

**REQUEST FOR DENTAL
PROPOSAL**
THE CITY OF ST. LOUIS
INCLUDING POLICE
DIVISION
DECEMBER 11, 2015

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1

INTRODUCTION AND PROPOSAL REQUIREMENTS

INTRODUCTION

Mercer, on behalf of the Department of Personnel for the City of St. Louis, is soliciting bids for City of St. Louis (City) including the Police Division dental plans. The City of St. Louis and Police Division contracts are administered by the Department of Personnel for the City. All of the references to the City apply to both the City of St. Louis' plan and the Police Division's plan unless otherwise specified.

This request for proposal seeks a vendor(s) to provide a fully insured quote with an effective date of June 12, 2016. The City currently offers two fully insured voluntary (employee pay-all basis) dental plans (two DHMO options through Dental Source and two DPPO options through United Concordia (UCCI). The Police Division offers a fully insured dental plan with two DPPO options through Delta Dental of Missouri. The City will require one contract for the City and Police Division.

The City of St. Louis has approximately 6,300 eligible full-time employees including 4,600 eligible under the City and 1,700 eligible under the Police Division.

The City eligibility for dental coverage includes all full-time active employees including active employees hired by the Police Division 9/1/13 and after.

The Police Division's eligibility includes all full-time active civilian employees hired by the Police Division prior to 9/1/13 and active Commissioned police officers.

The City of St. Louis' Health and Welfare Plan is not subject to ERISA.

Objectives

The City wishes to identify a vendor partner that will help it meet its objectives in providing high-quality, cost-effective dental benefits to its employees. The ideal relationship will meet the following needs:

- Provide employees choices of plans to meet individual needs and preferences;
- Enhanced value (cost containment balanced with quality);
- Increase access to a quality-focused and cost-effective provider network;
- Superior customer service to plan participants and City of St. Louis personnel overseeing the program;
- Accurate and timely claims administration;
- Administrative performance consistent with industry standards and negotiated contractual provisions with performance guarantees;
- Proactive, responsive, and consultative account management; and,
- Reliable, meaningful data and reporting from which to make decisions regarding plan management.

Evaluation Criteria

Key vendor selection criteria for the successful medical partner include:

- Specialized experience, qualification and technical competence of the firm, its principals, project manager and key staff
- Ability of the firm to provide innovative solutions
- Approach to the project and any unusual problems anticipated
- The capacity and capability of the firm to perform the work within the time limitations
- Past record and performance of the firm with respect to schedule compliance, cost control, and quality of work
- Proximity of the firm to the City
- Fees or fee structure as may be appropriate for the designated service
- Availability of financial and operating resources as required to complete the work
- M/WBE and/or DBE participation
- Ability of the firm to meet statutory or ordinance requirements
- Other items that arise as the result of the proposal or interview
- Compliance with executing contract/policy before the effective date of coverage;
- Compliance with plan design specifications and administrative arrangements described in the Request for Proposal (RFP);
- Broad network access including minimal disruptions for current network arrangements;
- Competitive pricing;
- The ability to offer multiple year rate guarantees;
- A commitment to member satisfaction with emphasis on member communication issues;
- The size and stability of proposing carrier;
- Ability to provide additional value-added services to the City and / or its employees;
- Communications capabilities to help increase employee participation

Key Information

Department of Personnel for the City will administer contracts for both the City and Police Division.

The City may want to execute an Administrative Services Agreement, separate from the Master Group Contract to include administrative issues not addressed in the Master Group Contract.

Please be aware that the Administrative Services Agreement is not intended to replace the Master Group Contract, however, if there is a dispute between the Administrative Services Agreement and the Master Contract, the most advantageous for the City will take precedence. The Administrative Services Agreement, the Master Contract, this RFP, plus any addenda, and the proposal accepted will control the terms. If your bid is unable to comply with any of the stipulations, such must be explained within the document and included with your proposal/bid.

Eligible employees and dependents are defined in the enclosed *Policies and Procedures (Section 3)*.

The effective date is June 12, 2016. The first plan year will be June 12, 2016 through June 24, 2017. This plan year corresponds with the City's payroll date and changes each year by a few days.

Your plan is expected to comply with the issues addressed in this document. Following a review, an officer of your plan must sign the document.

The City's coverage is voluntary with associated cost being paid by the participant. The Police Division subsidizes the employee contributions and employees may buy up. The employee contributions are made pretax, as allowed under Section 125 of the Internal Revenue Code (IRC). The open enrollment period is anticipated to occur in April or May 2016.

Refer to Appendix A for information on proposed plan designs.

Timetable and Bid Process

1. The electronic submission of your proposal for the financial response must be completed in Excel format and with rate tiers as instructed in Section 4.
2. Bidders may be asked to complete and submit a Provider Disruption Analysis in an Excel format after review of the submitted proposal.
3. For the electronic submission of your proposal, your organization should respond to all questions in their entirety directly in this Word document via “tracked changes”
4. Answers may not refer to other attachments. Proposals should clearly indicate the services which are being proposed and complete the RFP Response Documents in compliance with the RFP instructions.

Please reference the table below for key dates. In order to streamline the RFP process, carriers are encouraged to direct all questions regarding data and the RFP as early as possible in the RFP process to Cheryl McGaully at Mercer via e-mail. All questions must be submitted no later than noon on January 5, 2016. A list of all entities requesting a copy of this Request for Proposals shall be maintained and all questions and responses to questions received by January 5, 2016 shall be made available to all bidders requesting a copy of the RFP.

Conforming proposals will be reviewed by a selection committee. The selection committee is comprised of one representative from the Mayor’s office, one representative from the Office of the Comptroller, one representative from the President of the Board of Aldermen and two representatives from the Department of Personnel. A vendor decision will be reached by the committee in February for an effective date of June 12, 2016.

The Mercer contact, Cheryl McGaully, is the designated contact person. No contact with any Committee member is permitted. Unauthorized contact regarding this RFP may result in disqualification or rejection of a proposal. All communications and questions that arise concerning this RFP shall be in written form, citing the specific RFP paragraph or issues in question, and received via e-mail by the following Mercer contact.

