachment D: Questionnaire, Section: Account Management & Organizational Processes Question 4.1: What overarching framework do you utilize for information management and control strategy? Can you provide more clarity to the scope of this question?

A: Question 4 and 4.1 of Account Management & Organizational Processes are:

4. Does your company have documented Business Continuity Plan (BCP) and Disaster Recovery Plans (DRP)? 4.1 How often are they tested, reviewed and updated?

As indicated in Section III.3 (Contractor's Obligation Regarding Information Security and Data Privacy) of the Special Terms and Conditions, the ASRS follows the State of Arizona's standard policies and procedures. However, Offeror should provide information regarding its internal processes to meet the requirements outlined in Section III.7.9 and 7.10 (Network Security) of the Special Terms and Conditions.

Performance Guarantees

Q: Regarding Statement of Work pages 9 - 12, can you please clarify if the eligibility processing performance guarantee "% of updates to eligibility or enrollment records made within two (2) business days after receiving the file" is for clean eligibility files, not that if someone errors it is counted toward the 100% update since the record is provided on an error report and not updated?

A: In Section 2.11 (Performance Guarantees) of the Scope of Work, under the Service Performance Standards - Eligibility Processing, the measurement of % of updates to eligibility or enrollment records made within two (2) business days after receiving the file to applies to complete and accurate eligibility files or enrollment records.

Payment Discount Options

Q: Attachment E - Pricing Schedule. Please clarify #4, Payment Discount Options. What is ASRS looking for here? Please advise.

A: BPM001922 Part 2 of 2, Attachment E: Pricing Schedule #4 states:

"For the services specified herein, the following will apply:

If payment is made within ____ calendar days after acceptance of services, the above quoted price, shall be discounted by ____."

In accordance with Section I.21 (Discounts) of the Special Terms and Conditions, Offerors may offer a discount on services that will be invoiced to the ASRS (e.g., Administrative Services Only monthly fees) when payment by ASRS is made within a specified time period shorter than the 30 net days required by statute. Offerors who do not wish to offer a discount on any services invoiced to the ASRS services are not required to complete this section of the Attachment.

Claims Data

Q: Please provide Explanation of Benefit (EOB) counts by month from 1/1/2017 through 8/31/2019 split by PPO plan.

A: This data is not readily available to provide; however the number of claims is available on Exhibit I: ASRS Number of Claims by State by Plan.

Q. Will the ASRS provide experience data by claims in and out of network? (Exhibits D and E)

A. ASRS has added a document labeled BPM001922 Part 1 of 2 – Exhibit I-K.xlsx that includes Exhibit J: ASRS Claims Totals By In And Out of Network. Offerors should download this document for reference.

Q. Will the ASRS provide experience data by the number of claims? (Exhibits D and E)

A. ASRS has added a document labeled BPM001922 Part 1 of 2 – Exhibit I-K.xlsx that includes Exhibit I: ASRS Number of Claims and Paid by State. Offerors should download this document for reference.

Q. Will the ASRS provide experience data by state? (Exhibits D and E)

A. ASRS has added a document labeled BPM001922 Part 1 of 2 – Exhibit I-K.xlsx that includes Exhibit I: ASRS Number of Claims and Paid by State. Offerors should download this document for reference.

Posted 12-13-19

Background

Q: Please provide the total number of eligible lives.

A: "Subscriber" is defined in Section I.1 of the Special Terms and Conditions. As of June 30, 2019, there were approximately 180,000 potential subscribers, including 159,569 retired ASRS annuitants and survivor beneficiaries; 3,327 long term disability benefit recipients; and retirees of PSPRS, CORP, EORP and UORP.

Q: How long has ASRS been with Sun Life?

A: The up to five-year contract for ASRS Group Dental Services was awarded to Assurant Employee Benefits (AEB), which was acquired by Sun Life, effective January 1, 2015. The three preceding five-year contracts resulting from a competitive solicitation were awarded to the underwriter/product providers associated with AEB under different brand names.

Q: Is the current plan participating (dividend eligible) or non-participating?

