



**REQUEST FOR PROPOSAL (RFP)
FOR
Dental Plan Benefits**

Release Date February 19, 2015

Proposal Due Date **March 30, 2015**
At: Keenan & Associates
2355 Crenshaw Boulevard, Suite 200
Torrance, CA 90501
No later than 4:00 p.m. Pacific Daylight Time

All questions must be submitted in writing no later than: **March 2, 2015**
Any questions concerning the RFP and all answers will also be posted on the ACERA website.

To RFP Administrator **Ms. Isabella Janus**, Consultant
E-mail – ijanus@keenand.com,
Phone – (310) 212-0363 ext. 2529
FAX – (310) 328-6793

Official RFP Notices/Addendums To ensure that no firm is provided advantage over another; all requirements are specified in this RFP. Any changes to the requirements will be posted as an addendum to the RFP on the ACERA website: <http://www.acera.org/rfp>. Proposers are solely responsible for monitoring this website and adhering to RFP addendums.

Prohibited Communications From the RFP release date until a contract for these services is fully executed, firms are prohibited from communicating with Members of the Retirees' Committee (Committee) or staff, other than the RFP Administrator, concerning this RFP or the resulting contract. Any communications could be considered attempts to lobby or market services, and is therefore prohibited by ACERA Marketing Cessation Policy. Firms will be disqualified from contract consideration if the prohibition is not honored.

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I. INTRODUCTION AND BACKGROUND

Introduction

The Alameda County Employees' Retirement Association (ACERA) is seeking proposals from qualified organizations with in-depth knowledge and expertise in providing fully insured and/or self-funded dental benefits for ACERA's eligible Retired Members, Survivors (e.g., surviving spouse/domestic partner), and Dependents.

ACERA seeks to partner with vendors who can demonstrate:

- An understanding of the challenges of managing dental plans benefits for a Retiree-only population.
- An established track record of providing high-quality service to dental plan participants.
- An effective provider contracting which balances cost, quality and minimum provider disruption.
- Consistent, responsive, and professional administrative service backed by verifiable performance measurements.
- The ability to provide ACERA with comprehensive reports containing cost and utilization data, that helps ACERA to understand factors that drive costs and how programs and services offered by each plan vendor help to mitigate cost trends.
- Understanding of the Patient Protection and Affordable Care Act and its impact on the dental programs that may impact Members.

This RFP will be for plan year February 1, 2016 –January 31, 2017, with options to renew for five additional one-year periods.

ACERA has engaged their Health & Welfare consultant, Keenan & Associates (Keenan), to solicit dental plan benefit proposals for this RFP.

Background

ACERA is a public, defined benefit pension plan, located in Oakland, California, established and governed under the provisions of the County Employees' Retirement Law of 1937 (the "37 Act") (California Government Code, §§ 31450 - 31898) and the California Pension Protection Act of 1992 (California Constitution, Article 16, § 17.) ACERA operates in compliance with state and federal laws.

ACERA sponsors the fully insured medical insurance plans for the retired employees of Alameda County and their dependents. Contracts with medical insurance carriers are negotiated by the County, but administered by ACERA. A portion of the premiums for these plans are paid by ACERA from the Monthly Medical Allowance (MMA). Beneficiary and dependent enrollment is voluntary and premiums are deducted from a member's monthly retirement benefit.



ACERA's Supplemental Retiree Benefit Reserve (SRBR) represents funds required by statute to be set aside from investment earnings to provide supplemental, non-vested benefits to retirees. The SRBR was established on January 1, 1985, upon adoption of Article 5.5 of the Government Code by the Board of Supervisors for Alameda County. Currently, the SRBR is used to subsidize retirees' premium costs including those for vision and dental plans.

Per the Public Records Act (Government Code § 6250 et seq.), ACERA will make available to the public the submitted proposal and all correspondence and written questions submitted during the Request for Proposal process. However, such disclosure shall not be made prior to the date on which ACERA finalizes and fully executes a contract with the Contractor. Except as otherwise required by law, ACERA will not disclose trade secrets or proprietary financial information submitted in response to the request for proposal. Any such trade secrets or proprietary financial information, which a Proposer believes should be exempted from disclosure, shall be specifically identified and marked as such. Blanket-type identification by designating whole pages or sections shall not be permitted and shall be invalid. The specific information must be clearly identified as such.

Upon a request for records regarding a submitted proposal, ACERA will notify the Proposer involved of a specific time for when the records will be made available for inspection. If the Proposer, in a timely manner, identifies any "proprietary, trade secret, or confidential commercial or financial" information which the Proposer determines is not subject to public disclosure, the Proposer will be required fully to intervene, justify such exemption, and secure appropriate injunctive orders in all for exempting such records from disclosure. ACERA reserves the right to independently determine whether any document is subject to disclosure and to make such information available to the extent required by applicable law, without any restriction.

Right of ACERA to Reject Proposals

ACERA reserves the right to reject any and all Proposals or to waive, at its discretion, any irregularity, which ACERA deems reasonably correctable or otherwise not warranting rejection of a Proposal.