Attention: Cheryl McGaully

Phone 314 588 2545

E-mail: cheryl.mcgaully@mercer.com

Timetable and Bid Process

Task	Completion Date
Request For Proposal Released	December 11, 2015
Submit Intent to Bid to Mercer	December 16, 2015
Bidder Questions Due to Mercer	January 5, 2016
Mercer Q&A to Bidders	January 6, 2016
Proposal Due Date	January 13, 2016
Final Bidder Decision	February 2016
Effective Date	June 12, 2016
Final Executed Bidder Contract Due to City	June 12, 2016

1. All documents must clearly indicate the name of the responding organization, as well as the name, address, and telephone number of the primary contact at your organization for this bid. All rate proposals require the confirming signature of an officer of your company authorized to contractually obligate the proposer.
2. Responses to this RFP must not be conditional, incomplete, or contain any alterations from the format provided. Please state any assumptions clearly and directly.
3. If a party intends to respond to this RFP, the party should submit written notice of such intent, using the provided Intent To Respond Form via FAX or e-mail, to Mercer Health & Benefits (see Appendix).
4. Submitted proposals must include a cover letter signed by a person authorized to contractually obligate the proposer(s) to the scope, terms, specifications, and pricing contained in the proposal, and must include a signed statement that all proposals, including price are firm for not less than one hundred and eighty (180) days from the proposal submission date.
5. Bidders must base their proposals on the current plan designs (as outlined in the Appendix), and census summarized herein. As part of the proposals, bidders should confirm in writing that the proposal is consistent with the requirements outlined herein and *clearly define any and all deviations. Proposals must be presented in the format of the bid forms included in this RFP.* All questions must be answered and all instructions must be followed. All proposals must be submitted by the deadline in their entirety.
6. City Rights and Options: City reserves the following rights, which may be exercised at City's sole discretion:
 - To supplement, amend, substitute or otherwise modify this RFP at any time
 - To cancel this RFP with or without substitution of another RFP
 - To waive any defect or irregularity in any proposal received
 - To reject any or all proposals
 - To enter into any agreement deemed by the City to be in the best interest of the City with one or more responding vendors

7. Please be advised that by submitting a proposal, each proposer(s) agrees never to claim or file a cause of action or otherwise assert that the City, Agents of Record, employees, officials, and/or legal representatives are responsible or liable in any manner or under any theory of liability for any risks, costs, or expenses incurred by the proposer(s) in connection with this RFP or any proposal submitted, and that this RFP in no way obligates the City to award a contract to any proposer(s). If the RFP includes any estimation of volumes or requirements, the City reserves the right to modify any estimated requirements prior to signing an agreement with the selected proposer(s).
 - a. No proposer(s) shall have a claim against the City of St. Louis, its Agents of Record, employees, officials, and/or legal representatives in the event that any estimated requirements are modified for whatever reason. All proposals and any other materials submitted in response to this RFP will become the property of the City and be retained by Mercer and the City.
 - b. The company must submit a complete proposal covering all requirements identified in this RFP package in order to be considered. Proposals submitted must be the original work product of the company. Proposer(s) may submit proposals for fully-insured services only for the requested benefit levels.
 - c. Proposals should clearly indicate the services that are being proposed and complete the RFP Response Document in compliance with the RFP instructions.
 - d. Proposals may be withdrawn prior to the proposal submission date in writing by the company or its authorized representative, provided its identity is disclosed on the envelope containing the proposal and such person signs a receipt for the proposal.
 - e. The information presented in the RFP is not to be construed as a commitment of any kind on the part of the City. There is no expressed or implied obligation or responsibility for the City to reimburse any company for any expenses incurred in preparing a proposal in response to this RFP.
 - f. All proposals must be submitted in accordance with this RFP. Proposals submitted not in accordance with the RFP's instructions may be rejected. Failure to comply with the specifications and requirements of this RFP will be cause for rejection of a proposal.
 - g. The City reserves the right to cancel this RFP, the right to accept any proposal, and to reject any or all proposals and to waive informalities and minor irregularities in proposals received. The City, in its sole discretion, will determine whether an irregularity is minor.
 - h. All proposals shall be deemed final, conclusive, and irrevocable and no proposal shall be subject to correction or amendment for any error or miscalculation. No proposal shall be withdrawn after the scheduled deadline for submission of proposals.
 - i. The company is responsible for its own verification of all information provided to it. The company must satisfy itself, upon examination of this RFP, as to the intent of the specifications.
 - j. No oral interpretation will be made to any company as to the meaning of the RFP. Any oral communication will be considered unofficial and non-binding on the City.

8. Notwithstanding anything herein to the contrary, the City may disclose any information and documentation submitted as may be required by law. The City reserves the right to determine what information and documentation submitted is required to be disclosed by law.
 - a. The City may accept and award a contract as to one part, aspect or phase, or any combination thereof, of any proposal unless the company specifically qualifies its proposal by stating that the proposal must be accepted as a whole, and any contract awarded as to the entire proposal.
 - b. The City may, at its option, conduct interviews with one or more proposer(s) after receipt of proposals.
 - c. The City reserves the right to negotiate final contract terms with any proposer(s).
 - d. The company shall not, subject to immediate disqualification of the proposal, offer or give any gratuities, favors or anything of monetary value to a member, administrator, officer, employee, or agent of the City including its Agents of Record, for the purpose of influencing favorable disposition toward a submitted proposal or for any reason while a proposal is pending or during the evaluation process.
 - e. No company shall engage in any activity or practice, by itself or with other companies, the result of which may be to restrict or eliminate competition or otherwise restrain trade. Violation of this instruction will result in immediate rejection of the company's proposal.
 - f. It is the intent of the City that the final agreement shall consist of the contract, this RFP, plus any addenda, and the proposal accepted. In the event of a conflict between the proposal and the RFP, the City shall resolve any inconsistency.
 - g. In the event the contract awarded by the City is terminated for any reason within 120 days of the due date for proposals, the City reserves the right to negotiate and accept any other submitted proposal.
 - h. Award of Contract will be made by the City, and the contract will be entered into with the City. The City reserves the right to split a contract award, and to award multiple contracts.
 - i. Award or Rejection: All qualified proposals will be evaluated and finalists will be selected based on the evaluation criteria noted herein. This document is only part of the RFP and is in no way to be misconstrued as a commitment to purchase on the part of City.
 - j. The City does not discriminate on the basis of race, color, national origin, ancestry, religion, gender identity or expression, gender, age, sexual orientation, or disability in admission or access to, or treatment or employment in, its programs and activities.
 - k. Proposer(s) response to RFP documentation and questionnaire will be included as an exhibit in any final award of contract. Reliance by the City on information contained in responders RFP shall be used to support and/or resolve any disputes in contract interpretation.

