



CT TEACHERS' RETIREMENT BOARD  
765 ASYLUM AVENUE HARTFORD, CT 06105-2822  
Toll Free 1-800-504-1101 Local (860) 241-8401 Fax (860) 622-2845  
"An Affirmative Action/Equal Opportunity Employer"  
[www.ct.gov/trb](http://www.ct.gov/trb)

## TRB Dental RFP TRB 2016-001 Q&A ADDENDUM #2

**The Q&A numbering convention is a continuation from Addendum #1.**

- 34. Please clarify the requested guarantee of timeliness and accuracy of mailed plan documents. Is this guarantee intended for Summary of Plan Descriptions?**

Yes, we are looking for guarantees on production of plan documents to members.

- 35. Appendix E is broken out into CY 2015, CY 2016, and CY 2017. Should this be CY 2017, C& 2018, and CY 2019?**

Yes, the years should be the contract years.

- 36. Please provide the annual frequency distribution of procedure codes paid in 2015.**

We are not providing additional data.

- 37. Please provide the distribution of procedures by code separately for both in and out-of-network services.**

We are not providing additional data.

- 38. Please confirm if the deductible is waived for preventive and/or diagnostic services.**

Yes, that is correct.

- 39. Please provide the access standards you would like used for the GEO Access Reports.**

Two in five primary and 2/ 15 for specialty orthodontic per etc. We provided TIN numbers so that will be the primary basis of comparison.

- 40. Please advise if IRS Form W-9 (Request for Taxpayer Identification Number and Certification) which is included in the Agency Vendor Form is a required document to be completed and returned with the proposal?**

Not at this time, it will be required by the selected vendor.

- 41. There is no signature line on Form 11, please confirm whether or not Form 11 requires a signature.**

No, the signature belongs on Form 10.

- 42. Regarding the Agency Form Contract Adherence Letter, is there a specific form for this?**

Refer to page 33 of the Request for Proposal. Additionally, we require a separate letter indicating the authorized signor understands the scope of services to be performed and indicate the company is able to perform those services.

- 43. Please define who is listed on the census. Is it retired teachers only or retired teachers and dependents? If it is retired teachers and dependents, please provide the total number of retired teachers ONLY.**

The census includes all members. Members are classified as singles. Our address file is generally two-thirds of our member file because it is common for two members to be married and reside together.

- 44. In regards to Standard Terms and Conditions, item #3 states the requirement below. Please clarify if this is in reference to the Sample Contract. If not, please clarify what this is in reference to.**

Errors, alterations or corrections on both the original and five (5) copies of the proposal schedule to be returned must be initialed by the person signing the proposal or their authorized designee . . .

If you finish your proposal and realize that there is an error, you may correct the error through the process in item 3.

- 45. Please confirm that a non-officer individual with the authority to bind a Contract is sufficient to sign all applicable signature documents required for this proposal.**

We will accept the signature of a duly appointed individual who has the authority to bind a contract, provided we receive a corporate resolution or other official documentation stating that the individual has the authority to bind contracts.



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## TRB Dental RFP TRB 2016-001 Q&A ADDENDUM #1

**1. Please confirm email is an acceptable format to provide electronic proposal files.**

Yes, an electronic file in Word and Excel is acceptable. This is acceptable only as a supplement to hard copies.

**2. Please confirm only one set of electronic proposal files is needed.**

Confirmed.

**3. Please provide a subscriber level census with coverage tier indicator.**

Please read the RFP, all participants are single members.

**4. If subscriber level census is not available, please provide the number of Retirees, number of Surviving Spouse and number of Dependents.**

See the answer in 3.

**5. Please provide subscriber level claims experience.**

We will not be providing updated claims.

**6. Please provide updated claims experience for 2016.**

We will not be providing updated claims.

**7. Please provide the current dental fees.**

\$1.33 per member per month.

- 8. Some of the forms are not accessible via the links provided in the RFP. Please provide all of the required forms in the Forms, Affidavits and Certificates section of the RFP as Word documents.**

Please find the following links to the forms requested:

- OPM Ethics Form 1 – Gift & Campaign Contribution Certification 
- OPM Ethics Form 5 – Consulting Agreement Affidavit 
- OPM Ethics Form 6 – Affirmation of Receipt of State Ethics Laws Summary 

#### NON-DISCRIMINATION FORMS

- Form C–Affidavit by Entity (Valued at \$50,000 or more) 
- Form D–New Resolution by Entity 

For information about how to complete these forms, including which form your firm should complete, please access the Office of Policy & Management’s website by using the following link:

[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNav\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNav_GID=1806)

- 9. Please provide detailed SPD documents.**

The Schedule of Benefits is provided at the end of this document.

- 10. Have there been any plan changes in the past 12 months?**

No.

- 11. Please confirm that the administrative fee will be proposed on a per employee/retiree per month (PEPM) basis**

No the members are all single, there is no two-person nor family class.

- 12. Please provide more specifics as to the performance guarantee request for “transitional care”.**

To assure that members undergoing services are not disenfranchised by the change in network or providers.

- 13. The Proposer Information Form section on Page 33 of the RFP indicates *(For Selected Proposer Only)*. Please confirm neither of these forms need to be completed, given this section indicates *For Selected Proposer Only*.**

Yes, some of the forms are only necessary if your firm is selected.

**14. Does the State want the bulleted items under the Service Requirements (page 7 of the RFP) addressed? If yes, where in the proposal binder would you like this section included?**

Under the sections services to be provided.

**15. Would the TRB have interest in receiving an insured dental quote?**

No.

**16. As stated in the materials, as of January 1, 2015, all newly enrolled members to the TRB medical plan are required to enroll in the dental plan. Did something change in the medical plan or other benefits to prompt this change?**

No the new member enrollment rate was well over 90% so for purposes of simplicity it was determined to have a mandatory participation.

**17. In addition to our Preferred Dental Provider Network, we also have a Preferred Dental Provider Plus Network that is under a shared savings funding arrangement. Would the TRB have interest in receiving information on this alternative arrangement?**

Other firms offer such. If you are to provide such a proposal all specifics of compensation are required to be illuminated.

**18. Does the census provided list only the retirees of the State or are spouses and dependents included? If the census does include spouses and dependents, please identify the members from the actual CT retiree members.**

All statutory eligible retirees are treated as singles.

**19. How many eligible retirees that have not elected the dental?**

About 4 thousand. They are grandfathered. New members must participate.

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

80th percentile.

**21. We have 2 years of claim experience and enrollment history. Please provide one more year of claims and enrollment history for 2013.**

No additional data will be provided.

**22. Please provide paid claim dollars split by In- and Out-of-Network. If we can't get the claims broken out by in and out of network, we need to get the PDP in-network utilization % (percent of claims paid in-network)**

No additional data will be provided.

