

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

Questions and Answers # 1  
Posting Date: October 2, 2015, 2015

Responses to Public Comments  
Upon approval of the Board, comments will be incorporated into the final ITN

Question Number	Section Number, Subsection Reference	ITN Page	Question	Response
1	Volume 3. Q2 (c)	34	If we submitted an actuarial memorandum this past year as part of the annual rate adjustment request period, is this memorandum still valid?	No, a new memorandum specific to the 2015-16 requested rate must be submitted.
2	Volume 3; Section IV, Delivery of Services, C: Geographic Access	42	The language in the draft says geographic access to primary care providers within twenty (20) minutes driving time from Enrollee's residence. However, the Medicaid dental handbook says thirty (30) minutes. Please clarify if we should follow the Medicaid guidelines or the guidelines outlined in the ITN.	Please follow the outlined guidelines in the ITN.
3	Volume 3; Section IV, Delivery of Services, C: Geographic Access	43	State geographic standards for primary care providers are twenty (20) minutes and sixty (60) minutes for specialists. Do these times relate to a specific mileage distance? And are there rural vs urban standards?	No, the standards are related to driving distances. In the case of rural areas, if the standard required is not reasonable, the respondent must provide a strategy to ensure access to members. In addition, respondent must provide urgent care provider information as stated in page 43 of the ITN.
4	Appendix X - Enrollee Benefits Schedule	64	Please confirm that the benefits outlined in Appendix X matches what is in the AHCA Medicaid guide book.	Appendix X details minimum dental benefits for the program. As stated in Appendix X, the Florida Medicaid Dental Services Coverage and Limitation Handbook is incorporated by reference.
5	Appendix X - Enrollee Benefits Schedule - XIV: Radiographic Examination	70	In the alternative, if you keep the chart, the limitation on pantographs says once per year instead of once per three (3) years like the complete series.	Please provide additional clarification for this question.

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6	Volume 3: Effective Dates.1	34	1. The Contract shall begin on July 1, 2016 ("Commencement Date"). Will this be a 2 year rate guarantee or is each year negotiated?	No, rates are for one year only, subject to adjustment every year.
7	Volume 3: Effective Dates. 2.	34	2. The Contract shall end on June 30, 2018. Will this be a 2 year rate guarantee or is each year negotiated?	See response to question 6.
8	Overall Scoring	4 &5	How will the ITN be scored - is there a pass/fail or numeric scoring for all Respondents?	All Respondents proposals must first meet minimum requirements as stated in the ITN Section III, Procurement Process.
9	Scoring	4 &5	The draft ITN on pages 4 & 5 discusses the evaluation process for the Proposals. Some of the factors such as "Respondent's status as an incumbent Insurer with FHKC" do not seem to fit within the categories that FHKC used to score proposals in 2012 (e.g. Administration, Network and Rate). How will FHK score proposals and in particular how will these factors be incorporated into the scoring process?	Page 5 of the ITN details selection criteria, scoring system and results from this ITN will be available for inspection upon request after the ITN process has been concluded.
10	Volume 3: Premium Rates	33	Will rate proposals be capped at the current \$14.54 PMPM? If they are capped at this rate will incumbent DBAs and/or FHKC ask the Social Services Estimating Committee and Legislature for a rate increase for the July 1, 2016 to June 30, 2017 year – at least accounting for an annual utilization increase and inflation rate?	2016-17 rates will be subject to limits set by the SSEC and the Legislature.
11	2. Volume 1, Tab F	18	Please clarify that Respondent will be responsible for CDT codes and the medical administrator will be responsible for CPT codes.	The Respondent must address how it will address the coordination of benefits with health plans as stated in Tab F-2, page 19 of the ITN.

