

**Solicitation 8070001235 Questions and Answers
OKLAHOMA HEALTH CARE AUTHORITY**

Question Number	Section or Subsection Number	Section or Subsection Title	Solicitation Page	Question	Response
Example	2.1.1.1	Oklahoma Health Care Authority	#	Are Oklahoma's statutes available online?	Oklahoma statutes can be accessed online at the following addresses: http://www.oklegislature.gov/osstatuestitle.html https://www.oscn.net/v4/
1	1.1.3	The RFP	4	The contract resulting from this RFP indicxates the initial one year term is through June 30, 2021. It also states the program will be effective October 1,2021. Please confirm the initial term.	Award of Contract is effective upon signature through end of State Fiscal Year (SFY) 2021. Additional options to renew are based on SFY (July 1 through June 30 of the following year).
2	Section 1.4	SoonerSelect Dental Enrollment	4	<p>The RFP states: "The enrollment table presented below is for informational purposes only. The enrollment data used in Capitation Rate setting is presented separately in the SoonerSelect Dental Capitation Rate data book. Data presented below reflects average monthly enrollment from September 2019 through August 2020, with the exception of Expansion Adults which reflects projected monthly enrollment. This data includes enrollment increases that were attributed to COVID-19, including requirements to maintain eligibility for otherwise ineligible individuals in accordance with Section 6008 of the Families First Coronavirus Response Act (FFCRA)."</p> <p>Based on the language and represented table it is unclear for the various populations what the expectation is around dental administration and benefits at the start of the contract. Specifically, with the adult expansion, and the 7/1/2021 intended changed, should dental benefit managers expect increased benefits for 10/1/2021 go live if funds are secured, or will that phase in later and the initial benefit will be consistent with emergency care?</p>	If funds are secured, OHCA will seek approval and dental benefit managers should plan for the enhanced benefit effective date of 10/1/21.
3	1.4	Sooner Select Dental Enrollment	5	Should staffing requirements be based upon being awarded the entire contract or based upon 2 plans being selected?	See Dental RFP Section 1.6.5. OHCA intends to award statewide Contracts to multiple Contractors.
4	Section 1.4	SoonerSelect Dental Enrollment	5	<p>Please provide a description of the covered dental benefits for:</p> <ol style="list-style-type: none"> 1. Pregnant women 2. Parent and Caretaker Relatives 	Covered benefits do not differ from current adult benefit, as these groups are included in the adult benefit, and are not separate regarding dental benefits, which currently include Medically Necessary Extractions, but may be expanded depending on funding.

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5	Section 1.6.1	Solicitation Scope	5	<p>The RFP states: The purpose of this solicitation is to secure Contracts with qualified organizations that have the necessary experience and demonstrated quality to perform all of the duties outlined in Appendix 1A: Model Contract (hereinafter referred to as "Model Contract").</p> <p>Can OHCA please advise if it plans to contract with two organizations or three organizations?</p>	See Answer #3.
6	Section 1.7	Contract Term	8	<p>The RFP states: "In accordance with Article X of the Oklahoma State Constitution, the initial Contract shall begin upon Contract award and terminate on June 30, 2021. There shall be options to renew for five additional one- year periods. The option to renew shall be contingent upon the needs of OHCA and funding availability, as more fully discussed below,</p>	See Answer #1.
7	Section 1.7	Solicitation Timeline	8	<p>The actuarial bidder's conference is scheduled one day ahead of the proposal due date. What is the objective of this conference? Would OHCA considering having it sooner so bidders may ask questions on the capitation rates?</p>	The objective of the actuarial bidder's conference is give bidders the opportunity to ask questions on the capitation rates and development of those rates.
8	Section 2.4.1	Electronic Proposals	13	<p>To plan for testing and delivery of final response, we would like to know how long it takes to receive a response once a makes an initial request for the large files request. And, what is the timing if more than one request for a large file is needed?</p>	The request needs to be seven (7) days in advance of submission. The request will not be valid past seven (7) days. Bidders are encouraged to submit a test file before submission of documents. The total size of submittable document is 2 GB. If submission is larger than 2 GB, request two keys.
9	2.5.1	Technical Proposal Requirements. Format	14	<p>Concerning, "Proposal footer must include a page number. Pages must be numbered sequentially, beginning with the transmittal letter and continuing to the end of the technical Proposal. Pages must run 1, 2, 3 etc., without starting over and with no section or question prefixes. It is not necessary to erase page numbers on pre-printed documents, such as solicitation amendments, as long as the sequential page numbering is visible. The original worksheet files included in Proposal Forms folder do not require page numbers that align with the consolidated hard copy and PDF versions."</p> <p>The Transmittal Letter is actually Item #2. Should the page numbers begin at Item #1 (Bidder Proposal Submission Checklist)?</p>	See 2.5.1 instructions. Begin number of pages [Page 1] with the transmittal letter and continuing to the end of the technical Proposal.

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10	2.5.1	Technical Proposal Requirements. Format	14	<p>Concerning, "Proposal footer must include a page number. Pages must be numbered sequentially, beginning with the transmittal letter and continuing to the end of the technical Proposal. Pages must run 1, 2, 3 etc., without starting over and with no section or question prefixes. It is not necessary to erase page numbers on pre-printed documents, such as solicitation amendments, as long as the sequential page numbering is visible. The original worksheet files included in Proposal Forms folder do not require page numbers that align with the consolidated hard copy and PDF versions."</p> <p>Can bidders include a cover page?</p>	See #9 Answer.
11	2.5.1	Technical Proposal Requirements. Format	14	<p>Concerning, "Proposal footer must include a page number. Pages must be numbered sequentially, beginning with the transmittal letter and continuing to the end of the technical Proposal. Pages must run 1, 2, 3 etc., without starting over and with no section or question prefixes. It is not necessary to erase page numbers on pre-printed documents, such as solicitation amendments, as long as the sequential page numbering is visible. The original worksheet files included in Proposal Forms folder do not require page numbers that align with the consolidated hard copy and PDF versions."</p> <p>Can bidders include a Table of Contents?</p>	See #9 Answer.
12	2.4.2	Proprietary Information	14	<p>Section Paragraph 2 states "Likewise, unless specifically referenced otherwise in a solicitation, resumes, pricing, marketing materials, business references, additional terms proposed by a Bidder, and subcontractor information are not confidential and are not exempt from disclosure under the Oklahoma Open Records Act.</p> <p>The ability to redact "Key Staff" resumes is vital to providing our economic value offering to Oklahoma via this bid. Will the state make an exception to the redaction rule when the reference applies to a "newly" recruited staff member and the redaction is necessary to protect that individual from retaliation by a current employer and would like to keep the commitment private?</p>	If information is proprietary, email an original document and a redacted document.
13	Section 2.5.2	Item 2, Transmittal Letter	16	<p>This item states: If a bid includes an offer of value-added products and/or services, such offer shall be included in the Proposal Transmittal Letter and include associated pricing and any other information relevant to such value-added offer. However, OHCA is not obligated to purchase value-added products or services.</p> <p>Is OHCA using the term "value-added products and/or services" to mean value-added benefits?</p>	Yes. Terms may be used interchangeably.

