**APPENDIX F**

# QUESTIONNAIRE FORM INSTRUCTIONS

## Questionnaire Instructions to Proposers

**\*\*\*DO NOT ALTER THE QUESTIONS OR QUESTION NUMBERING\*\*\***

* Provide an answer to each question even if the answer is “not applicable” or “unknown”. Please state why the Proposer’s response is “not applicable” or “unknown”. Incomplete questionnaires may be cause for disqualification.
* If your response to a question differs by the type of coverage you are proposing, provide a separate response for each coverage and clearly indicate to which coverage your response pertains.
* Answer the question as directly as possible.
	+ If the questions asks “How many…” provide a number
	+ If the question asks, “Do you…” indicate Yes or No **first**, followed by your additional narrative explanation.
* Responses should not exceed 200 words in length.
* Responses should not refer to an appendix/attachment for further information.
* Proposer will be held accountable for accuracy/validity of all answers.

## NOTE: Please make sure to include an electronic copy of your completed questionnaire in Word Format.

***QUESTIONNAIRE FORMS***

**DO NOT ALTER THE QUESTIONS**

# GENERAL RFP REQUIREMENTS

## For this section of the questionnaire, answer the question/requirement with a simple “Yes” or “No” answer. If you answer “No” to any of the questions/requirements in this section, please explain the response at the end of the section. The explanation will be reviewed, however, failure to agree to all of the terms requested in this section may cause ACERA to deem your proposal non-responsive.

|  |  |  |  |
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| 1. Do you agree that if this proposal results in your company being awarded a contract and if, in the preparation of that contract, there are inconsistencies between what was proposed and accepted versus the contract language that has been generated and executed, that any controversy arising over such discrepancy will be resolved in favor of the language contained in the proposal or correspondence relating to your proposal? |  Yes |  | No |
| 2. Will you agree to be bound by the terms of your proposal until a final contract is executed? |  Yes |  | No |
| 3. Do you agree to all the terms and conditions in Section II of this RFP? |  Yes |  | No |
| 4. ACERA reserves the right to offer awards of contract to multiple Proposers for any, or all, plans of benefits contained in this RFP. ACERA also reserves the right to waive its right to award a contract for any plan of benefits contained in this RFP. Confirm your agreement with this provision. |  Yes |  | No |
| 5. You will be required to issue the Contract **within seven (7) calendar days** after being given a *Notice of Intent to Award* in time for contract execution by the Board in June 2021, unless waived by ACERA. Please confirm your acceptance of this requirement. |  Yes |  | No |
| 6. Confirm that your proposed premium rates are guaranteed for at least **36**months. |  Yes |  | No |
| 7. Confirm that your proposed rates exclude commissions. |  Yes |  | No |
| 8. Other than the quoted premium rates in the financial section of this RFP, there should not be any other charges or fees of any kind that will or could apply to ACERA such as start-up costs, booklets or printing. The fees quoted shall include all services and supplies that could reasonably be expected to be provided to ACERA during the course of your administration of the plans. Confirm your agreement to this requirement. |  Yes |  | No |
| 9. Please confirm that there will be no adjustments to the proposed fees and/or rates based on actual enrollment or subsequent shifts in enrollment. |  Yes |  | No |
| 10. ACERA requires that the contract include a right of ACERA to cancel the contract at any time during a contract term for any reason, upon 30 days’ advance notice. Please confirm your agreement to this requirement. |  Yes |  | No |
| 11. Will you transfer claim information, and other administrative records to any vendor that would replace you in the event of termination of this contract at no charge? |  Yes |  | No |
| 12. Do you agree to the provision that changes in premium rate may only occur on the anniversary date? |  Yes |  | No |
| 13. Do you agree to provide renewal rates by June 1st for the plan year beginning the following February 1st and will include this in your contract? |  Yes |  | No |
| 14. You must guarantee that all insureds, who would have continued to be covered on the plan effective date if there had been no change in vendors, will be covered under your policy on the plan effective date (i.e., no loss no gain provision). |  Yes |  | No |