- l. Proposer(s) shall be required to comply with all ordinances of the City including Ordinance No. 65597, the St. Louis Living Wage Ordinance. This Ordinance can be found on the City's website at <http://stlouis.missouri.org>. The Mayor of the City of St. Louis has issued Executive Order #28 regarding Minority and Women Business Enterprise included as Appendix G. Proposals should discuss how you will comply with the provisions of said order.
- m. The selected underwriter shall comply with all laws, ordinances, and regulations; applicable to the services contemplated herein. By responding to this RFP, you are stating that you are familiar with all federal, state, and local laws, ordinances, code rules, and regulations that may in any way affect the services and products to be provided.
- n. The vendor agrees to keep the information provided herein confidential. This requirement applies whether or not the recipient of the RFP package agrees to bid. Other than reports submitted to either the City or Mercer, the recipient/bidder agrees not to publish or reproduce or in any other way divulge such information in whole or part, in any manner of form, or authorize or permit others to do so.
- o. Your proposal should not include minimum participation requirements for contributory plans.
- p. Please quote the coverage net of commissions.
- q. No Loss / No Gain – All coverage will be provided on a no loss/no gain basis. Vendors will be required to cover employees not actively-at-work but eligible for coverage under each of the City's and Police Division's contracts.
- r. City employees and eligible dependents are eligible for coverage at the beginning of the pay period following 30 days of employment. Police Division employees and eligible dependents are eligible for coverage on the first day of the first payroll cycle following date of hire. No pre-existing condition limitations are to apply to those presently insured, newly eligible employees, or those applying during open enrollment held each year.
- s. The City is not subject to the Employee Retirement Income Security Act of 1974 (ERISA).
- t. Proposer(s) response to RFP documentation and questionnaire will be included as an exhibit in any final award of contract. Reliance by the City on information contained in responders RFP shall be used to support and/or resolve any disputes in contract interpretation.
- u. Your organization must provide monthly, quarterly, and annual reports that display claims by provider, provider type, charge amount, approved amount, patient pay amount, amount paid to the provider and amount charged to the plan.
- v. Your organization must meet with City quarterly, or as requested by the City to discuss reports and other dental related needs of the City.
- w. As a condition for the award of a contract from this RFP, the Proposer shall pursuant to the provisions of Sections 285.525 through 285.555 of the Revised States of Missouri, as amended, by sworn affidavit (attached hereto as Appendix F) and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with this contract. The

Proposer shall also complete and submit an affidavit (attached hereto as Appendix F) affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contract pursuant to the above stated statutes.

SUBMISSION OF PROPOSAL: Sealed proposals, as well as the required electronic (via e-mail) copies of the RFP Response Documents and required attachments for providing the services described herein must be received no later than 4:00 PM CST on January 13, 2016 and in accordance with the instructions delineated in this RFP. Proposals received after that date and time will be rejected and bidders notified.

Each bidder(s) must prepare, seal, and submit an original and 8 hard paper copies of the required cover letter, proposal, RFP Response Documents, and required attachments by the due date and time in a sealed envelope(s) or mailing container(s) to the contacts listed below.

The original and 7 hard copies should be sent to:

City of St. Louis
Personnel Department
Employee Benefits Section
1114 Market Street, Suite 900
St. Louis, MO 63101

The exterior of the sealed envelope(s) or mailing container must be marked:

City of St. Louis and Police Division
Proposal Group Dental Benefit Coverage

One (1) hard copy should be sent to:

Mercer Health & Benefits
Attn: Cheryl McGauly
701 Market Street, Suite 1100
St. Louis, MO 63101

In addition, an electronic copy of bidder's proposal must be e-mailed to Cheryl McGauly at Mercer, cheryl.mcgauly@mercerc.com no later than 4:00 p.m. CST on January 13, 2016 in order to be considered.

QUALIFICATIONS OF BIDDERS

1. The company must have experience in the administration of the proposed contract for accounts of similar size and complexity.
 - a. The company must have the appropriate licensure or authority to do business in the State of Missouri as a dental insurance company or similar licensed entity. The company must be current in all taxes and payments prior to execution of an agreement. City license information can be found on the City's website at <http://stlouis.missouri.org>.
 - b. By submitting a Proposal, the company certifies that is not currently debarred from submitting proposals for contracts with any political subdivision or agency of the State of

Missouri, and it is not an agent or a person or entity that is currently debarred from submitting proposals for contracts issued by a political subdivision or agent of the State of Missouri.

- c. Final carrier contract must be executed no later than 30 days prior to effective date of coverage.
- d. The company must, in advance of the selection date, have the manpower and equipment necessary to render the program fully operational for the effective date of coverage.
- e. The company must be financially stable and solvent satisfactory to the City.
- f. The company must permit the City representatives access to visit the claims operation or local service office prior to contract award, if so desired by the City.
- g. The company's Claims Administrator must maintain a local and/or toll-free phone number available for use by plan participants for claim questions, utilization management issues, and provider network services.
- h. The company must be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- i. Consideration will be given to those companies that provide a multi-year rate guarantee.
- j. The company must be an equal opportunity employer.
- k. The company should have web-based enrollment capability.
- l. The company must be willing to write the case on a no-gain/no-loss basis and waive all actively at work requirements.
- m. The City currently self-bills on a bi-weekly basis for active employees and monthly for COBRA participants. The company must accept this current method of billing and also the responsibility of billing reconciliation.
- n. The City makes all payments in arrears. All current billing arrangements must be duplicated. Payments are on a bi-weekly basis (26 payments); 45 days in arrears for active employees. The company must accept this current method of payment.
- o. The company must have the capability to reconcile eligibility in billing bi-weekly.
- p. The company must print and distribute open enrollment material as well as schedule open enrollment meetings and provide updated material when necessary at their expense.

2

CONFIRMATIONS

Provide your answer by responding in this Word document via tracked changes. This section is a request for confirmation of your willingness and ability to meet specific City standards and conditions. If your answer is “*agree without deviations*,” you acknowledge your willingness to incorporate the standard, as worded in the confirmation, into the final contract between you and the City. If your answer is “*agree with deviations*,” provide a brief explanation of how your plan deviates from the standard. If acceptable to the City, the modified standard will be incorporated into the final agreement. If your answer is “*no*,” this standard will not be incorporated into the final agreement. Provide a brief explanation as to why you cannot or will not accommodate the standard.

Please confirm that:

A = agree D = agree with deviations N = no A D N

Account Management

1. Final contract/policy will be executed by carrier no later than 30 days prior to effective date.
2. Will your plan agree to issue your contract/group service agreement in accordance with all of the provisions of this Request for Proposal (RFP)? If not, please indicate all variances and the reasons for these variances. Please do not refer to your standard contract language as a response to this question.
3. You will agree to be available as needed during the implementation process, then be available for quarterly (or as needed), face-to-face meetings with the City’s benefit staff to discuss outstanding issues.
4. Assist the City and Police Division with enrollment meetings (during a 2-3 week period in April and May) to facilitate and answer questions for employees.
5. Provide member services, including a toll-free number for the City employees; Respond to employee questions about benefits or providers; Handle employee claim appeals.
6. ID cards will not include employee’s social security number. The ID card will show the city employee ID number or some other mutually agreed upon number.
7. Provide paid claim and utilization review as well as reports on a quarterly basis.
8. Furnish employees and providers with an Explanation of Benefits for claims processed.

