



City Purchasing Division
Frances Rodriguez, Director
Phone: (505) 863-1232; Fax (505) 722-5133
Email: frodriguez@gallupnm.gov

AMENDMENT NO. One (1)

RFP NO. 2018/2019/06/P

TITLE: Employee Group Dental Insurance

THE FOLLOWING REVISIONS, ADDITIONS AND/OR CLARIFICATIONS SHALL FORM A PART OF THE PROPOSAL DOCUMENTS AND EACH OFFEROR SHALL INDICATE WITH THEIR PROPOSAL THE RECEIPT OF THIS NUMBERED AMENDMENT. REVISIONS, ADDITIONS, AND/OR CLARIFICATIONS ARE AS FOLLOWS:

- 1) RFP DUE DATE AND TIME HAS BEEN EXTENDED TO: **JUNE 28, 2019 AT 2:00 PM (local time)**
- 2) Deadline to submit Acknowledgement of Receipt of RFP form (page 4) has been extended to June 10, 2019 at 5:00 pm (local time).
- 3) Deadline to submit questions (page 9) has been corrected and further extended to June 10, 2019 at 5:00 pm (local time).
- 4) The following are available responses to questions/requests received to date. Additional responses shall be released via Amendment if and when they become available.
 - Provide the Census in excel format and include current Tier coverage for the dental **Document attached. Tier coverage forthcoming if becomes available.**
 - Provide the Subscriber listing in excel format, if possible **Document attached.**
 - Provide in excel format the current Delta Dental top providers. Please include Tax ID number of the provider, the provider's name and the provider's address and total dollars paid from 10/1/2018 through current. This is needed to do the disruption report. **Document attached. No tax ID numbers available.**
 - Provide experience for the following periods:
10/1/2016-9/30/2017
10/1/2017-9/30/2018
Document attached. Is the same document as included in original RFP solicitation, 2017-2018 attached; 2016-2017 forthcoming if becomes available
 - What commission amount does the City expect we include in our proposal?
Response forthcoming
 - Could you please provide updated experience?

2017-2018 experience document attached.

- In order to complete the requested disruption analysis, we will need a provider file in Excel. Could you please provide this?

Document attached

- Could you please provide the employee census as an Excel file?

Document attached

- Please provide the RFP in Word format.

Document attached.

- Could please provide the Dental Network Analysis forms in Excel (Network Accessibility, Disruption Analysis – Dental Providers, Proposed Cost Rates)?

Forthcoming if becomes available

- Please clarify how many hard copy proposals you would like us to deliver to the City. Page 5 of the RFP states 1 original and 4 copies while page 16 states 1 original and 5 copies.

Correction to Page 16 in RFP: “Offeror shall provide one (1) original and four (4) identical copies of their proposal”

- Do our answers to the questions posed from page 13 – 16 count toward the 25-page maximum?

Yes

- Does the City require physical ID cards? United Concordia typically sends a letter with plan information to members and instructions on retrieving a virtual ID card.

Not required but preferred

- Page 13 of the RFP under Proposed Plan Designs asks us to quote two additional plan designs to include Adult Orthodontia. Can you please clarify if these quotes are to mirror the current plans with the addition of adult ortho? Does the City require any additional modifications to these two additional plans?

- **Yes; no**

- The census is missing some information. It appears that the opposite side of the pages weren't scanned?

Document in excel format attached.

- Could we get a census that shows all 409 eligible employees?

Response forthcoming

- Also, in order to get quotes, the carrier requires at least 2 yrs. claims? Can we get claims for Oct 1, 2016-Sep 30 2017? Including the last 8 months?

Response forthcoming

Attachments to this Amendment are as follows:

- Census report in Excel format
- Subscriber listing in Excel format
- Provider listing in Excel format
- Experience report 2017-2018
- RFP solicitation in Word format

DATE: June 5, 2019

BY/S/ *Frances Rodriguez*

Frances Rodriguez, Purchasing Director

Acknowledge

Receipt Amendment No. One (1)

BY/S/ _____

Authorized Signature of Offeror/Bidder

COMPANY NAME:

[TO ACKNOWLEDGE RECEIPT, RETURN ONE (1) COPY WITH PROPOSAL]