By submitting a Proposal, your firm represents that it is familiar with California Government Code §1090 and the §87100 et seq. and that it does not know of any facts that constitute a violation of said sections in connection with the proposal. Your firm also represents that its Proposal has completely disclosed to ACERA all facts bearing upon any possible interests, direct or indirect, which you believe any member of the ACERA Board of Retirement, any member of ACERA, other officer, agent or employee of ACERA and/or officer, agent or employee of the participating employer has, or will have, in this Agreement, or in performance thereof, or in any portion of the profits there under. Willful failure to make such disclosure, if any, shall constitute ground for rejection of the proposal or termination of any subsequent Professional Services Agreement by ACERA for cause. You agree that if you enter into a contract with ACERA, it will comply with all applicable conflict of interest codes and policies adopted by ACERA and their reporting requirements, including but not limited to, filing Form 700 Statements of Economic Interest or Certifications of Financial Solicitation.



For 2015, the dental program includes the following plans:

- Delta Dental
 - PPO
 - HMO

Both the Dental plans are fully insured covering on average 7300 retirees and beneficiaries on a mandatory and voluntary basis depending on years of service.

A summary of the Dental program is included in **Attachment A (PPO and HMO)**. The *2015 ACERA Retiree Enrollment Guide*, included in **Attachment C**, provides an overview of ACERA Dental plan options, benefits available, premium costs, contribution and ACERA health benefits. The guide may be found on the ACERA web site at http://www.acera.org/sites/main/files/file-attachments/2015_retiree_enrollment_guide_web_0.pdf.

ACERA retirees are eligible for dental benefits. In addition, Disability Retirees, current spouses/domestic partners of Retirees, surviving spouses/domestic partners (hereafter referred to as Survivors) of Retirees, and dependent children and grandchildren also participate in the plans.

For 2015, the maximum monthly dental subsidy provided to ACERA Retired Members with 10 or more years of service is \$40.84 for PPO plan members and \$21.33 for HMO plan members. Enrollment for these members is mandatory. Retirees without ten years of service may enroll in the dental plans, but do not receive a subsidy. The cost for the PPO is \$58.72 and \$29.86 for the HMO.

The majority of ACERA Retirees reside within California (approximately 90%). The remaining 10% of ACERA Retirees reside throughout the United States and internationally. Outside of California, Washington, Oregon, Arizona and Nevada are the states with the largest Retiree populations. The recent ACERA electronic census file is included in **Attachment D** as **Census.xls**. The enrollment by plan, as taken from the census information, is available to you in this file.

An annual Open Enrollment period is held November 1st – November 30th of each year. It allows new enrollments and the addition of eligible family members. All Proposers must quote on the basis that there will continue to be an annual Open Enrollment period. Additional qualifying events for enrolling outside of Open Enrollment include: retirement from the County or another participating employer, being added to the retirement payroll as an eligible Survivor. Eligible participants have 30 days from the date of these qualifying events from which to elect coverage.

ACERA requires renewals to be presented by June 3rd for the plan year beginning the following February 1st. The final renewal benefit designs and rates are presented to ACERA by July 1st prior to the start of the plan year. Vendors are not allowed to modify the final renewal benefits and rates. Benefit changes are only allowed provided they are due to state or federal mandates; however, the final rates are not allowed to change.



Vendors are expected to provide complete transparency with information relevant to the ACERA program. ACERA is interested in obtaining monthly utilization data, selected plan performance metrics, member data, and other plan information specific to its population.

Carriers are encouraged to participate in the ACERA wellness program initiative. Each Proposer, if available, may contribute to the annual Open Enrollment and wellness campaign initiative for 2016.

In addition, carriers are asked to develop and coordinate an ACERA Member satisfaction survey that will involve its program. The carrier should be responsible for all costs associated with developing this survey.

This RFP seeks proposals for the dental plans described previously. Plan designs should match, as closely as possible, the benefit provisions of the current plans. ACERA prefers to receive an exact match of its existing benefit plans.

Proposers are encouraged to bid on all plans for which they can provide benefits in order to provide ACERA with the best possible range of alternatives. While ACERA does not have a predisposition to any particular plan packaging scenario, the cost advantages and administrative efficiencies resulting from a packaged award will be considered.

Proposals are invited on the following bases:

- Dental Preferred Provider Organization (PPO)
- Dental Health Maintenance Organization (HMO)
- Carriers are encouraged to quote on a fully insured and self funded basis.

All Proposers may choose to bid on any one or all of the above plan scenarios. Required plan elements include claim payment, member services, provider networks, utilization (precertification and concurrent). An optional element is interactive health management (e.g., web-based or telephonic care management tools and programs).

ACERA reserves the right to award business in whatever configuration best meets its needs, at its sole discretion. These configurations include, for example, awarding coverage for all plans to a single vendor or awarding each plan to separate vendors. If the Proposer submits alternatives and/or substitutions to the terms and conditions, ACERA reserves the right to determine if the alternatives/substitutions are acceptable.

ACERA reserves the right to withdraw this RFP at any time without prior notice and the right to reject any and all responses to this RFP. The rejection of any or all proposals shall not render ACERA liable for costs or damages. ACERA makes no representation that any contract will be awarded to any proposer responding to this RFP.



II. MINIMUM QUALIFICATIONS

Firms must clearly demonstrate achievement of the minimum qualifications for their proposals to be considered.

