Attachment 10: Questions and Answers

The following questions were submitted in writing by Vendor A. (Answers follow.)

1. **Part 1 – Instructions to Offerors – B. Special Instructions**
   1.35 Contents of Offer (Feb 2015)
   Page 15 –
   Requirement (c) The contents of your offer should be divided into two parts, the technical proposal and the business proposal. Each part should be bound in a single volume.
   Due to the large volume of attachments, will PEBA allow attachments to be submitted as a separate Attachments book to accompany the Technical Response book?

A: Yes. However, please submit the electronic versions of your offers, technical and business as one PDF document. Submitting individual parts of the technical and business proposals creates problems on the backend for PEBA.

2. **Part 1 – Instructions to Offerors – B. Special Instructions**
   1.35 Contents of Offer (Feb 2015)
   Page 15 –
   Requirement (c) The contents of your offer should be divided into two parts, the technical proposal and the business proposal. Each part should be bound in a single volume.
   Will the offeror be allowed to submit the provider directory via USB?

A: Yes.

3. **Part 2 – Scope of Proposal**
   2.1 Introduction
   Page 17-18 –
   Dental Plus
   Will PEBA confirm that the Dental Plus plan can pay more than $1,000 for benefits under the $2,000 combined annual maximum for the Basic Dental and Dental Plus plan?

A: Confirmed.

4. **Part 3 – Scope of Work**
   C. Claims Processing and Payment
   <u>Page 23</u> –
   Requirement 16. The Contractor shall transmit claims data on a weekly basis with the Third-Party Administrator responsible for administering the MoneyPlus program for those members actively enrolled in a Medical Spending Account or Limited- use Medical Spending Account for the purpose of auto-adjudicating claims.

   Requirement 19. The Contractor shall provide claims data on a weekly basis to the Third Party Administrator responsible for administering the MoneyPlus program, currently ASIFlex, for those members actively enrolled in a Medical Spending Account or Limited-use Medical Spending Account for the purpose of auto-adjudicating flexible spending account claims. There will be an indicator in the enrollment file as described in Section 3.B.3 Enrollment and Eligibility that will identify members actively participating in the MoneyPlus program.

   Will PEBA confirm if Requirements 16 and 19 are for the same file?

A: Confirmed. See Amendment 1, Part 3, Section C. Requirement 16 has been deleted. Please see new numbering values.

5. **Part 3 – Scope of Work**
   C. Claims Processing and Payment
   <u>Page 23</u> –
   Requirement 17. The Contractor shall supply a full provider file in electronic format to PEBA and PEBA's Data Warehouse Contractor by the tenth (10th) business day of the month following the end of each quarter. The Contractor may be required to modify the contents of this provider file to reflect any changes made by PEBA to the Plan. At a minimum the following data elements should be included as detailed in Exhibit 2 Dental Provider Services Information 2023. Delivery methods options include SFTP (push or pull); FTP with PGP, HTTPS.

   Exhibit 2 does not show the data elements referenced in Requirement 17. What data elements should be included in Exhibit 2?

A: See Exhibit 12: Detailed Provider File.pdf. **Requirement 17 is now Requirement 16.**

6. **Part 3 – Scope of Work**
   J. Financial Requirement
   Page 28 –
   Overhead Cost Recovery
   Requirement 1. The Contractor shall pay PEBA a flat fee of six hundred thousand dollars ($600,000) each year as its administrative fee for billing and other administrative services performed by PEBA. This fee shall be paid to PEBA and may be remitted in two (2) installments of $300,000 due January 31 and July 31 of each year.

   Will PEBA confirm that the administrative fee is $600,000 per year?

A: Confirmed.

7. **Part 3 – Scope of Work**
   M. Performance Standards and Associated Guarantees (Liquidated Damages)
   Page 29 –
   Requirement 3 states that surveys shall be submitted quarterly; however, section E. Customer Service, Requirement 5 on page 25 states: The Contractor shall conduct an annual Member Satisfaction Survey for participants to gauge satisfaction with the Contractor in the previous year.