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| Please confirm your agreement to this requirement. |  |
| 15. Will you agree to accept any specified eligibility rule established by ACERA? |  Yes |  | No |
| 16. For each of the coverages being requested, you must agree to remove any and all pre-existing restrictions or any other provisions that might limit or eliminate benefits to current or future retirees. Please confirm your agreement. |  Yes |  | No |
| 17. Will you agree to include in your contract a hold harmless provision that indemnifies ACERA against liability that arises as the result of negligent acts, errors, omissions, fraud and other criminal acts committed by your network providers, officers, employees, and agents of the organization? |  Yes |  | No |
| 18. Is your network licensed in the state of California? |  Yes |  | No |
| 19. Do you agree to maintain compliance with HIPAA privacy and security for the duration of the contract with ACERA? |  Yes |  | No |
| 20. Confirm that your company is in compliance with all state and federal laws applicable to the programs you are proposing or the services you will provide. |  Yes |  | No |
| 21. Confirm applicable ACA fees are included in proposed premiums on a fully insured basis and future premiums will be reduced in the event applicable ACA fees are suspended. |  Yes |  | No |
| 1. Do you agree to provide monthly, quarterly, and annual reporting?
	* Enrollment: Monthly
	* Premium: Monthly
	* Claims: Monthly
	* Utilization: Quarterly, Semi-Annual and Annual
 |  Yes |  | No |

Explain any “No” answers provided in the requirements above:

# PLAN AND ADMINISTRATIVE QUESTIONS

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| **QUESTIONS** | **PROPOSER RESPONSE** |
| 1. What are the most recent ratings for your company by the following: | **Rating** | **Date** |
| * Standard and Poor’s
 |  |  |
| * A.M. Best
 |  |  |
| * Moody’s
 |  |  |
| Has there been any downgrade in your ratings in the last two (2) years? |  |
| 2. If you are not rated by one or more of these organizations, please state so. |  |
| 3. Describe any current or pending litigation involving your organization. Please confirm if any current or pending litigation(s) will not disrupt future business arrangements and operations. |  |
| 4. Are the DPPO and DHMO networks solely owned and operated by your organization? If not, explain the contractual relationship you have with outside parties. |  |
| 5. Are your provider contracts based on exclusive arrangements? Include any leasing arrangements currently in effect. |  |
| 6. Indicate if you expect any operational, systems or organizational changes with your company over the next twenty-four (24) months. Attach a high level project plan. |  |
| 7. Discuss any technological improvements your organization has planned for 2021 (e.g., Internet related services, online eligibility, etc.) and the impact on enrolled Members. |  |
| 8. Complete the following information for your current subscribers that are enrolled in plans similar to ACERA’s: | Total Number of Subscribers | % of Total Number of Subscribers residing in Alameda County |
| Self-Funded DPPO Plan |  |  |
| Fully Insured DPPO Plan |  |  |
| Fully Insured DHMO Plan |  |  |
| 9. Provide information as to the recent history of increases in your negotiated fees (past 3 years) and your expected percentage fee increases for providers over the next 3 - 5 years for both the DHMO and DPPO plans. |  |
| 10. a). Does the contract provide the plan sponsor the right to audit the performance of the plan and services provided? |  |
| b). Indicate what services, records and access will be made available to the plan sponsor at no additional charge. |  |
| c). Indicate frequency and notice requirements that are part of the right to audit provision. |  |

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| **QUESTIONS** | **PROPOSER RESPONSE** |
| 11. Please explain what happens when an enrollee obtains services outside the DHMO network. Are there any situations in which benefits are payable? |  |
| 12. Describe the coverage portability for DHMO members who temporarily reside, work or experience emergencies outside their home state. |  |
| 1. Describe how work in progress will be covered during the following:
	1. At the time of plan transition.
	2. In the event the plan is terminated.
	3. How will orthodontic claims be adjudicated and what portions of claim expenses will be honored?
 |  |
| 14. Do general dentists in your DPPO and DHMO networks act as gatekeepers for specialists’ service? Describe the referral process. |  |
| 15. What are your selection criteria for providers? |  |
| 16. What is the standard required amount of malpractice coverage (individual and aggregate)? |  |
| 17. Please describe your provider credentialing and recredentialing process. Does it meet the standards of any national organization? |  |
| 18. How often are contracts renewed with Network Providers? |  |
| 19. Please describe how enrollees are notified when a provider drops/leaves your network. |  |
| 20. Do you anticipate any significant changes to the network in the next two (2) years? |  |
| 21. Please provide National Network turnover for the last two (2) years. |  |
| 22. Can ACERA or plan participants nominate providers to be considered for inclusion in the DHMO or DPPO network panel? |  |
| 23. How do you monitor provider compliance with policies and protocols? |  |
| 24. Are there any dental services or specialties which are not available in your DHMO or DPPO network in any of the areas in which there are plan participants based on the census provided? If so, what are they? What provisions are made for patients requiring these services? |  |
| 25. How do you propose to provide services to outlying areas? |  |
| 26. Can family members choose different DHMO dentists or must all family members choose the same DHMO dentist? |  |
| 27. Do your provider contracts prohibit providers from balance billing patients for amounts over any negotiated charges? |  |
| 28. Does the DHMO have a formal utilization review program consisting of pre-authorization? Are there written guidelines that are provided to network dentists? |  |

