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## **Dental Plans RFP and Compliance Q&A**

**1. Question:** The first question of section VI, "General Conditions and Compliance Documents", state that "[p]roposers are to submit required documents specified in the General Conditions and Compliance Requirements (Appendix A)"; however, Appendix A states that the required documents (page 5, under the heading: Compliance Requirements if Awarded a Contract) are only "if awarded a contract". Since the RFP states that Appendix A will only be addressed "upon recommendation for selection" (Contract Award Subject to Successful Negotiation"), please confirm that the documents in the above-mentioned section are not necessary during the proposal stage.

**Answer:** Please see Page 3 of the General Conditions, under "Demonstration of Compliance Required With Proposal" for compliance documents that must be submitted with your proposal, which encompass most of the attachments. The documents listed on Page 5 are separate and will be required if awarded a contract.

**2. Question:** In Part B., "Evaluation of Proposals", section d "Level IV Final Approval by the Board", you state: "Upon recommendation for selection, the successful Proposer will be required to produce, within two (2) working days, a document identifying any potential inconsistencies or requested exceptions involving LACERS Standard Provisions in Appendices A and B and its anticipated Group Benefit Agreement (GBA)." A plain reading of this statement entails that "identifying any potential inconsistencies or requested exceptions" to Appendices A and B will occur at a stage later than the proposal stage (that of "upon recommendation for selection"). However, in the tab titled "Questionnaire" of the excel document, question 5 of (Required Documentation & Disclosure" requests that carriers/insurers confirm compliance with Appendices A and B, failing which carriers/insurers are to provide "specifics regarding which provisions carriers/insurers cannot comply with in question 6. Please confirm whether any "inconsistencies" or "requested exceptions" to Appendices A and B are to be provided during the proposal stage or "upon recommendation for selection".

**Answer:** Yes, please provide any requested exceptions to both Appendices A and B along with your proposal.

**3. Question:** Please explain the reason(s) that this RFP is out to the market.

**Answer:** LACERS is conducting this RFP to comport with the laws as set forth in the Los Angeles City Charter and Administrative Code, as well as its its fiduciary duties as established in California Constitution, Article XVI, § 17. Specifically, Charter Section 371 requires LACERS to engage in a competitive bidding process before entering into a contract. Additional contracting requirements are set forth in Charter § 1022 and Administrative Code §§ 10.1-10.5. LACERS is also bound by its fiduciary duties, and as such is conducting this RFP to comport with its duty of prudence.

**4. Question:** Does the Delta Dental DPPO plan allow for assignment of benefits to non-participating providers?

**Answer:** Yes, on a limited basis. Delta Dental DPPO plan allows for non-network providers. You can access the plan's Evidence of Coverage on the LACERS' Evidence of Coverage webpage: [lacers.org/evidence-coverage](https://lacers.org/evidence-coverage).

**5. Question:** Can you please expand on the expectations that exist for the selected dental partner as it relates to communications (i.e., scope, method, languages needed, etc.)?

**Answer:** LACERS expects the selected dental partner to partner with LACERS in providing communication messages and deliverables to LACERS Members as appropriate and as required by regulatory requirements. Please refer to the RFP, Section D under Open Enrollment and Communications and Section E, Wellness. For example, LACERS expects the dental partner to work with LACERS Wellness team to provide webinars explaining the benefits during open enrollment, as well as providing Wellness-related communication and/or preventative care information. In addition, LACERS expects the selected dental partner to provide proactive communication to Members, such as when there is benefit disruptions including, but not limited to, communication during declared emergency similar to the 2020 Pandemic, and security breaches that impact Member benefits, etc.

- 6. Question:** On the RAMPLA.Org Website, please confirm ALL items under “Compliance Document” will only be required to be completed once awarded the business
- a. Disclosure Ordinance
  - b. Equal Benefits/First Source Hiring Ordinance
  - c. Executive Directive 35 Compliance and
  - d. California Iran Contracting Act of 2010.

