

**OKLAHOMA HEALTH CARE AUTHORITY
REQUEST FOR INFORMATION**

SOONERCARE DENTAL BENEFITS MANAGEMENT

SECTION I: OBJECTIVES

Oklahoma Health Care Authority (OHCA) requests information from vendors with the capability of assisting OHCA in managing its dental benefits and utilization. OHCA's major objectives for a new dental benefits management program are as follows:

1. Improve dental health outcomes by ensuring members receive the most clinically appropriate dental services;
2. Realize administrative and dental care cost savings through efficient management and appropriate utilization of services;
3. Improve the knowledge of SoonerCare-contracted dental providers about appropriate utilization of covered services; and
4. Ensure acceptable levels of provider and member satisfaction with dental benefits management and avoid an unreasonable number of appeals of service denials.

SECTION II: BACKGROUND

Oklahoma Health Care Authority

OHCA is the state agency that administers the Oklahoma Medicaid Program, known as SoonerCare. Medicaid is a federal and state entitlement program that provides funding for medical benefits to low-income individuals who have inadequate or no health insurance coverage. Medicaid guarantees coverage for basic health and long-term care services based upon income and/or resources. Created as Title XIX of the Social Security Act in 1965, Medicaid is administered at the federal level by the Centers of Medicare and Medicaid Services (CMS) within the Department of Health and Human Services (HHS). CMS establishes and monitors certain requirements concerning funding, eligibility standards and quality and scope of medical services. States have the flexibility to determine some aspects of their own programs, such as setting provider reimbursement rates and the broadening of the eligibility requirements and benefits offered within certain federal parameters.

SoonerCare Dental Program

OHCA currently self-administers dental health care benefits, combining clinical services and administrative procedures organized to provide consistent access to oral health care services in a cost-effective manner. Comprehensive oral health services are federally mandated for all members under the age of 21, including those residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID, formerly ICF/MR). Children covered under the Insure Oklahoma program also receive comprehensive benefits, but this program terminates on 12/31/2013. Children's dentistry is based on medical necessity and includes emergency care, preventive services and therapeutic services for dental diseases that may cause damage to supporting oral structures.

Adult benefits are more limited. Pregnant women over the age of 21 are eligible for basic dental care such as examinations, cleanings and limited fillings for up to 60 days after the end of their pregnancies. Other adult benefits are covered for emergency extractions only due to trauma, pain

or infection. More information about the current Program, fees, and rules is available on the OHCA website at <http://www.okhca.org/about.aspx?id=14949>. Additional information on utilization and prior authorizations is available in the Respondent's Library on the OHCA website.

SECTION III: POTENTIAL SCOPE OF WORK

OHCA is considering contracting with an independent vendor for three possible types of benefits management programs listed from least to most comprehensive:

1. Formal and regular post-payment review of dental claims and utilization with recommendations as appropriate related to :
 - a) Changes in coverage and benefits
 - b) Provider education efforts
 - c) New claims edits or requirements
 - d) Other agency initiatives to improve the SoonerCare dental program;
2. An administrative utilization management program which could include:
 - a) Review and approval/denial of requests for services;
 - b) Formal and informal peer-to-peer provider education on appropriate utilization of services;
 - c) Provider reimbursement incentives for appropriate utilization of services;
 - d) A "preferred provider" process which allows providers who meet certain criteria to use a streamlined approval process.
3. A comprehensive dental management organization (DMO) which provides utilization management, provider education, and all dental services to members for an all-inclusive per member per month (PMPM) capitation payment; OHCA will also consider partially capitated programs or fully capitated programs for a targeted subset of members; a DMO would:
 - a) Provide access and benefits at least equal to those currently offered in the fee-for-service program;
 - b) Ensure an appropriate mix of dental primary care and specialty providers;
 - c) Require PMPM reimbursement equal to or less than current expenditures;
 - d) Provide a transition plan for members entering the DMO;
 - e) Possibly include allowable incentives or cost-sharing to encourage appropriate utilization of services by members.