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14	Section 2.5.2	Item 4 OMES- and OHCA-Mandated Representations and Certifications	17	Section 2.5.2(4) refers to Form 8070001235-D-Bidder Representations. Please confirm that Form 8070001235-D-B.12 Legal Actions ("Companion Tab (B)(12)") is intended to be where the litigation information requested by Section 2.5.2(5) and 2.5.2(10) is to be included?	The Bidder may attest that these items are addressed elsewhere in the proposal and clearly identify where the requested information can be found in the proposal. Minor inconsistencies between these requirements and requirements found elsewhere in the RFP have been corrected. The RFP will be updated accordingly.
15	Section 2.5.2	Item 4 OMES- and OHCA-Mandated Representations and Certifications	17	Do the instructions, limitations and allowable omissions specified in Companion Tab B.12 as to litigation and claims, apply to the disclosures required under Section 2.5.2(5) and 2.5.2(10)?	See Answer #14.
16	Section 2.5.2.	Item 5, Privatization Act Mandated Representations and Certifications	17	Is the information requested by Section 2.5.2(5) intended to be set forth on Companion Tab B.12? If so, does the 5-year look back period (as set forth in Section 2.5.2(5)) or the 10-year look back period (as set forth on Companion Tab B.12) apply?	See Answer #14.

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17	<p>Section 2.5.2; Form 8070001235-D-Bidder Representations and Certifications Section A.4, Companion Tab Forms (i) 8070001235-D - A.4.a. Licenses/Certifications & (ii) Form 8070001235-D-A.4.b. Licenses/Certifications denied, revoked or suspended</p>	<p>Item 4, OME-and OHCA -Mandated Representations and Certifications, Form 8070001235 D (A.4 Licenses/Certifications)</p>	17	<p>Companion Tabs D- A.4.a & Tab D-A 4.b do not include columns for the type of license/certification or the name of the entity holding the license. Does OHCA want Bidders to include this information on the Companion Tabs?</p>	<p>Yes, please include the type of license/certification and the name of the entity holding the license. Dawson Engle/Braden Mitchell. Form D for the dental RFP has been updated to include a listing for dental services provided with "Name of Entity Holding License/Certification" and "Type of Certification/License" added. Tab names are corrected to coincide with the Word Document with "8070001235 D-A.4.a" and "8070001235-D-A.4.b". At the SoonerSelect Dental RFP Documents site, http://www.okhca.org/about.aspx?id=25222, see Form F: Other Medicaid Experience (Updated 11/6/2020).</p>
18	<p>Section 2.5.2; Form 8070001235-D-Bidder Representations and Certifications Section A.4, Companion Tab Forms (i) 8070001235-D - A.4.a. Licenses/Certifications & (ii) Form 8070001235-D-A.4.b. Licenses/Certifications denied, revoked or suspended</p>	<p>Item 4, OME-and OHCA -Mandated Representations and Certifications, Form 8070001235 D (A.4 Licenses/Certifications)</p>	17	<p>Does OHCA require the requested information for every single entity within an organization's overall structure or only those entities directly involved with the Bidder's administration of this Contract?</p>	<p>OHCA requires every entity within an organization's overall structure.</p>

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19	Section 2.5.2; Form 8070001235-D-Bidder Representations and Certifications	Item 4, OME-and OHCA -Mandated Representations and Certifications, A.4 License/Certification	17	Proposal Submission Item 14 (as referenced in this disclosure) relates to Licensure. Is this meant to reference proposal submission item 17 (Administrative Requirements: Oklahoma Presence, Business Relationships & Organizational Structure)?	Yes.
20	Section 2.5.2; Form 8070001235-D-Bidder Representations and Certifications	Item 4, OME-and OHCA -Mandated Representations and Certifications, C.1. Board of Directors	17	Proposal Submission Item 16 (as referenced in this disclosure) relates to Major Subcontractors. Is this meant to reference proposal submission item 19 (Administrative Requirements: Board of Directors)?	Yes.
21	Section 2.5.2	Item 10, Litigation	18	Please confirm that the verbiage "found you to be in breach" indicates an official judicial or administrative adjudication of breach? If not, please confirm what constitutes such a finding?	OHCA is asking that all instances proceeding to corrective action, sanction or administrative hearing/litigation be identified. The identified corrective action or sanction is not limited to those arising from an administrative hearing or litigation.
22	Section 2.5.2	Item 10, Litigation	18	Please confirm if business conducted on a state or federal exchange is considered "conducting other state/federal health business"	Yes.
23	Section 2.5.2	Item 10, Litigation	19	Please set forth any formal or substantive requirements for the opinion of counsel, such as a description of the "degree of risk" to be included? (e.g., what is the intended "risk" to be evaluated).	The degree of risk shall be focused on the Bidder's ability to fully perform all requirements during the entire life of the Contract.
24	Section 2.5.2	Item 10, Litigation	19	Does the statement regarding impairing Bidder's performance in "a contract" refer to a contract with OHCA (i.e., the managed care contract), or to any contract generally?	The statement refers to a contract with OHCA.
25	Section 2.5.2	Item 10, Litigation	19	Can you provide examples of how pending or recent litigation would impair the Bidder's performance of either the proposed contract or a contract generally?	Pending or recent litigation can be an indicator of future performance because, among other things, it can reveal areas in which the Bidder has failed to meet legal or contractual requirements, and demonstrate the corrective steps (or lack of corrective steps) the Bidder took to ameliorate those deficiencies. Litigation can also, in some instances, pose a financial risk to defendants, depending on extent of financial exposure. The financial risk could potentially include bankruptcy.

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26	Section 2.5.2	Item 10, Litigation	19	Please confirm that the opinion of counsel constitutes confidential material subject to redaction?	As a general rule, confidential material, including that which is protected by the attorney-client privilege and work product doctrine, is not subject to the Oklahoma Open Records Act. <i>See</i> 12 O.S. § 2502(F); 51 O.S. § 24A.5(1)(a). However, out of an abundance of caution, Bidders should be prepared for the fact that any information disclosed to OHCA may ultimately have to be re-disclosed pursuant to the Oklahoma Open Records Act.
27	Section 2.5.2	Item 10, Litigation	19	Please confirm that "health care service Subcontractor" is a Subcontractor that provides direct medical or dental services to individual customers? (As opposed to providing administrative support or information technology services, even if related to medical services). Please confirm that Participating Providers are excluded from this definition as they are excluded from the definition of Subcontractor? Please provide an example of the type of service that could be subcontracted that would fall within this definition.	Yes to first two questions.
28	Section 2.5.2	Item 10, Litigation	19	Please confirm that the last sentence which states "The Bidder shall address the Subcontractors' parent organization, affiliates, and subsidiaries" is directed to "health care service" Subcontractor, as the rest of the disclosure is?	Yes.
29	Section 2.5.2	Item 10, Litigation	19	Please confirm that the "health care service" modifier applies to the parent organization, affiliates, and subsidiaries (as referenced in the last sentence of this disclosure)? (i.e., only litigation regarding entities providing direct medical or dental services to individual customers is requested)?	Yes.
30	Section 2.5.2	Item 15, Administrative Requirements: Accreditation	20	Model Contract Section 1.3.2 (at page 72) states that "Contractor shall be accredited by an Accrediting Entity within 18 months of Contract Award." As the term "Contractor" is defined in the Model Contract definitions section (Appendix IB, page 247) to include "all of Contractor's Affiliates, Subsidiaries, and any Person with an Ownership or Control Interest in [Contractor]," please confirm that a parent company (and 100% owner of Bidder) performing all administrative functions on behalf of Bidder may hold the accreditation by an Accrediting Entity in conformance with the RFP.	This is up to the accrediting entity. If the accreditation could be applied from the parent company down to a subsidiary, then yes.
31	Section 2.5.2	Item 17, Administrative Requirements: Oklahoma Presence, Business Relationships & Organizational Structure	21	Is this submission item (as it relates to the requested organizational charts) intended to refer only to "plans" (see second bullet which states "Chart depicting SoonerSelect Dental Plan's relationship to parent and affiliate <u>plans</u> , as applicable")? If so, what is the definition of a "plan"? Is a plan an entity that administers dental benefits in another state on behalf of that state's Medicaid agency? Conversely, is the request intended to mean corporate Affiliates?	Yes.