1. The firm must have at least five (5) years of experience providing fully insured and self-funded dental plan benefits to assist public sector clients. A public sector client, for these purposes, must be a United States federal, state, municipal, or other local government client; and
2. The firm has provided similar fully insured and self-insured dental plan benefits as detailed in this RFP, resulting in positive impacts for at least three (3) other defined benefit public sector retirement systems with over 5,000 Members.



III. SCOPE OF SERVICES

Proposers are asked to specify their ability to provide the following services listed below. If a Proposer cannot provide any of the following services, the Proposer must so indicate in their response to this RFP.

A. Dental Plan Underwriting and General Responsibilities

1. Proposer must be a dental insurance provider, not a broker representative, and ranked by either Standard and Poor's, A.M. Best or Moody's with a rating of "A" or greater to insure that ACERA is working with a provider that has the financial stability to maintain a multi-year contract with ACERA in support of the ACERA's retiree population.
2. Proposer must be experienced with and licensed to provide dental plan benefits in the State of California.
3. Proposer must be able to provide access to dental plan benefits coverage for ACERA members who reside in the State of California or out-of-state (outside California).
4. Proposer agrees to accept ACERA's definitions of eligible Retiree, Survivor, and Dependents.
5. Proposer agrees to work collaboratively with ACERA staff, the ACERA Board of Retirement, and the ACERA Health and Welfare Consultant.
6. Proposer agrees to work collaboratively with other ACERA vendors on other plan benefit-related projects such as open enrollment, wellness programs, data requirements and member satisfaction survey.
7. Proposer agrees to provide and present renewal underwriting methodology to ACERA and their Health and Welfare Consultant as needed. In addition, Proposer agrees to attend ACERA Board meetings as required to present renewals and proposals.
8. Proposer agrees to provide such other services as requested by ACERA, for which the Contractor has the technical capability and capacity to render, to parties that include but are not limited to ACERA staff, the ACERA Board of Retirement, and the ACERA Health and Welfare Consultant.
9. Proposer agrees to notify ACERA in writing and obtain approval of any changes to their services including, but not limited to, outsourcing of services outside the United States and its territories.

B. Program Evaluation, Reports, and Data Services

1. Meet with ACERA staff semi-annually to review and evaluate dental plan administration.
2. Upon ACERA's request, attend various retiree meetings relating to dental plan benefits.
3. Provide statistical plan reports including utilization data, enrollee distribution reports, status reports and analysis (monthly, periodically, and annually), and other reports as needed and requested by ACERA and/or ACERA's Health and Welfare Consultant.
4. Recommend alternatives to current dental plan designs and cost options when requested by ACERA staff and/or ACERA's Health and Welfare Consultant.
5. Accept eligibility reporting on a monthly or more frequent basis with a twenty-four (24) hour upload turnaround time to assure timely eligibility capture.
6. Maintain full and accurate records with respect to all matters and services provided to ACERA for a minimum of seven (7) years from January 31st of the affected plan year.
7. Maintain compliance with all applicable Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules as a covered entity. Individuals, organizations, and agencies that meet the definition of a covered entity under HIPAA must comply with the Rules' requirements to protect the privacy and security of health information and must provide individuals with certain rights with respect to their health information.
8. Inform ACERA staff and ACERA Health and Welfare Consultant of any pending legislation affecting the administration of the dental plans. If relevant legislation is enacted, provide ACERA staff and its consultant with a cost analysis and an implementation plan to ensure that the dental plan and ACERA comply with the new requirements.

C. Customer Support Services

1. Provide financially-based Performance Guarantee(s) to assure a high level of service to ACERA and its Retirees.
2. Provide a dedicated Account Manager, Claims Issue, and Eligibility Contact and agree to change those contacts upon request by ACERA.
3. Provide day-to-day consultation on matters pertaining to claim status, discrepancies, disputes, and plan interpretation.



4. Perform research and provide responses to technical questions from ACERA staff.
5. Provide training for ACERA staff regarding the plan and/or internal plan systems.
6. Provide administrative services for the plan, claims processing, research and resolution of any issues, complaints, or problems.
7. Investigate and resolve administrative, claims problems and customer service issues.
8. Provide ACERA with a disaster recovery plan within 90 days of executing the Contract.

D. Open Enrollment and Communication Services

1. Participate in various events related to open enrollment, wellness and other activities/meetings centered upon educating ACERA dental plan participants and ACERA staff regarding this benefit.
2. Assist ACERA and ACERA's Health and Welfare Consultant in preparing (open and special) enrollment and plan documents for use in retiree communications guides or letters.
3. Assist ACERA and ACERA's Health and Welfare Consultant in drafting communication materials and plan comparison information for Retirees, Survivors, and Dependents.
4. Assist ACERA staff in the planning of a minimum of five (5) annual Open Enrollment meetings for Retirees. Planning to include at least one annual meeting with ACERA staff regarding current open enrollment meeting information needs.
5. Develop a video presentation on the dental plan services for the annual Open Enrollment.
6. Attend and present dental information (such as dental plan changes for the following calendar year, how to utilize the plan most effectively, etc) at all annual Open Enrollment seminars for Retirees, Survivors, and Dependents.
7. Assist ACERA with the development of dental plan benefits documents, such as the ACERA Retiree Enrollment Guide.
8. Provide electronically formatted participant communications to be used in ACERA newsletters and flyers.

