



REQUEST FOR INFORMATION (RFI)

ON THE

CANADIAN DENTAL CARE PLAN (CDCP)

FOR

HEALTH CANADA (HC)



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1. Important Information Required to Respond to this Request for Information (RFI)

This Request for Information (RFI) requires respondents to complete and transmit their response electronically using the Government of Canada's new Electronic Procurement Solution (EPS). All the information related to the RFI is contained within the Sourcing Event in EPS.

Steps to submit a response are as follows:

1. Prior to submitting a response, respondents should read the details and requirements of the RFI from: **Checklist 1. Review Event Details.**
2. To submit a response, respondents need to read and accept the agreement and respond to any prerequisite questions (if applicable) under **Checklist 2. Review and Accept Prerequisites.**
3. To submit a response, respondents must view the RFI under **Checklist 3. Submit Response** and proceed to complete the requisite sections. Once respondents have completed all questions, attached supporting documentation (if applicable) and are ready to officially submit their response, they must click "Submit Entire Response" followed by "OK". Ensure that all required fields, marked with a red asterisk (*), are completed before submitting a response. Respondents may resubmit a corrected or updated response at any point up to the RFI closing date and time.

Note: Respondents should not use the Excel import functionality ("Excel Import") in EPS but should instead complete their response directly in EPS.

CONFIDENTIALITY

Respondents understand that the information provided may be accessible under the *Access to Information Act* (ATIA). No commercially confidential information which respondents, submit will be disclosed, unless otherwise authorized by the respondent or required to be released by law (including international and internal trade panel for the purposes of the conduct to a dispute in which Canada is a party or a third-party intervener).

Information on the federal government's ATIA is available on the following website: <http://www.laws-lois.justice.gc.ca/eng/acts/A-1>.

Any information that respondents wish to be considered as confidential should be annotated accordingly.

2. Purpose of this Request for Information

This Request for Information (RFI) pertains to Health Canada's (HC) requirement for the Canadian Dental Care Plan (CDCP).

The purpose of this RFI is to:

- a. inform industry of HC's potential requirement for administrative services for the CDCP;
- b. seek feedback on industry best practices relating to claims processing administrative services;
- c. provide industry with an opportunity to assess and comment on specific questions; and



- d. to provide industry an opportunity to offer suggestions regarding potential alternative solutions that would meet the CDCP requirement and the associated timelines.

3. Background of this RFI

Budget 2022 was released on April 7, 2022 and introduced the implementation of a new Canadian Dental Care Plan (CDCP). The program will be open to Canadian residents with family incomes below \$90,000 per year.

The goal is to fill existing gaps, by providing dental care coverage to those within the income range and who are currently without dental care insurance. Estimates are that between 7 to 9 million Canadians would be eligible depending on the level of usage of the program, which will be phased in by 2025.

The program will cover a range of dental care services (including preventative services) for plan members, with no co-pay or deductibles for those with family incomes under \$70,000 per year. There will be a co-pay for those with annual family incomes between \$70,000 and \$89,999. Those with incomes equal to or exceeding \$90,000 will not be eligible for the program. Eligibility, based on income, insurance coverage and residency, will be re-assessed annually.

As the goal is to reduce cost barriers to accessing dental care, the intent is that plan members would not pay out of pocket – except for their share of the co-pay, as applicable, for care. Instead, providers would bill directly to the program.

All regulated oral health care providers who are able to practice in the province/territory in which they are located will be eligible to provide and be paid for services to those enrolled in the program. Finally, the program may be a Payer of Last Resort, meaning that the CDCP will pay benefits secondary to all other public and private third-party payers who have an obligation to pay for such benefits.

Canada is exploring different models to deliver on this commitment – including a federal direct delivery option, whereby Health Canada would deliver the program itself with the support of one or more third-party benefits providers.

Through this Request for Information, Health Canada is seeking input to assist in the development of advice about the viability and timing of a federal direct delivery.

3.1 Key Commercial Considerations:

- Potentially between 7 and 9 million eligible plan members by 2025 once phased-in, depending on usage;
- 6-month planned start-up phase (between award of contract and go live);
- Very limited historic volumetric data on claim processing for this population;
- Services and associated data will need to be located in Canada;
- Ability to provide electronic delivery for claims processing and payments.

3.2 Anticipated Contractor areas of support:

Start-up Phase

- Develop, test and implement the Contractor's solution (including systems and processes); migrate plan member information; and



- Undertake a Positive Enrollment (PE) program to ensure plan members complete the process to confirm their enrollment information and provide consent prior to Operations Ready Date.