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32	Section 2.5.2	Item 19, Administrative Requirement: Board of Directors	22	<p>Certain provisions in the RFP seem to assume or anticipate that the Bidder will be an entity whose only business is the work under this Contract (See Section 1.3.6.1 of the Model Contract). If the Bidder intends to utilize an entity that also does business in other states, and therefore has a corporate Board of Directors that oversees all of those operations, what type of Oklahoma SoonerSelect Dental Plan specific governance is required under the Contract? By way of example, Form 8070001235-D-Bidder Representations and Certification, Section C.1 (Board of Directors) asks for required information for each member of the Bidder's Board of Directors. However, Model Contract Section 1.3.6.1 (at page 76) states " The Contractor shall have a Board of Directors specifically constituted for the purposes of this Model Contract, and any subsequent contracts, with OHCA."</p>	<p>The RFP language requires that there be a "Board of Directors specifically constituted for purposes of" this and other OHCA contracts, separate and apart from any "corporate Board of Directors" that oversees all of Bidders' operations. Similarly, the RFP requires that "[a]ll Key Staff be dedicated full-time to the SoonerSelect Dental Contract and based in Oklahoma."</p>
33	Section 2.5.2	Item 49, Quality Improvement: HEDIS Measures	30	<p>This item states: "Provide the two most recent years of audited HEDIS reports available for up to three of Bidder's Medicaid managed care programs. The reported results must have undergone a HEDIS compliance audit conducted by an NCQA-certified HEDIS compliance auditor. The reports must be the final, auditor-locked version reported to the NCQA's interactive database. Provide reference to the population(s) for which you are reporting, including geographic location and Dental Health Plan Enrollee demographics. If you do not have data for a program that meets the above specifications, indicate such in your response."</p> <p>Is the state willing to accept and evaluate HEDIS data that was not certified by a HEDIS compliance auditor? This is not a typical scope requirement for a dental benefit manager. Additionally, not all states measure use the HEDIS ADV to measure the quality of their dental program.</p>	<p>Yes.</p>
34	Section 2.5.2	Item 64, Provider Network Development: Provider Agreements	35	<p>Please confirm that the sample provider agreement does not need to include (1) Reimbursement Rates and Risk Assumptions or (2) Performance-Based Provider Payments/Incentive Plans, both of which will not be final or approved by OHCA at the time of RFP submission.</p>	<p>The sample agreement DOES need to include these items as specified in the RFP. It is a sample, if you need to use sample reimbursement rates, please do so.</p>
35	Item 83	Information Technology: Enrollment Data	41	<p>Question: What are the OHCA expectations for how the DBA would make use of this code for the following bullet point in Section 83?</p> <p>Verbiage in RFP: Discussion of your current abilities to make use of a statewide e-Master Person Index (e-MPI) as a unique statewide identifier.</p>	<p>The eMPI is not included in the 834 capitation roster. The members Medicaid ID is what is reflected. There have been no requests or system modifications to allow the eMPI to replace the Medicaid ID.</p>

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36	Item 83	Information Technology: Enrollment Data	41	Will the 834 Eligibility data file include member e-MPI numbers?	The 834 will have the Medicaid Member ID.
37	Section 2.7.5 1 (b)	Step Five- Notice of Award	49	Section 2.7.5(1)(b) of the RFP states that a successful bidder shall register with the OK Secretary of State <u>or</u> “shall attach a signed statement that provides specific details supporting the exemption the supplier is claiming.” 18 Okl.St. Ann. § 1132(A)(5) provides that “an insurance company doing business in this state” is exempt from the requirement to register as a foreign corporation with the OK Secretary of State’s office in order to do business in Oklahoma. For the purposes of the exemption mentioned in Section 2.7.5(1)(b) of the RFP, does OHCA recognize that an insurance company properly formed in a state other than OK, , but duly licensed to conduct insurance business in OK, is exempt from registration with the OK Secretary of State in order to do business in OK pursuant to 18 Okl.St. Ann. § 1132(A)(5)?	Section 2.7.5(1)(b) of the RFP states that a successful bidder shall register with the OK Secretary of State or “shall attach a signed statement that provides specific details supporting the exemption the supplier is claiming.” 18 Okl.St. Ann. § 1132(A)(5) provides that “an insurance company doing business in this state” is exempt from the requirement to register as a foreign corporation with the OK Secretary of State’s office in order to do business in Oklahoma. For the purposes of the exemption mentioned in Section 2.7.5(1)(b) of the RFP, does OHCA recognize that an insurance company properly formed in a state other than OK, , but duly licensed to conduct insurance business in OK, is exempt from registration with the OK Secretary of State in order to do business in OK pursuant to 18 Okl.St. Ann. § 1132(A)(5).

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38	Section 1.1.15.2	Permitted Uses and Disclosures by Contractor	59	<p>Language states, "If directed to do so in writing by OHCA" relative to the creation of Limited Data Sets and public health reporting requirements. As the permission includes LDS use for "health care operations" and public health reporting is required by law, can we assume a grant of permission for LDS creation generally, along with use/disclosure for reporting, subject to the proper DUA protections if applicable?</p>	<p>Contractor cannot assume a grant of permission for LDS creation generally, nor can it assume permission to use/disclose PHI for "reporting." The language in question addresses the creation of Limited Data Sets pursuant to 45 C.F.R. §164.514, which allows a covered entity to use or disclose a Limited Data Set only for the purpose of research, public health, or health care operations, and requires a Data Use Agreement. If Contractor is requested to provide a Limited Data Set for research, public health, or health care operations, Contractor would need to obtain OHCA's written permission to do so, and must follow all DUA requirements. The next bulleted provision in RFP Section 1.1.15.2 allows the Contractor to use or disclose PHI for public health activities in accordance with 45 C.F.R. § 164.512(b)(1)(i)-(iv) and State public health reporting requirements established by the Oklahoma State Department of Health, if authorized to do so in writing by the OHCA. §164.512(b) allows, but does not require, a covered entity to disclose PHI for public health activities. This section of the C.F.R. does not require creation of a Limited Data Set.</p>
39	Section 1.1.15.3	Obligations of the Contractor	60	<p>Can we assume that the reporting obligation of "within one hour of discovery" allows for the time required to confirm that OHCA data is [or is not] involved in a violation of the relevant statute(s) and/or has been used or disclosed in an unauthorized manner, or that a Security Incident impacts OHCA data?</p>	<p>The Contractor must make the report within one hour of discovery even if Contractor has not yet been able to confirm whether OHCA data was involved. The Contractor is required to continuously provide OHCA with additional information as it becomes available, so if it is later determined that OHCA data was (or was not) involved, the Contractor would provide OHCA with that information as it becomes available.</p>