**23. Please provide claim counts or EOBs.**

No additional data will be provided.

**24. Were there any changes in rates/fees due over the experience period? If so, provide changes and effective dates.**

Yea an increase of \$.03.

**25. Did employer-paid contribution vary in the past? If so, provide historical percentages.**

TRB does not contribute to the dental It contributes 2/3rds of the cost of the medical and Rx. The dental is mandatory to participate in the medical.

**26. Is COBRA administration expected to be provided by the carrier?**

No.

**27. Are there regularly scheduled enrollment periods?**

Yes, primarily for January but members can join at any time.

**28. Are the prior years' rates (rate history) available? Are the renewal rates available?**

See the TRB website for member and once plan costs.

**29. Are there any pass-through or explicit administrative charges included in the current and historical rates?**

No members are charged the fees from vendors and expected claims.

**30. Is a recent billing invoice available, including the lives and current rates?**

We will be providing no more data.

**31. Does the State of Connecticut expect to pay premiums within a 30-day grace period?**

Weekly reimbursement of claims monthly fees.

**32. Please clarify what is being requested in question 33 on page 16 of the RFP:**

*(33) Please provide the variance in reimbursement by code (high/low and Mean, Mode and variance).*

In most instances Fees have a distribution thus there is an average fee and a variance in fees. if there is a single set fee then the variance is zero.

The remainder of this page was left blank intentionally. Please scroll down to see the Summary of Benefits. You will need to click on the box to see the full document.

# **BENEFIT PLAN**

**Prepared Exclusively for  
CT Teachers' Retirement Board**

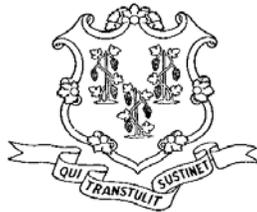
**PPO Dental**

**What Your Plan  
Covers and How  
Benefits are Paid**

*\*Click on the above picture to view the full document\**

# Request for Proposal

## Third Party Administrative Services Dental Benefits



## CT TEACHERS' RETIREMENT BOARD

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- Appendix A            Provider Report aka TIN listing  
(Will be provided to you upon receipt of the Business Assoc. Agreement)
- Appendix B            Members (excel file)
- Appendix C            Top 50 ADA (excel file)
- Appendix D            Sample Agreement (link)
- Appendix E            Proposed Fees/Financials (excel file)

## **Introduction**

The Teachers' Retirement Board (hereinafter referred to as the TRB) is a statutory agency. It was established in 1917 to provide retirement and health benefits for certain classes of retired teachers. The statutory authority under which the program operates is defined in Chapter 167a of the Connecticut General Statutes.

The TRB sponsors a dental plan for retirees, spouses, surviving spouses and disabled dependents (when there is no spouse) who participate in both parts A and B of Medicare. The program is self-funded. The dental plan is currently administered by Aetna.

## **Scope**

The Board is interested in receiving proposals with regards to the provision of dental benefit management services. The reason for the request for proposals is that the Board has determined that the plan needs to be examined on a regular basis to assure that the plan is economically run and that the administrative services represent the state of the art available. The successful proposer will be asked to begin administering the plan effective January 1, 2017.

The following pages outline the plan in its current form and provide information about the plan's operation. Additionally, there is a questionnaire that outlines the form of the responses desired.

The Board desires that the period of the contract be for a period of three-years. An extension of the contract may be considered upon satisfactory performance of the selected vendor and the needs of the State of Connecticut and the Board at the time the initial contract expires.

## **Intent to Propose**

All interested parties must respond with their intent to propose by 3:00 PM Thursday, March 17, 2016, to Darlene Perez at [darlene.perez@ct.gov](mailto:darlene.perez@ct.gov). Submitting an intent to propose with a signed business associated agreement will result in the firm receiving a TIN listing for the group. The intent to propose does not obligate your firm to provide a proposal.

## **State Teachers' Retirement Board Management/Control**

The Board's Chief Administrative Officer is Ms. Darlene Perez. The Board is a combination of elected and appointed individuals. The TRB Board consists of fourteen members: four active teacher members, two retired teacher members, the Commissioner of The State Department of Education, the Secretary of the Office of Policy and Management and the Treasurer of the State of Connecticut and five public members appointed by the Governor. All correspondence with regards to this proposal shall be sent to Ms. Darlene Perez at the address noted on the face page of the RFP, or by email, [Darlene.Perez@ct.gov](mailto:Darlene.Perez@ct.gov) or fax (860)-622-2845.

## **Legal Form of Proposal**

As an agency of the State of Connecticut, the TRB Board members, staff and potential vendors are subject to the purchasing rules of the State of Connecticut. As a state plan, the plan is exempt from ERISA. As an agency of the State of Connecticut, the Board is exempt from Connecticut state sales and premium taxes. The State will not return any proposals received by the deadline and retain the right to accept or reject any or all proposals. A description of the specifics of the State of Connecticut's purchasing rules is outlined in <http://das.ct.gov/cr1.aspx?page=12>, Instructions to Proposers.

## **Source of Funds**

The Teachers' Retirement Board dental program is paid for by the dental plan participants, who contribute to the total of the cost as well as deductibles and coinsurance.

## **TRB Consultant Compensation**

The TRB consultant does not receive commissions for services offered under this RFP.

## **Plan Membership and Eligibility**

Retired teachers, spouses, surviving spouses, disabled dependents or civil union partners of retirees are eligible for the TRB dental plan if they are enrolled in Medicare Parts A and B and the Board's base medical plan. As of January 2015, all newly enrolled members to the TRB medical plan are required to enroll in the dental plan.

## Current Enrollment

Eligible persons enroll in the dental plan if they have elected the Board's base medical plan. The estimated enrollments in the dental plan covered by this RFP: 21,859 (Source: Aetna claims and enrollment report, January 2016).

The December 2015 enrollment represents a 10% member increase compared to December 2014. The number of Connecticut teachers retiring over the next few years is very substantial. There is an expectation that by year 2020 the plan will approximately increase by 25% in size compared to the current levels.

Appendix B provides a list of the zip codes of current members.

## Claim and Enrollment History

The prior dental claims and enrollment for the last two years, January 2014 through December 2015 is noted below. Aetna, the TRB's current dental benefit administrator, provided the information.