A = agree D = agree with deviations N = no A D N

-
- 9. Furnish accurate member identification cards for both DHMO and PPO plans before the effective date of coverage and accept the City’s authorization as proof of coverage.
 - 10. Accurate ID cards for new employees will be sent within 10 business days of receipt of enrollment from the City.
 - 11. The following information is included in the Appendix of your proposal:
 - Most recent annual report and audited financial statements
 - Sample new member communications
 - Sample contracts (fully insured)
 - Sample claims and utilization reports available at no charge
 - Provider Disruption Analysis
 - 12. You will provide a dedicated representative to the City to assist with benefit issues, account activity, etc. This dedicated representative will spend a mutually agreeable amount of time at the City location.
 - 13. Inform employees and dependents of changes in the network that would affect their use of or access to network providers. Notification should be made as soon as possible to allow employees adequate time to change providers, if necessary.
 - 14. You agree to accept electronic update feeds for active employees from the City. Frequency and format to be determined at a later date.
 - 15. You will verify eligibility based on information provided by City and perform an eligibility audit on a quarterly basis initially and then semi-annually thereafter.
 - 16. Provide proactive account management to assist in the ongoing efforts to improve the value of dental benefits offered to City’s employees.
 - 17. You understand and agree that the City of St. Louis does not and will not indemnify any bidder under any circumstances.

Financial

A D N

- 1. The proposed effective date is June 12, 2016.
 - a. Your fee quotes in this RFP and future quotes should assume that you will be responsible for all claims incurred on or after June 12, 2016 until the renewal date.

Financial

A D N

- b. The proposed fees do not include commissions.
- c. The City will require that the selected Vendor provide full reconciliation of the claim account(s) each month and report any discrepancies to the City for research.
- d. The City requests that all financial data related to the claim account(s) be provided in electronic format (database or spreadsheet) that will permit the City to easily manipulate the cells/fields.
- e. You will waive the actively-at-work clause and cover current and future disabled as actives until they retire, their employment is terminated, or the case terminates.
- f. The current administrator will process run-out claims. Your fees for future run-out should be provided in this proposal.
- g. You will provide renewal rates by January 1, prior to the renewing plan year.

Signature

Title

Date

3

POLICIES AND PROCEDURES

This section addresses important legal and contracting issues inherent in a managed care arrangement. Contracts for both the City and Police Division will be administered by the Department of Personnel for the City. All of the Policies and Procedures within this RFP apply to both the City and Police Division. We anticipate that vendor's responses to employer related managed care legal and contracting issues will be a differentiating factor in the bidding process. We also expect that the successful vendor will be in a position to agree to contractual provisions that correspond to the managed care arrangement outlined in this bidding process.

To perform all of the services involved in this managed care arrangement, we understand that affiliated corporate entities may be involved. We assume that your company has the appropriate documentation in place to coordinate the services provided by these entities in a manner that allows the City to execute only one.

Following are provisions we consider essential to include in the Agreement. **Provide your answer by responding in this Word document via tracked changes.** Please indicate in the space provided your willingness to accept and include the proposed provision in the Agreement, your willingness to accept the provision with proposed revisions or your unwillingness to accept the provision.

Note: Throughout this section, and the sections that follow, the term "bidder" means your organization as a participating bidder, and the term "the City" means the City of St. Louis and the Police Division.

City of St. Louis

Plan Name: _____

This Policies and Procedures document ("Criterion") details the duties and responsibilities to be undertaken by _____ (bidder) Insert full legal name

This Criterion constitutes an addendum to the group services agreement ("Contract") between the City and the bidder. The executed Contract including this Criterion supersedes any and all prior letters of agreement or other agreements, by whatever name called, between bidder and the City. Participants shall include employees of the City and Police Division and such employees' eligible dependents (the "Participants"). The duties, responsibilities, and services of the bidder are as follows:

- 1.0 Bidder's Rate (i.e., Effective Dates; Premium Change Notification)
The bidder's rate shall remain in effect from the effective date of bidder's coverage to the renewal date or anniversary date thereof. The bidder's rate may be adjusted upon giving not less than one-hundred and twenty (120) days prior written notice to the City, but any

increases in rate shall become effective only on the renewal or anniversary of the effective date of the Contract or upon the City's prior written approval.

- Accept
- Reject
- Accept with the following revisions:

1.1 Premium/Fee Due Date

All payments are made in arrears. All current billing arrangements must be duplicated. Payments are on a bi-weekly basis (26 payments); 45 days in arrears for active employees. COBRA premiums are collected and remitted on a monthly basis, no later than 45 days in arrears. The BIDDER must accept this current method of payment.

- Accept
- Reject
- Accept with the following revisions:

1.2 Self-bill

The City currently self-bills on a bi-weekly basis for active employees and monthly for COBRA participants. The company must accept this current method of billing and also the responsibility of billing reconciliation.

- Accept
- Reject
- Accept with the following revisions:

1.3 Adjustments to Premium Payment (Premium)

Retroactive adjustment may be made for any additions or terminations of enrollees or changes in coverage classification not reflected in the City's records at the time premium is calculated by the City. These retroactive adjustments may be made to future premium/fee payments provided the changes are reported and premium is adjusted within 90 days following the date of change in coverage classification. Retroactive adjustments can be made on a bi-weekly basis.

- Accept
- Reject
- Accept with the following revisions:

2.0 Termination of Contract

The City may immediately terminate the Contract and this Criterion upon written notice to bidder upon any of the following: (i) the bidder becomes insolvent or files for bankruptcy, (ii) the bidder fails to adhere to any requirement of this Criterion or the Contract, or (iii) the City determines in good faith that the health and welfare of its Participants are in any manner disadvantaged by continuation of the coverage. The City will provide written notice to the bidder specifying the pertinent facts and circumstances for the termination. In the event of such immediate termination, the bidder shall assist the City with an orderly transition of the bidder’s responsibilities, including processing of incurred claims and providing, or arranging for the provision of, continuous care for Participants who are hospitalized at the time of the termination.

Further, the City may terminate the Contract and this Criterion either with or without cause, upon not less than thirty (30) days advance written notice to the bidder and to each Participant.

Any coverage terminations will take effect at the end of the pay period following date of termination for active employees and at the end of the month for COBRA participants.

- Accept
- Reject
- Accept with the following revisions:

3.0 Enrollment (i.e., Open Enrollment)

The City shall determine the circumstances under which eligible employees and their dependents may enroll in the bidder as Participants or disenroll. The City shall also determine the circumstances under which Participants may make changes to their coverage. In addition, the City shall determine and the bidder agrees to provide an annual open enrollment period during which employees will be given the opportunity to enroll (or disenroll) in the bidder as Participants. The City in its sole discretion will determine the timing and duration of the open enrollment. Bidder agrees to pay for the cost of open enrollment material including, at a minimum, printing and distribution.

- Accept
- Reject
- Accept with the following revisions:

4.0 Confirmation of Employee and Dependent Eligibility

An eligible employee is a permanent, full-time employee defined by the City.

