**RFP 23-74487**

**ATTACHMENT F TECHNICAL PROPOSAL**

**Instructions**: Please supply all requested information in the areas shaded yellow and indicate any attachments that have been included to support your responses.

2.4.1 **Mandatory Requirements**

2.4.1.1 Respondent shall provide comprehensive dental benefits paid at 100% with an annual coverage maximum of $2,000.00. This excludes orthodontics.

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2.4.1.2 What services are provided at 100% coinsurance up to the maximum benefit?

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* + 1. **Enrollment**
       1. How does your company protect client information and enrollments?

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* + - 1. Explain how you plan to guarantee prompt dental enrollments?

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* + - 1. Identify any website your company uses for dental enrollments and maintenance of records. Explain how your company plans to maintain the website in making it accessible to State’s enrollment agents. How will this data remain secure.

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2.4.2.4 Explain in detail how your company intends to provide coverage in areas where there are no dental providers established within your network. Please also provide a network coverage map for all counties.

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* + 1. **Customer Service**
       1. Explain how your company ensures superior levels of customer service.

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* + - 1. How will you measure the quality of customer service in the following areas:

1. Employee training programs
2. Call center operations
3. Provider networks/Provider locations
4. Key performance indicators
5. Ease of enrollments for clients

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* + - 1. Please explain what level staff member the primary point of contact will be administering this contract and how that relationship manager interfaces with the State and other Vendor staff to ensure proper contract administration, support, and resolution of questions or program deficiencies.

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* + 1. **Reporting**
       1. Explain your protocol for sending and receiving HIPAA protected information?

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* + - 1. Explain how and in what format your company plans to provide monthly electronic administrative reports that calculate client usage and provide client statistics.

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* + - 1. Explain how your company intends to provide timely communication to the State. What is your company’s anticipated protocol when your company is contacted by the State regarding issues related to your provision of services to the State?

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* + 1. **General Information**
       1. Explain your company’s ability to ensure an orderly and efficient start up and transition from the current Vendor. Include an implementation plan that indicates how your company will ramp up and implement services to coincide with the expiration date of the current contract and include within your plan the following sections:

1. Key Steps
2. Timeframes
3. Target Dates
4. Responsible Parties
5. Status
6. Comment Section

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* + - 1. Please include information related to the tenure of the senior management of your company, information for the last three years on any changes of ownership and explain why there was a change in ownership. Please provide the long-term plans of your company and information related to the overall operating soundness of your business model.

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* + - 1. Provide a list of all company contracts that have been renewed during the last five years; A list of all company contracts which have been cancelled during the last five years.

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* + - 1. The successful Respondent will use the assigned IDOH invoice template provided by the Ryan White Fiscal Team. The successful Respondent will send in completed invoice template with supporting documentation within 48 hours of deadline set by IDOH Ryan White Fiscal Team. The successful Respondent will securely email all invoice information by required deadlines.

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2.4.5.5 Respondents are required to review and respond to the questions included in Attachment L, Cloud Questionnaire. In the response area below, provide confirmation of completion.

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