### Self-Funded Monthly Summary Claims/Enrollment January 2014-December 2014

Month	Members	Dental Recorded Claims
January 2014	17,959	\$805,909
February 2014	18,043	\$736,428
March 2014	18,143	\$771,995
April 2014	18,244	\$833,306
May 2014	18,326	\$833,835
June 2014	18,392	\$912,727
July 2014	18,698	\$893,866
August 2014	18,844	\$735,136
September 2014	19,266	\$827,437
October 2014	19,394	\$924,102
November 2014	19,493	\$846,644
December 2014	19,640	\$935,191

**Average Monthly Enrollment:** 18,048

**Total Paid Claims:** \$10,056,576

**Self-Funded Monthly Summary**  
Claims/Enrollment  
January 2015-December 2015

<b>Month</b>	<b>Members</b>	<b>Dental Recorded Claims</b>
January 2015	20,146	\$826,298
February 2015	20,267	\$759,672
March 2015	20,381	\$860,008
April 2015	20,454	\$955,516
May 2015	20,534	\$935,051
June 2015	20,652	\$1,019,040
July 2015	21,030	\$967,605
August 2015	21,170	\$915,362
September 2015	21,547	\$908,940
October 2015	21,718	\$943,104
November 2015	21,826	\$992,484
December 2015	21,859	\$1,166,151

**Average Enrollment:** 21,012

**Total Paid Claims:** \$11,249,231

**Enrollment increase from calendar year 2014 to 2015: 14%**

### **Current Plan Benefits**

A copy of the description of the benefits can be found on the TRB website @ [http://www.ct.gov/trb/lib/trb/formsandpubs/DentalPlan\\_ScheduleBenefits.pdf](http://www.ct.gov/trb/lib/trb/formsandpubs/DentalPlan_ScheduleBenefits.pdf).

### **Proposed Plan Design**

The proposed dental plan will provide equal to or better benefits to what is currently offered. Refer to the TRB website, as noted above for specific criteria. Any benefit deviations need to be identified in the proposal as such.

## **Contractual Basis**

A copy of the Agency Form Contract (sample contract) can be found in Appendix D. By submitting a proposal, the proposer agrees to accept the terms necessary to be a conforming vendor under the State of Connecticut contracting terms. With the proposal a potential vendor must certify in writing (signed by an officer of the firm) that they will comport with such terms. Signatures on Vendor Form (pg. 19) and Forms, Affidavits and Certificates (pg. 32) indicate such certification of agreement. Failure to certify will result in elimination from consideration. The Board reserves the right to reject any or all proposals if they do not serve the needs of the membership.

## **Service Requirements**

The successful proposal will be expected to provide a comprehensive set of services to the State Teachers' Retirement Board and their members. The services are expected to include:

- Maintenance of broad network providing significant membership access.
- Exceptional member services (e.g., claims payments, member inquiries) and member relations.
- Guaranteed phone/service center hours.
- Fixed fees/pricing will be competitive to the market given the size of TRB plan. Multi year guarantees are expected.
- Efficiency and accuracy of claims payments.
- Reimbursement levels will be competitive to the market offering savings to members and TRB.
- Reporting of plan trends and utilization.
- Provision of annual financial and SSAE 16 audits.
- Electronic management of the eligibility and benefits system.
- Maintenance of the in-force file (monthly modifications will be provided), issuance of cards, response to member concerns.
- Provision of paper and electronic provider directories.
- Assistance in annual ratemaking process.
- The Board prefers the vendor to provide service out of a Connecticut location.
- Print and mail Summary Plan Descriptions to members.
- Print and mail Explanation of Benefits to members

## **Instructions to Proposers**

**Questions will not be accepted after March 24, 2016.**

Proposal No.: TRB 2016-001

Questions for the purpose of clarifying the RFP must be submitted in writing to Darlene Perez at [darlene.perez@ct.gov](mailto:darlene.perez@ct.gov) or Darlene Perez, Administrator, CT Teachers' Retirement Board, 765 Asylum Avenue, Hartford, CT 06105 or by fax (860)-622-2845 no later than 10:00 AM on March 24, 2016. Responses will be posted on the DAS and TRB websites under addendum to the proposal.

Proposals must be submitted in a sealed envelope or carton, clearly marked with TRB 2016-001, the date, name and address of the proposer. Any material that is not so received may be opened as general mail, and result in invalidating the proposer's submission.

This RFP is not a contract and, alone, shall not be interpreted as such. Rather, this RFP only serves as the instrument through which proposals are solicited. The state will pursue negotiations with the highest scoring proposal. If, for some reason, TRB and the initial proposer fail to reach consensus on the issues relative to a contract, then TRB may commence contract negotiations with other proposers. TRB may decide at any time to start the RFP process again.

All proposals shall become the sole property of the State and will not be returned. As a public entity, proposals received in this process are subject to Freedom of Information laws as well as requests under the state union bargaining acts (MERA and T&A). If this is not acceptable to your firm then you should consider not submitting a proposal. This is the same standard required by FOI across municipalities.

The State reserves the right to award this Contract in a manner deemed to be in the best interest of the State including geographic location to adequately service the plan membership.

TRB reserves the rights to cancel, amend, modify or otherwise change this RFP at any time if it deems to be in the best interest of the State to do so.

Proposers are responsible for all costs and expenses incurred in the preparation of the proposals and for any subsequent work on the proposal that is required by TRB.

### **Time Table**

Post RFP	March 10, 2016
Intent to Propose (Mandatory)	March 17, 2016
Written Questions on RFP	March 24, 2016
<b>Proposal Due Date</b>	<b>March 31, 2016, 3:00 PM</b>
Finalist Selection	April 4, 2016
Finalist Presentation	April 11, 2016
Selection	April 27, 2016

Proposal No.: TRB 2016-001

*TRB reserves the right to change any of the above dates and to cancel the finalist presentation if it is deemed to be in the best interest of the state.*

**A TIN listing of providers will be provided to each firm who submits an intent to propose notice (e-mail is acceptable) and a signed business associate's agreement.**

Proposers must provide an original and five (5) copies of all documents and exhibits submitted and electronic files of all submitted materials. Failure to provide five (5) copies and electronic files of a complete and conforming proposal by 3:00 PM Thursday, March 31, 2016, will result in the proposal being disqualified. Delivery of such proposal must be made to Darlene Perez at Connecticut Teachers' Retirement Board office at 765 Asylum Avenue, Hartford, 06105. Deliveries by common carriers must be received by the Board no later than 3:00 PM Thursday, March 31, 2016, in order to be considered a timely proposal.

**Proposer's Checklist**  
**READ CAREFULLY**

**IT IS SUGGESTED THAT YOU REVIEW AND CHECK OFF EACH ACTION AS YOU COMPLETE**

- 1.\_\_\_\_ The proposal (TRB-2016-001), must be signed by a duly authorized representative of the Company. Unsigned proposals may be rejected.
  
- 2.\_\_\_\_ The **Price Schedule**:
  - a.\_\_\_\_PROPOSER'S NAME **MUST BE** IN THE UPPER RIGHT CORNER OF ALL PRICE SCHEDULE PAGE(S) (Appendix E).
  
  - b.\_\_\_\_The proposal prices you have offered have been reviewed and verified.
  