E. Wellness

Provide a comprehensive dental wellness program for ACERA Retirees, Survivors and dependents.

F. Data Requirements

1. Review dental plan data and work with ACERA staff and ACERA's Health and Welfare Consultant to develop and provide drill-down reports to better understand utilization.
2. Assist ACERA's Health and Welfare Consultant in the preparation of semi-annual utilization data in summary report format.
3. Identify cost drivers within each plan and collaborate with ACERA to develop strategies to mitigate the impact of these cost drivers, which may involve value-based benefit plan design changes, consideration of new programs or plan offerings, funding arrangements or changes to the existing health benefits program, communications efforts and alternative funding methodologies.
4. Monitor and report on the progress of strategies and its effect on cost drivers.

G. Member Satisfaction Survey

Provide and coordinate a Member Survey for the ACERA Retirees, Survivors and Dependents to measure and monitor the overall satisfaction of its plans. The survey should conform to the National Committee for Quality Assurance (NCQA) requirements and be accredited under NCQA standards. The overall costs involved with the survey should be provided by the carrier.

IV. GENERAL DUTIES

The Proposer is expected to perform/handle the following general duties:

1. Treat all ACERA information as confidential. This applies to all data created, gathered, generated, or acquired within the scope of the contract. Sensitive information inclusive of, but not limited to, ACERA Members and Beneficiaries must be kept confidential in accordance with HIPAA standards. Selected Proposers shall notify ACERA immediately if there are any breaches to the confidentiality of ACERA's confidential information. The breach of this agreement is subject to cancellation of contract and the selected Proposer being held liable for damages.
2. Maintain confidential any information resulting from this engagement except with written consent from the Chief Executive Officer of ACERA or designee, prior to the release of any such information. This includes, but will not be limited to, press releases, research, reports and any publicity given to the selected Proposer for work provided under the resulting contract. ACERA shall be credited as the sponsoring agency.
3. Refer all requests, reports, and all other communication that use ACERA database through the Chief Executive Officer or appointed designee.
4. Notify ACERA immediately of any anticipated changes in personnel assigned under the terms of this engagement. The firm shall submit resumes of any proposed replacement personnel, and obtain written approval from ACERA for any change in the personnel assigned to the work.
5. Notify ACERA staff in writing in the event that any conflict of interest or possible conflict of interest is discovered regarding the provision of these services.
6. Document discussion ideas, issues, and extended services. Share responsibility with ACERA for documenting in writing all ideas and issues arising in discussions and meetings.

V. INSTRUCTIONS TO PROPOSERS

ACERA and its designated representatives will evaluate all proposals submitted according to this RFP. The proposal submitted will be considered to be your organization's only submission.

A. Proposal Timeline

The timeline for the RFP process is as follows:

<u>Activity</u>	<u>Dates</u>
Release RFP	February 19
Proposer Question Submission Date	March 2
Final Responses to Vendor Questions	March 9
Declare Proposal Intentions	March 10
Proposals due	March 30
Selection of Finalists	April 20
Finalist Interviews	May 8 (week of)
Negotiation of Terms and Costs	May 11 – May 18
Award of Business	June 12
Effective Date	February 1, 2016

All questions should be directed only to Ms. Isabella Janus at Keenan & Associates. Any questions or contacts related to the RFP with ACERA office or staff is strictly prohibited during the proposal process.

B. Declare Proposal Intentions

To confirm your intent to submit a proposal in response to this RFP, notify the RFP Administrator no later than **Tuesday, March 10, 2015**. Your confirmation should be in the form of a signed letter, to the RFP administrator at the address provided on the cover of this RFP. Email or fax your letter by the above date and mail a signed hard copy at your earliest convenience thereafter.

C. Proposal Sections

Proposers should complete the components of this RFP for a fully insured and self funded basis according to the following table:

RFP Section	Dental Plans
Plan Pricing & Funding Arrangements	●
Questionnaire	
Organization & Account Management	●
Administrative Issues	●
Member Services	●
Claims Administration	●
Wellness	●
Dental Provider Networks	●
Commitment to ACERA Wellness Seminars	●
Addenda	
Requested Attachments	●
Performance Standards	●
Pricing Workbooks	●
ACERA Required Forms	●

Refer to **Section VII. Questionnaire** for the content of the proposal sections.

D. File Naming Conventions

The following document naming conventions must be followed without exception.

Template spreadsheet files

For questions requiring an attached Excel file, there will be one Excel file per questionnaire section (e.g., Member Services). Individual questions will be identifiable as individual worksheets within the file. The naming convention for the posted templates is simply:



<Section Name>.xls

When you download the file and populate it with information, you must rename the file by adding your company name and a hyphen separator to the beginning, as shown:

<Vendor Name>-<Section Name>.xls

You may use an abbreviation for your company name. However, **you must use exactly the same company name for each and every file**. Sections completed by a subcontracting entity must carry the name of the principal bidding entity.