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| **QUESTIONS** | **PROPOSER RESPONSE** |
| 29. Describe how participants select network providers. Do you provide member support services for selecting and/or locating network dentists and for answering provider credential questions that members may have? Do you have on-line access to network provider listings and locations to assist members with provider selection? What other member services are provided with regard to provider selection assistance? |  |
| 30. Do you offer a hard copy Provider Directory? How often is the hard copy provider directories updated? Will ACERA receive directories free of charge? If yes, how many and how often will they receive new directories or supplements? |  |
| 31. At what frequency, and under what conditions, can an employee in the DHMO plan change providers? |  |
| 32. Do you have quality and utilization management programs that meet the standards of a national organization (e.g. NCQA)? If so, please describe including quality assurance provider measures and accountabilities. |  |
| 33. Do you maintain utilization and quality management committees? If so, describe their responsibilities. Do they include dentists and how often do they meet? |  |
| 34. How do you identify providers who are providing inappropriate care? How do you assure appropriate quality care by dentists? |  |
| 35. Describe the procedures in place to audit the quality of care being rendered by network providers. Include the following information:Percent of Dentists Audited Annually Percent of Random Audits PerformedPercent of audits performed or reviewed by independent agents. Provide name, credentials and role of independent auditors.Is the right to audit included in your standard provider contracts?Percent of contracts terminated due to result of audit | On-Site | Total |
|  %% |  %% |
|  %Yes / No % |
| 36. What is the location of the office that would handle the general servicing of this account? |  |
| 37. Is a toll free number available to the plan sponsor and participants to handle claims or other service issues? |  |
| 38. What information is available to callers via an automated voice response system? |  |
| 39. Describe your quality assurance or audit program for customer service. |  |