- 3.\_\_\_\_ Any technical or descriptive literature, drawing or proposal samples that are required have been included with the proposal.
  
- 4.\_\_\_\_ Commission on Human Rights and Opportunities (CHRO) Workplace Analysis Affirmative Action Report must be completed entirely regardless of the number of employees, even if the Company is family owned and/or operated and must be submitted with each proposal or proposal may be rejected. (Page 21)
  
- 5.\_\_\_\_Any addenda to the proposal has been signed and included.

6.\_\_\_\_\_ Your response to the RFP is in the following order:

- (a) Letter from duly authorized representative (#1 of the checklist)
- (b) Financials (Appendix E)
- (c) Required forms and certificates (pages 19-34)
  - a. Request for Proposal Information
  - b. Commission on Human Rights and Opportunities
  - c. Proposer's Statements of Qualifications
  - d. Proposer Debarment and/or Suspension
  - e. Acknowledgement of Receipt of State Ethics Laws Summary
  - f. Form 1
  - g. Form 5
  - h. Form 6
  - i. Form 7
  - j. Form 10
  - k. Form 11
  - l. Form C
  - m. Form D or Form E, whichever applies
  - n. Agency Form Contract (Sample contract, Appendix D) adherence letter
- (d) Proposer Questionnaire
- (e) Network analysis and ADA codes
- (f) Member analysis

You may provide additional sections to contain materials you deem important to share with the selection committee (e.g., sample reports, literature, etc.)

## Proposer Questionnaire

The questionnaire must be completed in full to be considered as a conforming proposal.

### Firm Description

1. Name of firm:
2. Business address and contact number of the firm:
3. Local Representative for firm:
4. Address, telephone and email of Local Representative:
5. Location (s) of Administrative office(s) proposed to handle STRB claims:
6. Total number of lives for which your firm serves as the Dental benefits administrator:
7. Total number of organizations for which your firm serves as the benefits administrator:
8. Please attach a separate list of your ten largest customers and the number of lives in each of the ten accounts.
9. Please provide references for the other organizations in which you serve as the benefits administrator:
10. Identify key members of the account management team, their roles, and their time commitments, both pre and post-implementation. Include in your list the account executive, local account manager, implementation coordinator, dental director and day-to-day liaison to the State Teachers' Retirement Board.

	Name	Address	Title	Yrs. of Service
Account Manager				
Service Coordinator				
Underwriter				
Customer Service Manager				
Implementation Manager				

11. Please provide brief resumes for each of the individuals identified in item 10, including each individual's mailing address, phone number and email address.

12. Please list other accounts that each account manager handles including location, size of organization and type of services provided.

13. What are your company's current ratings from A.M. Best, Moody's, Standard & Poors and Weiss?

14. If different from above, please list the location of the office (city & state) that will provide the following services for the network: quality assurance, claims administration, member services, dental management, and customer service.

## **Network**

(1) Please provide a national zip code match report for the proposed plan upon the current group of State Teachers' Retirement Board beneficiaries (refer to Appendix B.). Include the entire population in the report.

(2) Using Appendix B, conduct a 3-digit zip codes report for current members. For each 3-digit zip code, identify your ability to service these members. Include the entire population in the report.

(3) Using Appendix A, conduct and report a provider disruption report using a Tax ID match only.

(4) Are there any questions or pending reviews in the organization's license to operate? Is your organization currently under investigation by any state or federal agency?

(5) Please describe the arrangements that are provided for members outside the United States.

(6) Please describe the nature of your dental network strategy and availability both in the local Connecticut market and nationally.

(7) Please describe separately your strategy and availability dental services including basic services as well as specialty services such as orthodontic and periodontics, etc.

(8) Describe access to out of area/Connecticut networks. Describe any limitations to access of services out of area and how your approach may advantage TRB members compared to the current program.

(9) What outside networks do you use vendors to provide services? How are the vendors compensated? Do you take a separate fee not identified in the fee section associated with the provision of network services through a third party? If so provide a complete description of the services you provide and how your firm is compensated.

- (10) What is the methodology that is used to provide in network based reimbursement that is foreseen in your proposal? Please describe the role of fee schedules and compensation of providers and facilities.
- (11) How is out of network compensation determined?

### **Providers**

- (12) What provider turnover did you experience during 2014 and 2015?
- (13) Is your provider directory accessible on the Internet? If so, where?
- (14) Please explain whether and how your organization collects and verifies the following information pertaining to providers: professional education and license, clinical performance, malpractice history, malpractice insurance coverage, involvement in any formal proceedings.

### **Quality Assurance and Member Relations**

- (15) Explain your organization's process for complaints from members concerning quality of care issues.
- (16) List the business hours of telephone accessibility for the office or offices you are proposing to service the State Teachers' Retirement Board for customer service.
- (17) Provide the following statistics for the office you are proposing to service the State Teachers' Retirement Board in Connecticut. Answer separately for questions regarding claims, eligibility and other information.
  - a. Average time on IBR
  - b. Average time to answer telephone:
  - b. Average hold time:
  - c. Average abandoned rate:
- (18) Provide a description of how you cooperate with outside claim auditors.
- (19) Confirm that a toll-free number specifically for TRB will be made available to participants at no additional charge to handle claims or other service issues.

- (20) Do you offer a 24-hour telephone for emergency member needs?
- (21) Will there be a specific team handling TRB only claims?

## **Financials and Pricing**

- (22) The Board is seeking proposals on a self-funded (ASO) basis. Describe the details of the financial arrangements you are submitting a proposal for (see Appendix E).
- (23) The Board requests the administration fees assessed on a per member per month basis (a married couple of teachers constitute two individual members.) The fee can be different by plan type but not by tier. Please confirm your compliance with the fee arrangement. Would this fee arrangement require a year-end settlement? If so, indicate the components and the basis for calculating the final cost. If the number of claims is a variable, define how you count claims. Are the fees and rates included in your proposal based on a mature or immature year? If they were based on immature year, what would be the factor to convert these fees to a mature basis?
- (24) Assuming fee payments are due on the first of the month (please advise if this is not the case), will you permit a delay of 30 days? What is the additional charge associated with the delay? What is your normal grace period?
- (25) Indicate the rating methodology you use to set rates and include a complete description of how you apply that methodology in both the initial rate setting and in the renewal process. Specify any difference among plan types and indicate any regional participant size limitations or thresholds.
- (26) The State Teachers' Retirement Board is seeking multi-year fee and rate guarantees on the increases. Please describe the guarantees you propose.
- (27) The State Teachers' Retirement Board is also seeking administrative performance guarantees in the area of implementation, transitional care, account management, claims time to process, claims financial accuracy, claims payment accuracy, telephone responsiveness, average speed of answer, abandonment rate, timeliness and accuracy of member ID cards, timeliness and accuracy of mailed plan documents to members. Please describe the guarantees you propose and indicate the total amount, in dollars, which you are willing to be put at risk.