- Accept
- Reject
- Accept with the following revisions:

4.1 Dependent Eligibility

Eligible dependents include spouse and children up to the end of the month in which the dependent child turns age 26. Dependents also include domestic partners and their children. A domestic partner is defined as an unrelated adult of the same or opposite sex of the employee with whom the employee is living in an intimate, long-term relationship with an exclusive commitment similar to marriage, in which the partners are jointly responsible for one another's welfare and share financial obligations.

- Accept
- Reject
- Accept with the following revisions:

4.2 Eligibility File

Bidder agrees to accept from the City, on a bi-weekly basis for active employees and a monthly basis for COBRA participants, an eligibility file, in Excel format, including name, SS#, individual and total premium. File shall be forwarded to bidder electronically bi-weekly. Bidder will provide to the City a report outlining any discrepancies in such eligibility file within fifteen (15) business days after bidder's receipt of such file from the City but in no instance shall the file be sent until payment has been received by bidder for the period in question. City will respond to bidder's discrepancy report within ten (10) business days after the City's receipt of such file from bidder. Bidder will perform a reconciliation of such files on a bi-weekly basis.

- Accept
- Reject
- Accept with the following revisions:

5.0 Confirmation of Effective Dates of Coverage

An Employee and eligible dependents become covered on the first of the pay period following 30 days of employment, if enrolled. Otherwise, the employee must wait until a subsequent open enrollment period to enroll.

- Accept
- Reject
- Accept with the following revisions:

5.1 Effective Date of Coverage for Employee on Leave of Absence

An Employee on an approved family medical leave of absence during the annual enrollment period may select a new plan just as if he/she were active. The new coverage will become effective June 12, 2016 following the annual enrollment.

- Accept
- Reject
- Accept with the following revisions:

6.0 Qualified Change in Family Status (Changes in Coverage Status)

With the adoption of the Internal Revenue Code of 1986, Section 125, the City has chosen to follow the Code's definition of Qualified Changes in Status. Therefore, all bidders offered must also abide by this definition. The definition includes, but is not limited to, changes in status such as: marriage, divorce, or legal separation of the Employee, birth, adoption or placement for adoption of a child by Employee, death of the Employee's spouse/domestic partner or eligible dependent, the termination or commencement of employment of the Employee, Employee's spouse/domestic partner or eligible dependent, a reduction or increase in hours of employment by the Employee, Employee's spouse/ domestic partner or eligible dependent, the taking of an unpaid leave of absence by the Employee, the Employee's spouse/domestic partner or eligible dependent, eligible dependent ceases to satisfy the requirements for unmarried dependents, a change in the place of residence or work of the Employee, Employee's spouse/domestic partner or eligible dependent, a significant change in dental coverage for the Employee or spouse attributable to the spouse's employment, and the loss of dental benefits coverage under a bidder of the Employee, spouse/domestic partner due to the bankruptcy or other suspension of service of the bidder occur . Election of coverage and enrollment may within 31 days of the qualifying event.

- Accept
- Reject
- Accept with the following revisions:

6.1 Enrollment Changes

Election of coverage and enrollment may occur within 31 days of the qualifying event.

- Accept
- Reject
- Accept with the following revisions:

7.0 Coverage Termination Date

The City may terminate coverage for covered Employees and/or their dependents at the following times: a) the effective date of cancellation or termination of the bidder; b) the last day of the pay period following Employee’s last day on the payroll; d) the last day of the pay period during which a dependent ceases to be an eligible dependent. The bidder agrees to arrange to provide covered medical services through midnight of the day the Participant’s eligibility is lost.

- Accept
- Reject
- Accept with the following revisions:

8.0 Bidder Termination of Employee Participation

In the event the bidder terminates coverage for a Participant for good cause, the bidder agrees to furnish the City with at least sixty (60) days advance written notice specifying why such a decision was reached, if to do so is not in violation of any applicable laws and regulations regarding the confidentiality of such information.

- Accept
- Reject
- Accept with the following revisions:

9.0 COBRA

The bidder agrees to arrange to provide covered dental services as detailed in the Contract to all Participants, including any Participants entitled to continued coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (“COBRA”).

Any covered COBRA eligible Employee or dependent may apply for continuation of bidder benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985.

- Accept
- Reject
- Accept with the following revisions:

10.0 Access to Employees

Bidder’s access to eligible employees shall be determined by each location making available a bidder plan. The bidder shall bear the entire cost of producing its marketing materials and making them available either directly or by mail. The bidder shall also pay the entire cost of open enrollment materials produced by the City.

- Accept
- Reject
- Accept with the following revisions:

11.0 Plan Administration – Claims Process

You agree to review claims and make determinations throughout the appeal process based on your understanding of how the benefits are to be administered.

- Accept
- Reject
- Accept with the following revisions:

11.1 Plan Administration – Certificate of Coverage Development and Distribution

You will assist in developing and reviewing the City-produced COCs prior to distribution.

- Accept
- Reject
- Accept with the following revisions:

12.0 *The bidder, its subcontractors, agents, and employees, including dental care providers affiliated with the bidder, shall not be considered agents or employees of the City of St. Louis. The determination of the extent and nature of the dental care services to be provided to Participants shall be exclusively that of the bidder and its affiliated dental care providers. Each physician employed by or affiliated with the bidder shall maintain the usual and customary physician-patient relationship with Participants.*

- Accept
- Reject
- Accept with the following revisions:

13.0 Responsibilities and Covenants

The bidder agrees to comply with the following Responsibilities and Covenants:

(a) Compliance

The bidder agrees to administer the Plan in compliance with all applicable local, state and federal laws. The bidder will track and provide to the City and/or its delegates any information required by the City and/or its delegates to comply with prior coverage certification and other requirements imposed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any other applicable law or regulation.

The City intends to comply with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), and any other applicable federal or state law and will waive or modify any of the eligibility rules stipulated in this document that conflict with the applicable provisions of such laws.

(b) Dental Management

- i. The bidder’s communications to Plan Participants and their dental care providers will include a clear statement confirming that the decision regarding what treatment is appropriate (i.e., level, duration of care, etc.) is always left to the discretion of the Participant and his or her attending physician, and confirming that pre-certification and other forms of utilization management relate solely to whether and the extent to which a procedure or service will be paid for by the Plan;*
- ii. If the bidder’s standardized communications are provided to Participants and/or the bidder’s network providers, they will describe any Plan benefit reductions or other penalties that apply if the Participant (or his or her attending physician) does not comply with utilization management requirements imposed under the Plan and this Contract;*
- iii. The bidder’s dental necessity and/or claim denial letters will contain adequate detail to satisfy current Employee Retirement Income Security Act of 1974 (ERISA) and state law standards;*

- iv. *The bidder will apply clinical criteria that are objective, clinically valid, compatible with established principles of dental care, and flexible enough to allow deviations from the criteria when justified on a case-by-case basis;*
- v. *The bidder will require providers to use reasonable timeframes to review appeals that relate to a determination that a procedure is not medically necessary;*
- vi. *The bidder will require adequate training of dental management personnel and impose appropriate standards for employee qualifications;*
- vii. *The bidder will make available a network of dental care providers consisting of physicians and facilities sufficient to assure access to quality dental care for all Participants; and*
- viii. *The bidder will use the same care and skill as a similarly situated provider of like service would exercise following commonly accepted dental care and managed care practices in the administration of services to be provided under the Contract.*

- Accept
- Reject
- Accept with the following revisions:

14.0 Use of the City Name

The bidder shall not use the City's name or the name of any of its affiliates in any solicitation or promotional material without prior written consent from the City.