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| **QUESTIONS** | **PROPOSER RESPONSE** |
| 1. Will dedicated customer service representatives be assigned to this account?
	* Are customer service reps separated from the claim processing unit, or do claim processors have customer service responsibilities?
	* Do customer service reps have on-line access to up- to-date claim processing information?
 |  |
| 41. Do customer service reps have authority to approve claims? |  |
| 42. Do you maintain plan benefits on-line? Can claim processors and customer service representatives view this benefit information on-line? |  |
| 43. Please confirm whether your customer service personnel are U.S. based. If so, please confirm you will provide sufficient notification to ACERA should the customer service personnel ever be outsourced to another country. |  |
| 44. Would you offer a dedicated toll-free phone number for member services? |  |
| 45. What are the hours of operation? |  |
| 46. What authority do customer service representatives have to resolve issues over the phone? Are customer service representatives authorized to make real time claim payment adjustments? |  |
| 47. Do you record customer service calls? |  |
| 48. Please define your process for handling issues that are not resolved in the initial call. |  |
| 49. Can a Member leave a message at your Member service line after working hours? If yes, what is the protocol for responding to that call? |  |
| 50. Describe the grievance protocols in place for plan participants. Do you have a response time goal for which to respond to claim and other questions and complaints? |  |
| 51. How do you accommodate non-English speaking callers? |  |
| 52. Will you provide customized employee communication material at no additional cost? If not, what is the additional cost? |  |
| 53. Indicate your ability to provide finalized communication materials, including a description of benefits, exclusions and limitations and provider lists by the first week of September 2020. |  |
| 1. What on-line services/functions will be made available to ACERA via the Internet? (Indicate all that apply)
	* Claims Summary
	* Billing History
	* Administrative Costs
	* Provider Directory
	* Eligibility Summary
	* Enrollment Counts
	* Plan Details
	* Health Topics/Dental Information
	* Address Changes
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| **QUESTIONS** | **PROPOSER RESPONSE** |
| * Other
 |  |
| 55. What are your termination requirements? |  |
| 56. Do you currently perform membership satisfaction surveys? If so, provide a copy of the latest results of the survey. Does an outside organization perform the survey? The survey should provide the percent of members who indicated that they were “satisfied with the plan”. |  |
| 57. What are your claim processing standards for turnaround time, procedural accuracy and financial accuracy? Provide actual results for the last two (2) years. |  |
| 58. Describe your systems edits for identification of fraudulent claims. |  |
| 59. Describe briefly the process you require to process eligibility information and what system requirements are needed. Confirm that you will accept electronic eligibility files. |  |
| 60. a). What are the required data elements for eligibility feeds from ACERA? |  |
| b). What are your capabilities for loading and correcting data? |  |
| c). Do you have the capability to enter corrections to eligibility records in real time? |  |
| 61. Please provide your desired eligibility file format/layout. |  |
| 62. The DPPO and DHMO contracts must allow for a qualified independent claims audit of claims paid on behalf of the plan by your company, at the direction of ACERA. Confirm your agreement to this requirement. |  |
| 63. Will you process run-out claims in the event the DPPO Administrative Services Only (ASO) contract with ACERA is terminated? If so, what is your proposed fee for processing run-out claims and the time period? |  |
| 64. Does your claim processing system have any protection against unbundling and/or up-coding claims? If so, please describe in detail. |  |
| 65. What are your administrative requirements for the self- funded plans (provide in detail). |  |
| 66. How is image scanning used in your claims adjudication system? |  |
| 67. What percent of total claims are submitted to providers electronically? |  |
| 68. What is the percentage of claims processed? What percentage of claims process without manual processing or human intervention? |  |
| 69. Do you expect any changes to your claims system over the next 24 months (e.g., upgrades, replacement, location change, etc.)? |  |
| 70. Please provide your performance standards including the targets and actual results for the most recent period for |  |

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| **QUESTIONS** | **PROPOSER RESPONSE** |
| financial, processing and payment accuracy for your book-of-business. |  |
| 71. If ACERA decides to offer self-pay dental benefits to its eligible retirees, is your firm able to collect and administer (direct bill) dental benefits directly as a group to ACERA’s retirees? If yes, please detail your firm’s capabilities. |  |
| 72. What disaster recovery protocols does your company have in place? |  |
| 73. Describe the way in which the banking arrangement works for an ASO arrangement. Include explanations of the nature of the account from which claims are paid (e.g., in whose name it appears, where it will be, the timing of the call for funds (e.g., as checks are issued, as they are cashed), any deposit amount required in the account, its term (weekly, monthly) how it is determined and any interest earned on the deposit, or on amounts held in the account until checks are cashed. In addition, please explain how excess deposits are handled during the term of the plan and when deposits are returned upon plan termination (including whether a deposit can be retained to pay for any deficit, etc.). If banking charges are not included and detailed separately in your minimum premium rate or/and administrative fee and retention illustration, please provide an estimate of such charges and describe the basis on which they are made. |  |
| 74. If your ASO plan does not require the use of a special bank account, but rather calls for funds on a single monthly bill, please explain the timing of such bill, when payment is due, the definition of claims due (checks issued or cashed) and what interest charges are made (or credits foregone) on such a program, relative to a conventionally insured plan. If your plan is not funded through a special bank account but rather on a lump sum basis, please explain any interest charges. |  |
| 75. For your ASO plan, will you stock pile claims to a certain level before releasing them, so that the plan sponsor can fund claims less frequently? |  |
| 76. What audits of reconciliations are done? |  |
| 77. Provide a detailed list of services and supplies included in your proposed ASO fee. |  |
| 78. List any additional services you will be providing under your fully insured and self-funded dental plans which were not requested in this RFP. Include a description of the research and other technical resources, including on- line databases and computer based analytical tools that you make available to your clients. |  |
| 79. Are there any services which you will not be providing to ACERA, which were required by this RFP? |  |
| 80. Please provide the detailed rate development to support the rates in the proposal including claims cost, trend, retention, reserves, ACA fees, and all other components |  |