   Will PEBA confirm the performance standard frequency?

A: Part 3 Section M.3 is referring to Section E. Customer Service, requirement 4, after call survey.

8. **Part 5 – Information for Offeror's to Submit**
   Requirement c and Requirement (iii)
   Page 31 –
   As stated in **Requirement c**, will PEBA confirm that the USB copy of the Offeror's Technical Proposal Response be accepted in PDF format? **Requirement (iii)** states: File format shall be Microsoft Word 2007 or later.

A: Confirmed.

9. **Part 5 – Information for Offeror's to Submit**
   5.1.6 Dental Plus Provider Network
   Page 38 –
   Does PEBA require the entire network or just specific providers including the in-network providers in SC and the contiguous counties of GA and NC?

A: The Dental Plus Provider Network should include providers in SC and the contiguous counties of GA and NC.

10. **Exhibit 11**

Part 3.C.15 Claims Processing and Payment, Detailed paid claims transaction file

Page 1 – 2 –

Will PEBA continue to need the following additional data elements not listed?

- **Disposition Field:** We are currently sending a field that shows the disposition status of a claim line, so PEBA know if the line paid or reject.
- **Dental Class Code:** We are currently sending the dental class code on paid dental lines.
- **Alternate Savings:** This represents the difference in allowed amount between the code filed and the code used to determine an allowance. We are currently sending a field that shows this amount.
- **Pay To:** We are currently sending this field to show where payment was directed to (policy holder or provider).

A: See updated Exhibit 11. Also, Item bb. claim type in updated Exhibit 11 is equivalent to disposition field.

11. **Exhibit 11**

Part 3.C.15 Claims Processing and Payment, Detailed paid claims transaction file

Page 1 –

x. Total patient liability amount (deductible, coinsurance and copayment)

Total Patient any amount not paid for out of network providers line amounts of the allowances. Does PEBA need these amounts included in the patient liability field values?

A: See updated Exhibit 11.

The following questions were submitted in writing by Vendor B. (Answers follow.)

12. Please provide a census file listing enrolled participants with zip code, gender, plan election, and tier election.

A: Information will be provided to potential offerors who sign and return Attachment 6: Non-Disclosure Agreement.

13. Please provide the most recent 36 months of paid claims and claim counts on a monthly basis, split by plan.

A: Information will be provided to potential offerors who sign and return Attachment 6: Non-Disclosure Agreement.

14. Please provide the most recent 36 months of enrolled lives by tier on a monthly basis, split by plan.

A: Information will be provided to potential offerors who sign and return Attachment 6: Non-Disclosure Agreement.

15. Please confirm the percentage of claims paid In-Network.

A:

	Claims Paid In-Network	Charges Paid In-Network
2023	48.0%	51.4%
2024	50.1%	54.1%

16. Please provide current certificates outlining the Dental Plus plan design.

A: The Dental Plus Plan design can be found in the *Insurance Benefits Guide* found at the following link: 2025_ibg.pdf

17. Have there been any plan design changes in the last 5 years?

A: No.

18. Based on the information provided in "Exhibit 3 – 2020-2025 Basic Dental and Dental Plus Premiums", it appears enrollment in the Dental Plus plan has grown by more than 20% from January 2020 to January 2025. Can you please provide an explanation for this growth, and does the State anticipate this growth rate will continue for the foreseeable future?

A: Members can enroll or opt-out of Dental Plus every two years. Enrollment changes may also occur when optional employers elect to enroll in PEBA insurance benefits.

19. Is a recent billing invoice available including the lives and current rates?

A: See Exhibit 13.

20. Please confirm the current PEPM fixed administration fee for the Basic Dental Plan is $0.00, with no other administration fees.

A: Confirmed.

21. Section 5.2.1 of the RFP states "Offerors' quoted fixed Administrative Fee must be greater than $0." Please confirm this means no Offeror may quote a $0.00 fixed administrative fee, even though the current administrative fee is $0.