- Accept
- Reject
- Accept with the following revisions:

15.0 Insurance/Liability

The bidder agrees to adopt and demonstrate adoption of all of the following arrangements to protect the City or any of its affiliates and/or Participants from incurring liability for payment of any fees, which are the legal obligation of the bidder:

- (a) *Insolvency insurance at an amount which is sufficient based on relevant industry standards, to cover obligations to providers for services provided to Participants.*

(b) *A contractual arrangement with dental providers affiliated with the BIDDER prohibiting such providers from holding any Participant liable for payment of any fees, which are the legal obligation of the organization.*

(c) *Other protection from liability for its Participants as provided by applicable state or federal laws.*

- Accept
- Reject
- Accept with the following revisions:

16.0 Annual Reports

Paid claims reports will be provided within 30 business days of the end of the reporting period. Utilization reports as agreed to by City on a quarterly basis.

- Accept
- Reject
- Accept with the following revisions:

17.0 Confidentiality

The bidder agrees to maintain the confidentiality of all dental, financial, and other patient specific data pertaining to Participants. The bidder agrees that, except as otherwise provided herein, such data will not be released to individuals or entities other than the Participant to which the data relate or such Participant’s authorized representative except as required by law or as may be required by order of a court having jurisdiction over the Participant.

- Accept
- Reject
- Accept with the following revisions:

18.0 Fiduciary

During the term of the Contract, the bidder shall be a fiduciary regarding benefit determinations, review of denied claims, certifications of medical necessity (including prospective, concurrent, and retrospective review), and for carrying out specific managed care dental management and network services including:

- (a) *establishing network provider eligibility standards and quality improvement procedures and protocols,*
- (b) *selecting, appointing, and terminating network providers,*
- (c) *monitoring whether dental care providers affiliated with BIDDER continue to meet the eligibility standards and quality improvement procedures and protocols of the BIDDER, and*
- (d) *establishing and monitoring utilization review procedures and protocols.*

The bidder shall be responsible for administering claims for benefits under the Plan on a fully insured basis. In discharging its responsibilities, the bidder shall act in accordance with the documents and instruments governing the Plan, and any applicable federal or state law. The bidder shall also be a fiduciary for the purpose of providing a Participant whose claim for benefits has been denied a full and fair review of the decision denying the claim. The bidder’s decision on appeal of the disputed claim shall be the final review for the Plan.

In exercising its fiduciary responsibility, the bidder shall have sole and complete discretionary authority to determine payment of benefits, to construe the terms of the Plan, to make factual determinations, and to determine the validity of charges submitted for reimbursement under the Plan. The bidder shall be deemed to have properly exercised such authority unless it has abused its discretion hereunder by acting arbitrarily and capriciously.

Notwithstanding the foregoing, the City or its Agents shall be the administrator of the Plan, and shall have sole and complete discretionary authority to determine questions relating to the eligibility of employees and dependents for membership in the Plan, including determination of who is a Participant. Nothing in the Contract shall limit the ability of the City to amend or terminate the Plan.

- Accept
- Reject
- Accept with the following revisions:

19.0 Indemnification

The administrator(s)/carrier(s) will not charge against the City’s experience those claim payments not authorized under the benefits plan (except when authorized by the City in writing) if such payments were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers, or employees.

The administrator(s)/carrier(s) will reimburse on an immediate basis any overpayments that were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers, or employees.

The administrator(s)/carrier(s) will indemnify, hold harmless and save the City, its agents, officers, and employees from liability of any kind or nature (including costs, expenses, or attorney's fees) for damages suffered by any entity or person as a result of error, negligence, reckless or willful acts or omissions of the administrator, its agents, officers, or employees.

The above three paragraphs shall hold for the term of the contract with the administrator(s)/carrier(s) even if not expressly provided for in the contract.

- Accept
- Reject
- Accept with the following revisions:

20.0 Notice

Notices to the City, including issues surrounding the Policies and Procedures should be sent to:

*City of St. Louis
 Personnel Department
 Employee Benefits Section
 Suite 900
 1114 Market Street
 Saint Louis, MO 63101*

This Criterion is effective June 12, 2016 and shall remain in full force and effect until amended or terminated in writing and signed by the City.

Please indicate acceptance of the above and return the signed original copy.

The above is hereby accepted on this _____ day of _____, 2016.

_____ (Signature)

_____ (Title)

4

FINANCIAL RESPONSE

1. Rates should be entered into the Excel Rate table provided as a separate document included with the RFP and be based on the following: Presented in the following 3-tier structure: Employee; Employee + 1; Employee + 2 or more.
2. Quote fully insured rates.
3. Your rates should include 3% built in to the cost to reimburse the City for plan administration. Please note that the Police Division's current rates do not include the additional 3% administration fee.
4. Provide 2 sets of rates. One set should be for combined City and Police Division experience. The second set should be for separate City and Police Division experience. In both scenarios, duplicate the current plan designs of the City and Police Division as closely as possible.
5. If rates would change based on a slice business arrangement, please provide such quotes in separate tables in the Excel Rate table identified as Sole and Dual Carriers.
6. Provide all rates and fees on a per-employee-per-month (PEPM) basis alongside a bi-weekly equivalent rate.
7. Quoted rates must be guaranteed for a minimum of 24 months and in addition, should include a rate guarantee or rate cap of at least 12 months.
8. Current rates (2015-2016 plan year) are included in the Appendix D Excel form. Renewal rates will not be disclosed.
9. **Responding in this Word document** via tracked changes:
 - a. Clearly state any participation or underwriting requirements. List any underwriting requirements in detail. Your proposal should not include minimum participation requirements.
 - b. Clearly list any deviations from the current plan design in services covered under your bid. **If no deviations are noted, we will assume no deviations exist.**

5

QUESTIONNAIRE

Please answer all questions. Unless an attachment is requested, please **do not refer to attachments**.

RESPONSE INSTRUCTIONS FOR QUESTIONNAIRE

Provide your answer by responding in this Word document via tracked changes. Responses should be as concise as possible, however, not to the detriment of providing a full understanding of your proposal. All answers should be based on your current, not planned, capabilities unless otherwise noted.