## **Claim Payment**

- (28) Please provide an overview of the claims processing process. Include the systems that are used and how the managed care, eligibility and reporting systems are accessed.

- (29) Indicate the extent to which your organization uses subcontractors in any part of the claim administration process. If subcontractors are used, provide names and locations.
- (30) What is the accuracy of claim payment by dollars and by transactions? Do you have service targets for accuracy of claim administration? Explain.
- (31) Are members required to submit claim forms and bills? If so, when?

### **Reimbursement levels**

- (32) Please provide your Connecticut reimbursement level for your top 50 dental codes (book of business for both in and out of network). This is to be based upon average reimbursement by code.
- (33) Please provide the variance in reimbursement by code (high/low and Mean, Mode and variance).
- (34) If you operate a two-tier network please provide the above comparing small and larger network (include variance as above for both networks).
- (35) How is out of network reimbursement set?

### **Coordination of Benefits (COB)**

- (36) How do you reimburse when you are the secondary payer under COB?
- (37) How is coordination of benefits tracked and administered?

### **Reporting**

- (38) Please provide an example of your standard reporting package. This should include the monthly utilization and financial reports, the quarterly reporting mechanism and the annual review. Of the reporting is not a standard part of the proposal provided, please provide the cost basis of the service provision.
- (39) Please address how your reporting mechanism deals with deductible accumulations, large case issues, claims lag report and problem utilization areas.
- (40) Please provide a listing of any other reports that your organization provides and the separate costs (if any) of such reports.

- (41) Please provide sample member and provider EOB's. Indicate whether and how deductible credits are reported to members. Are EOB's printed and electronic?
- (42) Aside from the EOB, does your organization provide any additional member reports? If so, describe.
- (43) Is there a mechanism for members to acquire current balances? How are lifetime maximums reported?

### **Payment options**

- (44) What are the payment options that you provide? ACH, wire transfer, etc.?
- (45) What is the frequency of the billing period?

### **Performance Guarantees and Performance Penalties**

- (46) Detail the performance guarantees, including the amounts of performance penalties, that you are offering The TRB in connection with:
- Implementation;
  - Transitional Care;
  - Account Management;
  - Claim Processing Time;
  - Financial Accuracy of Claims;
  - Claims Payment Accuracy;
  - Service Representatives Responsiveness;
  - Average Speed of Answer;
  - Abandonment Rate;
  - Timeliness and Accuracy of Member ID cards;
  - Timeliness and Accuracy of Mailed Plan Documents.

### **Bi-Annual Audit**

The selected vendor shall bear the cost of bi-annual audits by an auditor selected by TRB. The cost of the audits will not exceed \$40,000. The initial audit review will commence September 2018, and biennially thereafter.

## **Implementation Support**

The successful proposer shall provide up to \$30,000 to be paid to a consultant selected by the TRB for implementation meetings to educate members about the dental plan.

## **Evaluation Criteria**

The Board is interested in obtaining the most advantageous proposals to the State Teachers' Retirement Board and the State of Connecticut. The successful proposal must be able to provide a high level of service to the membership and administrators and other stakeholders. The Board will use the following criteria in determining the award of the contract.

(1) Economic Value of Proposal.

The TRB is interested in the cost and value of the services provided. As mentioned before, this includes the amount of administrative fees and the value of the services provided including the value of network discounts and the dental management that is performed.

(2) Perceived Quality of the Program.

- Service to Members.
- Marketplace Reputation.
- Services to Plan Administrator.
- Quality of Data Available.

(3) Meeting service requirement including demonstrated ability to effectively service an elderly population. Appropriate standard of responsiveness and staffing from member needs.

(4) Reporting. The ability to provide reports on costs, service provided, quality of responses.

Proposal No.: TRB 2016-001

**Agency Vendor Form**  
**Read and Complete Carefully**

The Form is available at:

[http://www.das.state.ct.us/Purchase/Info/Vendor\\_Profile\\_Form\\_\(SP-26NB\).pdf](http://www.das.state.ct.us/Purchase/Info/Vendor_Profile_Form_(SP-26NB).pdf)

**STATE OF CONNECTICUT  
Commission on Human Rights and Opportunities (CHRO)**

**WORKPLACE ANALYSIS AFFIRMATIVE ACTION REPORT  
EMPLOYEMENT INFORMATION FORM**

<b>Company Name</b>	<b>Contact Person</b>	<b>Phone#</b>
<b>Date</b>		
<b>Street Address</b>		
<b>City</b>		
<b>State</b>		

Report all permanent full-time or part-time employees, including apprentice and on-the job trainees. Enter number on all lines in all columns.

<b>JOB CATEGORY</b>	<b>A OVERALL TOTALS (Sum of all columns, A-F Male &amp; Female)</b>	<b>B White (Not of Hispanic Origin)</b>	<b>C Black (Not of Hispanic Origin)</b>	<b>D Hispanic</b>	<b>E Asian/Pacific Islander</b>	<b>F American Indian Or Alaskan Native</b>
		<b>Male/Female</b>	<b>Male/Female</b>	<b>Male/Female</b>	<b>Male/Female</b>	<b>Male/Female</b>
<b>Officials/Managers</b>						
<b>Professionals</b>						
<b>Technicians</b>						
<b>Sales Workers</b>						
<b>Office/Clerical</b>						
<b>Craft Workers (Skilled)</b>						
<b>Operatives (Semi- Skilled)</b>						
<b>Laborers (Unskilled)</b>						
<b>Services Workers</b>						
<b>TOTALS ABOVE</b>						

Do you use minority businesses as subcontractors or suppliers? Yes/No Explain:

Do you use an Affirmative Action Plan? Yes/No Explain:

Describe your recruitment, hiring, training and promotion anti-discrimination practices:

## Proposer's Statements of Qualifications

Page 1 of 2

This form will be used in assessing a proposer's qualifications and to determine if the proposal submitted is from a responsible proposer. State law designated that contracts be awarded to the lowest responsible qualified proposers. Factor such as past performance, integrity of the proposer, conformity to the specifications, etc., will be used in evaluating proposals. Attach additional sheets if necessary.

Company Name:

---

Address:

---

Company has been engaged in business under this name: \_\_\_\_\_ number of years.

List any contract awards to your Company by the State of Connecticut within the last three (3) years that you actually performed service against. Indicate which state agency, and provide contract name and number and the name and telephone number of the purchasing agent administering the contract.

Contract Number	Contract Name	State Agency	Purchasing Agent	Telephone No.

List any contract awards to your Company by the State of Connecticut within the last three (3) years. Indicate which state agency, and provide contract name and number, and the name and telephone number of the purchasing agent administering the contract.

Contract Number	Contract Name	State Agency	Purchasing Agent	Telephone No.