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40	Section 1.1.15.3	Obligations of the Contractor	62	Penultimate paragraph potentially requires that we obtain written permission from OHCA before disclosing OHCA member PHI to its network providers and potentially to a Judge who issues DentaQuest a subpoena for PHI, but DentaQuest must be able to disclose PHI to those entities. Please clarify the intent and application of this paragraph.	Penultimate paragraph requires that Contractor obtain written permission from OHCA before disclosing OHCA data pursuant to a subpoena or other legal process. The subject paragraph is not intended to prevent the Contractor from disclosing OHCA member PHI to its network providers for purposes of treatment, payment, or health care operations as defined in HIPAA. This paragraph is also not intended to prevent the Contractor from responding to a proper subpoena for PHI. However, Contractor must ensure that all legal requirements are met before responding to a subpoena for member PHI and must not take any action that would be prohibited if done by the OHCA. Additionally, Contractor will be liable for any improper responses to subpoenas for PHI. In the event Contractor receives a subpoena or other legal demand for disclosure of OHCA data that is not member PHI, this paragraph applies and Contractor must notify the OHCA as described in the paragraph.
41	1.1.18	Insurance	65	Can OHCA please clarify whether the Model Contract requires including the State of Oklahoma and OHCA be additional <u>named</u> insureds versus additional insureds?	The language is to remain as-is, that being: "The State of Oklahoma and the Oklahoma Health Care Authority are hereby added as additional insureds."
42	Section 1.3.3	Subcontracting	73	Please confirm that the \$2 Million payment in the definition of Major Subcontractor is an annual calculation. If not, what is the measurement period?	The measurement period is the term of the contract entered into with the subcontractor.

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43	1.3.5	Oklahoma Presence	<p>74 We are respectful of the timelines and processes outlined in the RFP, however; we wanted to reach out immediately to inquire if OHCA would consider a meeting this week (October 26) with the OHCA's actuarial team to discuss the staffing and office location requirements. We are concerned that without a better understanding of how these requirements are accounted for in the proposed capitation rate, it may be difficult for our organization, as well as any other dental benefit manager, to achieve financial sustainability.</p> <p>Key concerns of this section include:</p> <ol style="list-style-type: none"> 1) Sustainable operational base required in state 2) Call center must be located and operated within 25 miles of OHCA office <p>As it relates to having a specific office, again, we'd like to highlight the requirements of Florida and Texas for context:</p> <p>Florida Florida did not require an in-state office, but did provide a higher allotment of evaluation points for plans that had their headquarters and staff in-state.</p> <p>Texas Texas did not require an in-state office location, but did consider the location of certain staff as part of its evaluation process. Member Advocates (not a Key Personnel role) were required to be in-state, but not at a designated office.</p>	No early meeting will be held with the actuarial team.
44	Section 1.3.5	Oklahoma Presence	<p>74 We respectfully request OHCA considers a meeting this week (October 26) with the OHCA's actuarial team to discuss the staffing and office location requirements. We are concerned that without a better understanding of how these requirements are accounted for in the proposed capitation rate, it may be difficult for our organization, as well as any other dental benefit manager, to achieve financial sustainability.</p> <p>Key concerns of this section include:</p> <ol style="list-style-type: none"> 1) Sustainable operational base required in state 2) Call center must be located and operated within 25 miles of OHCA office <p>As it relates to having a specific office, again, we'd like to highlight the requirements of Florida and Texas for context:</p> <p>Florida Florida did not require an in-state office, but did provide a higher allotment of evaluation points for plans that had their headquarters and staff in-state.</p> <p>Texas Texas did not require an in-state office location, but did consider the location of certain staff as part of its evaluation process. Member Advocates (not a Key Personnel role) were required to be in-state, but not at a designated office.</p>	See #43 Answer.

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45	1.3.6.2	Key Staff	75	<p>We are respectful of the timelines and processes outlined in the RFP, however; we wanted to reach out immediately to inquire if OHCA would consider a meeting this week (October 26) with the OHCA's actuarial team to discuss the staffing and office location requirements. We are concerned that without a better understanding of how these requirements are accounted for in the proposed capitation rate, it may be difficult for our organization, as well as any other dental benefit manager, to achieve financial sustainability.</p> <p>The Key Staff requirements (16 FTEs located in state) are in line with a comprehensive Medicaid managed care program, rather than a dental managed care program. Large states such as Texas and Florida with more than quadruple the size of dental membership as Oklahoma do not have the level of key staffing contemplated under this RFP. For OHCA's reference, requirements from Florida and Texas are noted below to provide context on how other leading states staff their dental programs. We believe it's worth noting that the Texas dental program is a model of success – it is #1 in the nation in terms of preventive dental care provided to children enrolled in Medicaid.</p> <p>Requirements from other states: Florida (3.5 million Medicaid dental members) Key Staff/Personnel 1.FTE Contract Manager, located in FL 2.FTE Dental Director 3.FTE Compliance Officer 4.Designated staff for (no minimum FTE requirement): 1.Medicaid Quality 2.Medicaid Recipient/ Provider Assistance 3.Medicaid Policy 4.Medicaid Data Analytics 5.Medicaid Finance</p>	See #43 Answer.
46	Section 1.3.5.1 of Model Contract	Prohibition On Off-Shoring	75	For section 1.3.5.1 Prohibition on Off-Shoring, does this prohibition only refer to production Protected Health Information or does it also apply to test data and development services leveraging deidentified data?	Prohibition of Off-Shoring refers to all publicly funded services which must never leave the Continental United States and is determined at the discretion of State of Oklahoma and OHCA.

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47	1.3.6.2	Key Staff	75	<p>We respectfully request OHCA considers a meeting this week (October 26) with the OHCA's actuarial team to discuss the staffing and office location requirements. We are concerned that without a better understanding of how these requirements are accounted for in the proposed capitation rate, it may be difficult for our organization, as well as any other dental benefit manager, to achieve financial sustainability.</p> <p>The Key Staff requirements (16 FTEs located in state) are in line with a comprehensive Medicaid managed care program, rather than a dental managed care program. Large states such as Texas and Florida with more than quadruple the size of dental membership as Oklahoma do not have the level of key staffing contemplated under this RFP. For OHCA's reference, requirements from Florida and Texas are noted below to provide context on how other leading states staff their dental programs. We believe it's worth noting that the Texas dental program is a model of success – it is #1 in the nation in terms of preventive dental care provided to children enrolled in Medicaid.</p> <p>Requirements from other states: Florida (3.5 million Medicaid dental members) Key Staff/Personnel 1.FTE Contract Manager, located in FL 2.FTE Dental Director 3.FTE Compliance Officer 4.Designated staff for (no minimum FTE requirement): 1.Medicaid Quality 2.Medicaid Recipient/ Provider Assistance 3.Medicaid Policy 4.Medicaid Data Analytics 5.Medicaid Finance 6.Claims and Encounter Data</p>	See #43 Answer.
48	1.3.6.1	Board of Directors	76	<p>We are respectful of the timelines and processes outlined in the RFP, however; we wanted to reach out immediately to inquire if OHCA would consider a meeting this week (October 26) with the OHCA's actuarial team to discuss the staffing and office location requirements. We are concerned that without a better understanding of how these requirements are accounted for in the proposed capitation rate, it may be difficult for our organization, as well as any other dental benefit manager, to achieve financial sustainability.</p> <p>Key concerns with this section: 1) Dental benefit managers typically do not have a separate Board of Directors for each client or state.</p> <p>For context, neither Texas nor Florida had a specific requirement related to a dedicated BOD.</p>	OHCA does not feel it is necessary for the contracted DBM to have a separate Board of Directors for Oklahoma.