For information that has been requested in a specific format (e.g., chart) please provide your response by electronically completing the chart in the requested file format (typically Excel). Missing information should be indicated as “not available”.

Information that is not applicable to your organization’s response should be indicated as N/A.

Failure to provide all requested information or to follow requested response formats might preclude your proposal from further consideration at the sole discretion of the City.

Attachments

Below is a list of all the supplemental documentation that we would like your organization to provide. Our strong preference is to obtain all items electronically. However, if any item is available in hard copy only, please indicate.

Please provide supplemental documentation according to the checklist below:

Included	Items
	Sample reporting package for reports included in your proposal
	Provide references for three current clients with a similar workforce. For each reference, provide company name, contact name, telephone number, e-mail address, length of time using the respective services, location(s) served, number of employees covered, geographic spread, and nature of business.
	Provide three references of clients that have discontinued your plan during the last two years. Please include a brief statement indicating reason for discontinuance. For each reference, provide contact name, telephone number, e-mail address, length of time using each plan, location(s) served, number of employees, geographic spread, and nature of business.
	Provide sample copies of the following materials: Sample Contract / Agreement Summary Plan Description (SPD) and/or Evidence/Certificate of Coverage (EOC/COC)

Background

1. Provide a brief summary of your organization’s dental plan administration capabilities. Include experience working with clients similar to the City, the number of years in business and special areas of expertise.
2. Please complete the following table regarding your current dental book of business:

Product	# of primary enrollees	Estimated # of employers/ sponsors	# of years offered	States offered in (please list)	Funding options (insured, ASO, or both)	Estimated size of network nationally
PPO						
DHMO						

3. Is your organization privately or publicly held? Who is your parent company (if applicable)? Please submit an annual report for last year. Has your organization recently been involved in any merger or acquisition activity as a buyer or seller? If so, please describe.
4. Please provide your financial ratings, including the date on which this rating was granted, from each of the following agencies:
 - AM Best
 - Standard & Poor’s
 - Moody’s
 - Duff & Phelps
5. If any subcontractors will be utilized for any of the services you intend to provide to City, please furnish the following information:
 - a) Name of each contractor and length of time you have utilized them.
 - b) Describe the services or products it is providing, its ownership and management structure, and the number of years in operation.
 - c) Describe the terms of your arrangement with each subcontractor listed above, including duration of contract, performance guarantees, quality controls, liability insurance, and termination provisions.
 - d) How do you pay the subcontractor(s)?
 - e) Confirm that you are accountable for the performance of all subcontractors.
 - f) Do you have any plans for future subcontractors? If so, please detail.
6. Is your firm currently involved in any litigation that could potentially impact the ability to serve out the terms of the contract(s)? If so, please specify the circumstances and timeframe for litigation resolution.

Implementation

1. For the proposed account management team, please provide the following:
 - a) Account manager name
 - b) Name of each team member
 - c) Location
 - d) Phone number/Fax number
 - e) A brief biography of each team member
 - f) Roles and responsibilities, including a list of the ongoing responsibilities of the account manager as it pertains to the City
2. Provide a detailed project implementation work plan that illustrates, in table form, a calendar of completion dates of each activity assuming that the preferred vendor is identified by March 1, 2016. Include all key activities and indicate the person on your team who would be responsible for each activity. Please indicate on the timetable if there are any critical dates, which you believe, must be met in order to keep the implementation on schedule. Please indicate additional costs associated with implementation, if any, that are not part of your quoted fees.
3. What specific data do you need from the incumbent vendor and City for an effective implementation and what is the minimum amount of time necessary for efficient, effective implementation?
4. What is your deadline for receiving eligibility in order to issue and deliver accurate identification cards the week prior to June 12, 2016?
5. Are extended benefits available for work in progress? If so, please describe for the following:
 - a) After contract termination?
 - b) After an employee's participation terminates?
6. If chosen as the provider, what level of benefits will apply to members currently in treatment for orthodontic and other work?
7. Title II of HIPAA established requirements for the electronic submission of health/dental information for individuals, health/dental data security and privacy rules for individual health/dental information. Please indicate your organization's compliance procedures.

HIPAA defines "protected individually identifiable health/dental information" as information that:

- Relates to an individual's past, present, or future physical or mental condition, and medical/dental care or payment for such care or condition.
- Is created by or received by a health/dental care provider, health/dental plan, or employer.
- Identifies (or could be used to identify) an individual, including the person's name or other demographic information.

Covered entities can use or disclose an individual's protected health information without authorization only for purposes of treatment, payment, health care operations (i.e., claims administration, quality assurance, utilization review, credentialing, and similar activities), and specified public policy-related purposes (i.e., health oversight activities, judicial and

administrative proceedings, and law enforcement). In all other circumstances, a covered entity may disclose protected information only if authorization is obtained from the individual to whom the information relates.

8. What is the address of your dental plan’s Internet web site?
9. Will you prepare Summary Plan Descriptions (SPDs) or Certificates of Coverage (COC) for all enrolled plan participants that will satisfy all of the current ERISA requirements?
10. Please advise whether SPD/COC information provided by your plan is available in an electronic format (i.e. Word, or PDF).
11. Please confirm you will produce and print paper copies of the plan documents at no additional cost to the City.
12. Will you provide full reconciliation of claim account(s) each month and report any discrepancies to the City to research?

Eligibility and Premium Processing

1. Where are the offices located that will handle eligibility and premium processing?
2. Will the City’s claims be handled by a dedicated unit or service representative? If yes, please define dedicated.

Systems and Reporting

1. Which of the following services are currently available through your Web-site? (Yes/No)

<u>Member Services</u>	<u>Currently Available</u>
Can members:	
a. Access provider information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Access provider directories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Access benefit plan summaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Order replacement ID cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. File a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Download printable versions of claim forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Look up claim status in real time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Submit appeals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Submit inquiries to customer service via email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Access educational information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Member Services</u>	<u>Currently Available</u>
------------------------	----------------------------

Provider Support

Can providers:

- k. Verify in “real-time” the eligibility status of members? Yes No

City of St. Louis HR Support

- l. Add and delete eligibles in real time? Yes No
- m. Receive standard reports, including claims experience and utilization data? Yes No
- n. Correspond with account management and customer service for problem resolution purposes? Yes No

- 2. Please describe and provide a sample of your standard reporting package. How often are reports provided? Also please describe additional reports that are available and identify any associated cost. Can these reports be accessed electronically via the Web?

