

**FLORIDA HEALTHY KIDS CORPORATION**  
**Invitation to Negotiate 2015-02: Dental Benefits Coverage Underwriting and Services**

**Bidder's Conference Questions and Answers**  
**November 6, 2015**

Question Number	ITN Page, Section Number, Subsection Reference	Question	Response
1		Will dental plans or FHKC register "stand alone" plan(s) with the Florida Office of Insurance Regulation?	FHKC will not. Plans should determine for themselves whether such registration is required.
2		Is the PMPM rate for the full-pay population subject to the maximum weighted average rate cap set each year by the legislature in the Appropriations Act, currently at \$14.54 PMPM?	Not for the "stand alone" full pay program. Currently, the "combined" subsidized/full pay rate is subject to the cap.
3		Can we build the PPS rate for FQHC's into the rate proposal even if this increases rates? How will this be rated competitively with other respondents that do not contract with FQHC's?	Yes, this rate component can be built in your proposal. Any FQHC rate component will not be considered separately by FHKC. FHKC will not comment further on rating methodologies at this time.
4		Will providers shown as "shaded" or "un-shaded" be treated differently?	No. However, FHKC may require further assurances that networks will be adequate before making any awards.
5		Do the enrollment numbers provided on the FHKC website for October 2015 of 156,000 represent enrollment for both the subsidy and "stand alone" program?	Only for the present "combined" subsidy/full pay program. There is no currently existing "stand alone" full pay program.
6		If the plan is bidding both the "combined" and "stand alone" programs separately, is a respondent required to meet the 1/500 ratio for the 156,000, or something more?	Just for the 156,000.
7		The ITN requires respondents to list providers in Excel. Do we have to follow the format exactly or can we populate the information in cell in a different format, mainly regarding hours of operation?	Please refer to page 27 of the FHKC Dental ITN.
8		For the "stand alone" plan proposal, can we include waiting period, deductibles or additional co-pays in proposals?	Yes, as long as actual <u>benefits</u> to enrollees mirrors the traditional "combined" program benefits (Medicaid).
9		Will the "stand alone" plan include CPT codes, such as oral maxillo facial and other codes?	Benefits must be the same as detailed in the Dental ITN. The Florida Medicaid Dental Services and Limitations Handbook is also incorporated by reference. In the event of a conflict, the handbook prevails.

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