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49	Section 1.3.6.1	Board of Directors	76	<p>We respectfully request OHCA considers a meeting this week (October 26) with the OHCA's actuarial team to discuss the staffing and office location requirements. We are concerned that without a better understanding of how these requirements are accounted for in the proposed capitation rate, it may be difficult for our organization, as well as any other dental benefit manager, to achieve financial sustainability.</p> <p>Key concerns with this section: 1) Dental benefit managers typically do not have a separate Board of Directors for each client or state.</p> <p>For context, neither Texas nor Florida had a specific requirement related to a dedicated BOD.</p>	See Answer #48.
50	Section 1.3.6.2	Key Staff	78	<p>Internal Audit Director is defined as the staff person "who shall serve as an independent party, responsible for oversight of the Contractor's risk management process. The Internal Audit Director shall analyze operations and critically assess compliance with all requirements as outlined in this Model Contract." Please define what it means in the context of this description to be "an independent party."</p>	"Independent" means independence from parties whose interests might be harmed by the results of an audit.
51	Section 1.3.6.2	Key Staff	78	<p>Internal Audit Director is defined as the staff person "who shall serve as an independent party, responsible for oversight of the Contractor's risk management process. The Internal Audit Director shall analyze operations and critically assess compliance with all requirements as outlined in this Model Contract." Please define "risk management process." We do not see this mentioned elsewhere in the RFP.</p>	See Answer #50.
52	Section 1.5.2.4	Auto-assignment	84	<p>The RFP states: Applicants who are eligible to choose a Dental Benefit Manager and fail to make an election on the SoonerCare application, will be assigned to the Dental Benefits Manager that is due next to receive an auto assignment taking into account quality weighted assignment factors.</p> <p>Can OHCA please explain what the quality weighted assignment factors will be based on? We assume this will occur in Contract Year 2 or beyond. Is that correct? If more than one contractor is selected how will OHCA assign members to the plans in Contract Year 1?</p>	The quality weighted measures have not yet been determined for Plan Year 2. Melinda Thomasson is responsible for ensuring that BES knows who or how the assignments for more than one vendor will be determined. We are doing a round robin for the initial assignment and once contractors are determined, Melinda will inform us of who gets the first, second and third assignments.
53	Section 1.5.2.4	Auto-assignment	84	<p>The RFP states: Applicants who are eligible to choose a Dental Benefit Manager and fail to make an election on the SoonerCare application, will be assigned to the Dental Benefits Manager that is due next to receive an auto assignment taking into account quality weighted assignment factors.</p>	See #52 Answer.

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54	Section 1.6.1	Dental Benefits	89	Can you provide a comprehensive list of the CDT codes and limitations for both the children (under 21) and Adults that correspond to the benefit table within this section, and align to the OHCA regulations?	Adult Limited Dental Benefits are not offered at this time. Should Adult Limited Benefits be implemented for future use, OHCA will work with the awarded vendors at that time regarding CDT Codes. The most current fee schedule which includes all covered codes for children under 21 is at this site: http://www.okhca.org/providers.aspx?id=102&menu=60&parts=7773#D
55	Section 1.6.1	Dental Benefits	89	Can you please clarify benefit level for orthodontics? Within the OHCA regulations and the methodology for approval of cases is not apparent.	See 317:30-5-700 and 317:30-5-700.1 on OHCA's Public Website: http://www.okhca.org/xPolicy.aspx?id=734
56	Section 1.7.4.3	Methods of PA submission	97	RFP states: Online requests shall be submitted through the secure Provider portal on the Contractor's website. Please confirm providers will be using the Contractor's provider portal, and not the state's provider portal. What percentage of dental providers submit claims through the state's portal or through other electronic means?	PA requests will be submitted through the Contractor's portal. The percentage of dental providers who submit claims other than through electronic means may be discussed with the awarded vendors.
57	Section 1.7.4.3	Methods of PA submission	97	RFP states: To ease Provider administrative burden, the Contractor shall utilize the standardized OHCA-developed PA Request Form. Does this language preclude Contractors from allowing providers to use a standard ADA claim form for authorization requests?	Electronic Claim Form preferred. If not electronically submittable, then use ADA Claim Form.
58	Section 1.10.3.6	Distribution Guidelines	114	The contract indicates: The Contractor shall distribute Dental Health Plan Enrollee materials in the preferred mode of the Dental Health Plan Enrollee, either via mail or electronically. Does OHCA collect member communications preferences upon enrollment? If so, would that data be sent to the vendor via the eligibility file?	OHCA can work with awarded vendors on additional data needs.

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59	Section 1.10.3.7	Guidelines for Email	115	<p>The RFP states: The Contractor may attempt to contact Dental Health Plan Enrollees through email unless the Dental Health Plan Enrollee does not have access to email or opts out of email. The Contractor shall not attempt to disseminate information about its program through purchased or rented email lists. The Contractor shall not email Dental Health Plan Enrollees through email addresses obtained by referrals and shall provide an opt-out process for Dental Health Plan Enrollees to no longer be contacted via email. If the email address provided for the Dental Health Plan Enrollee is non-existent, invalid or becomes invalid or otherwise undeliverable, the Contractor shall switch back to paper correspondence and notify OHCA the email address is no longer valid in a manner to be specified by OHCA.</p> <p>As part of the Medicaid enrollment process, does OHCA collect consent to opt-in electronic communications (i.e. e-mails and text message)? If yes, will this information be shared through the 834-enrollment file (or a supplemental file), so the Contractor can funnel all communications through e-mail first, then paper?</p>	<p>There is a PER segment the member communications number – you may enter an email and/or telephone – it can only repeat once. So you can send the telephone number or email address with a qualifier to indicate what it is. There is no segment for opt in to an email. OHCA will work with awarded vendors post award, for additional information regarding the 834 or standardized supplemental files.</p>
60	Section 1.10.3.8	Guidelines for Text	115	<p>The RFP states: "The Contractor is permitted to utilize text messaging in communicating with its Dental Health Plan Enrollees. If the Contractor elects to correspond with the Dental Health Plan Enrollee by text messaging, it shall ensure compliance with the Telephone Consumer Protection Act, and all HIPAA requirements as outlined in Section 1.1.15: "Confidentiality; HIPAA and Business Associate Requirements" of this Model Contract, and shall provide indemnification in Section 1.1.15.3: "Obligations of the Contractor" of this Model Contract."</p> <p>As part of the Medicaid enrollment process, does OHCA collect consent to opt-in electronic communications (i.e. e-mails and text message)? If yes, will this information be shared through the 834-enrollment file (or a supplemental file), so the Contractor can funnel all communications through e-mail first, then paper?</p>	<p>OHCA can work with Vendors post-award for additional information regarding the 834 or standardized supplemental files.</p>
61	Section 1.10.5.3	Dental Health Plan Enrollee ID Card	121	<p>The RFP states: "The Dental Health Plan Enrollee ID card must be made out of durable material suitable for everyday use, such as durable plastic or laminated paper."</p> <p>Our market diligence efforts shows that the OHCA discontinued sending hard copy ID cards in 2017. This appeared to be a move toward a more digital economical strategy. No ID cards are printed by OHCA per letter a from 2017 on the website. The letter directs members to print via the portal or go to their county health dept office for a hard copy. If a DBM can match this digital strategy, will the process be acceptable in most instances, with exception to individuals who are unable to do not have access to digital option – can they still go to their county health dept or request via our member services?</p>	<p>See requirements within RFP, Section 1.10.5.3.</p>