Additional Attachments

When submitting documents (either requested or unsolicited) which are not based on a template file provided with the RFP, your files should be named using the following convention, if the attachment is associated with a specific question:

<Vendor Name>-<Section Name>-<Section Subheading>-<Question #>. <file extension>

Remember, as noted above, an unsolicited attached file may NOT be provided as a substitute for answering the question fully in the space and manner provided.

Alternatively, if the attachment is not associated with a specific question, the naming should be:

<Vendor Name>-<Short Title>. <file extension>

Please submit only Microsoft Office documents; other formats cannot be read by all users and will not be reviewed.

Hard Copy Attachments

If the required document is not available in an electronic format, place a copy in a binder under a tab using the same naming convention described above.

E. Basis of Quotation

Any deviations from the stipulated plan design that you require due to operational, contractual or legal limitations must be fully described in the pricing workbook and in your cover letter. Please be sure that your basic quote includes only those deviations that are absolutely required.

Any deviations from the stipulated plan design that you suggest as alternatives for consideration should be detailed. This may include cost-sharing differences, changes to covered and excluded items (reflecting your company's standards), or similar deviations; it should not include major structural differences. Providing such alternatives is purely optional; however, if you quote on such alternatives, that quote will be considered binding in the same way as your quote on the stipulated plan design. Any alternative



quote is in addition to, and not in lieu of, your quote on the stipulated plans. Proposals that quote only on alternatives will not be considered.

Other Financial and Contract provisions for the proposal include:

Effective date:	February 1, 2016
Initial contract term:	12 months
Policyholder/ Contract holder:	Alameda County Employees' Retirement Association
State of contract:	California
Rate/fee guarantee:	12 months Multiple year quotes are encouraged.
Rate/fee and benefit change:	Upon renewal date only, with notification of benefit and rate change by June 1 st prior to the effective date.
Rate Tiers:	All rates must be quoted using the pre-established rate tiers identified in this RFP. If a rate guarantee is not available, actuarial and underwriting renewal component fees are desired.
Funding:	All programs must be quoted on a fully-insured and a self-funded basis. Fixed costs, variable costs and fees must be broken out in detail.
Eligibility Provisions:	Duplicate current eligibility provisions

Transfer of Coverage and Transition Provisions:	No loss, no gain – no one will lose coverage in the transition between carriers All pre-existing conditions exclusions/limitation must be waived for all participants currently covered or newly enrolling.
COBRA:	You must agree to provide COBRA services.
Regulatory Compliance:	You must certify that you are compliant with all federal and state regulations (e.g., HIPAA, PPACA, etc.)
Commissions:	None

F. Performance Guarantees

ACERA maintains performance guarantees with its contracted vendors, with portions of the vendor's compensation at risk for failing to meet these guarantees. Proposers are expected to include performance guarantees in their proposal, and will be assessed on the strength of the performance guarantees they are willing to implement. For finalists, negotiations will take place before an award of business to ensure that there is a final understanding of the agreed upon guarantees.

Indicate how many times in 2014 you did not meet your performance guarantee metrics.

G. Plan Pricing

Available claims experience and current rates and benefits can be found in the following electronic files contained in **Attachment E**. Additional data may be provided at a later date:

- Dental Renewal Rate History
- Dental 2015 Current Rates
- Delta Dental Monthly Claims Reports

Census/enrollment information and contributions and current benefits can be found in the following electronic files found in **Attachment C and D**:

- 2015 Retiree Enrollment Guide.pdf (C)
- Census.xls (D)

H. Proposed Rates

Quotes for each product must be independent; for example, your DPPO rates should not assume that you also secure the DHMO business. You may, however, indicate price reductions beyond your quote based on certain conditions, such as being the sole selected vendor.

I. Dental Plan Design Deviations

Please identify any deviations from the stipulated plan designs that you require due to operational, contractual or legal limitations. It is assumed that any required deviations will be reflected in all of the pricing exhibits of this RFP. Be sure that your basic quote includes only those deviations that are absolutely required, and that all of those deviations are listed in this file.

Please confirm that you can offer and/or administer the current ACERA plan designs. For any designs you cannot offer and/or administer, please be specific as to the benefit that can or cannot be offered/administered and your proposed alternative.

VI. RFP PROCESS

While ACERA has retained the services of Keenan & Associates to facilitate the RFP process, ACERA at all times retains ultimate responsibility for the evaluation and award of contract(s) at its sole discretion. Selected and non-selected Proposers will be notified in writing at the conclusion of the process. Selection is contingent on satisfactory completion of appropriate agreements which will be negotiated.

ACERA reserves the right to reject any and/or all proposals, to waive any informality in such proposals, to request new proposals, to revise the RFP prior to proposal submission, to withdraw this RFP, to not award the contract, or to not award a portion of the contract at any time.

A. Evaluation Process

The selected proposer must successfully pass all the following levels of review:

- **Level I. Review of Qualifications, Experience, & References**
Proposer must demonstrate it meets the minimum qualifications (see Section II.); must demonstrate a positive record as a responsible contractor; and must have the resources and experience to perform the required services.
- **Level II. Administrative Responsiveness**
Firm's proposal must demonstrate its responsiveness to the administrative requirements outlined in the RFP. Firm's ability to adhere to ACERA standard contract provisions will also be considered.
- **Level III. Proposed Services and Compensation ("Proposal")**
For the purposes of Level III evaluation, the responsive proposals will be evaluated, ranked, and scored based on the criteria below. Interviews may also be conducted.