**Answer:** The abovementioned documents are not required for this RFP. Please see Pages 3-4 of the General Conditions, under “Demonstration of Compliance Required With Proposal” for compliance documents that must be submitted with your proposal, which encompass most of the attachments. The documents that are required after a mandate is awarded are on Page 5.

- 7. Question:** On the RAMPLA.Org Website, please confirm if the Business Inclusion Outreach is a requirement for this RFP. It’s not listed on the RFP’s Timeline or listed as part of the required items.

**Answer:** The Business Inclusion Outreach is not a requirement for this RFP. Please see Page 3 of the General Conditions, under “Demonstration of Compliance Required With Proposal” for compliance documents that must be submitted with your proposal, which encompass most of the attachments.

### **LACERS and Current Dental Plans Q&A**

- 8. Question:** How long has the coverage been with the current carrier? What was the original effective date of the plan?

**Answer:** Carrier has been in place for nine years. The contract’s original effective date January 1, 2015, for five years ending December 31, 2019. On January 1, 2019, a contract amendment extended to December 31, 2021. Renewals occurred in 2022, 2023, and 2024.

**9. Question:** How does the current carrier handle ID cards? What are LACER's expectations for ID cards, Electronic ID or Mailed ID card?

**Answer:** LACERS expects the carrier to provide both electronic and mailed ID cards. The current dental carrier currently provides electronic IDs.

**10. Question:** Can you please confirm the current hours of operation of the Delta Dental customer service team? Is it available to LACERS members 24/7/365?

**Answer:** Delta Dental customer service is available to Members Monday through Friday, with automated telephone system available 24/7. Delta Dental PPO customer service hours are 5:00 a.m. to 8:00 p.m. Pacific Time, while Delta Dental DHMO customer service hours are 5:00 a.m. to 6:00 p.m. Pacific Time.

**11. Question:** Are there any issues or opportunities for improvement with the current dental plans? Is there anything to solve for?

**Answer:** LACERS is always looking for benefit enhancements, however benefit enhancements should clearly indicate the anticipated rate decrements for each suggested enhancement. There is no current issue that LACERS is aware of that needs to be solved.

**12. Question:** Are there any current initiatives powered by the incumbent focused on increasing preventive utilization. If yes, can you please describe them?

**Answer:** No, however all LACERS current carriers partner with LACERS' Wellness Program to provide ad hoc communication pieces that promote healthier lifestyle for our members. LACERS expects carriers to work with the LACERS Wellness team to continue providing these types of program initiatives. Please refer to the RFP, Section D under Open Enrollment and Communications and Section E, Wellness.

**13. Question:** Are there are any pass-through or explicit administrative charges included in the current and historical rates/fees?

**Answer:** No.

**14. Question:** Is there a shared savings arrangement today on the DPPO plan? If yes, at what percentage and what does that equate to from a PEPM perspective?

**Answer:** Currently the plan is self-funded.

**15. Question:** Is there any clinical integration today between the medical carrier(s), PBM and the dental carrier? If so, can you please provide details on what is done today?

**Answer:** Currently, there is no clinical integration being done. However, LACERS may request this in the future.

**16. Question:** Are customer expectations to move all plans together or can the DHMO and PPO plans be divided amongst several carriers?

**Answer:** LACERS reserves the right to award business in whatever configuration best meets its needs, at its sole discretion. These configurations include, for example, awarding coverage for all plans to a single vendor or awarding each plan to separate vendors.

**17. Question:** Does the customer currently partner with or have plans to partner with a third-party entity that will assist in their benefit administration? Please include the name(s) of the entity partner(s) being considered and explain the scope of services they will provide.

**Answer:** Yes. Vendor names are unknown at this time.

**18. Question:** Is a recent billing invoice available including the lives and current rates?

**Answer:** You have been provided this information in the plan experience. A recent billing statement will not be provided.