List other names your Company goes by:

List at least three completed projects similar in nature to this REQUEST FOR PROPOSALS, which demonstrates your Company's ability to perform the required services.

Company Name and Address

Telephone No.

Dollar Value

Company Name and Address	Telephone No.	Dollar Value

**Proposer's Statements of Qualifications**

Page 2 of 2

Company Name:

Size of Company or Corporation:

Number of Employees:

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_

Is your Company registered with the Office of the Connecticut Secretary of State? \_\_\_\_Yes \_\_\_\_No

Registration Date, if available \_\_\_\_\_

List any relevant certifications, licenses, registrations, etc., which qualify your Company to meet the requirements of this proposal.

List any criminal convictions against your Company and any of your Company's officers, principal shareholders, directors, partners, LLC members and LLC managers.

List any administrative actions either pending review by the State or determinations that the State has made regarding your Company or any of your Company's officer, principal shareholders, directors, partners, LLC members or LLC managers. This would include court judgments, actions, suits, claims, demands, investigations and legal, administrative or arbitration proceedings pending in any forum. Include a listing of OSHA violations and any actions or orders pending or resolved with any state agency such as the Department of Consumer Protection, the Department of Environmental Protection, etc. Detail this information on a separate sheet of paper. Such information should be for the last three (3) years.

I hereby certify under penalty of false statement that all the information supplied is complete and true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Proposers Debarment and/or Suspension**

Has the proposer, any Company official, or any subcontractor to the proposer, received any notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government or any governmental entity?

NO

YES

The above-signed proposer further affirms and declares that neither the proposer and/or any Company official, nor any subcontractor to the proposer and/or any Company official has received any notices of debarment and/or suspension from contracting with other states within the United States.

NO

YES

If the above signed proposer, any Company official or any subcontractor to the proposer has received notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government or any governmental entity, said notices must be attached to this document when submitting the proposal.

Number of notices attached: \_\_\_\_\_

I hereby certify under penalty of false statement that all the information supplied is complete and true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

## **Standard Proposal Terms and Conditions**

### **Submission of Proposal**

Page 1 of 4

1. Proposals must be submitted on forms supplied by the Agency and must be submitted no later than the date and time specified in the request for proposal. Telephone or facsimile proposals will not be accepted in response to a request for proposal.
2. Proposals received after the time and date of proposal opening specified in each request to propose shall not be considered. Proposal envelopes must clearly indicate the proposal number as well as the date and time of the opening of the proposal. The name and address of the proposer should appear in the upper left hand corner of the envelope.
3. Incomplete proposal forms may result in the rejection of the proposal. An original and five (5) copies of the proposal schedule shall be returned to the Agency. Proposals shall be computer prepared, typewritten, or handwritten in ink. Proposals submitted in pencil shall be rejected. Persons duly authorized to sign said proposals on behalf of the vendor will sign all proposals. Unsigned proposals may be rejected. Errors, alterations or corrections on both the original and five (5) copies, of the proposal schedule to be returned must be initialed by the person signing the proposal or their authorized designee. If an authorized designee initials the correction, there must be written authorization from the person signing the proposal to the person initialing the erasure, alterations, or correction. Failure to do so may result in rejection of changes to these items erased, altered or corrected and not initialed.
4. Conditional proposals shall be rejected. A conditional proposal is one, which limits, modifies, expands or supplements any of the terms and conditions and/or specifications of the request for proposal.
5. Alternate proposals will not be considered unless the request for proposal specifically mentions alternate proposals. An alternate proposal is one, which is submitted in addition to and is not dependent upon the proposer's primary response to the request for proposal.
6. In the event of a discrepancy between the unit price and the extension, the unit price shall govern. Prices should be extended in decimal form, not fractions, to be net, and shall include transportation and delivery charges fully prepaid by the Contractor to the destination specified in the request for proposal, and subject only to cash discount.
7. Pursuant to Section 10-412 of the Connecticut General Statutes, the State of Connecticut is exempt from the payment of excise, transportation and sales taxes and imposed by the Federal Government and/or the State. Such taxes must not be included in proposal prices.
8. The proposer fully acknowledges and agrees with all of the terms and conditions contained in this Proposal Form, the accompanying request for proposal. Further, if the proposer is awarded a contract or the good and/or services called for in the request to propose, the proposer's signature on Proposal Form shall mean that the proposer shall be bound by and perform fully in accordance with all of the terms and conditions set forth in the request for proposal.

## Standard Proposal Terms and Conditions

### Submission of Proposal

Page 2 of 4

#### Guaranty or Surety

1. Proposal and or performance bonds may be required. Bonds must meet the following requirements; Corporation-must be signed by an official of the corporation above their official title and the corporate seal must be affixed over the signature; Firm or Partnership- must be signed by all the partners and indicate they are “doing business as”; Individual- must be signed by the owner and indicated as “Owner”. The surety Company executing the bond or countersigning must be licensed in Connecticut and the bond must be signed by an official of the surety Company with the corporate seal affixed over their signature. Signatures of two witnesses or both the principal and the surety must appear on the bond. Power of attorney for the official signing the bond for the surety Company must be submitted with the bond.

#### Samples

1. The quality accepted proposal samples does not supersede specifications for quality in the request for proposal unless the sample is superior in quality. All deliveries shall have at least the same quality as the accepted proposal sample.
2. Samples are furnished free of charge. Proposers must indicate if their return is desired, which the Agency shall do provided that they are returned at the proposer’s sole cost and expense, FOB RFP’s destination, and that they have not been made useless by testing. If they are made useless by testing, the State may dispose of the samples as it deems to be appropriate. Samples may be held comparison with deliveries.

#### Award

1. The Agency may reject any proposer in default of any prior contract of guilty of misrepresentation of any proposer with a member of its firm in default or guilty of misrepresentation.
2. The Agency may correct inaccurate awards resulting from clerical or administrative errors.
3. Proposers have ten days after notice of award of the contract to reject the award, after ten days the contract will be binding on the Contractor. If the Contractor rejects the award within the ten-day period, the Agency will award the contract to the next lowest responsible qualified proposer.