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| **QUESTIONS** | **PROPOSER RESPONSE** |
| including the calculation of tiered rates. Indicate the factors used to set rates for the proposal, which should include Annual Trend Factor, Reserve Factor, and Margin as a percent of expected claims. |  |
| 81. Explain the methodology and data to be used for the renewal process. How will projected incurred claims and expenses be estimated for these plans? Please include a sample rate renewal development worksheet. |  |
| 82. Explain your methodology for establishing Incurred But Not Reported (IBNR) reserve. |  |
| 83. For the fully insured participating options, when would you evaluate the annual accounting and when would surpluses be returned to ACERA? Please describe the annual accounting process. Can you propose a risk sharing contract with surplus refunding only? If not, describe how deficits would be recouped. |  |
| 84. Do you agree that all books, records, lists or names, plates, seals, passbooks, journals and ledgers and all data specific to this Plan shall be the property of and shall be used exclusively for this Plan at the direction of ACERA? Your proposal must specifically answer this question. |  |
| 85. a. Do you have a formal HIPAA compliance plan in place?b. Will you provide us with a sample copy upon request? |  |
| 86. a. Do you have a website that details information about your policies and procedures for accepting and sending EDI transactions?b. If ACERA wants a copy of your Companion Guide for HIPAA EDI transactions, where does this document reside? |  |
| 87. Will your organization be issuing Notices of Privacy Practices as required by HIPAA to each new plan enrollee? |  |
| 88. Do you agree to indemnify ACERA for any liabilities resulting from the improper disclosure of protected health information by you or any of your subcontractors? |  |
| 89. Confirm your organization will utilize data based on the ACERA plan structure. If not, please describe what data will be made available. |  |
| 90. What ad hoc or customized reports are available and what are the additional costs, if any? |  |
| 91. Please submit samples of all available reports and state the frequency of each. Please identify any additional associated costs for each report. |  |
| 92. Detail any underwriting provisions (rules), if any you will impose on ACERA. |  |
| 93. Please provide samples of your service agreement including Evidence of Coverage (EOC) or Summary Plan Documents (SPD). |  |

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| **QUESTIONS** | **PROPOSER RESPONSE** |
| 94. Will you produce ID cards for mailing? How long will it take after receipt of a clean eligibility file? |  |
| 95. Are the ID cards customizable for ACERA at no additional cost? |  |
| 96. How long will it take to replace an ID card once a request is made after initial implementation? |  |
| 97. Describe in detail the implementation timeline assuming a February 1, 2021 effective date and include the assigned tasks for all parties. |  |
| 98. Indicate when your contracts/EOCs/SPDs are issued in the plan year. |  |
| 99. How do you handle retroactive enrollment and cancellations? What are your time limitations relative to processing retroactive eligibility adjustments? |  |
| 1. Please describe your proposed account management team and structure. Specifically address:
	* Name and background of account manager and other key team members
	* Who from the account team would be one-hundred percent (100%) dedicated to this account
	* Location of staff
	* Office Hours
	* Responsibility for any subcontracted relationships
	* Describe your account manager’s experience and involvement with public pension client(s) who were in the process of transitioning from one dental plan to another.
	* Years with organization
 |  |
| 101. Describe your capabilities and any restrictions related to the administration of COBRA for any plans you are awarded. |  |
| 102. Do you agree to extend and allow COBRA Continuation and conversion privileges to all individuals ACERA deems eligible? |  |
| 103. Do you agree to allow Members who ACERA deems eligible to maintain coverage under COBRA for up to 36 months? |  |
| 104. Would you propose to offer a dedicated or partially dedicated unit/staff to ACERA? If you are proposing a partially dedicated unit, please indicate the current number of other groups and total membership served by the partially dedicated unit. |  |
| 105. How would you propose to integrate your wellness services with the medical wellness program? |  |
| 106. ACERA and the current plans co-sponsor wellness events. If your organization is selected, please indicate if you are willing to be a co-sponsor and contribute money toward ACERA’s annual retiree health and wellness fairs, and wellness seminars. |  |
| 107. Are you able to offer screenings at ACERA wellness events? |  |