SECTION IV: RESPONSE FORMAT

This RFI provides forms for Respondents to complete. Respondents are encouraged to complete all forms to ensure that their response is most useful to OHCA. Only Respondents who complete all forms will be invited to make a vendor presentation (see Section V). At its discretion, OHCA may also review responses that are not complete.

1. Form 1- Cover Page: Please provide contact information and answer the questions in the space provided.
2. Form 2 - References: Please provide client names, contacts, and information about dental management programs that the Respondent currently runs or has administered in the past. OHCA may contact these references as part of the RFI process.

3. Form 3 - Capabilities: This form provides Respondents the opportunity to differentiate themselves from their competitors by using verifiable facts and performance measures. Respondents can state claims related to their ability to develop, define and/or manage the dental management programs and highlight innovative or distinctive features of their approach. Respondents may wish to prioritize the claims in order of importance.

Respondents are encouraged to provide “dominant information” in this capability discussion. Dominant information is defined as verifiable, easy-to-understand, non-technical information related to quality, cost, time, and other performance indicators of Bidders’ personnel, processes, and past performance.

Respondents are encouraged to provide succinct responses and avoid extensive narrative.

Capability Example:

Capability:	<i>Company A has significant experience in managing DMOs and we consistently deliver reduced costs with high provider and member satisfaction.</i>
Documented Performance:	<ul style="list-style-type: none"> • <i>10 similar projects for Medicaid programs in the last five years</i> • <i>9.8/10 rating for provider satisfaction</i> • <i>9.5/10 rating for member satisfaction</i> • <i>Average annual cost reduction of 10%, with one program showing a reduction of 22%.</i>

SECTION V: VENDOR PRESENTATIONS

Based on RFI responses, OHCA may invite some Respondents to make oral presentations about their programs, capabilities and approaches to OHCA staff. OHCA may also request telephone interviews with key personnel at the Respondent’s organization in addition to or in lieu of a presentation.

Only Respondents who submit complete responses September 20, 2013 will be considered for presentations. OHCA appreciates all responses and may review incomplete responses or those received after the deadline at its discretion. Respondents chosen for phone interviews and/or presentations will be notified by October 4, 2013. Presentations will take place in October or November.

SECTION VI: INFORMATION ABOUT RESPONDING TO THIS RFI

1. Point of Contact for this RFI:

Theresa Isenhour, BS, CPO, Senior Contracts Coordinator
 Oklahoma Health Care Authority
 2401 N.W. 23rd Street, Suite 1-A
 Phone (405) 522-7264
 E-mail: theresa.isenhour@okhca.org

Closing Date

Responses must be submitted electronically no later than 3:00PM Central Time (CT) on September 20, 2013.

2. Acceptance Of Responses

OHCA will accept all responses submitted according to the requirements and deadlines specified in this RFI. The OHCA may ask any Respondent for written clarification of their response.

3. Cost Of Preparing Responses

- a) All costs incurred by the Respondent for Response preparation and participation in this competitive process will be the sole responsibility of the Respondent. OHCA will not reimburse any Respondent for any such costs.
- b) OHCA reserves the right to withdraw the RFI at any time during the procurement process. Issuance of this RFI in no way obligates the State to award or issue a contract or to pay any costs incurred by any Respondent as a result of such a withdrawal.

4. Retention Of Responses

All responses submitted in response to this RFI become the property of OHCA and will not be returned.

5. All Responses Subject to Public Disclosure

- a) Responses submitted are subject to the Oklahoma Open Records Act, 51 Okla. Stat. §§24A.1 et seq. No responses will be released under this Act until OHCA awards a contract for these services or determines that no contract will be awarded.
- b) Respondents may mark portions of their responses “proprietary” and indicate that they should not be released under the Act. If a respondent considers part of its response proprietary, it should submit a redacted copy of its response with the proprietary information removed or blacked out.
- c) If the Respondent provides a copy of its bid with proprietary information redacted and OHCA appropriately supplies the redacted bid to another party under the Oklahoma Open Records Act or other statutory or regulatory requirements, the Respondent agrees to indemnify OHCA and step in to defend its interest in protecting the referenced redacted material.