Operations Phase

- **Claims Processing and Claims Payment Services** – provides plan members with timely and accurate claims processing, claims adjustments, claims payments for eligible claims and adjudication services;
- **Membership Management Services** – provides the systems and processes necessary to maintain accurate enrollment information for all plan members and affirm consent from new plan members for the use of personal information; and
- **Member Communications and Information Services** – provides a solution which facilitates the provision of information related to the program and claims procedures to plan members through multiple channels including contact centre(s), plan member digital services, and written communication.
- **Provider Management Services** – provides system and process for the enrollment of dental care providers as well as a repository listing of all providers that have been qualified as eligible to offer services that will be considered for payment, so that the Contractor can accept digital claims submissions for these providers; and
- **Provider Communications and Information Services** – provides a solution which facilitates the provision of information related to the program and to its claim procedures to providers through multiple channels including dental care provider contact centre(s), dental care provider digital services and written communication products.

4. Nature of Request for Information

This is not a bid solicitation. This RFI will not result in the award of any contract. As a result, potential suppliers of any goods or services described in this RFI should not reserve stock or facilities, nor allocate resources, as a result of any information contained in this RFI. Nor will this RFI result in the creation of any source list. Therefore, whether or not any potential suppliers responds to this RFI will not preclude that supplier from participating in any future procurement. This RFI is intended to solicit feedback from industry with respect to the matters described in this RFI. With the collected information, Canada may develop an Invitation to Qualify (ITQ) solicitation that will be used to pre-qualify suppliers in order to become “**Qualified Respondents**” for any later phases of the procurement process. Potential suppliers do not need to respond to this RFI to be eligible to respond to the publicly released ITQ, however, only Qualified Respondents will be permitted to bid on any subsequent solicitation(s) issued as part of this procurement process for Health Canada’s Canadian Dental Care Plan.

Respondents should note that, as part of its on-going commitment to increasing the diversity of contractors on government requirements, including small businesses and businesses led by Indigenous Peoples, Black and racialized Canadians, women, LGBTQ2 Canadians and other under-represented groups, Canada intends to evaluate a supplier’s commitment to diversity as part of future phases of the procurement process for the CDCP.

5. Nature and Format of Responses Required

Respondents are requested to provide their comments, concerns and, where applicable, alternative recommendations regarding how the requirement or objectives described in this RFI could be satisfied or improved



for this requirement. Respondents are also invited to provide their responses for this requirement under Annex 1 – RFI Questions. Respondents should explain any assumptions they make in their responses. Any marketing or promotional information submitted as part of the responses will not be reviewed and will not be considered in any future solicitation documents.

Responses will not be used for competitive or comparative evaluation purposes, and thus the response format is not as rigorously defined as would normally be for an RFP. However, for ease of use and in order for the greatest value to be gained from responses, Canada requests that respondents follow the structure outlined in section 10.

6. Security Requirement

6.1 Security Applicable to the RFI

There are no security requirements associated with this RFI.

6.2 Security Applicable to the Resulting Contract(s)

There will be a security requirement applicable to the resulting contract(s). Canada anticipates that the following security requirement must be met at the contract award date: Enhanced Reliability and Protected B security requirements. A Designated Organization Screening (DOS) and document safeguarding may also be required.

7. Response Costs

Canada will not reimburse any respondent for expenses incurred in responding to this RFI, including, but not limited to, expenses incurred for participating in group or one-on-one sessions.

8. Treatment of Responses

- a) **Use of Responses:** Responses will not be formally evaluated. However, the responses received may be used by Canada to develop or modify procurement strategies and future solicitation documents. Canada will review all responses received by the RFI closing date. Canada may, at its discretion, review responses received after the RFI closing date.
- b) **Review Team:** A review team composed of representatives of Canada, including HC, PWGSC and other departments, will review the responses. Canada reserves the right to hire any independent consultant, or use any government resources that it considers necessary to review any response. Not all members of the review team will necessarily review all responses.
- c) **Confidentiality:** Although the information collected may be provided as commercial-in-confidence (and, if identified as such, will be treated accordingly by Canada), Canada may use the information to assist in drafting future solicitations or contract documents. Respondents are encouraged to identify, in the information they share with Canada, any information that they feel is proprietary, third-party or personal. Please note that Canada may be obligated by law (e.g. in response to a request under the Access to Information and Privacy Acts) to disclose proprietary or commercially-sensitive information concerning a respondent. Respondents should mark any portion of their response that they consider proprietary or confidential. Canada will handle the responses in accordance with the *Access to Information Act* and the *Privacy Act*.



- d) **Follow-up Activity:** Canada may, in its discretion, contact any respondents or other potential suppliers, whether or not they responded to the RFI, to follow up with additional questions or for clarification on any aspect of a response or why no response was provided.
- e) Early responses will be considered and encouraged.
- f) Each respondent is solely responsible for ensuring its response is submitted on time.
- g) Responses to this RFI will not be returned.

9. Contents of this RFI

This RFI contains specific questions addressed to industry under Annex 1 – RFI Questions. Respondents are invited to provide their respective responses for this requirement.