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| **QUESTIONS** | **PROPOSER RESPONSE** |
| 108. Describe your firm’s ability to provide periodic updates regarding federal legislation and/or Internal Revenue Service (IRS) Rules that may affect the operation of ACERA and the payment of benefits. |  |
| 109. Describe the media your firm uses to inform clients of changes in pending federal legislation or regulations. |  |
| 110. Does your firm produce a newsletter specifically for public retirement plans or is the material produced for both public and private plans? |  |
| 111. Complete the following table for the claims processing system and location that will be used for ACERA. |
|  | **Claim Turnaround Time (TAT) % processed in 15 calendar days** | **Claim TAT % processed in 30 calendar days** | **Financial Payment Accuracy (Dollars)** | **Claim Processing Accuracy (% of Claims)** |
| **Payment Accuracy** | **Processing Accuracy** | **Overall Accuracy** |
| **Standard** |  |  |  |  |  |  |
| 2019 YTD |  |  |  |  |  |  |
| 2018 |  |  |  |  |  |  |
| 2017 |  |  |  |  |  |  |
| 112. Provide the number of general dentists (DDS or DMD) and specialty dentists in your DHMO and DPPO networks on the following table: (note: dentists should only be counted once, regardless of the number of specialties they have) |
| **Number of Network Providers** |
|  | **DHMO** | **DPPO** |
| **Area** | **General Dentists** | **Specialty Dentists** | **General Dentists** | **Specialty Dentists** |
| **California** |  |  |  |  |
| Alameda County |  |  |  |  |
| Santa Clara County |  |  |  |  |
| Contra Costa County |  |  |  |  |
| Fresno County |  |  |  |  |
| Monterey County |  |  |  |  |
| Sacramento County |  |  |  |  |
| San Benito County |  |  |  |  |
| San Francisco County |  |  |  |  |
| San Mateo County |  |  |  |  |
| San Joaquin County |  |  |  |  |
| Santa Cruz County |  |  |  |  |
| All Other CA Counties |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Total California** |  |  |  |  |
| **Total Outside CA** |  |  |  |  |
| **Grand Total** |  |  |  |  |

1. **PROVIDER REIMBURSEMENT**

Please provide separate responses for your DHMO and DPPO networks.

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| **QUESTIONS** | **PROPOSER RESPONSE** |
| 1. Describe how network specialists are reimbursed. Your answer should be consistent with the fees provided in the financial section of this RFP specification. Include any incentive based bonuses, withholds, retroactive capitations, etc. |  |
| 2. How do you determine and define maximum allowable charges or “reasonable and customary” charges for non- PPO dentists (e.g., own data, a percentile of HIAA data, or relative value scale)? |  |
| 3. How often are network fees, capitations and out-of- network allowances updated? |  |
| 4. Are there financial incentives to network providers that are tied to utilization goals, specialty referrals, quality of care outcomes or other performance results? If so, please explain. |  |
| 5. Can a plan sponsor provide its own set of allowances or “freeze” the existing level of reimbursement for non- PPO dentists? If so, is there any limitation on, or is there any extra charge for doing so? If so, what are the limitations/charges? |  |
| 6. Under what situations will you reimburse hospital charges and charges submitted by anesthesiologists? |  |
| 7. Do you reimburse assistant oral surgeons? If so, how do you determine the allowance for the specific surgery performed? What percentage do you use? If you use another method of reimbursement, please explain. |  |
| 8. How do you reimburse multiple surgical procedures being performed during one operation? Is a sliding scale used for the 1st and subsequent procedures? |  |
| 9. Can a claimant be privy to the payment schedule in advance of treatment? If so, how? |  |
| 10. When you are the secondary payor in a COB situation, do you use your UCR profiles, reduced network fees, or those of the primary vendor in determining your level of reimbursement? |  |
| 11. When participant coinsurance exists for DPPO plans, are providers obligated to limit their charge to participant’s coinsurance percentage of the discounted charge? |  |
| 12. Are any arrangements made with dental suppliers and labs? Do you limit reimbursement for supplies (i.e., crowns, bridges, etc.) and equipment, or help network providers to purchase supplies at wholesale prices? |  |