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62	Model Contract - 1.10.7.2	Dental Health Plan Enrollee Services Call Center Performance Standards	124	Does this requirement apply to all calls received or calls received during the hours of 8 am to 5 pm?	Yes, per RFP Section 1.10.7.2, the requirement applies to all calls between 8:00 a.m. - 5:00 p.m. at a minimum.
63	Section 1.11.1.8	Participating Provider Types	137	Oral Pathologist is included in this list. These are typically medical providers, not dental. Please confirm these providers need to be part of the dental network.	ADA definition of an Oral Pathology: discipline that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. Therefore, the Oral Pathologist is not a medical provider, and deals only with pathology of the oral cavity and maxillofacial regions.
64	Section 1.11.2.2	Record Keeping	139	The second sentence states, "copies of the Dental Health Enrollees' <u>medical</u> records to the extent..." Please confirm this should read " <u>dental</u> records"	Yes. Confirmed. This should read 'dental records'.
65	Section 1.11.2.4.1	Provider Agreement Requirements for Specific Provider Types	142	The eighth bullet reads "Providing access to <u>medical</u> care 24-hours per day..." Please confirm this should read "Providing access to <u>dental</u> care 24-hours per day..."	Confirmed.
66	Section 1.11.2.5	Single Case Agreements	142	The RFP in this section uses the term "OHCA Provider." Can you please define this in the context of this section?	"OHCA Provider" refers to a provider contracted with OHCA to provide care for OHCA Sooner Select members.
67	Section 1.11.4.2	Specialty Provider Standards	145	Please define "routine appointment" in the context of this specialty provider requirement. Dental specialty providers are typically leveraged for non-routine care. As such, would OHCA please consider removing the appointment availability requirements for dental specialists?	A 'routine' appointment is not applicable to a dental specialist, as the 'routine' or regular check-up (more accurately initial and periodic oral evaluations are completed by the PCD (adult or pediatric), and that it is true that the specialists are generally non-routine. The appointment time enrollees wait to see a specialist for an evaluation should not be more than 60 days, so the requirement will not be removed. Most specialty care is not urgent, with the exception of endodontics and oral pathology, and some oral surgery procedures.

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68	Section 1.11.4.2	Specialty Provider Standards	145	<p>Urgent care is defined as in this RFP as: "The management of dental conditions that require immediate attention to relieve severe pain and/or risk of infection in order to avoid the likely onset of an emergency medical condition."</p> <p>The services performed by dental specialists do not encompass "urgent care." As such, would OHCA please consider removing the appointment availability requirements for dental specialists?</p>	See #66 Answer.
69	Section 1.16.2	Cost Sharing	176	<p>It does not appear cost sharing pertains to dental unless these requirements are applicable to adults 20 and older. We also do not see cost sharing requirements for adult dental reflected the state's website about cost sharing: http://www.okdhs.org/services/health/Pages/CoPaymentCostSharing.aspx#:~:text=The%20Oklahoma%20Health%20Care%20Authority,out%20of%20their%20own%20pocket.&text=The%20cost%20sharing%20limit%20is,at%20five%20percent%20per%20month</p> <p>Can OHCA please clarify?</p>	There are no associated dental copays for adults (there are also none for children's dental services). However, the scenario also depends on whether an individual seeks dental services in an ambulatory surgery center (ASC). For example; because ambulatory surgery services have a \$4 copy, necessary extractions may be done in the ASC setting.
70	1.18.1	Information Technology	190	<p>Verbiage in RFP:The Contractor shall also be required to demonstrate sufficient data analysis and ability to interface with OHCA systems. The Contractor shall ensure medical information will be kept confidential at all times, through security protocol, and with heightened sensitivity as data relates to personal identifiers and sensitive services.</p> <p>Question: Will the state please provide more details regarding the wording "demonstrate sufficient data analysis"? What does the state consider sufficient?</p>	The contractor must meet all Centers for Medicare and Medicaid Services (CMS) guidelines regarding sufficient data analysis.
71	1.18.6	system Security	195	<p>Section Paragraph 8 states that Contractor shall abide by the current State of OK Security Standards at https://www.ok.gov/cio/documents/InfoSecPPG.pdf. This PDF is subject to change at any point by OK and DentaQuest won't know what it's required to adhere to. We work with a static set of requirements and guidelines such as NIST 800-53 or HITRUST. Can you please provide the guidance used in the Security Standards? Will the use of NIST 800-53 or HITRUST be acceptable in measuring compliance.?</p>	OHCA requires NIST 800.53 (current revision) compliance.
72	Section 1.18.9.1	System Performance Requirements	201	<p>Please define "OHCA System Access Devices" in the context of this section.</p>	The Contractor's system must respond timely. When OHCA audits the user System Access Devices, and when a Contractor searches for a member, provider, claim, P.A. or whatever the criteria is, that the Contractor's system must return within the limits set for in the Contract. This pertains to user System Access Devices.

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73	Section 1.20.2.11	Provider Payment Reports	212	<p>RFP incudes following report requirement</p> <ul style="list-style-type: none"> •Provider-Preventable Conditions: The Contractor shall require Providers to report Provider-Preventable Conditions associated with claims for payment or Dental Health Plan Enrollee treatments for which payment would otherwise be made. The Contractor shall report all identified Provider-Preventable conditions to OHCA as required under the Reporting Manual. <p>Is this report applicable to dental?</p>	Yes. Except for rare congenital or hereditary conditions, all dental conditions are actually preventable.
74	Section 1.22.6	Contract Requirement grid pertaining to Section 1.11.4: "Time and Distance and Appointment Access Standards"	226	<p>Please confirm that OHCA will measure compliance with the specialty dental providers access requirements considering all specialty dental provider types, and not by individual specialty.</p> <p>If each specialty type will be measured individually, please delineate what provider specialty types fall under the definition of "dental specialist" in this section and would be subject to mileage requirements.</p> <p>Unlike medical providers, general and pediatric dentists can often provide a full range of services that might traditionally be performed by a specialty care provider. For example, root canals and extractions are commonly performed by general dentists and do not necessitate the need for an endodontist or oral surgeon (respectively) to perform that work.</p> <p>It is also unlikely that some areas of the state will even have enough licensed and practicing specialty providers to achieve network compliance with the distance standards defined in this RFP.</p>	These are all valid points. 1) Measures for Specialist should be individual based on specialty type and not compared to other specialty types or general/pediatric dentists. 2) Specialty types that should be included in provider networks: Endodontics, Oral and Maxillofacial Surgery, Oral and Maxillofacial Pathology, Orthodontics, Periodontics. 3) Yes, it is possible that there will not be enough licensed and practicing specialty providers to achieve network compliance with distance standards defined in the RFP. That is where the waiver clause comes in.
75	Section 1.22.6	Contract Requirement grid pertaining to Section 1.11.4: "Time and Distance and Appointment Access Standards"	226	Please confirm the access requirement for Essential Community Providers is defined as such: "The Contractor shall contract with essential community providers in the Contractor's service area to the extent possible and practical."	Yes, but, per federal regulations, individual PAHPs must contract with at least one FQHCs and they must also contract with IHCPs.
76	Section 1.22.6	Contract Requirement grid pertaining to Section 1.11.4: "Time and Distance and Appointment Access Standards"	226	<p>The non-compliance remedy states:</p> <ul style="list-style-type: none"> •OHCA may require the Contractor to maintain an open network for the Provider type(s) for which the Contractor demonstrates non- compliance. <p>Please provide how the State defines an "open network" in the context of this non-compliance remedy:</p>	If non-compliant with this standard, the state would require that the Contractor allow members to access any provider regardless of whether the provider is in-network with the Contractor and the Contractor would be required to reimburse the provider as an in-network provider.

