



PIMA COUNTY PROCUREMENT DEPARTMENT

130 W. Congress St., 3rd Floor
 Mailstop # DT-AB3-126
 Tucson, Arizona 85701-1317
 Telephone: (520) 724-8161

SOLICITATION ADDENDUM

Solicitation Number:	RFP # 158735
Solicitation Title:	Third Party Dental Plan Administration Services
Addendum Number:	#1
Addendum Date:	November 20, 2014
Commodity /Contracts Officer:	Jennifer Moore, CPPB

The following is provided in response to questions submitted by potential respondents and a review of the solicitation documents during the Pre-Proposal Conference that was held November 19, 2014 at 3:00 P.M. MST Local Az Time.

Q1: Can you please advise who the County uses as a broker/consultant?

A1: The County is currently contracted with CBIZ Benefits and Insurance Services for the provision of Health Benefits Consulting services.

Q2: Who has claim fiduciary responsibility on the Plan, Pima County, or the Contractor? Define who is responsible for providing final Claim Appeals services, to include adjudication process, analytical assessment of Pima County's Plan terms.

A2: Pima County is the claim fiduciary.

Q3: Refer to Report 1: Dental Census, Worksheet 1. Can you add to the worksheet the following fields: Date of Birth (DOB) and Zip Code? Worksheet 2: Rate & Enrollment History – can you advise of the County contribution levels?

A3: Attached is Report 3 with Census data by DOB and Zip Code. Attached is Report 4 containing Employer and Employee Premium Contribution levels. This information is also posted to the Human Resources webpage; under Services: Benefits to Dental Plan Coverage. Pima County retains the right to alter the structure at any time.

Q4: Refer to Report 2: Dental Claims. Can you provide a break-out of Fees and Claims by In-Network and Out-of-Network? Also, provide additional claim history for the period 07/01/14 to present? This information will allow us to determine if our cost proposal is competitive and claim costs are lower than the County's current costs.

A4: The three full years of complete claims data that was provided is sufficient and there will be no further data released.

Q5: Refer to Exhibit B: Pima County Dental Plan Benefit Specifications, Page 11 of 46: Have any amendments been executed to the Pima County Dental Plan in the last year?

A5: No

Q6: Refer to Exhibit B: Pima County Dental Plan Benefit Specifications, Page 11 of 46: Is it correct that Orthodontics has no lifetime maximum? If so, does it apply to both Adult and Child?

A6: Yes, to both questions.

Q7: Refer to Page 27 of 46, TAB 1: Network, Question 1: Do you want a GeoAccess Report that provides the number of dentists per Pima County employee zip codes?

A7: No, simply complete spreadsheet provided and the county will control the analysis and the determination of the network adequacy.

Q8: Refer to Page 30 of 48, TAB 2: Program Plan Administration, Proposal Plan Specifications. Does the County intend to amend the current Plan?

A8: No

Q9: Refer to Page 31 of 46, TAB 3: Performance Guarantees: Can we propose additional guarantees beside the 3 that are listed?

Q9: Yes, the County will consider Performance Guarantees in addition to Plan Implementation, Customer Service, and Account Management. In your response, add any additional Performance Guarantees your firm would like to propose. Attached is a revised TAB 3.1 – Performance Guarantees with a space for inclusion of Other Performance Guarantees your firm would like to offer Pima County.

Q10: Refer to page 37 of 46, TAB 8: Price Schedule. Does the Administrative Fee include network access fee?

A10: Yes, the Administrative Fee is all inclusive and fully-loaded to include all cost, indirect and direct to provide the service.

Q11: Refer to page 38 of 46, TAB 8: Price Schedule – Dental Procedure Costs. What does the term “Maximum Allowed Reimbursement” mean? Where is “reimbursement defined by and applicable to the Plan and cost schedule? Do the quantities of Procedures listed include both In/Out of Network procedures? Please explain how this “Dental Procedure Cost form is to be completed.

A11: This schedule is to be completed for in-network reimbursement only. Various vendors develop proprietary fee schedules which we respect as confidential information. Accordingly, we are requesting the maximum amount you will reimburse your in network providers for the procedure code listed on price schedule.

Q12: Can deviation requests to the County’s Standard Terms and Conditions, Sample Contract be submitted with the Proposal?

A12: Yes.

Q13: Does the ortho currently get applied to the annual max and not a separate lifetime ortho max?

A13: No

Q14: What is the U&P percentile used on Non-network claims?

A14: 90th

Please acknowledge receipt of this Addendum on the attached revised Attachment 1: Contract/Offer Certification Form. Submit the revised form as a part of your proposal.

All other terms and conditions remain the same.

No further questions will be accepted after the posting of this Addendum date.

Attached documents:

TAB 3.1 Revised Performance Guarantees

Attachment 1.1: Contractor/Offer Certification Form - Revised

Report 3: Dental Census with Date of Birth and Zip Code

Report 4: Pima County Dental Premium Contribution Level by County and Employee

Jennifer Moore, CPPB

Commodity Contracts Officer

Pima County Procurement

Materials and Services Division

Phone: (520) 724-8164

Fax: (520) 791-6509

Email: Jennifer.Moore@pima.gov

TAB 3.1 Revised	Performance Guarantees - (0 – 5 points)
------------------------	--

Question/Answer

Using this form, please **Answer** (in the space provided) in the form of a thorough narrative to each specification as guided by the Question. The narratives along with required supporting materials should be evaluated and awarded points accordingly.

Provide your suggested performance guarantees in the following areas: Plan Implementation, Customer Service, Account Management.

Indicate title of performance guarantee, brief description, detailed description, list applicable reports, attach supporting documentation to this TAB.

1	Plan Implementation
----------	----------------------------

Answer

2	Customer Service
----------	-------------------------

Answer

3	Account Management
----------	---------------------------

Answer

4	Other(s)
----------	-----------------

Answer

End of TAB 3.1: Performance Guarantees - Revised

ATTACHMENT 1.1: CONTRACTOR/OFFER CERTIFICATION FORM

CONTRACTOR LEGAL NAME:			
BUSINESS ALSO KNOWN AS:			
MAILING ADDRESS (Contract and Delivery Order Documents and Notices):			
CITY/STATE/ZIP:			
REMIT TO ADDRESS (Payments):			
CITY/STATE/ZIP:			
Primary CONTACT PERSON NAME/TITLE During term of the solicitation/RFP process:			
PHONE:		FAX:	
CONTACT EMAIL ADDRESS:			
CORPORATE HEADQUARTERS LOCATION:			
CONTACT PERSON NAME/TITLE:			
ADDRESS:			
E-MAIL ADDRESS:			
CITY, STATE, ZIP:			

ACKNOWLEDGEMENT of SOLICITATION ADDENDA:

CONTRACTOR acknowledges that the following solicitation addenda have been incorporated in their offer and this agreement:

Addendum #	Date	Addendum #	Date	Addendum #	Date

By signing and submitting these FORMS AND DOCUMENTS AS REQUIRED BY THIS SOLICITATION, the undersigned certifies that they are legally authorized to represent and bind the "CONTRACTOR" to legal agreements, that all information submitted is accurate and complete, that the firm has reviewed the Procurement website for solicitation addenda and incorporated to their offer, that the firm is qualified and willing to provide the items and services requested, and that the firm will comply with all requirements of the solicitation.

COMPANY'S NAME	
PRINTED NAME & TITLE OF AUTHORIZED OFFEROR REPRESENTATIVE EXECUTING OFFER	
Signature _____	Date _____