**19. Question:** Does the LACERS expect to pay premiums within a 30-day grace period?

**Answer:** LACERS is self-billing for fully insured plans. Yes, payment is expected within a 30-day grace period. However, for retro enrollments, an enrollee may be active in the current dental carrier database via manual enrollment request for urgent needs in services, but yet not active in the LACERS membership database due to delays in account setup. In such a

scenario, payment will be made in the next monthly payroll cycle once the account in LACERS database is activated.

## **Dental Plans RFP Attachments Q&A**

**20. Question:** The “Network Analysis” tab of “Attachment B – LACERS Dental Questionnaire and Exercises” states that the updated data file containing confidential information will be provided upon the carrier's return of the intent to bid and agreement with the confidentiality statement. However, the tab provided on the updated file we received does not include claims data at the procedure code level. Please advise if we need an updated file, or should continue with the file we have (dated 3.11.24).

**Answer:** Continue with the file you have.

**21. Question:** When will we receive the Pricing Workbook referenced on page 22 of the LACERS Dental RFP\_Final.pdf. document?

**Answer:** The pricing workbook should have been provided. If you have not received the pricing workbook, please reach out to Erin Robinson at [erobinson@keenan.com](mailto:erobinson@keenan.com).

**22. Question:** Please provide the disruption files mentioned on page 10 of the RFPs.

**Answer:** File was provided for dental only. If you have not received the file, please reach out to Erin Robinson at [erobinson@keenan.com](mailto:erobinson@keenan.com).

**23. Question:** Please confirm that we are to provide only network status on the provider file.

**Answer:** Status should be provided on the provider file and also on the summary file.

**24. Question:** In order to complete the “Network Analysis Summary” Tab, we will need a utilization file with individual claims data by provider to reprice each submitted claim.

**Answer:** This was provided. If you have not received the utilization file with individual claims data by provider, please reach out to Erin Robinson at [erobinson@keenan.com](mailto:erobinson@keenan.com).

## **Plan Benefit and Data Information Q&A**

**25. Question:** DPPO – Are you able to provide an SBC of the dental plan that includes limitations and exclusions?

**Answer:** You may find Delta Dental benefit summary in the [2024 LACERS Health Benefit Guide](#) and more data is available on our [Evidence of Coverage](#) webpage.

**26. Question:** Can you provide the condensed Delta Dental benefit summary for retirees?

**Answer:** You may find Delta Dental benefit summary in the [2024 LACERS Health Benefit Guide](#) and more data is available on our [Evidence of Coverage](#) webpage.

**27. Question:** Have there been any plan design changes over the past 36 months? If so, please provide the details and dates of any change(s). If the rates were impacted, please provide details.

**Answer:** There have been no plan design changes over the past 36 months.

**28. Question:** Has there been a recent increase in member noise related to network turnover and providers dropping from the network?

**Answer:** Yes.

**29. Question:** Please confirm there is no specific age limit for fluoride or space maintainers on the DPPO.

**Answer:** Confirmed.

**30. Question:** OON Reimbursement – Can you confirm in detail the OON reimbursement methodology? If U&C is it based on submitted or allowable? Is the schedule based on carrier specific fee schedule of Fair health data.

**Answer:** We request that you provide your standard OON reimbursement level. Consideration should be given to the depth of in-network coverage.



**31. Question:** Confirm the percentage of claims paid In-Network (if customer is unable to split actual paid claim amounts by In-Network and Out-of-Network).

**Answer:** See the Dental utilization data.

**32. Question:** Can you confirm if the current dental out of network is MAC, 80% or 90% U&C?

**Answer:** We request that you provide your standard OON reimbursement level.  
Consideration should be given to the depth of in-network coverage.

**33. Question:** Please confirm the current out of network reimbursement level percentile (80<sup>th</sup>, 90<sup>th</sup>, etc.)

**Answer:** We request that you provide your standard OON reimbursement level.  
Consideration should be given to the depth of in-network coverage.