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77	Appendix 1B, Section A.1.2	Oklahoma SoonerSelect Dental Contract Definitions	251	<p>The RFP states: "The following staff positions dedicated full time to the SoonerSelect Dental program and based in the Contractor's Oklahoma office...."</p> <p>In the past year as a result of the pandemic, many organizations have moved their staffing models to incorporate telecommuting as a foundational component for future success. In light of that, would OHCA consider allowing Key Staff to work either from a physical office space in state, <i>or</i> living and working in the state via a telecommuting model (with critical staff being located within 25 miles of OHCA's office)?</p>	See #83 Answer.
78	Section 1.11.4	Time and Distance and Appointment Access Standards	143-144	<p>This section lists the following provider types:</p> <ul style="list-style-type: none"> •General Dentistry Providers; •Pediatric Specialty Dental Providers; and •Specialty Dental Providers; <p>Please confirm General Dentistry Providers and Pediatric Specialty Dental Providers are considered Primary Care Dentists (PCDs) under this RFP.</p>	Yes, both General Dentistry Providers and Pediatric Specialty Dental Providers are considered Primary Care Dentists (PCDs) under this RFP.
79	2.5.2 - Item 9 and Form G	Technical Proposal Requirements. Item 9 and Form G - References	17 and Form G	<p>Given the unique needs of the Medicaid and CHIP populations, please confirm experience, past performance, and related references should be limited to Medicaid and CHIP dental managed care.</p>	Yes, experience, past performance, and related references should be limited to Medicaid and CHIP dental managed care.
80	1.17.2	Contract	178-179	<p>Concerning Contract Section 1.17.2, "At a minimum, the Contractor shall utilize a full-time, single Lead Investigator based in Oklahoma The Lead Investigator shall be dedicated solely to OHCA program integrity work... In addition to the Lead Investigator, the Contractor shall, at a minimum, utilize one full-time investigator for every 75,000 enrolled SoonerSelect Dental Health Plan Enrollees. These investigators shall be based in Oklahoma...:</p> <p>In our experience, investigations related to fraud, waste, and abuse and monitoring of aberrant providers are most effectively done at a programmatic level across our entire Program Integrity Department. We believe that this approach allows the states that we serve to benefit from our integrated approach and systematic detection of the above through large data sets. We would like to confirm whether the Lead Investigator for this contract can be based out of our corporate office in Texas.</p> <p>We have found that our investigators become more well versed on patterns and schemes of fraud, waste, and abuse when they have cross-state experiences. Given this, would the state be amenable for having investigators who may be working across multiple Medicaid programs? We plan on having several staff cross-trained and believe this model will help develop the necessary redundancies and backup for fraud, waste, and abuse detection and investigation.</p>	No.

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81	Section 2.5.2 and Section 1.3.2	Item 15, Administrative Requirements: Accreditation	20/72	Please confirm whether NCQA certification for credentialing would satisfy the Accreditation Requirement in Section 1.3.2 of the Model Contract.	Yes. Confirmed.
82	Section 1.1.15	Confidentiality; HIPAA and Business Associate Requirements	58-63	Contractor's obligations under Section 1.1.15 related to HIPAA should only apply when PHI of SoonerSelect Dental members is affected or potentially affected. If Contractor is a health plan or insurance company, Contractor has PHI that is unrelated to Oklahoma Medicaid and the obligations should not apply. Please confirm the application of 1.1.15.	Section 1.1.15 applies when PHI of SoonerSelect Dental members or applicants is affected or potentially affected and when Security Incidents have the potential to affect the systems of OHCA or its contractors.
83	1.3.6.2	Key Staff	76-78	Can you clarify which key staff must reside in Oklahoma?	Per OHCA Dental RFP: Key Staff – The following staff positions dedicated full time to the SoonerSelect Dental program and based in the Contractor’s Oklahoma office: CEO; CFO; Compliance Officer; Information Systems Manager; Dental Director; Dental Health Plan Enrollee Services Director; Provider Services Director; Business Process Manager; Quality Management Director; Data Compliance Manager; Dental Health Plan Enrollee Advocate; Grievances and Appeal Manager; Tribal Government Liaison; Community Dental Health Coordinator; Internal Audit Director; and Program Integrity Lead Investigator.
84	1.3.6.2	Key Staff	76-78	Are all key staff required to be 100% dedicated to Oklahoma or can they be apportioned as long as staffing goals are met?	See #83 Answer.
85	SoonerSelect Dental Plan_DataBook_20201005_Narrative.xlsx	Sheet 3. Service Category Desc	Entire table	Will you be providing the DCodes included in each of the Service Categories?	Yes. See http://www.okhca.org/providers.aspx?id=102&menu=60&parts=7773#D . (Mike Nordstrom [Mercer] The codes for each category of service (COS) fundamentally follow the structure used by the ADA. Space Maintainers are in Diagnostic/Preventive. Inlays/Onlays/Crowns are in Implant Services (Major). More current HIPPA-compliant claims data may be provided to the awarded contractors.
86	N/A	Form S (OMES Hosting Agreement)	N/A	Instructions for submitting Form S (OMES Hosting Agreement) are not provided. Please provide instructions.	The OMES Hosting Agreement can be found at: https://www.ok.gov/dcs/searchdocs/app/manage_documents.php?att_id=27805
87	N/A	FORM I - KEY STAFF	N/A	As a national company, we maintain key leadership positions across the country and at the corporate level, with staff dedicated or cross-trained to individual state contracts. Having duplicate positions physically located within Oklahoma doesn’t allow OHCA to benefit from this national leadership. Would the state consider revising the number and types of positions required to be physically located in the state?	See #83 Answer.

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88	Form 8070001235-D BIDDER REPRESENTATIONS AND CERTIFICATIONS	Tab D-A.4.a Tab D-A.4.b	N/A	Companion Tabs D- A.4.a & Tab D-A 4.b do not include columns for the type of license/certification or the name of the entity holding the license. Does OHCA want Bidders to include this information on the Companion Tabs?	See Answer #17.
89	Form 8070001235-D BIDDER REPRESENTATIONS AND CERTIFICATIONS	N/A	N/A	Does OHCA desire this requested information for every single entity within an organization's overall structure or only those entities directly involved with the Bidder's administration of this Contract?	See Answer #18.
90	Form 8070001235-D BIDDER REPRESENTATIONS AND CERTIFICATIONS	#4 License/Certificatio n	N/A	Proposal Submission Item 14 (as referenced in this disclosure) relates to Licensure. Is this meant to reference proposal submission item 17 (Administrative Requirements: Oklahoma Presence, Business Relationships & Organizational Structure)?	Yes, the reference in Form D #4 should be "Item 17" and not "Item 14". Item 17 is location asking for the organizational charts. The language has been updated within Form D and now reads, " 4. License/Certification List in the companion template, Tab A.4a, all active licenses and certifications maintained by your organization and their applicable renewal dates. Include information for any affiliates and parent company identified in the Organizational Chart included in your response to proposal submission item 17. List in the companion template, Tab A.4b, any licenses or certifications that were denied, revoked or suspended since October 1, 2010, and provide the required information." At the SoonerSelect Dental RFP Documents site, http://www.okhca.org/about.aspx?id=25222 , see Form D Bidder Representations and Certifications. Word Document (Updated 11 6 2020).