10. Format of Responses

Cover Page: If the response includes multiple volumes, respondents are requested to indicate on the front cover page of each volume the title of the response, the solicitation number, the volume number and the full legal name of the respondent.

Title Page: The first page after the cover page should be the title page, which should contain the following information:

- i) the title of the respondent's response and the volume number;
- ii) the name and address of the respondent;
- iii) the name, address and telephone number of the respondent's contact;
- iv) the date; and
- v) the RFI # number.

Number of Copies: Canada requests that respondents submit 1 copy of their response in unprotected (i.e. no password) PDF format.

Responses to this RFI may be in either of Canada's official languages, English or French.

11. Enquiries

Interested suppliers should note that all communications pertaining to the subject matter of this RFI must exclusively be directed to the PWGSC Contracting Authority primarily by using the Event Messages in the Electronic Procurement Solution (EPS). Interested suppliers must refrain from communicating directly with Health Canada stakeholders or with other Government of Canada representatives, regarding any aspect of this procurement process, including the subject matter described herein. Communications on this requirement with anyone other than the PWGSC Contracting Authority may result in a supplier being disqualified in future phases of this procurement process should any unfair advantage or conflicts of interest be discovered.

Because this is not a bid solicitation, Canada will not necessarily respond to enquiries in writing or by circulating answers to all potential suppliers.



12. Submission of Responses

- a) **Time and Place for Submission of Responses:** Suppliers interested in providing a response must submit through the Electronic Procurement Solution (EPS). Canada will review the RFI responses received on or before August 22, 2022 at 2:00 p.m. EDT. This RFI will officially close as of that date, however, we welcome any information that will be shared after the fact by sending responses directly to the PWGSC Contracting Authority after the closing date. Canada may invite interested respondents or other stakeholders to participate in an engagement session on the CDCP requirement at any time. The sessions may be in a group or one-on-one format.
- b) **Responsibility for Timely Delivery:** Each respondent is solely responsible for ensuring its response is delivered on time through the Electronic Procurement Solution (EPS).

13. Fairness Monitor Services

Canada has engaged the services of an organization to act as an independent, third-party Fairness Monitor (FM) for the CDCP procurement process. The role of the Fairness Monitor is to provide an attestation of the fairness, openness, and transparency of all monitored activities of this procurement process.

The Fairness Monitor’s duties will include, but will not be limited to the following:

- i. observing all or part of the procurement process including, but not limited to, the engagement process and the contemplated solicitation processes;
- ii. providing feedback to Canada on any potential fairness issues; and
- iii. attesting to the fairness, openness and transparency of the entire procurement process.

Please note that, for the purpose of carrying out its Fairness Monitor related obligations, the Fairness Monitor will be granted access to industry responses and related correspondence received by Canada pursuant to this RFI (any subsequent RFI(s) and any resulting solicitation(s)) and may act as an observer at any subsequent follow-up engagement and procurement activities.

14. Acronyms and Abbreviations

The following acronyms and abbreviations have been used in the RFI and Questions to industry documents:

Acronym	Definition
CDCP	Canadian Dental Care Plan
RFI	Request for Information
HC	Health Canada
PWGSC	Public Works and Government Services Canada
CRA	Canada Revenue Agency
ITQ	Invitation to Qualify
ATIA	Access to Information Act
RFP	Request for Proposal
SOW	Statement of Work

ANNEX 1 - RFI QUESTIONS

General



1. Do you currently offer the services described in section 3 of this RFI? How big is your current client base and how would you handle the addition of potentially 7 to 9 million eligible plan members by 2025 following the phasing-in period?
2. How could this program be best delivered nationally? Do you feel consideration should be given to dividing the requirement (i.e. by regions, by type of services, etc.)? How could this program be best delivered regionally, or by type of service? Would sub-dividing this requirement between multiple contractors be feasible? How would you recommend it be sub-divided?
3. Based on the commercial considerations above, what variables would directly impact the price and timeline of the Start-Up or Operations phases for the CDCP? Could you also elaborate on what portions of the work in those phases are more sensitive to high volumes or fluctuation of members?
4. This program may consist of multiple rules (co-payments, coordination of benefits, provincial and territorial plans) and multiple sources of information to be uploaded into your solution/system. Based on this, what would your Information Technology infrastructure needs be in order to provide a federal direct delivery option?
5. As we develop the CDCP, what are the biggest risks that Canada should be aware of so that appropriate mitigation strategies can be put in place? What opportunities should be explored?
6. As it pertains to security and privacy, what risks do you foresee? For example, security (including personnel clearances), privacy and data location (it is anticipated that data will need to reside in Canada), data backup and recovery, continuity of services, confidentiality of Protected B information, industry best practices for privacy and confidential safeguards, etc.