Description	Maximum Points
Financial Cost and Value – Reasonableness of costs to services and best overall value to ACERA based on the following: <ul style="list-style-type: none"> • Ability to deliver the RFP scope of services • Premium rates/fees • Rate/fee adequacy • Retention charges • Performance guarantees • Multiple Year Rate Caps • Funding arrangement options • Resource commitments to innovative ideas, programs, tools, and/or coverage that would improve quality and cost for the health care program 	30

<ul style="list-style-type: none"> Firm's financial position will be used as an indicator of the ability to provide the requested services over the full term of the contract 	
Provider Disruption and Employee Access: ability to duplicate the current network and maximize employee access.	25
Quality and Member Service: demonstrated ability to deliver high-quality services and Wellness Programs to public agencies of similar size and/or scope based on past performance and the following: The Service rating will be based upon the ability to deliver high-quality customer service to Retirees and their dependents, including availability of live customer service representatives and Web-based tools that help in determining benefit levels, decision support, Member education, and provider selection.	25
Administration Support and Account Management and Service Team: ability to provide excellent administration support, and proactive and highly responsive Account Management services. The level of applicable administrative support services will be considered (claims processing, member services, billing and eligibility, contracts, enrollment, and firm's business operation, etc.). The Account Management and Service Team evaluation will be based on the quality and quantity of staff assigned to the ACERA account necessary to deliver the services outlined in the scope of services. Ability to provide detailed utilization data Ability to provide electronic files as part of the Patient Protection and Affordable Care Act (PPACA).	20
Total	100

- Level IV. Final Approval by the Board of Retirement**

The proposer that demonstrates to be the most qualified to provide the required services at the best overall value to ACERA, as determined by the evaluation panel, will be recommended for contract award to the ACERA Board of Retirement (Board). The Board at its sole discretion makes the final award determination.

B. Proposer Questions & Restricted Contact with ACERA Personnel

Please direct all questions to the RFP Administrator by e-mail as identified on the RFP cover page. Questions from all proposers and ACERA answers will be posted on the ACERA website.

C. Proposal Deadline

All RFP responses and requested documents must arrive at the RFP Administrator's address, by the due date and time to be considered. The complete proposal package shall be placed in a sealed envelope or box with the following label: REQUEST FOR PROPOSAL FOR ACERA DENTAL PROGRAMS.

Number of Copies: Please provide: one (1) spiral-bound original; five (5) hard copies; one (1) non-bound reproducible copy, and one (1) electronic copy on a CD or flash drive in Microsoft Word format as submitted and any charts or exhibits as indicated in the *File Naming Conventions* section of this RFP. Plainly identify the respective documents.

Note: Proposers selected to make presentations to the evaluation committee may be expected to submit fourteen (7) additional copies of their responses.

D. Evaluation Criteria

ACERA will select a vendor or vendors based on the following criteria:

- Qualification and experience of the firm and the key personnel assigned to the project
- Demonstrated understanding and ability to address ACERA's unique needs
- Strength of client service orientation
- Reasonableness of costs and value
- Positive contracting history

E. Finalist Interviews

ACERA expects to request the participation of selected bidding organizations in oral interviews. This will be your opportunity to present your proposal in person, to engage in an interactive dialogue and to answer questions. The meeting will be in Oakland, and the meeting time would be approximately one and half (1.5) hours.

F. Site Visits

At its discretion, ACERA may conduct site visits with selected Proposers to address any and potentially all aspects of operations affecting administration of its plan. This could include claim operations, customer service, utilization management/review, and provider network management.

G. Contracting Process

All proposals deemed timely and responsive will be reviewed, evaluated, and a short list of the most qualified Proposer(s) will be developed. An evaluation panel consisting of a committee of ACERA staff members and ACERA's health and welfare benefits consultants interview the qualified Proposer(s) on the short list. After the completion of the interview process, ACERA and ACERA's health and welfare benefits consultants will rank the short-listed proposers and negotiate a contract with the highest ranked, qualified proposer.

If a contract for any reason cannot be successfully negotiated with the first-ranked firm, ACERA may choose to negotiate with the next most qualified firm. The final terms and conditions will be determined during contract negotiations following the selection process. Upon satisfactory negotiation, ACERA Management will return to the Board of Retirement with a recommendation to award the contract. No contract shall be final until approved by the Board of Retirement.

**VII. QUESTIONNAIRE**

Answer each question contained in this questionnaire. Each question of the RFP shall be repeated in its entirety before the answers. Proposer must respond to each question contained in the questionnaire. If a question does not apply to Proposer, please write in "not applicable" and state the reasons why the question does not apply.