Proposed A: The current ASRS Group Dental plan is non-participating. *As indicated in Section 3 on Attachment E: Pricing Schedule, the ASRS encourages Offerors to provide alternative options – including funding solutions - Offeror may wish to submit for review and consideration.*

Q: Have there been any plan changes since 1/1/2017? If so, please describe and provide effective dates of any changes.

A: The plan details for the two current DHMO plans are available through the ASRS website by going to <https://www.azasrs.gov/content/dental-plans> and then selecting the link to [sunlife.com/asrs](https://www.sunlife.com/asrs). These plans are unchanged for calendar year 2020. Offerors should note that the plan details for the PPO plans currently on the website reflect plan year 2019. Exhibit F provides the details for plan year 2020.

There have not been notable plan changes to the either the DHMO 220 or the prepaid plans since 1/1/2017. The PPO plans had two notable changes for the coverage date beginning 1/1/2020 (again, see Exhibit F)

1. Adding a preventative max waiver
2. Adding composite filling coverage on posterior teeth

Performance Guarantees

Q: Fully Insured Performance Guarantees states 'Frequency of Assessment' is 2% of annual premium however line item 2.11.2.1 references 'Premium per Quarter' of 2%. Can you please clarify the existing amounts at risk on an annual basis?

Proposed A: The total dollar amount at risk for unsatisfied Performance Guarantees is 2% of annual premiums. Unmet Performance Guarantees will be assessed and payable on an annual basis. The total dollar amount at risk is divided by the identified percentage of weight for each Service Performance Standards. For Service Performance Standards that are *measured* on a quarterly basis, the weighted dollar amount is then divided by each quarter.

As an example:

Annual Premiums: \$25,000,000

Total at Risk: 2% of \$25,000,000=\$500,000

Service Performance Standard for Claim Processing Accuracy (quarterly measurement): 0.1%

Total Maximum Dollars at Risk for Service Performance Standard: 0.1% of \$25,000,00=\$25,000

Possible Assessment for each quarter not met: \$25,000 divided by 4 quarters=\$6,250

Performance: Two quarters not met

At the end of final reporting for the year, \$12,500 for unmet standards is assessed.

Service Performance Standards	Measurement	Performance Guarantee	Frequency of Measurement	QTR 1	QTR 2	QTR 3	QTR 4	Assessment Weight	Maximum \$ at Risk	# of Quarters Performance Guarantees Unsatisfied	Assessment \$
Claim Processing Accuracy	% claims processed or coded with no errors	98%	Quarterly	97.69%	98.32%	99.03%	97.02%	0.10%	\$25,000.00	2	\$ 12,500.00

DPPO Plan

Q: Please confirm what the current PPO rates are and historical rate changes with effective dates. We were only able to find rates from a 2019 enrollment guide on-line.

A: Exhibit H: ASRS Premium Rate History is available in APP on the View RFX tab. To view open document titled BPM001922 Part 1 of 2 – Exhibits G-H

Q: For the PPO plan changes being requested (red font in attachment E2), what is the current 'Alternate benefit Language'?

A: Exhibit F: Group Dental Benefits, located in the document labeled BPM001922 Part 1 of 2 - SOW Terms Instructions Exhibits, contains the following paragraph (on pages 63 and 101 of the pdf). This 'Requested' plan design removes the limitation

Alternative Benefits

In determining the benefits payable on a claim, we will consider other alternative procedures and materials that can be used to treat a dental problem or disease. The covered dental expense for a covered dental service provided will be limited to the *allowable charge* for the least costly covered dental service that accomplishes a result which meets broadly accepted standards of professional dental care as determined by us. You and your *dentist* may decide on a more costly procedure or material than we have determined to be satisfactory for the *treatment* of the dental problem or disease. In this event, we will not pay the excess amount. The benefit payable will be limited to the benefit that would have been payable had the least costly covered dental service been provided instead.

Special Instructions

Q: Under the 'Special Instructions to Offerer' (pg. 3 of 7, #3), the RFP references an Exhibit F – Group Dental Benefits but we could not locate. Please advise.

