## ADDENDUM #7

## DENTAL BENEFIT MANAGEMENT PROGRAM 305PUR-DHHRFP-DENTAL-PAHP-MVA

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QUESTON #	SECTION	# SECTIO N	PAGE #	QUESTION	ANSWER		
				In the general requirements questionnaire: Question B.14. is missing. Is there a question B.14?	Please see Addendum 4 for revised Evaluation Tool.		
				Question B.15. refers to B.31. There is not a B.31. question. Can you provide question B.31.?	Please see Addendum 4 for revised Evaluation Tool.		
				Does the State have a listing of the current PPS rates for the FQHC's?	Louisiana Medicaid PPS Rates can be found at		
					http://www.lamedicaid.com/provweb1/fee schedules/FQHC		
					<u>Index.htm</u>		
				In Section 10, d), I; it stated that each primary care dentist shall not exceed a	Linkages consist of Medicaid members linked to an individual		
				total of 3,000 Medicaid linkages in which the primary care dentist may be a network provider. What is meant by linkages? Does this mean a member to provider ratio?	primary care dentist. The ratio of members to primary care providers is 3000:1.		
				Is a Medicaid provider ID required? If so, what are the State requirements? (what are the total number of digits, is it by provider or by location)	A Medicaid provider ID is not required.  Generally, expected changes due to managed care include promoting more preventive care and thereby reducing high cost dental treatments, eliminating unnecessary radiology services, and applying frequency limitations to certain dental procedures. The dental prior authorization services are provided by the Louisiana State University School of Dentistry. The dental consultants provide medical necessity determinations of requested dental services in advance of treatment and post treatment for emergency services. During the process of evaluation, additional dental records may be requested for review so an informed decision can be made.  The trend is estimated based on historical dental experience which showed a very low utilization trend from SFY11 to SFY13.		
				What is the basis for the savings included in their pricing for Managed Care? In other words, who is administering the benefit today, and what changes are expected to bring about these savings in the proposed contract period?			
				Can the State provide any further detail on the trend used in pricing (0.45% annually) – this seems very low compared to standard expected trends?			
				Can the State provide further detail on utilization assumptions used, preferably by on a per 1,000 member basis by dental procedure code or at least in total? (Table 3-Managed Care Adjustment Assumptions)	The final utilization per 1,000 members in total by rate cell is provided in the table below.    Rate Cell		
				Why are permanent crowns not covered when RCT is covered?	The decision not to cover lab processed crowns was a cost effective measure to allow the allocation of funds for the higher utilized services such preventive and restorative dental services.		
				Does the Louisiana Utilization Management Committee, to fulfill the Section B.11.b. requirements of the RFP, need to be physically located in the State of Louisiana?	The UM Committee is not required to physically located in the State of Louisiana		
				In the Schedule of Events the "Contract Begins" date of 5/1/2014, is that the "Go Live" date or will it be a later date?	Yes, the "Go Live" date is 5/1/2014		

		In Appendix E Table 1: Actuarially Sound Dental Capitation Rates gives the capitation rates, what is the membership for each of those rate bands?	SFY2013 member months were used. Please see the table below.		
			Rate Cell LaCHIP Affordable Plan	SFY13 Member Months 40,982	
			Medicaid Children	8,938,869	
			Medicaid Adult	3,350,847	
		Will a census be provided that includes DOB, gender, home zip code and level	This information will be prov	rided after the contract is awarded.	
		of coverage?	·		
		Given the discretion afforded to DHH in determining conflicts of interest as described in the current Bayou Health contract, does DHH view a bid by an affiliate of a current Bayou Health participant as a potential violation of Sections 3.2 and/or 19.52 of that contract? If so, will the Department allow the submission of an Organizational Conflict of Interest Mitigation Plan by the potential bidder for the purpose of satisfying the Department's concerns regarding any potential conflicts of interest, thereby allowing the affiliate to submit a bid without jeopardizing the current Bayou Health contractor's participation in the Bayou Health program?	DHH does not believe that such a bid would necessarily create a conflict of interest in violation of the cited Bayou Health contract provisions. However, if the DBPM contract is ultimately awarded to that bidder, DHH recognizes the potential for an actual or perceived conflict of interest that would exist if the bidder and its Bayou Health affiliate fail to maintain the necessary degree of separation between their operations and activities. Therefore, if a bidder is affiliated in any way with a current Bayou Health plan, it will be required to submit an Organizational Conflict of Interest Mitigation Plan as part of its proposal, and if it is awarded the contract, it will be required to agree to contract terms that ensure that sufficient firewalls and other appropriate safeguards are in place to prevent the occurrence of any actual or perceived conflict of interest.		
		Due to the changes and delay in releasing claims data, will the "Deadline for Receipt of Written Proposal" be extended?	The Deadline for Receipt of	Written Proposals will remain 3/7/14.	