## Standard Proposal Terms and Conditions

### Submission of Proposal

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#### Other Requirements

1. Conn. Gen. Stat. 4a-81 (the "Act") requires that the request for proposal of which these Terms and Conditions are a part include a notice of the consulting affidavit requirements described in the Act. Accordingly, pursuant to the Act, proposers are notified as follows:
  - (a) No state agency shall execute a contract for the purchase of goods or services, which contract has a total value to the state of fifty thousand dollars or more in any calendar or fiscal year, unless the state agency obtains the written affidavit described in subsection (b) of this section.
  - (b) (1) The chief official of the proposer awarded a contract described in subsection (a) of this section or the individual awarded such contract who is authorized to execute such contract, shall attest in an affidavit as to whether any consulting agreement has been entered into in connection with such contract. Such affidavit shall be required if any duties of the consultant included communications concerning business of such state agency, whether or not direct contact with a state agency, state or public official or state employee was expected or made. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, proposer, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in resolution, introduction or requests for information or (C) any other similar activity related to such contract. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of Chapter 10 of the Connecticut General Statutes concerning the State's Codes of Ethics, as of the date such affidavit is submitted. (2) Such affidavit shall be sworn as true to the best knowledge and belief of the person signing the certification on the affidavit and shall be subject to the penalties of false statement. (3) Such affidavit shall include the name of the consultant, the consultant's firm, the basic terms of the consulting agreement, a brief description of the services provided, and an indication as to whether the consultant is a former state employee or public official. If the consultant is a former state employee or public official, such affidavit shall indicate his or her former agency and the date such employment terminated. (4) Such affidavit shall be amended whenever the proposer awarded the contract enters into any new consulting agreement during the term of the contract.
  - (c) If a proposer refuses to submit the affidavit required under subsection (b) of this section, then the state agency shall not award the Contract to such proposer and shall award the contract to the next highest ranked proposer or the next lowest responsible qualified proposer or seek new proposals.
2. Conn. Gen. Stat. 4-252 (the "Statute") requires that the request for proposal, of which these Terms and Conditions are a part, include a notice of the proposal certification requirements described in the Statute. Accordingly, pursuant to the Statute, proposers are notified as follows:
  - (a) The terms "gift," "quasi-public agency," "state agency," "large state contract," "principals and key personnel" and "participated substantially" as used in this section shall have the meaning set for the in the Statute.
  - (b) No state agency or quasi-public agency shall execute a large state contract unless the state agency or quasi-public agency obtains the written certifications described in this section. Each such certification shall be sworn as true to the best knowledge and belief of the person signing the certification, subject to the penalties of false statement.

## Standard Proposal Terms and Conditions

### Submission of Proposal

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- (c) The official of the person, firm or corporation awarded the contract, who is authorized to execute the contract, shall certify on such forms as the State shall provide:
  - (1) That no gifts were made between the date that the state agency or quasi-public agency began planning the project services, procurement, lease or licensing arrangement covered by the contract and the date of execution of the contract, by (A) such person, firm, corporation, (B) any principals and key personnel of the person, firm or corporation, who participated substantially in preparing the proposal or proposal or the negotiation of the contract, or (C) any agent of such person, firm, corporation or principals and key personnel, who participated substantially in preparing the proposal or the negotiation of the contract, to (i) any public official or state employee of the state agency or quasi-public agency soliciting proposals for the contract.
  - (2) Who participated substantially in the preparation of the proposal solicitation or request for proposals for the contract or the negotiation or award of the contract, or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.
  - (3) That no such principals and key personnel of the person, firm or corporation, or agent of such person, firm or corporation or principals and key personnel, knows of any action by the person, firm or corporation to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the person, firm or corporation to provide a gift to any such public official or state employee; and
  - (4) That the person, firm or corporation made the proposal without fraud or collusion with any person.
- (d) Any proposer that does not make the certifications required under subsection (c) of this section shall be disqualified and the state agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified proposer or seek new proposals.
- (e) The date that the state agency or quasi-public agency began planning the project, services, procurement, lease or licensing arrangement to be covered by the contract is on or after January 1, 2017.

**STATE OF CONNECTICUT  
Policies and Guidelines**

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**ACKNOWLEDGEMENT OF RECEIPT OF  
STATE ETHICS LAWS SUMMARY**

(Proposal)

INSTRUCTION: Contractor must sign the acknowledgement below, and return this form to the awarding State agency.

The undersigned duly authorized representative of the proposing Contractor acknowledges (1) receipt of the summary of State ethics laws (2) that key employees of such Contractor have read and understand the summary and (3) that Contractor agrees to comply with the provisions of State ethics laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Oh behalf of:**

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Federal Employee Identification Number  
(FEIN/SSN)

This form is MANDATORY and must be completed, signed, and returned to the awarding State agency pursuant to Section 37 of Public Act. No. 05-287

## **STATE OF CONNECTICUT Policies and Guidelines**

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### **Plain Language Summary of State Ethics Laws for Current and Potential State Contractors**

Note: The following is a summary of the major ethics laws and related provisions applicable to current and potential state contractors. For more detailed information or to discuss any questions you may have, contact the Office of State Ethics at (860) 566-4472.

### **RESTRICTIONS ON THE BENEFITS YOU MAY GIVE TO STATE PERSONNEL**

**GIFTS:** In general, no one doing business with or seeking business from a state or quasi-public agency may give a gift to an official or employee of that agency. Connecticut's gift ban is strict, but has some exceptions. For example, under the Ethics Code, you may give: (1) good and drink up to \$50 per person per year, if the person paying, or his or her representative, is in attendance; and (2) tangible gifts up to \$10 per item up to \$50 per person per year. Also exempt are certain items such as information, or plaques costing less than \$100. For a complete list of the Code's gift exceptions, consult Con. Gen. Stat. 1-79(e) or contact the Office of State Ethics.

**NECESSARY EXPENSES:** Under the Ethics Code, you may not pay a fee or an honorarium to a state official or employee for making a speech or appearing at your organization's event. You may, however, under limited circumstances, pay the "necessary expenses" of such a state servant. These expenses are limited to: necessary travel, lodging for the nights before, or after the speech, meals and conference fees. There may be reporting requirements attached to the giving and taking of necessary expenses, so contact the Office of State Ethics if you need more information. **NOTE:** Before providing necessary expenses, check with the state agency's ethics officer to determine if the agency allows such payments.

**GIFTS TO THE STATE:** The Ethics Code allows limited "gifts to the state" which facilitate state action or functions (for example, donating a piece of equipment to the agency).

**NOTE:** Recent legislation was passed that may impact gifts to the state. Please contact the Office of State Ethics before giving a gift to the state to determine if such donations are acceptable.

### **RULES ON HIRING STATE PERSONNEL**

Before you hire a current or former state employee, you should be aware of certain provisions of the Ethics Code. First, if you are considering hiring a current state employee, especially from a state agency with which you do business or by which you are regulated, you should know the following:

## **STATE OF CONNECTICUT Policies and Guidelines**

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A current state employee must not accept outside employment that impairs his independence of judgment regarding his state duties, or that encourages him to disclose confidential information learned in his state job. Also, a current state employee may not use his or her state position for financial gain, however inadvertent that use may be. Therefore, for example, a current state employee who exercises any contractual, supervisory or regulatory authority over you or your business may not be able to work for you.

Second, if you are considering hiring a former state employee, you should be aware of the Ethics Code's post-state employment, or revolving door, laws;

IF you hire or otherwise engage the services of a former state official or employee, he or she may not represent you before his or her former agency for one year after leaving state service.