Proposed A: Exhibit F: Group Dental Benefits is included in the PDF document labeled BPM001922 Part 1 of 2 – SOW Terms Instructions Exhibits. Exhibit F starts on page 47, the bookmarks window in the PDF provides a glossary of items included in the PDF document.

Posted 12-12-19

Performance Guarantees

Q: Regarding pages 10-11 of 12 of the Scope of Work # 2.11 Performance Guarantees, could you please provide clarification regarding the measurement for the Network Access service performance standard? Could you please confirm whether the 99% performance guarantee is for each geo access criteria separately? Or is this guarantee a rollup of all general dentists/specialists?

A: The network access performance guarantee will be measured by evaluating the GeoAccess criteria collectively. The ASRS may request a GeoAccess Report, as described in section 2.3.1.1 of the Network/Provider Management section of the Scope of Work, each year to assist in the evaluation of this and other performance guarantees.

Claims Investigation

Q: Regarding page 4 of 12 of the Scope of work #2.4.2.5., could you please provide clarification on ASRS's definition of requirements for claims investigations?

A: The Contractor shall apply their own criteria to determine a process for the review of claims.

Posted 12-10-2019

DHMO Provider Disruption Data

Q. Is it possible to have the DHMO Provider Disruption file updated to include a column with the provider clinic or provider business name on all the provider lines?

A. The ASRS is reviewing this request and will provide an update in the Discussion Forum and/or by revising the Solicitation Exhibits.

Census File Inquiry

Q. Regarding the census, it looks to be at the member level. Is there a way to filter out the dependents?

A. The column labeled “Assigned Subscriber Number” indicates a unique Subscriber (member). Any duplicate numbers within that column indicate one or more dependents associated with that Subscriber. Based on that column, and utilizing the “Family Indicator” column, the Offeror may organize the data to group by family or to extrapolate the number of unique Subscribers (59, 290) versus the number of total of Participants (Subscribers and dependents – 89,375).

Claims Performance Guarantees

Q. Regarding Statement of Work pages 9 - 12, can you please clarify if claims performance guarantees are for non-investigated, investigated or all claims?

A. The Performance Guarantee and Measurement for the Claims Processing Service Performance Standards in Section 2.11.1 of the Scope of Work applies to all received claims in any designated status (e.g., paid, denied, pending).

DPPO Plans

Q. Regarding Attachment E2_Pricing Schedule DPPO, would ASRS like carriers to provide a quote only for the plans requested in Plan Design Low Opt and Plan Design High Opt tabs? Should we also provide a quote mirroring the current plans administered?

A. In the column labeled “Requested” on the referenced tabs, the ASRS has provided the plan design (similar to the current plan design, with some changes, noted in red font) for which a quote is requested. In the “Proposed” column, Offeror should only indicate if there are any required and necessary deviations from the “Requested” plan design and provide additional information in the “...AV...” column and in the “Comment” section of the tab. The **FI Premium** tab should reflect the proposed premiums for the plan design on those tabs.

As indicated in Section 3 on Attachment E: Pricing Schedule, Offerors may propose alternative plan designs provided it has submitted pricing information based on the “Requested” plan design. For each alternative option provided, provide both a pricing schedule and plan design page in the same format as Attachments E1 and E2 and clearly label as an “Optional/Alternate” submission. The Offeror has full discretion in what it may propose, however, the ASRS is under no obligation to accept such proposals.

Current Out-of-Network Reimbursement

Q Could you please clarify what the current out-of-network reimbursement level is for the DPPO plans?

A. As indicated on Attachment E2: Pricing Schedule DPPO on the Plan Design Low Opt and the Plan Design High Opt tabs, near the bottom of the grid, the Out-of-Network Percentile of UCR is 80%.

Comprehensive Claims Testing

Q. Regarding page 3 of 12 of the Scope of Work # 2.2.4.2., could you please provide ASRS's definition of/requirements for comprehensive claim system testing?

A. By the required timeline, the Contractor will need to confirm its internal readiness to receive and process claims for the ASRS plan(s) and provide opportunity for the ASRS to review.