**34. Question:** What is the Out-of-Network percentile or is it based on maximum allowable cost?

**Answer:** We request that you provide your standard OON reimbursement level.  
Consideration should be given to the depth of in-network coverage.

**35. Question:** If Out-of-Network claims are paid based on maximum allowable cost, is the maximum allowable cost for Premier network dentists based on the PPO fee schedule or the Premier fee schedule?

**Answer:** We request that you provide your standard OON reimbursement level.  
Consideration should be given to the depth of in-network coverage.

**36. Question:** Can you send us a copy of the detailed patient charge schedule for the DHMO plan?

**Answer:** See Pages 25-37 in the [LACERS 2024 DeltaCare USA CA Evidence of Coverage](#).

**37. Question:** Is it possible to obtain a dental cert? (showing procedure frequencies)

**Answer:** You may find Delta Dental benefit summary in the [2024 LACERS Health Benefit Guide](#) and more data is available on our [Evidence of Coverage](#) webpage.

**38. Question:** DPPO – Can you provide current administrative fees and/or ASO working rates?

**Answer:** See the Dental utilization data.

**39. Question:** Is it possible to obtain the group's current ASO fees for dental and vision?

**Answer:** See the utilization reports for dental and vision for administration fees.

**40. Question:** What is the current ASO fee and DHMO rates?

**Answer:** See the Dental utilization data and the rates provided in the [2024 LACERS Health Benefits Guide](#).

**41. Question:** Are the prior years' rates/fees (rate history) available? Are the renewal rates/fees available?

**Answer:** There has been no change in rates and fees since the self-funded plans' inception in 2019.

**42. Question:** Please provide monthly enrollment, claims, and premiums (historical data).

**Answer:** Plan Experience including enrollment and claims was provided. If you take the enrollment times the rates you can calculate rates.

**43. Question:** Under the DPPO plan, can you please confirm what percentage of members received at least one preventive service during CY 2023?

**Answer:** See the Dental utilization data.

**44. Question:** Please provide the last 36 months of paid premium and paid claim experience on a monthly basis with the following items split by plan (and by population of applicable)

- Premium (or premium equivalents if ASO arrangement)
- Paid claim dollars split by In-Network and Out-of-Network
- Claim counts or EOBs
- Employee Lives (eligible and enrolled)

- Dependent Lives

**Answer:** Sufficient information in the plan experience has been provided. No additional information will be provided.

**45. Question:** Please provide a census file that includes the run date as well as the following key information:

- Gender
- Zip code
- State of Residence
- Plan election (*if multiple plans are offered*)
- Tier enrollment (such as Employee Only, Employee +1, Family, etc.)
- Active/Retired status
- Date of birth (if Retired Employees are eligible)
- Employee initial enrollment date
- Population identifier (if distinct groups have distinct rates and/or plan design, e.g. hourly/salaried)
- Descriptions of abbreviations in any of the provided fields (such as “Status”, “Coverage Option”, etc.)

**Answer:** This was provided. If you have not received the census information, please reach out to Erin Robinson at [erobinson@keen.com](mailto:erobinson@keen.com).

## **Wellness Q&A**

**46. Question:** Is there an amount LACERS is looking for Wellness fund?

**Answer:** The amount provided by the current dental carrier is \$10,000 for 2024. It is for the carrier to determine the contribution amount to the LACERS wellness fund.

**47. Question:** Under the wellness initiative, how much are the current dental / vision carriers contributing to these programs? Are these via credits included in the rates/fees or are they outside of the coverage costs?

**Answer:** The current dental carrier's wellness contribution has been \$10,000 each year for the past three plan years and is not built into the fee and rate structure. We would prefer outside the fee and rate structure. Refer to Pages 3, 15, 16 of the RFP for a description of the Wellness requirements. The funds to Wellness also include open enrollment allotments. Please see the Vision Question and Response for the response for vision carrier.

**48. Question:** Can you please confirm the size (\$ amount) of the annual contribution to the Wellness Program fund for the last 2 years?

**Answer:** Please see response to Question 47.