Claims Processing

- 1. How often are benefit payments and Explanation of Benefits produced and released to members and providers?
- 2. Do you report turnaround time results to your clients? If so, how often?
- 3. Which claims office will be responsible for processing City claims?
- 4. Please discuss how you define Usual, Customary, and Reasonable (UCR) fee levels. Indicate:
 - a) The source of your data
 - b) Average discount per procedure compared to local (zip code specific) UCR at the 80th percentile? At the 50th (or average area charges) percentile?
 - c) The standard percentile you use for out of network claims
 - d) Frequency of updates
- 5. Will City of St. Louis be allowed to specify what percentile UCR is used for non- network claims? If so, please describe the options that are available.
- 6. If an employee elects 2 plans offered under the City, do these plans have a coordination of benefits. For instance, elects DHMO under vendor A and DPPO under vendor B.

Customer Service and Member Satisfaction

- 1. Where will customer service be handled? Is it local or centralized? Is member services combined with claims unit or handled separately?
- 2. How will the City inquiries be handled (e.g., by a dedicated unit or service representative)? A preference will be given to dedicated units.

3. Will member services performance (e.g., call abandonment rates, average wait time, etc.) be reported on a City-specific basis? If so, at what frequency? If not, indicate if statistics are provided on a unit or office-wide basis.
4. What are the proposed hours that the member services center will be staffed by live member services representatives?
5. Are customer service representatives authorized to make real time claim payment adjustments? What claims history information can a customer service representative access in real time in response to an inquiry on processed and pending claims?
6. Are customer service inquiries and their resolution tracked on the system (e.g., "comments screen")? Who has access to this information?
7. Please describe your method for tracking/improving member satisfaction, including:
 - a) Written policy regarding member satisfaction goals.
 - b) Ability to conduct City-specific surveys and provide City-specific results.
 - c) Policy for conducting member satisfaction surveys, including scope and timing.

Clinical Quality

1. Do you employ licensed dentists to review complex claims?
2. Approximately what percentage of total claims are routed to the professional (i.e., **clinical**) review area?
3. What percentage of total claims is reviewed by a **dentist**?

Provider Relations and Network Management

1. Do you own all of your own dental networks? If not, please provide detailed information about the entity that you subcontract with for network services, including:
 - a) Length of time you have worked with them
 - b) Geographic areas (entire US, or just specific states?)
 - c) Nature of contractual agreement
 - d) Quality assurance program in place by network vendor to ensure that providers are treating appropriately.
 - e) Method used by your organization to provide feedback to network vendor regarding provider utilization patterns.
 - f) Confirmation that you will take full responsibility for the quality of your network vendor performance.
2. Please provide your network turnover rates nationally for 2014 and 2015 YTD for each network you are proposing.
3. Will you accept nominations for individual providers to be added to your network? If so, please describe how this process works.

4. Will you agree to undergo targeted recruiting of providers currently treating City employees but not in your network? If so, please describe in broad terms, how you envision this process working. For example, strategy and timing.
5. How many new dentists have been added to the DHMO network within the last year? Two years? What steps are being taken to recruit new dentists?

Financial

1. In the instances where the carrier exercises discretionary judgment (e.g., review of denied claims) in its administration of the contract, City expects that the carrier will assume fiduciary responsibility.

With the above in mind, respond to the following:

- a) How do you define your fiduciary role in all plan service areas?
 - b) List all pertinent liability insurance carried by your organization
2. For each quarterly accounting, City requires the following summary information:
 - a) Count of enrolled primary subscribers
 - b) Count of enrolled dependents
 - c) Administrative charges
 - d) Monthly claim payments
 - e) Distribution of services, including dollars paid
 - f) Total incurred claims for each month of past year
 - g) Count of patients who incurred the claims paid in each month of the quarter
 - h) Count of patients who incurred the claims paid during the entire quarter
 - i) Count of patients who incurred the claims paid during the past year

Do you agree to supply this minimum information? Include detailed exhibits. If not, specify what information will not be available. Identify further information you could provide which is not listed. Provide a sample annual financial accounting for a similar size client.

6

APPENDIX

- A. Proposed Dental Plan Designs
- B. Performance Guarantees
- C. Intent to Bid Form
- D. Financial Response (Excel format)
- E. Census
- F. Affidavit (Unauthorized Alien Employees)
- G. MBE/WBE Information

Appendix A

Proposed Dental Plan Designs

The City of St. Louis currently offers four dental plans: two (2) DHMO plans with Dental Source and two (2) DPPO plans (with and without orthodontia) with United Concordia. The Police Division offers two (2) DPPO plans with Delta Dental of Missouri.

Refer to the summaries of the current plan designs included with the RFP data. Your proposed plan designs should match the current as closely as possible.

Please prepare a proposal exhibit that compares your quoted proposed plan designs against the current in-force design.

- Be sure to clearly note any deviations from the current plan design in services covered under your plans/quotes. If not noted, we will assume no deviations exist.
- Include a copy of the benefit summary or contract, the plan exclusions and limitations, and alternate benefit provisions.
- List any benefit or eligibility limitations that would apply to new members who have pre-existing dental conditions. If so, what are the extent and duration of these limitations?

Appendix B

Performance Guarantees

The suggested performance guarantees are included with the RFP documents.

Appendix C

Intent to Bid

Please print and complete this form and return it to Cheryl McGaully at Mercer by December 16, 2015.

We have received the invitation to respond to the City's Request for Proposal and have the following intentions:

- We decline to bid at this time.
- We intend to submit a proposal by January 13, 2016.

Authorization:

Name and Title

Date

Company

Return completed form via fax or e-mail to:

Cheryl McGaully

Mercer Health & Benefits

Cheryl.mcgauly@mercer.com

Fax: 314-588-2525

Appendix D

Financial Response (Excel format)

A rate response table is included separately with RFP documents. Current rates are included on the Excel form.

The electronic submission of your proposal for the financial response must be completed in Excel in the format as instructed in Section 4 and submitted along with your proposal response.

Appendix E

Census

The census is included separately with the RFP documents.

Appendix F

Affidavit

EXHIBIT _____

STATE OF _____)
)SS.
COUNTY OF _____)

AFFIDAVIT

Before me, the undersigned Notary Public, personally appeared _____
(Name) who, by me being duly sworn, deposed as follows:

My name is _____ (Name), I am of sound mind, capable of making this
Affidavit, and personally acquainted with the facts herein stated:

I am the _____ (Position/Title) of _____. (Contractor)

I have the legal authority to make the following assertions:

1. _____ (Contractor) is currently enrolled in and actively participates in a federal work authorization program with respect to the employees working in connection with this Agreement, as required pursuant to Sections 285.525 through 285.555 of the Revised Statutes of Missouri 2000, as amended.
2. Pursuant to Sections 285.525 through 285.555 of the Revised Statutes of Missouri 2000, as amended, _____ (Contractor) does not knowingly employ any person who is an unauthorized alien in connection with this Agreement.

Affiant

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this
____ day of _____, 20__.

Public

Notary

My Commission Expires:

Appendix G

MBE/WBE Information

A copy of Executive Order #28 is included with the RFP documents.



Mercer (US) Inc.
701 Market Street, Suite 1100
St. Louis, MO 63101
314-588-2500