DMO

Q. Please clarify whether or not ASRS is interested in maintaining their DHMO/Prepaid plan designs, or as the procurement suggests, replacing all the existing fully-insured plans (PPO and Prepaid/DHMO) with self-funded PPO plans.

A. As indicated in Section 3 on Attachment E: Pricing Schedule, the ASRS is interested in providing value-based plan options to the ASRS Group Dental program Participants. While the ASRS is not requiring a DHMO, the ASRS encourages Offerors to provide information regarding all plan designs and/or options – whether fully insured or administrative services only - Offeror may wish to submit for review and consideration.

Provider Disruption file release

Q. How quickly after we have submitted Attachment H, Non-Disclosure agreement, will the provider disruption files be available? Will I be alerted they are ready?

A. Upon receipt of a completed and signed Attachment H: Nondisclosure Agreement (NDA), the ASRS will review, countersign, and return the executed NDA and Attachment E3: Provider Disruption (Confidential) directly to the original sender within one business day.

Solicitation Timeline

1.	<p>Q. Will the due date be extended?</p> <p>A. The Solicitation, as issued, indicates January 8, 2020 at 3 p.m. as the due date and time to submit Offers. The date and time will only be changed if the ASRS issues a Solicitation Amendment to that effect.</p>
2.	<p>Q. Will the ASRS conduct in-person finalist interviews?</p> <p>A. The ASRS has not pre-determined whether it will conduct in-person finalist interviews. Offerors will be notified of requested actions during the evaluation phase of the process.</p>
3.	<p>Q. Is there an established date for contract award?</p> <p>A. A specific date has not yet been identified. Recommendations for the award of the ASRS Group Dental Services contract(s) must be approved by the ASRS Board of Trustees and will necessarily be discussed as an executive session agenda item at a ASRS Board and/or committee meeting(s) in early 2020. The ASRS will provide progress updates to Offerors between the Solicitation due date and the award of a Contract(s).</p>

Scope of Work

4.	<p>Q. How many subscribers are eligible under the ASRS Group Dental program? (Background)</p> <p>A. "Subscriber" is defined in Section I.1 of the Special Terms and Conditions. As of June 30, 2019, there were approximately 180,000 potential subscribers, including 159,569 retired ASRS annuitants and survivor beneficiaries; 3,327 long term disability benefit recipients; and retirees of PSPRS, CORP, EORP and UORP.</p>
5.	<p>Q. Section 1.7 states the Contractor shall provide an implementation credit of \$200,000, is this allowed for fully insured plans?</p> <p>A. The ASRS is reviewing this provision and will provide an update in the Discussion Forum and/or by issuing a Solicitation Amendment.</p>
6.	<p>Q. Does Section 2.6.1.5 regarding ASRS access to call logs apply to fully insured plans?</p> <p>A. Yes. Unless specifically noted by a separate heading, requirements apply to all plans. ASRS is requesting access to information that will assist in successfully managing the dental program and in making effective plan design decisions.</p> <p>Any exceptions to the requested requirements or terms and conditions should be documented in Attachment B: Exceptions. As stated in the Uniform Instructions to Offerors, Section C(3) (Exceptions to Terms and Conditions), exceptions may impact an Offeror's susceptibility for award.</p>
7.	<p>Q. What is the enrollment process? (Section 2.7)</p> <p>A. Eligible and potential ASRS subscribers enroll online on the secure ASRS website. A data file is provided to the Contractor. Some subscribers do not have online access and enroll through a paper process. Eligible and potential PSPRS subscribers enroll through a paper process.</p>
8.	<p>Q. What is the percent of total ASRS enrollees that enroll via paper versus online?</p> <p>A. Approximately 70% of ASRS subscribers enroll online. All (100%) PSPRS subscribers enroll through a paper process.</p>
9.	<p>Q. Does Section 2.8.6 regarding claims data apply to fully insured plans?</p> <p>A. Yes. Unless specifically noted by a separate heading, requirements apply to all plans. ASRS is requesting access to information that will assist in successfully managing the dental program and in making effective plan design decisions.</p> <p>Any exceptions to the requested requirements or terms and conditions should be documented in Attachment B: Exceptions. As stated in the Uniform Instructions to Offerors, Section C(3) (Exceptions to Terms and Conditions), exceptions may impact an Offeror's susceptibility for award.</p>