A: Confirmed.

22. Please advise if the quoted fixed administrative fee should be divisible by 2, similar to the Dental Plus monthly premiums as stated in the footnote in Attachment 7.

A: The fixed per subscriber per month administrative fee does not have to be divisible by 2.

23. Please confirm how many decimal places each Offeror should use to round the fixed administrative fee.

A: Offeror should provide a per subscriber per month fixed administrative fee with 2 decimal places.

24. In Attachment 7, the Offeror will enter Monthly Premiums (1) and multiply those amounts by the Weighted Enrollment (2) to arrive at the Weighted Monthly Premium (3). Please confirm that the number entered in the Composite Monthly Premium line should equal the sum of the Weighted Monthly Premiums (3).

A: Confirmed.

25. Under the Award Criteria on page 40, the solicitation states "the method of determining the points assigned for the Composite Monthly Dental Plus Plan Premium in the evaluation process will be as follows: The first step will be to determine the lowest Composite Monthly Premium." Please advise how the State will determine the lowest Composite Monthly Premium.

A: The lowest composite monthly premium is determined by evaluating the lowest composite monthly premium submitted from all responsive and responsible offerors as derived from Attachment 7.

26. Below is a table representing the 2025 Dental Plus rates for active employees, including a calculated tier factor which represents the relationship of each rate to the Subscriber Only rate. Currently, the Subscriber/Spouse rate is 2.02 times higher than the Subscriber only rate, the Subscriber/Children rate is 2.33 times higher than the Subscriber only rate, and the Full family rate is 3.03 times higher than the Subscriber only rate. Please confirm that Offerors are asked to maintain the current tier relationships in their proposal.

Tier	2025 Rate	Tier Factor
Subscriber only	$28.80	1.00
Subscriber/spouse	$58.24	2.02
Subscriber/children	$67.20	2.33
Full family	$87.30	3.03

A: Offerors should provide monthly premiums

27. Attachment 7 states any request for a price increase must be received by the Procurement Officer by January 20, 2027 for years three/four. However, it also states any increase must be based on CPI for the 24 month period ending June 30, 2027. How will the carrier deliver changes on January 20, 2027 if the calculation is to be based on CPI for the 24 month period ending June 30, 2027?

A: See Amendment 1 Part 7 section 7.50.

28. In the event the Dental plan is transferred to another carrier as a result of this RFP, please confirm that a full claim history will be provided for each member participating in the dental plan.

A: Confirmed. The years of claims history will be agreed upon by PEBA and the successful offeror.

29. Please confirm that the dental pricing must stand on its own, and that other product pricing, not contemplated in this RFP (e.g. medical, vision, etc.), cannot be used to offer discounted or bundled pricing.

A: Confirmed.

30. **For the self-funded Dental, does PEBA acknowledge that there will be an ASA and, if so, where would the ASA fit in terms of the order of precedence?**

A: See Section 1.18, Proposal as Offer to Contract; Section 1.35, Contents of Offer, and Section 7.5, Contract Documents and Order of Precedence for an understanding of how the contract will be formed.

31. **For the insured Dental, where does PEBA propose the Group Contract, which is filed with the State of South Carolina Department of Insurance, be viewed in the RFP process and in the order of precedence? Since the Group Contract is filed with the State, the Contractor must abide by its terms and conditions.**

A: PEBA recognizes the Department of Insurance's regulatory authority over the insurance provided pursuant to this solicitation. However, the terms of this solicitation govern the matters required herein, and the Offerors must agree to abide by all the terms, conditions, and requirements of this solicitation. PEBA expects Offerors' proposals to abide by controlling law and simultaneously provide the services requested in the manner specified. If there is an irreconcilable conflict between the terms of this solicitation and the Offeror's Group Contract filed with the DOI, the Offeror must ask a specific question on the conflict.

32. **Would the PEBA consider an insured Participating arrangement on the Dental Plus plan?**

A: No.