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91	FORM 8070001235-F MEDICAID EXPERIENCE (NON- OKLAHOMA)		N/A	<p>As it relates to the "Enrollment" section of this form: other states to do delineate enrollment to their DBMs using the categories listed, specifically "Medicaid Expansion Adults," "Medicaid Foster Children" and "Medicaid Parent/Caretaker." Additionally, some states combine their Medicaid and CHIP dental programs so the delineation between membership may or may not be known.</p> <p>Please advise if it is acceptable to delineate our membership populations as such: Medicaid adult Medicaid/CHIP child Medicaid pregnant women</p> <p>If this is not acceptable, please explain how you'd like respondents to capture the membership we serve if we cannot use the categories provided on this form.</p>	Capture membership populations as: Medicaid Child, Medicaid Pregnant Women, Medicaid Expansion Adults, Medicaid Parent/Caretaker, Medicaid Foster Children, CHIP and Total Enrollment.
92	FORM 8070001235-F MEDICAID EXPERIENCE (NON- OKLAHOMA)		N/A	<p>As it relates to the "Services" section of the this form: we do not see dental represented in the grid. We are a dental-only benefits manager? Should dental only managed care organizations simply put "N/A"?</p>	Form F for the dental RFP has been updated to include a listing for dental services provided In the SoonerSelect Dental RFP Documents at this site, http://www.okhca.org/about.aspx?id=25222 , see Form F: Other Medicaid Experience (Updated 11/6/2020).
93	FORM 8070001235-F MEDICAID EXPERIENCE (NON- OKLAHOMA)		N/A	<p>Please confirm that OHCA requires this information only for direct-to-state contracts? Our organization serves as the dental subcontractor to 80+ Medicaid managed care organizations in addition to our direct-to-state contracts. Does OHCA require the inclusion of this information as it pertains to those Medicaid managed care organization subcontracts?</p>	The intent is for the PAHPs/MCOs to report the subcontractors they use, not whether they are a subcontractor of someone else.
94	FORM 8070001235- H IDENTIFICATION OF MAJOR SUBCONTRACTORS	Estimated Enrollment	N/A	<p>Dependent on clarification of a Major Subcontractor, if we are required to provide, what will be used to determine dollar value of the estimated enrollment?</p>	The dollar value is the amount anticipated being paid by the entity as referenced in Section 1.3.3.

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95	FORM 8070001235-H IDENTIFICATION OF MAJOR SUBCONTRACTORS	Attestation	N/A	The form ask for Major Subcontractors to attest that "I also understand that my organization must comply in full with Sooner Select Dental Program Contract terms." Our assumption is that subcontractors need only agree to those terms applicable to the provided service since their contract is with DQ and they are not signatories to the client contract; the applicable obligations may flow down but DQ is responsible for enforcing compliance. Please confirm this interpretation is correct.	See Section 1.3.3 for a full description of the subcontractor's duties.
96	FORM 8070001235-H IDENTIFICATION OF MAJOR SUBCONTRACTORS		N/A	Estimated Enrollment (Specify if members or member months) Does this mean how many members will be impacted by the outsourcing of the service?	The SFY enrollment data in the data book are displayed as member months. They represent the populations under the new managed care program with the exception of the new Expansion population, which was not in place in SFY19 or prior.
97	Solicitation_8070001235_Form_L_Value-Added Benefits	N/A	N/A	This form indicates Form J needs to be signed by an actuary. Is this a typo? Should only Form L be signed by the actuary and not J?	Form L Value Added Benefits is the form that needs to be signed by an actuary. Form J pertains to staffing.
98	Form 8070001235 – S OMEs Hosting Agreement	N/A	N/A	There are no instructions pertaining to this form. Does this form need to be completed, signed by the bidder and returned with our completed proposal?	See #86 Answer .
99	SoonerSelect Dental Plan_DataBook_20200930_Data_Only.xlsx	N/A	N/A	Will the supporting claim line level detail by DCode and Units be provided which supports the summary level databook?	No additional data is available at this time. More current HIPPA-compliant claims data may be provided to the awarded contractors.
100	Attachment 1	N/A	N/A	This attachment describes the tobacco cessation helpline services. Are enrollees eligible to receive five calls with a quit coach from their dental health plan and their MCO plan? Meaning are these enrollees eligible for 10 total sessions? Same question re: pregnant women and the 10 call sessions. Will these members actually be eligible for 20 call sessions?	Enrollees are eligible to receive tobacco cessation through their medical MCO plan only, not duplicative benefits through medical MCO plan and DBM.
101	Attachment 1	N/A	N/A	This attachment describes the tobacco cessation helpline services. Regarding the standard of care services - this information conflicts with the language in the Main RFP document, section 1.6.2 Benefits Not Covered Under This RFP, which states: " <i>Medical, behavioral health, pharmacy, and non-emergency transportation services will be reimbursed by OHCA outside of the Contractor's capitation and delivered through a Managed Care Organization.</i> " Please advise if this section is applicable for this procurement.	Enrollees are eligible to receive tobacco cessation through their medical MCO plan only, not duplicative benefits through medical MCO plan and DBM.

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102	All documents that require signature	N/A	N/A	The RFP indicates various documents require signature. Please confirm that given the final submission will be electronic, electronic signatures are acceptable for any documents that require signatures.	Yes. Electronic signatures are acceptable.
103	SoonerSelect Dental Plan_DataBook_20201005_Narrative.xlsx	Sheet 3. Service Category Desc	Row 3 Column D	Please clarify why Visits instead of Units were used for the Diagnostic/Preventative Service Categories.	"Annual Dental Visits" a commonly calculated/used statistical measure. Other values such as Units could be substituted. Total dollars in a service category would remain the same even if Units were chosen as the Utilization measure. Unit Cost would just then be recalculated.
104				<p>The RFP states: By year three of this Contract, at least 80% of the Contractor's payments to Participating Providers, shall be to Participating Providers whose Provider Agreement includes a performance-based component. The 80% threshold will be calculated using a numerator consisting of total payments to these Participating Providers (performance-based and other) and a denominator consisting of all Participating Provider payments.</p> <p>Performance based payments are predicated on the idea of rewarding providers for providing quality care and better patient health outcomes. As noted earlier in this section of the RFP, performance based payments should be based on "targeted outcome goals; targeted health conditions; other components OHCA determines necessary to further the goal of high-quality care or cost savings."</p> <p>In dentistry, that means providers must be focused on preventive care. As such, performance based payments are limited to providers types that can prevent diseases – general and pediatric dentists. Specialty dental providers like oral surgeons or endodontists are treating disease. Given the quality measures used in dentistry also focus on prevention, it is difficult to establish performance based payments for specialty providers. Would OHCA consider changing this requirement to 80% of payments to Participating general and pediatric dentists be performance based?</p>	The performance measures do not apply to the specialties and are only applicable to general dentists and pediatric dentists.