California Health Benefit Exchange

Solicitation for Pediatric Dental EHB & Supplemental Dental Benefits
Attachment 11 - Technical Specifications

Issuer Name:

Instructions:

Please respond to the following questions, confirmations and requests for information. Responses should immediately follow the associated question/request.

GENERAL

1. *Provide your active dental membership, as of July 1, 2012, in the state of California. (please define by market segment; Individual, Employer-sponsored vs. Voluntary)*

2. *Briefly describe three attributes of your organization that you believe distinguish you from your competitors.*

3. *Describe up to three examples of your organization's successful innovations to improve service quality and reduce costs. Discuss scope of the innovation, targeted population, goals, outcomes (quality and cost), and scalability and/or plans for dissemination.*

4. *Do you offer discount programs related to non-covered services? If so, explain*

5. *Please provide a brief description of any outside vendors that will be utilized.*

6. *Provide the physical location of all administrative teams (claims processing, member services, etc) that you propose to serve The Exchange.*

ACCOUNT MANAGEMENT SUPPORT

7. *Describe whether the account team members (e.g. implementation manager, claims specialist, member services manager, etc.) will be dedicated to the Exchange. If the account team will have other responsibilities, how many other clients will they be responsible for and what percentage of their time will be committed to the Exchange?*

IMPLEMENTATION

8. *Confirm that a dedicated implementation manager will be assigned to lead and coordinate the implementation activities with the Exchange? If you cannot confirm, please explain.*

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9. *Describe the services and support you will provide during the implementation process and what information/resources will be required of the Exchange. Be specific.*

10. *Should your organization be selected, explain how you plan to accommodate the additional membership (discuss anticipated hiring needs, staff reorganization, etc.):*

- Member Services

- Claims

- Financial / Administrative Information Technology

- Other (describe).

ACCOUNT ADMINISTRATION

11. *Confirm the exchange will be provided a dedicated claims processing unit. If you cannot confirm, please explain.*

12. *Confirm that the Exchange will retain the right to annually audit/assess the plan administrator's compliance with the terms of the contract, including but not limited to a claims audit or audit for cause of irregular activity, either directly or through its authorized agents. Confirm you will provide 2 years worth of claims experience with no limit on the number of claims that may be reviewed and that any audits will be completed with no additional cost to the Exchange.*

13. *Describe your claims administration procedures. Include how Reasonable & Customary expense allowance is determined and what Usual, Customary & Reasonable percentile is utilized to process dental claims.*

14. *What guarantees do you provide to ensure members will not be balance billed for in-network services?*

15. *Confirm you will accept the enrollment business rules implemented by The Exchange. If you cannot confirm, please explain.*

16. *How do you identify and address inappropriate patterns of dental treatment? Please provide details.*

17. *Describe your fraud & abuse program.*

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18. *What steps do you take to protect patient privacy? How is Protected Health Information (PHI) handled?*

MEMBER SERVICES

19. *Confirm that the Exchange will be provided a dedicated member services unit. If you cannot confirm, please explain.*

20. *Confirm you will produce and distribute ID cards within 48 hours of receipt of clean eligibility data. If you cannot confirm, please explain.*

21. *Confirm you will provide a dedicated IVR (interactive voice response) member services number? If you cannot confirm, please explain.*

22. *Is there a mechanism for members to quickly reach a live member services representative? Please describe.*

23. *How are after-hours/holiday telephone inquiries handled? (Recorded message by Plan (i.e. Hours of operation and directors for emergency), Interactive Voice Response System (IVR), Live Response, Health Plan Internet Website, Other.)*

24. *Will you make the customer service line available to participants prior to the effective date?*

25. *Confirm you are prepared to offer access to a demo member web-site. Note that finalist vendors will be asked to provide this.*

26. *Indicate which member services options are available via IVR, Phone Representative, and Internet (Select all that apply).*

Option	IVR	Phone Rep	Website
Verify eligibility			
Enrollment changes			
Check claims status			
Request ID card			
Request benefit summary			

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Review Explanation of Benefits			
Check status of deductibles, maximums, or limits			
Access customer service via email			
Obtain a history of dental claims			
Provider referrals			
Complete satisfaction survey			
Other (specify)			

27. *Indicate the ways in which your member services organization is able to accommodate the special needs of enrollees. (Check all that apply)*

❑ *No special accommodations*

❑ *Have a TDD (Telecommunications Device for the Deaf) or other voice capability for the hear impaired*

❑ *Translation to non-English languages*

❑

Language	No Translation Available (check if appropriate)	Translation performed in-house (check if appropriate)	Translation Contracted (specify contracted organization's name)
Spanish			
Vietnamese			
Cantonese			
Mandarin			
Armenian			

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Russian			
Tagalog			
Hmong			
Korean			
Farsi			
Arabic			
Cambodian			
Other (please specify)			

28. *Confirm you will modify your Customer Service operations, as necessary, to meet the requirements of The Exchange with regard to the following:*

- Operating hours (Exchange requires 8 am to 8 pm Monday - Friday; 8 am – 6 pm Saturday and Sunday during Open Enrollment for the Individual Exchange)
- Staffing requirements
- Training criteria

    If you cannot confirm, please explain.