10.	<p>Q. Section 2.10.4 regarding an annual operational audit noted, as an example, an SSAE-18. Will ASRS accept a SOC 2?</p> <p>A. The ASRS will accept and review, on an annual basis, the generally accepted standardized reporting format for operational audits of the Contractor conducted by an external firm. The ASRS may also exercise the audit rights in the Section 16 (Audit) of the Special Terms and Conditions and Section 3.3 (Audit) of the Uniform Terms and Conditions.</p>
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Instructions

11.	<p>Q. Is there a scoring formula for the evaluation criteria?</p> <p>A. Section K (Evaluation Criteria) of the Special Instructions lists, in relative order of importance, the components of an Offer that will be evaluated. A specific point or weighting scoring formula has not been established.</p>
12.	<p>Q. How do Offerors complete the Excel file named 1-Proposal#1-Response_Quotation_Form?</p> <p>A. Offerors can disregard this form. If an Offeror chooses the “Download all contents of this RFX”, the referenced Excel file is included as a download. This is an APP system issue. The APP Helpdesk has communicated that this form will always download when the option is to download all at one time is selected. Offerors need only review and utilize documents uploaded by ASRS, which can be found on the View RFX tab in the <i>Solicitation Documents</i> section. Each file ASRS uploads will begin with the Solicitation code: BPM001922.</p>

Exhibits

13.	<p>Q. Will the ASRS provide a legend for the plans listed in Exhibit A: ASRS Dental Census so that the numbers correlate with the information in Exhibit D: ASRS Indemnity Experience and Exhibit E: ASRS Prepaid/DHMO Experience?</p> <p>A. The census data on Exhibit A provides total Participants; Exhibits B-E provide Subscriber counts and information. ASRS has added a document labeled BPM001922 Part 1 of 2 – ExhibitsG-H.xlsx. Offerors should download this document for reference.</p> <p>On Exhibit G: ASRS Participant/Subscriber Mapping, the ASRS illustrates the correlation of information on Exhibit A to other Exhibits. The total numbers vary slightly likely due differences in timing or reporting methodology.</p> <p>To note, while Exhibit D does not include a column for number of dependents, the earned premiums and paid claims represent the experience of total Participants (Subscribers and dependents).</p>
14.	<p>Q. Will the ASRS provide experience data by the number of claims? (Exhibits D and E)</p> <p>A. The ASRS is reviewing this request and will provide an update in the Discussion Forum and/or by revising the Solicitation Exhibits.</p>
15.	<p>Q. Will the ASRS provide experience data by claims in and out of network? (Exhibits D and E)</p> <p>A. The ASRS is reviewing this request and will provide an update in the Discussion Forum and/or by revising the Solicitation Exhibits.</p>
16.	<p>Q. Will the ASRS provide experience data by state? (Exhibits D and E)</p> <p>A. The ASRS is reviewing this request and will provide an update in the Discussion Forum and/or by revising the Solicitation Exhibits.</p>
17.	<p>Q. Exhibit F: ASRS Group Dental Benefits only includes the plan details for the PPO plans. Will ASRS provide the details for the DHMO plans?</p> <p>A. The plan details for the two current DHMO plans are available through the ASRS website by going to https://www.azasrs.gov/content/dental-plans and then selecting the link to sunlife.com/asrs. These plans are unchanged for calendar year 2020. Offerors should note that the plan details for the PPO plans currently on the website reflect plan year 2019. Exhibit F provides the details for plan year 2020.</p>
18.	<p>Q. Will ASRS provide historical premium rates beyond the current contract?</p> <p>A. ASRS has added a document labeled BPM001922 Part 1 of 2 – ExhibitsG-H.xlsx. Offerors should download this document for reference. Historical premium rates can be found on Exhibit H: ASRS Premium Rate History.</p>