Start-up and Operations Phases

Timelines

7. To develop, test and implement a solution (including systems and processes), obtain plan member information and be ready to start the Operations phase as soon as possible:
 - a) What work is on the critical path to launching the Operations phase?
 - b) What would be the most important schedule risks?
 - c) What obligations, assurances or concessions could Canada provide to mitigate schedule risks?
8. Provide a breakdown of the time required for the principal activities needed for the Start-up phase from contract award to Operations phase.
9. Canada is contemplating a 6 month Start-up phase. What factors would increase or decrease the timeline and cost in order to deliver a plan of this magnitude in this timeframe?
10. Would a segmented roll-out of the services described in section 3.2 of this RFI (e.g. implement the membership management services as a first phase followed by the provider management services later on) benefit your company and make the 6 month implementation more feasible? How would you recommend breaking up the roll-out?



Enrollment

11. We anticipate the program will have a large number of plan members (potentially 7 to 9 million eligible plan members by 2025, depending on the level of usage), that it will be income-tested and have an annual re-assessment of income eligibility. With this in mind, how should member enrollment be managed (which would draw on income tax data)? Does your company have the capacity and processes to register and verify status of new members or should that be done by Canada or another third-party?
12. What are the biggest risks or opportunities that Canada should be aware of when it comes to member enrollment?

Plan Rules and Coverage

13. What basket of services is common to basic dental plans that could serve as a starting point for coverage under this new program?
14. What is the recommended most efficient way to coordinate benefits with other public (including provincial and territorial plans) and private (including employer-provided) dental care benefits that plan members might be eligible for?
15. If the CDCP is to be a Payer of Last Resort, would your recommended approach to coordination of benefits differ?
16. How do the plan rules (co-payments, coordination of benefits, change in coverage, etc.) or benefits (extent of dental services covered) impact the program implementation timeline and claim processing unit cost?

Claims Processing and Claims Payment

17. As this is a new program, Canada does not have historical claim volumetric data; can this risk be mitigated by industry?
18. Taking the Key Commercial Considerations above into account, would the per claim “processing cost” be in line with other benefit plans of this type? What elements, would help drive the cost down?
19. What is the capacity to handle digital and paper inputs into the system (from plan members and from care providers) and to issue payments digitally and in paper cheque form?
20. What ratio of claims do you anticipate will require some degree of predetermination? How would you recommend managing the predetermination process?
21. Could you describe how you could scale your existing auditing processes and the measures taken to control fraudulent claims for a program of this magnitude?

Communications and Information Services

22. What would be your approach for the implementation of communications and information services for plan members and dental care providers?



23. Please describe any challenges you foresee in setting up contact centres for a population this size?

Innovation / Complexity

24. Are there innovative approaches to benefits delivery that you would recommend be considered in outlining the approach to this program?
25. Do you think an alternative approach where Canada procures an existing “off-the-shelf” insurance plan from you could help Canada deliver the program in a better, faster, and more cost-efficient way as compared with procuring administrative services only? Please elaborate.
26. With your “off-the-shelf” plans, how much flexibility would Canada have to customize the types of dental care services that would be covered in a particular plan? How much would that impact the cost or program implementation timelines?
27. What complexities would concern you the most in rolling out such a program?

Dental Care Providers

28. How many dental care providers (i.e. dentists, dental hygienists in provinces/territories where they are able to practice independently, denturists) would be required to be enrolled into your system to serve the plan members? Could you provide a breakdown by province/territory?
29. How do you currently manage payments with dental care providers? In line with Canada’s intent for plan members to have no out-of-pocket payments for dental care (with the exception of their share of the co-pay, as applicable), what would be the impact on the dental care provider community of making the acceptance of Assignment of Benefits (AOB) a condition of enrollment for dental care providers under the CDCP?
30. With the implementation of this program, what do you foresee the impact being on the capacity of the dental care providers to provide services to Canadians? How could that capacity be increased?
31. We have a particular interest in plan member access to dental care providers. Are there any innovative service delivery elements that could be considered to help plan members obtain care?

Procurement Process

32. Based on your understanding of previous procurements of this type, how would you develop the procurement process or contract to accelerate implementation without compromising the ability of the program to function?
33. Typically, this type of contract contains a fixed fee for start-up phase and per claim compensation during the operations phase. Would this model be appropriate for this program? Should Canada consider other models, such as volume discounts based on number of claims?
34. Do you have any recommendations on how a basis of payment for a potential contract between you and Canada could be developed to align compensation with cost or risk?



35. What administrative aspects of delivering this program, based on your experience, should Canada consider keeping in-house?
36. What should be the minimum and maximum length of a contract for administrative services for the CDCP?
37. When considering emerging risks in the economic environment (i.e. inflation, labour shortages), are there changes you would recommend to the risk allocation in our contracts?