CARE MANAGEMENT

29. *Confirm that the following programs/services will be made available to Exchange enrollees in 2014*

    ___Risk assessments

    ___Disease management programs

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___Care reminders

30. ***Selected issuers will be required to pro-actively reach out to Exchange enrollees eligible for Essential Health Benefits to ensure that all preventive and diagnostic services are provided. Describe in detail your approach to ensuring that all enrollees eligible for EHB will receive these services within the plan year.***

31. ***Outline your approach to use of a Health Assessment to pro-actively identify Exchange enrollees who are actively in need of covered dental services beyond the preventive and diagnostic dental services covered by the EHB. This will be a contract requirement as well as part of the evaluation of bids.***

COMMUNICATIONS & EDUCATION

32. ***Provide a description of your standard communications materials.***

33. ***Will you draft and distribute introductory communications pieces prior to open enrollment?***

34. ***Indicate which member tools/information you offer and how they may be accessed (IVR, Web, Member Services Representatives, etc.).***

	Offered?	Access
Plan Design Information		
Personal Claim Information		
Explanation of Benefits		
Estimate Costs for Services		
Actual Cost of Services		
General Healthcare Information		
Health Library		
Provider Search		

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Provider quality info		

Plan comparisons		
Frequently Asked Questions		
Other		

35. *Please indicate which plan sponsor tools/information you offer and how they may be accessed (IVR, Web, Member Services Representatives, etc.).*

	Offered?	Access
Enrollment Administration		
Eligibility Administration		
Provider Performance		
Plan Policies		
Plan Design		
Utilization Analysis		
Cost & Trend Analysis		
Provider Search		
Provider quality info		
Plan comparisons		
Frequently Asked Questions		
Other		

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36. *Confirm you will provide the plan sponsor training regarding use of the online tools. How will you approach this training?*

37. *Confirm the online tools provided by your organization for the Exchange program staff and members will be available 99.5 percent of the time, twenty-four (24) hours a day, seven (7) days a week? If you cannot confirm, describe level of guaranteed availability.*

PROVIDER NETWORK

38. *Do you own your provider networks or contract with other organizations? If you contract with other organizations, please provide those organizations' names.*

39. *Confirm your provider network directory is available online.*

40. *Confirm the following indicators are included for each provider within your directory:*

- Accepting New Patients?
- Services Provided
- Specialties
- Board Accreditation
- Languages Spoken
- Hours of Operation
- Accept Credit Cards?
- Other - please describe

41. *How often is your online directory updated? How often is your printed directory updated?*

42. *Please provide an indication of network access by completing the following tables for each rating region.*

Rating Region		
Type of Dentist / Specialist	Number of Providers	Number of Providers with Open Practices
General / Family Dentist		

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Endodontist		
Oral Surgeon		
Orthodontist		
Pediatric Dentist		
Periodontist		
Other (explain)		
Total		

43. *What is your network growth plan for the California network in 2014?*

44. *Describe your process for recruiting new dentists, including how you identify providers for recruitment.*

45. *What percentage of your network providers is not accepting new patients?*

46. *What percentage of your network providers have office visit waiting times in excess of 30 days?*

47. *What is your network turnover rate or rate of termination? What is the provider initiated rate of termination? What is the network initiated rate of termination?*

48. *Describe in detail your credentialing and re-credentialing processes.*

49. *Provide a description of the quality indicators used to evaluate your provider network. Do you have an incentive program for network providers that are evaluated favorably against your quality indicators?*

50. *Describe the steps you take to investigate Member-reported quality of care issues regarding a Provider. Have you terminated network dentists based on your investigation of a member-reported quality complaint? If so, please describe.*

SYSTEMS AND DATA REPORTING MANAGEMENT

51. *Confirm your organization is compliant with all applicable federal and state regulatory reporting requirements (e.g. HIPAA, etc.)*

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52. *Confirm you will provide reporting as deemed necessary by The Exchange related utilization, costs, quality, operations and agreed upon performance guarantees.*

53. *Confirm your organization will build all required data interface capabilities with the Exchange's eligibility and enrollment systems and will report on transactions as deemed necessary by The Exchange*

54. *Applicant must be prepared and able to engage with the Exchange to develop data interfaces between the Issuer's systems and the Exchange's systems, including CalHEERS, as early as May 2014. Applicant must confirm it will implement systems in order to accept 834, 820 and other standard format electronic files for enrollment and premium remittance in an accurate, consistent and timely fashion and utilize information for its intended purpose. Contingently certified SADPs and Family Dental Plans must sign a Trading Partner Agreement in order to participate in required systems testing, and maintain the service levels agreed to in the Trading Partner Agreement as applicable.*

55. *Applicant must be able to accurately, appropriately, and timely populate and submit SERFF templates at the request of Covered California for:*

    - Rates

    - Service Area

    - Benefit Plan Designs

    - Network

56. *Applicant must be able to submit provider data in a format as required by Covered California and at intervals requested by Covered California for the purposes of populating the centralized provider directory.*

57. *Applicant must confirm its agreement to submit claims and encounter[1] data in the requested format to a third party vendor selected by Covered California for the purpose of performing clinical analytics.*

58. *Applicant must be available for testing data interfaces with the Exchange no later than July 1, 2014.*

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[1] Claims and encounter data reflect a health care visit by an enrollee to a provider of care or service.

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59. *Please describe any concerns you have around reporting requirements The Exchange may develop.*