**Provide a response for each product your organization is proposing to ACERA.
If one (1) response applies to multiple products (e.g. PPO, HMO), please indicate so.**

A. General

1. Please provide a brief description and History of your organization and address how your products and services would be a good match for the ACERA Retirees compared to other competitors.
2. Please provide your organization's most recent financial ratings as outlined below:

Rating Organization	Rating
A. M. Best	
Moody's	
Standard and Poor's	

3. Indicate if you expect any operational, systems or organizational changes with your company over the next twenty-four (24) months. Attach a high level project plan.
4. Please indicate the total Members covered in your dental plan as of January 2015.
5. Please list five (5) of your largest public sector clients and, to the extent possible, clients who are located in California or who have significant populations there. Preferably, these clients cover both early and post-65 retirees.
6. Please provide five (5) of your largest clients that have terminated your services within the last two (2) years.
7. Do you agree to all the terms and conditions of this RFP?
8. What is your incurred but not reported (IBNR) claims underwriting policy?
9. What are your administrative requirements for the self funded plans (provide in detail).

10. What is your retention for each quoted fully insured plan?
11. Provide a participating and nonparticipating quote. What is the methodology (retention, premium stabilization fund timing, etc.) to calculate a refund under the participating contract?
12. Confirm that your proposed rates exclude commissions.
13. Please confirm there will be no adjustments to the proposed rates based on actual enrollment or changes in enrollment.
14. The client requires renewals to be presented by June 1st for the plan year beginning the following February 1st. Confirm your agreement to this requirement.
15. If ACERA decides to award certain services to organizations other than your own, indicate in detail your organization's willingness to work with other entities, as well as any specific restrictions your organization may have.
16. Does your plan participate in Covered California or the Federal Health Benefit Exchange? If so, please indicate your best estimate of the number of Exchange members you expect to gain in 2016.
17. What percentage is this anticipated population compared to your total health plan membership?
18. Discuss any technological improvements your organization has planned for 2016 (e.g., Internet related services, online eligibility, etc.) and the effect on enrolled Members.

B. Plan Design

19. Please refer to the dental plan designs.xls files and provide in the column indicated if you are able to match the current benefit levels and if there are any differences please describe what they are.
20. For the dental PPO proposal please clearly define and list what is covered under the preventative, basic and major service categories.
21. For the dental HMO proposal please clearly define and list what is covered under the preventative, basic and major service categories.
22. What is your referral process for the dental HMO plan? Please provide average time for referrals.
23. Does your plan cover the cost of deep cleaning maintenance benefits? If so, how many. If not, please provide the additional cost to add this benefit.

C. Claims Administration

24. How is image scanning used in your claims adjudication system?
25. Describe your preferred way of receiving, integrating and coordinating eligibility data.
26. Confirm that you accept electronic eligibility files.
27. What percent of total claims are submitted to providers electronically?
28. Do you expect any changes to your claims system over the next 24 months (e.g., upgrades, replacement, location change, etc.)?
29. Please provide your performance standards including the targets and actual results for the most recent period for financial, processing and payment accuracy for your book-of-business.
30. Briefly describe your process for administering claims.
31. What is the percentage of claims processed? What percentage of claims process without manual processing or human intervention?
32. Complete the following table for the claims processing system and location that will be used for this client.

	Claim Turnaround Time (TAT) % processed in 15 calendar days	Claim Turnaround Time (TAT) % processed in 30 calendar days	Financial Payment Accuracy (Dollars)	Claim Processing Accuracy (% of Claims)		
				Payment Accuracy	Processing Accuracy	Overall Accuracy
Standard						
2014 YTD*						
2013						
2012						

33. Please describe your disaster recovery plan.

D. Reporting

- 34. Please confirm if monthly and/or quarterly as well as annual reports will be provided. How long after the reporting period will the reports be provided?
- 35. What ad hoc or customized reports are available and what are the costs if any?
- 36. Will your organization provide and make available utilization data based on the ACERA' plan structure? If not, please describe what will be made available.
- 37. Please submit samples of all available reports and state the frequency of each. Please identify any associated costs for each report.

E. Administration

- 38. Please provide samples of your service agreement including EOCs/SPDs.
- 39. Will you produce ID cards for mailing? How long will it take after receipt of a clean eligibility file?
- 40. Are the ID cards customizable for the ACERA? If so, what are if any the additional costs for doing so?
- 41. Provide the transition of care benefits for the dental PPO and dental HMO plans separately, and address treatment in progress, orthodontia and other treatments.
- 42. Describe in detail the implementation timeline assuming a February 1, 2016 effective date and include the assigned tasks for all parties.

F. Contracts

- 43. How many contracts/EOCs/SPDs will your organization require based on the number of products you are proposing?
- 44. Indicate when your contracts/EOCs/SPDs are issued in the plan year.

G. Networks/Providers

45. Please submit a Geo-Access report for each network you are offering based on the following:

a. General Dentist

- i. Urban: Two (2) providers within ten (10) miles
- ii. Rural: Two (2) providers within twenty (20) miles

b. Dental Specialist

- iii. Urban: Two (2) providers within ten (10) miles
- iv. Rural: Two (2) providers within twenty (20) miles

c. Please include the count of General Dentists and Dental Specialists for these standards.

46. Refer to the census data provided as part of this questionnaire and provide Geo-Access analysis based on the zip codes.

47. Please provide the average provider discounts of Usual, Customary and Reasonable (UCR) in California for General Dentists and Dental Specialists.

48. How often are contracts renewed with Network Providers?

49. If a Provider drops/leaves your network, how are enrollees notified?

50. What procedures are in place to prevent a member from being overbilled or balance billed by a participating Provider or Specialist?

