BID ABSTRACT - RFP ETE0020 TPA Dental Insurance

			United Healthcare	Ameritas	MetLife	Delta Dental	Anthem
6 GENERAL QUESTIONNAIRE	**Pts.**	**% of Total**					
6.1 Experience and References	80	8.00%	47.75	36.00	57.38	57.75	49.38
6.2 Staff Qualifications	30	3.00%	21.25	17.50	17.25	24.50	18.75
6.3 Customer Service	45	4.50%	27.00	17.63	22.50	33.50	23.25
6.4 Provider Network and Access	155	15.50%	94.25	67.50	82.00	112.25	100.25
6.5 Claims Processing	150	15.00%	81.25	63.88	78.13	111.88	100.13
6.6 Security and Privacy	20	2.00%	13.50	7.50	8.00	10.50	8.50
6.7 Quality Control	20	2.00%	14.00	8.00	17.50	16.00	9.00
Subtotal	**500**	**50.00%**	**299.00**	**218.00**	**282.75**	**366.38**	**309.25**
7 TPA SERVICES QUESTIONNAIRE	**Pts.**	**% of Total**					
7.1 Data Systems Capabilities	60	6.00%	32.00	31.00	34.50	41.00	37.50
7.2 Account Management and Tools	60	6.00%	46.00	43.00	45.50	45.50	43.00
7.3 Record-Keeping and Accounting	20	2.00%	14.00	16.00	10.00	17.00	14.00
7.4 Plan Information Materials	80	8.00%	53.50	46.00	56.00	64.50	56.00
7.5.1 Tracking and Reporting	50	5.00%	18.25	28.00	34.00	40.50	30.00
7.5.2 Other Performance Guarantee	20	2.00%	0.00	15.50	11.50	12.00	8.00
7.5.3 Performance Guarantee	10	1.00%	0.00	7.50	6.25	8.50	0.75
Subtotal	**300**	**30.00%**	**163.75**	**187.00**	**197.75**	**229.00**	**189.25**
Technical Score (6 + 7)	**800**	**80.00%**	**462.75**	**405.00**	**480.50**	**595.38**	**498.50**
8 COST	**Pts.**	**% of Total**					
Attachment C-2: Financial Proposal							
Annual ASO Fees (Mature Yr. 1)	37.50	3.75%	$ 2.78	$ 2.18	$ 4.50	$ 1.09	$ 1.25
Subtotal	**37.50**	**3.75%**	39.2%	50.0%	24.2%	100.0%	87.2%
			14.70	**18.75**	**9.08**	**37.50**	**32.70**
Attachment C-2: Financial Proposal							
Annual ASO Fees (Mature Yr. 2)	37.50	3.75%	$ 2.78	$ 2.18	$ 4.01	$ 1.09	$ 1.25
Subtotal	**37.50**	**3.75%**	39.2%	50.0%	27.2%	100.0%	87.2%
			14.70	**18.75**	**10.19**	**37.50**	**32.70**
Attachment C-3: Average Reimbursements *							
Discount Differential	125.00	12.50%					
Subtotal	**125.00**	**12.50%**					
			84.78	**121.49**	**125.00**	**92.37**	**88.63**
Cost Score	**200**	**20.00%**	**114.18**	**158.99**	**144.27**	**167.37**	**154.03**
TOTAL SCORE (6 + 7 + Cost)	**1,000**	**100.00%**	**576.93**	**563.99**	**624.77**	**762.75**	**652.53**

** The Discount Differential amount was compiled by the evaluation committee and the Wisconsin Department of Employee Trust Funds. The amount for each vendor was verified and further analyzed by The Segal Company, ETF's health benefit consultant. Only the scores are shown due to confidentiality.*

NOTICE OF INTENT TO AWARD NOTE: The Wisconsin Group Insurance Board approved a Notice of Intent to Award be issued to Delta Dental of Wisconsin, Inc. at the 05-19-2015 meeting.