NOTE: The former State Ethics Commission established a limited exception to this provision which allows the former employee to return to his or her former agency within the one year period for the sole purpose of providing technical expertise (for example, to help implement a previously awarded contract). This is a fact-specific exception that applies in very limited circumstances: therefore you should contact the Office of State Ethics for further assistance if you think this exception applies to you.

If a state official or employee was substantially involved in, or supervised, the negotiation or award of a contract valued at \$50,000 or more, and the contract was signed within his or her last year of state service, and you or your business was one of the parties to the contract, then you and/or your business are prohibited from hiring him or her for one year after he or she leaves states employment.

A former state official or employee can never represent anyone other than the state regarding a particular matter in which he or she was personally and substantially involved while in state service and in which the state has a substantial interest.

Third, there are approximately 75 state officials or employees who may not negotiate for, seek or accept employment with any business subject to regulation by their agency, and may not accept employment with such a business for one year after leaving state service. Under that section of the law, it is also illegal for a business in the industry to employ such an individual.

### **CONFLICT OF INTEREST RULES THAT APPLY TO YOU AS A STATE CONTRACTOR**

Under Conn, Gen. Stat. 1-86e of the Ethics Code, no state contractor, including a consultant or other independent contractor, can use the authority provided under the contract, or confidential information acquired in the

## STATE OF CONNECTICUT Policies and Guidelines

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### **OTHER ETHICS PROVISIONS THAT MAY APPLY TO YOU**

Contractors seeking large state contracts are required to execute affidavits regarding and/or campaign contributions made to certain state employees or public officials in the two-year period prior to the submission of a proposal. You need to check the web sites of both the Department of Administrative Services, [www.das.state.ct.us](http://www.das.state.ct.us), and the Office of Policy and Management, [www.opm.state.ct.us](http://www.opm.state.ct.us), for copies of these affidavits and for other updated information regarding state contractors. Also, because the particular agency with which you wish to contract may have specific rules that you must follow, you need to check with that agency as well.

If you or your business provides “investment services” as defined in the Code of Ethics, and you make a political contribution in connection with the Office of the Treasurer, you may be prohibited from contracting with that office. See Conn. Gen. Stat. 1-849(n).

Finally, if you or your business spends or receives \$2,000 or more in a calendar year for activities that constitute lobbying under the Ethics Code, whether to affect legislation or the actions of an administrative state agency, then you and/or your business may have to register as a lobbyist with the Office of State Ethics, and more ethics rules will apply to you. Contact the Office of State Ethics, or review the lobbyist registration information at [www.ct.gov/ethics](http://www.ct.gov/ethics).

Recent legislation (Public Act 05-287) prohibits anyone who is a party (or who is seeking to become a party) to a state construction, procurement, or consultant services contract of \$500,000 from:

- (1) Soliciting information from a public official or state employee that is not available to other proposers for that contract, with the intent to obtain a competitive advantage over other proposers;
- (2) Intentionally or recklessly charging a state agency for work not performed or good or services not provided, or falsifying invoices or bills; or
- (3) Intentionally violating or trying to circumvent the state competitive proposing and ethics laws.

Recent legislation (Public Act 05-287) also requires any prospective state contractor to affirm in writing that he or she has been provided with a summary of the state’s ethics laws and that his key employees have read and understood the summary and agree to comply with the applicable provisions of the ethics law.

## Forms, Affidavits and Certificates

Guide to The Code of Ethics for Current or Potential State Contractors

[http://www.ct.gov/ethics/lib/ethics/contractors\\_guide\\_final2.pdf](http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf)

Form 1: Gift Certification Form 1 required with contract, can be downloaded from:

[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV_GID=1806)

Form 5: State of Connecticut Consulting Agreement Affidavit required with the proposal

[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV_GID=1806)

Form 6: Affidavit of Receipt of State Ethics Law Summary Form 6 required with the proposal

[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV_GID=1806)

Form 7: Iran Certification

[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV_GID=1806)

Form 10: Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations

[http://www.ct.gov/seec/lib/seec/forms/contractor\\_reporting\\_/seec\\_form\\_10\\_final.pdf](http://www.ct.gov/seec/lib/seec/forms/contractor_reporting_/seec_form_10_final.pdf)

Form 11 Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations

<http://das.ct.gov/Purchase/Info/EXHIBITC.pdf>

Form C: Affidavit by Entity

[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNAV\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNAV_GID=1806)

Form D: New Resolution by Entity

[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNAV\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNAV_GID=1806)

Proposal No.: TRB 2016-001

Form E: Prior Resolution by Entity

[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNAV\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNAV_GID=1806)

Proposer Information Form (For Selected Proposer Only)

[http://www.das.state.ct.us/Purchase/Info/Vendor\\_Profile\\_Form\\_\(SP-26NB\).pdf](http://www.das.state.ct.us/Purchase/Info/Vendor_Profile_Form_(SP-26NB).pdf)

<http://www.ct.gov/chro/lib/chro/pdf/notificationtobidders.pdf>

TRB HIPAA Business Associate Agreement (Required with Notice of Intent to Propose)

[http://www.ct.gov/trb/lib/trb/formsandpubs/TRBBusinessAssoc\\_Committee.pdf](http://www.ct.gov/trb/lib/trb/formsandpubs/TRBBusinessAssoc_Committee.pdf)

Signing this form will acknowledge your receipt of the above State of Connecticut contracting requirements as well as the contractual requirements outlined in the sample agreement. By submitting this form you acknowledge you will be in a position to comply with all CT contractual terms and conditions. For consideration in this RFP process, this form must be *Signed & Returned* with your proposal by 3:00pm on Thursday, March 31, 2016.

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Authorized Signature of Proposer

Company Name

Date

## APPENDICES

**Appendix A            Provider Report  
(Provided upon receipt of the Business Associate Agreement)**

Please refer to excel file: Appendix A - Provider report.xls

**Appendix B            Members (excel file)**

Please refer to excel file: Appendix B - Members.xls

<http://www.ct.gov/trb/lib/trb/formsandpubs/AppendixB-Members.xlsx>

**Appendix C            Top 50 ADA (excel file)**

Please refer to excel file: Appendix C – ADA Codes.xls

<http://www.ct.gov/trb/lib/trb/formsandpubs/AppendixC-Top50ADACodes.xlsx>

**Appendix D            Agency Form Contract (Sample contract)**

Please refer to <http://das.ct.gov/cr1.aspx?page=240>  
Select “Form Contract”

**Appendix E            Proposed Fees/Financials (excel file)**

Please refer to excel file: Appendix E - Financials.xls

<http://www.ct.gov/trb/lib/trb/formsandpubs/AppendixE-Financials.xlsx>