51. Do you anticipate any significant changes to the network in the next two (2) years?

52. Please provide National Network turnover for the last two (2) years.



53. For the dental PPO Network Fee Analysis – Please fill in the negotiated network fee reimbursement levels for the procedures listed in Alameda County where a majority of the participants reside.

County: Alameda, CA

<u>Procedure Code</u>	<u>Description</u>	<u>Network Fee</u>	<u>UCR 80th%</u>
0120	Initial Oral Examination	\$ _____	\$ _____
1110	Prophylaxis – Adult	\$ _____	\$ _____
1120	Prophylaxis – Child	\$ _____	\$ _____
2110	Amalgam-One surface, Primary	\$ _____	\$ _____
2610	Inlay-porcelain/ceramic one-surface	\$ _____	\$ _____
2740	Crown porcelain/ceramic substrate	\$ _____	\$ _____
2952	Cast post and core in add. to crown	\$ _____	\$ _____
3320	Root-canal bicuspid	\$ _____	\$ _____
5110	Complete denture – maxillary	\$ _____	\$ _____
8080	Comprehensive orthodontic - adult	\$ _____	\$ _____
6010	Dental Implants – Surgical Placements of Implants	\$ _____	\$ _____
4910	Deep cleaning or additional cleaning maintenance – Periodontal scaling and root planning	\$ _____	\$ _____

H. Implementation and Account Management

54. What are the required data elements for eligibility feeds from ACERA? What are your capabilities for loading and correcting data? Do you have the capability to enter corrections to eligibility records in real time?
55. Please provide your desired eligibility file format/layout.

56. Please describe your proposed account management team and structure.

Specifically address:

- Name and background of account manager and other key team members
- Who from the account team would be one-hundred percent (100%) dedicated to this account
- Location of staff
- Office Hours
- Responsibility for any subcontracted relationships
- Describe your account manager's experience and involvement with public pension client(s) who were in the process of transitioning from one dental plan to another.
- Years with organization

57. How do you handle retroactive enrollment and cancellations? What are your time limitations relative to processing retroactive eligibility adjustments?

58. What are your termination requirements?

59. Please indicate the response that matches your practice for Member identification numbers:

- Utilize Social Security Number (SSN) exclusively
- Utilize unique number (NOT SSN)
- Purchaser option to use SSN or other number
- Utilize SSN, but able to make individual exceptions and use non-SSN for those unwilling to utilize SSN for this purpose

60. How long will it take to replace an ID card once a request is made after initial implementation?

61. Do you offer a hard copy Provider Directory? How often is the hard copy provider directories updated? Will ACERA receive directories free of charge? If yes, how many and how often will they receive new directories or supplements? Is your provider information available online? If so, provide website address. How frequently is this information updated?

I. COBRA

62. Describe your capabilities and any restrictions related to the administration of COBRA for any plans you are awarded.

63. Do you agree to extend COBRA Continuation and conversion privileges to all individuals ACERA deems eligible?



64. Do you agree to allow Members who ACERA deems eligible to maintain coverage under COBRA for up to 36 months?

J. Privacy and HIPAA

65. Do you agree to indemnify ACERA for any liabilities resulting from the improper disclosure of protected health information by you or any of your subcontractors?

K. Member Services

66. Would you propose to offer a dedicated or partially dedicated unit/staff to ACERA?
67. If you are proposing a partially dedicated unit, please indicate the current number of other groups and total membership served by the partially dedicated unit.
68. Would you offer a dedicated toll-free phone number?
69. Please confirm whether your customer service personnel are U.S. based. If so, please confirm you will provide sufficient notification to ACERA should the customer service personnel ever be outsourced to another country.
70. What are the hours of operation?
71. What authority do customer service representatives have to resolve issues over the phone? Are customer service representatives authorized to make real time claim payment adjustments?
72. Do you record customer service calls?
73. What information is the Member required to enter into the VRU system (e.g., group number, SSN, etc.)?
74. Can a Member leave a message at your Member service line after working hours? If yes, what is the protocol for responding to that call?
75. Please define your process for handling issues that are not resolved in the initial call.

L. Wellness

76. How would you propose to integrate your wellness services with the medical wellness program?

M. Commitment to ACERA Wellness Seminars

77. ACERA and the current plans co-sponsor wellness events. If your organization is selected, please indicate if you are willing to be a co-sponsor and contribute money toward ACERA annual retiree health and fitness fairs, and wellness seminars.

78. Are you able to offer screenings at ACERA wellness events?

N. Questions Concerning Your Proposal

79. List any additional services you will be providing under your fully insured and self-funded dental plans which were not requested in this RFP. Include a description of the research and other technical resources, including on-line databases and computer based analytical tools that you make available to your clients.

80. Are there any services which you will not be providing to ACERA, which were required by this RFP?

81. Describe your firm's ability to provide periodic updates regarding federal legislation and/or Internal Revenue Service (IRS) Rules that may affect the operation of the ACERA and the payment of benefits.

82. Describe the media your firm uses to inform clients of changes in pending federal legislation or regulations.

83. Does your firm produce a newsletter specifically for public retirement plans or is the material produced for both public and private plans?

84. Include as an addendum item samples of your firm's reports, including an annual renewal and claims report.