

**Request for Proposal (RFP) for the
State of Delaware's Vision Insurance Benefit Program**

Responses to Questions (Q&A)

June 26, 2015

No.	Question:	Answer:
1	<p>Page 16: Please clarify acceptable certification for diverse subcontractors. Will you accept WBENC and NMSDC certification as well as OSD Certification?</p>	<p>The certification listings in the RFP were examples and not a complete list. In order for a company to become certified, there must be a process with approval by a certifying entity such as a state, municipality, or independent organization that helps minority and other qualifying groups. For example, one of our vendors uses a graphics and printing company that is certified in California. On the subcontractor form, please provide the certifying organization's name since we are not familiar with the acronym(s) in question.</p>
2	<p>Section V, #3.d.i: Our portal password requirements are the following: 6-10 characters, must include 1 number and 2 letters, not required to change every 90 days as the 'Strong Password Authentication' document indicates. In light of the fact that we currently have (Delaware) plan users registered and utilizing the member portal under the current requirements; and would be using the same portal for vision; could the password requirement be waived?</p>	<p>The password requirement for ten characters was revised in 2013. Any benefit vendors with a contract effective beforehand were not bound to the specific criteria in place today. The ten character password requirement will continue to be in place for all future RFPs, including for the service currently provided by your company.</p> <p>Your bid response for this requirement will be forwarded to the State's Department of Technology for evaluation. If your company's password standard will be changing in the next twelve months, please provide that information and the anticipated effective date.</p>
3	<p>What is the PG arrangement with the incumbent?</p>	<p>The performance guarantees in the RFP are the same as the performance guarantees currently in effect with the incumbent.</p>
4	<p>Page 25, Minimum Requirements #16, 17, and 18:</p> <p>16. Please confirm that your company will accept active employee premiums through bi-weekly pre-tax payroll deductions.</p> <p>17. Please confirm that your company will accept pensioner premiums</p>	<p>Yes, the State of Delaware will be remitting payment to the vision vendor on behalf of active employees, pensioners, and long-term disability participants. All three types of payments will be paid to the vendor on a monthly basis. The payment for the premiums from long-term disability participants will be in a separate remittance. Direct billing is not required nor being requested.</p>

	<p>through automatic payroll deduction from their monthly pension benefit.</p> <p>18. Please confirm that your company will accept a <i>separate</i> monthly check from the State of Delaware for premiums paid by Long Term Disability beneficiaries and retirees who are not receiving a pension check.</p> <p>Question: Please confirm if the State of DE will be remitting payment to the vision vendor on behalf of active employees, pensioners, etc. or if direct bill is being requested.</p>	
5	<p>Attachment 1 – Master Report Schedule for all Groups - Active & Pension Tab, Claims Paid Report by Participating Status & Call Summary Reporting:</p> <p>Question: Can you please provide more details or an example of what is being requested for the claims paid report by participating status and call summary reporting. Can you also please define participating status?</p>	<p>Participating status is Active, Pensioner and COBRA.</p> <p>Call summary reporting would be the data that allows the State to evaluate whether or not the Call Abandonment Rate and First Call Resolution performance guarantees are met.</p>
6	<p>III. Minimum Qualifications, #14: Please confirm that your system is able to handle multiple coverage termination rules depending on the type of Qualifying Event (QE). The State requires that coverage terminates at the end of the month for all QEs <u>except</u>:</p> <p>Coverage terminates the day after the effective date of a divorce; and</p> <p>Coverage for the ex-spouse of a retiree covered by a Medicare supplement plan will terminate on the last day of the month in which the divorce is final.</p>	<p>The State will calculate and include QE dates by member in enrollment file. The written rules for QEs are stated in the Eligibility Rules, Attachment #6, to the RFP.</p>

	<p>Question: Will the State calculate and include discrete QE dates by member in enrollment file? If not, will State supply written rules by QE type?</p>	
<p>7</p>	<p>Minimum Qualifications, #33:</p> <p>Open Enrollment must be done via the eBenefits module in PeopleSoft for active employees. For State pensioners, the Office of Pensions will enter enrollment and changes using a paper enrollment form into a PeopleSoft system. All enrollment and changes during open enrollment and throughout the year will be transmitted to the selected vendor via a weekly file process. The selected vendor will receive weekly, two separate enrollment files, one for the active employee population and one for the pensioner population. The vendor must use the current file specifications, see Attachment 3, and will only receive the employee/pensioner identification number on the enrollment files. <u>Under no circumstances</u> will the full nine (9) digits for social security numbers be released. Please confirm your acceptance.</p> <p>Minimum Qualifications, #34:</p> <p><u>Data ownership resides with the vendor.</u> Therefore, please confirm that your organization will work with the State to provide a statement on the State’s Open Enrollment website that the member is leaving the State government website.</p> <p>Question: Will the enrollment of active employees and pensioners be handled exclusively by the State’s existing platforms or does the State require that vendors offer an online enrollment platform?</p>	<p>These two requirements were deleted in Addenda #1 and #2. The enrollment of active employees and pensioners will be handled exclusively by the State’s existing platforms.</p>