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12	Volume 3: Premium Rate Proposals	34 & 35	Page 34 provides a list of three conditions for each rate proposal. However, page 35 states "the five conditions list above..." Can you please confirm what the five conditions are? The 2012 ITN had five conditions listed, so we are wondering if two conditions were intentionally omitted, or if they were accidentally removed.	The minimum loss ratio and maximum administrative component provisions do not apply.
13			With the Legislature meeting earlier this year how will the annual rate increase request opportunity play out this year – specifically around timing?	See response to question 10.
14			In checking with federal CMS, it seems Florida Healthy Kids' intent is to be in compliance with minimum essential coverage requirements. Would be acceptable to create an individual full-pay plan that mirrors existing FHK pediatric dental benefits? Could we impose waiting periods though or would that be out of line with Affordable Care Act intent?	Yes, the Respondent may include in response the intent create an individual full-pay plan that mirrors existing FHK pediatric dental benefits.  No waiting periods may be imposed.
15			We don't think we have approved insured pediatric dental products in FL that align with FHK plans – Florida Marketplace plans are benchmarked against FEDVIP. Is the CMS notice you provided earlier a waiver against using the Medicaid plan as a benchmark or will we need to file new plans if that's the	The Medicaid level benefits have been approved by federal CMS for Florida Healthy Kids full pay program.

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			requirements (for the FHK full pay plan or for our Exchange plans)?	
16			Can the stand-alone full pay option be designed to allow for certain member risk? E.g. copays, deductibles, or even no show fees?	No, any stand-alone full pay dental option must mirror the benefit, co-pay and deductible structure of the subsidized dental program.
17	Tab C: Evidence of Regulatory Authority	16	Please provide clarity on the type of regulatory authority is expected under Tab C. Is a specific license preferred?	Respondent must submit evidence of its regulatory authority to operate as proposed in Florida. Please see page 4 of ITN for additional examples.
18			While the ITN indicated time requirements for general dentists and specialists, are their distance requirements?	See responses to questions 2 and 3.
19			Will FHKC seek varied compensation schedules by dental specialties or by complexity of services performed, i.e preventive, basic and major?	Please provide additional clarification for this question.
20	Appendix I – Program Eligibility	39	In the event multiple carriers are selected, how is enrollment for each carrier determined? Do the enrollees choose? Is the state split geographically?	Please see Appendix VII of this ITN.
21	Appendix X Enrollee Benefit Schedule	64	Will you please provide a full list of the benefits covered, at the CDT code level, along with the applicable copays, limitations, exclusions?	ITN pages 33 and 34, detail both subsidy and full pay Healthy Kids populations shall be offered all dental services provided under Florida Medicaid. Page 64, states no co-payments shall be imposed for any services or office visits under this ITN process. Appendix X, page 64, clarifies what is covered under the dental program.

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22	Appendix VI Volume Three – Premium Rate Proposal Form	55	Is the bidder required to provide one premium rate for the 2 year contract? Or, may rates vary between first and second contract years?	See responses to questions 6 and 7.
23	Appendix VI Volume Three – Premium Rate Proposal Form	4 and 26	The ITN indicates the evaluation will consider the status of the incumbent, additionally, the Provider Network Volume Two response requires identification if a provider is contracted or if the vendor has received an LOI. Since an incumbent has a better opportunity for having an executed contract, can you confirm a contract vs. LOI will be evaluated equally?	Page 5 of the ITN details selection criteria, scoring system and results from this ITN will be available for inspection upon request after the ITN process has been concluded.
24	Volume Two	26	Can you confirm the required provider to member ratio for General Dentists is 1to 500? Can you also confirm if a proposer does not meet the minimum provider to member ratio in any given county, there will be no points awarded? Further, could you please provide all specific evaluation criteria for the Volume Two – Provider Network?	Page 5 of the ITN details selection criteria, scoring system and results from this ITN will be available for inspection upon request after the ITN process has been concluded.
25	Appendix I, Section II Enrollment	38	What is the total number of kids (across all of the various Kidcare programs) eligible for dental coverage via this RFP and from which programs? And will the full-pay population be handled any differently than the state pay or state subsidized populations?	<p>Florida Healthy Kids will post this information on its website in the near future.</p> <p>No, as stated in the ITN, page 37, Respondents to this ITN must agree to cover full pay enrollees.</p> <p>In addition, pages 33 and 34, detail both subsidy and full pay Healthy Kids populations are offered all dental services provided under Florida Medicaid.</p>