8	<p>Minimum Requirement, #50:</p> <p>If awarded the contract, please confirm your organization’s willingness to enter into performance guarantees. Please follow the instructions in Appendix F and include the completed <i>Performance Guarantees</i> form in your bid package. You must fill out the column labeled “% of Premiums at Risk” so the total equals 5.0% of premiums, which is the minimum level the State requires.</p> <p>Question: Is it acceptable to the State that offerors place up to 5% of the administrative component of their proposed premium at risk?</p>	<p>No, the offerors cannot place up to 5% of the administrative component of the proposed premium at risk. Because this is an employee-pay-all program and the State would not know the vendor’s administrative fee built into the premium (and is not requesting that information in the RFP), the bidders are asked to divide the 5% total by increments for each Performance Guarantee to reach the grand total of 5%. Five percent is the minimum acceptable to the State; however, bidders may offer a total of more than 5%.</p>
9	<p>B. General Terms and Conditions: Required Reporting of Fees and 2nd Tier Spend</p> <p>Question: Please provide a report that shows the total claims vs total premium by month for the last 2 to 3 years.</p>	<p>No, the State will not be providing a report of the total claims versus total premium by month for the last two to three years. Bidders may calculate that sum by using the reports provided - enrollment by tiers, current premium levels, and utilization or claims history.</p>
10	<p>Use of Subcontractors, Page 16: Since there isn’t a M/WBE goal established, is the 2nd Tier Spending Report applicable if vendors do not utilize any subcontractors?</p>	<p>Yes, the State’s procurement office requires that a report be submitted on a quarterly basis. You will be asked for the 2nd tier spending information by the Statewide Benefits Office and, even if the response is zero, SBO will submit this report on your behalf.</p>
11	<p>Minimum Requirements #16 & 17, Page 25: Is the SEBC requiring vendors to receive premium payments directly from active employees and pensioners? Or will the SEBC collect the premium via pre-tax payroll deductions and submit the premiums to the vendor?</p>	<p>State of Delaware will be remitting payment to the vision vendor on behalf of active employees, pensioners, and long-term disability participants. Also, please see the response to Question #4 herein.</p>
12	<p>Minimum Requirements #25, Page 27: Addendum #1 states “Paragraph 25 is revised to delete the second sentence.” However, this question</p>	<p>We apologize for the typographical error and resulting confusion. As clarified in Addendum #2, the second sentence to be deleted, “The monthly payroll deductions will be paid within thirty (30) days of the end of that</p>

	consists of only one sentence. Please advise!	month”, is in #20 on Page 25, not #25 on Page 27. This requirement is not being deleted in its entirety and is stated in Minimum Requirement #19.
13	Minimum Requirements #33, Page 27: Addendum #1 states “Paragraph 33 regarding a single-sign-on enrollment process is deleted in its entirety.” Please confirm that this is a reference to Paragraph 34 and not Paragraph 33.	Paragraph 33 is correct. However, both paragraph 33 and 34 were deleted in Addenda #1 and #2.
14	Minimum Requirements #35, Page 28: Addendum #1 states “Paragraph 35 is revised to add the following sentence at the end of the paragraph: Refer to Question 25 regarding the State’s self-invoice process.” Please advise as Question 25 does not state anything about the State’s self-invoice process.	We apologize for the error. As stated in Addendum #2, Minimum Requirement #19 is the correct reference.
15	Appendix F, Performance Guarantees, Page 2, "Open Enrollment Guidelines": What is your expectation of the enrollment package? Do you want the enrollment collateral we mail to be our standard collateral? Or would you like it to be co-branded?	<p>The State relies on benefit vendors to provide sufficient information so that participants will understand their benefit in all aspects such as how to locate participating providers, use of an identification card, how to file a claim, how to reach customer service, etc. In Minimum Requirement #6, bidders are requested to provide a sample enrollment packet (referred to generically as a “Welcome Packet”).^a In the Questionnaire, C. Member Services, #11, the State asked if the materials could be co-branded at no cost.</p> <p>^a This requirement was revised in Addendum #1 as follows: Please confirm that enrollment information, such as a Welcome Packet, will be mailed to the homes of all newly enrolled employees or retirees within fourteen (14) calendar days upon receipt of the enrollment file from the State.</p>
16	Appendix F, Performance Guarantees, Page 2, Open Enrollment Guidelines": As far as the health fair/benefit representative meetings go, how many do you have per year? How many different locations? Would materials only be acceptable for any of them?	Please see Minimum Requirement #8: “Please confirm that your organization will provide on-site representation throughout Delaware for two days of benefit representatives’ meetings in April each year as well as approximately five days of Health Fairs and educational sessions in May at various locations in all three counties.” Vendors are welcome and encouraged to provide giveaway items.

17	<p>Appendix F, Performance Guarantees, Page 3, "Eligibility Accuracy": What is your definition of audit? How often do foresee an audit taking place? Can this be client specific vs book of business?</p>	<p>Please note that “eligibility” was changed to “enrollment” in Addendum #1 for this item. The State would define an audit in this instance to be the vendor’s standard practice of quality control auditing to ensure accuracy of file loads into the vendor’s eligibility system. The State would expect this to occur as part of each weekly file load. The State would be agreeable to the audit being specific to the client as opposed to the book of business; however, the vendor would be expected to explain the process to check the accuracy of the file loads.</p>
18	<p>Appendix F, Performance Guarantees, Page 3, "Member Survey": Are you passing us email addresses or do you want hard copy?</p>	<p>The State cannot provide vendors with email addresses of the enrolled members (and in fact, have no record of personal emails nor do all active employees have a State email address). If a participant provides an email address, member surveys can certainly be transmitted via email. Otherwise, the State requests that hard copies be used. The State is open to negotiating a statistical sample may be distributed to members.</p>