

AWARD RECOMMENDATION

Notice of Intent to Award Number: 260000000215

Notice of Intent to Award Date: 2/18/2026

The Department of Technology, Management, & Budget’s Procurement office has completed the evaluation of RFP 250000003156 – Healthy Kids Dental Program for MDHHS and has recommended an award to Delta Dental Plan of Michigan, Inc. in the amount of \$1,405,213,920.00, pending State Administrative Board approval, if applicable. More information on the State Administrative Board can be found at: [State Administrative Board](#).

Bidders who were not recommended for the award are encouraged to schedule a debriefing session with the Solicitation Manager. The debriefing session will provide the bidder with the State’s rationale on why the bidder was not recommended for the award. The Solicitation Manager may be contacted as follows:

Marissa Gove, Solicitation Manager.

Govem1@michigan.gov

517-449-8952

Public copies of all bidder proposals can be found here: [DTMB - Bid Proposals \(michigan.gov\)](#)

Background Information:

This Request for Proposal (RFP) was to solicit responses for selection of a Contractor(s) to provide Healthy Kids Dental services. The term of this contract is five years, with up to three renewal options.

Bidders:

The RFP was posted on SIGMA VSS on November 14, 2025 for 59 days The following bidders submitted proposals by the published due date of January 12, 2026.

Bidder	Address, City, State, Zip Code	SDVOB*	GDBE**
Delta Dental Plan of Michigan, Inc.	4100 Okemos Road Okemos, MI 48864	No	No
DentaQuest USA Insurance Company, Inc.	96 Worcester Street Wellesley Hills, MA 02481	No	No
UnitedHealthcare Community Plan, Inc.	3000 Town Center #1400 Southfield, MI 48075	No	No
Dentistry One, LLC	20 Highland Avenue Metuchen, NJ 08840	No	No

*SDVOB: Service-Disabled Veteran Owned Business

**GDBE: Geographically Disadvantaged Business Enterprise

EVALUATION SYNOPSIS

I. Evaluation Process

A Responsible Vendor is a vendor that demonstrates it has the ability to successfully perform the duties identified by the solicitation. A Responsive proposal is one that is submitted in accordance with the solicitation instructions and meets all mandatory requirements identified in the solicitation.

Proposal Instructions: Mandatory Minimum Requirements

1. Be Licensed, in Good Standing, and Financially Solvent. Bidder must:
 - a. Provide its current Certificate of Authority (COA) to do business in Michigan as a health insurer. The COA must cover the region(s) the Bidder intends to bid;
 - i. If the Bidder is considered a nonprofit organization, they must submit a comparable COA.
 - b. Be appropriately licensed by the Department of Insurance and Financial Services (DIFS) as verified by DIFS; and
 - c. Meet all applicable statutory financial requirements as set forth in the Michigan Insurance Code as verified by DIFS.

Proposal Instructions: Evaluation Process

	Technical Evaluation Criteria	Weight
1.	Vendor Questions Worksheet	310
2.	Schedule A, Statement of Work	65
3.	Schedule G, Provider Network	600
4.	Schedule H, Quality Program and Measure Reporting (Table 3)	270
5.	Schedule I, Sanctions and Compliance Actions	85
6.	Schedule J, Narrative Submission Questions	1100
	Total	2430

Proposals receiving 1,944 or more technical evaluation points will be considered for award.

The full evaluation process is stated in the RFP Proposal Instructions.

II. Evaluation Method

Responses to this solicitation were reviewed by a Joint Evaluation Committee, which consisted of the following individuals:

Voting	Advisory
Marissa Gove, Category Management Specialist DTMB-Central Procurement, Services	Chris Farrell, Oral Health Section Manager MDHHS-Division of Child and Adolescent Health, Bureau of Health and Wellness
Penny Rutledge, Director MDHHS-Bureau of Medicaid Care Management & Customer Service	Sarah Oumedian, Departmental Specialist MDHHS-Bureau of Grants and Purchasing
Jennifer Therrien, Contract Waiver Specialist MDHHS-Managed Care Plan Division	Addam Kilpatrick, Network Adequacy Specialist MDHHS-Managed Care Plan Division
Brad Barron, Director MDHHS-Managed Care Plan Division	Aaron Canfield, Manager MDHHS-Plan Management Section, Managed Care Plan Division
Miriam Cachey, Quality Analyst MDHHS-Quality Improvement Program Development Section, Managed Care Plan Division	Kasia Gruszka, Manager MDHHS-Quality Improvement and Program Development Managed Care Plan Division
Elizabeth Pitts, Medicaid Policy Specialist MDHHS-Ancillary Services Section, Program Policy Division	Sandhya Swarnavel, Quality Specialist MDHHS-Managed Care Plan Division
	Rachele Parson, Business Analyst DTMB-Agency Services, Agency Services, MDHHS Health & Aging Services
	David Valentine, Information Technology Manager DTMB-Agency Services, MDHHS Health & Aging Services

III. Evaluation Results

A. Delta Dental Plan of Michigan, Inc.

The Evaluation Team determined that Delta Dental Plan of Michigan, Inc. based on a score of 2163, did meet the requirements of this RFP. This determination was accomplished by evaluating their responses to the Technical Evaluation Criteria.

1. **Vendor Questions Worksheet** **310/310**
 The Evaluation Team determined that overall, the responses were satisfactory.
2. **Schedule A – Statement of Work** **65/65**
 The Evaluation Team determined that overall, the responses were satisfactory.
3. **Schedule G - Provider Network** **521/600**

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiencies were noted:

- a. General Dentistry, 81 out of 83 counties met network adequacy standards.
- b. Endodontist, 51 out of 83 counties met network adequacy standards.
- c. Oral Surgery, 79 out of 83 counties met network adequacy standards.
- d. Periodontist, 61 out of 83 counties met network adequacy standards.
- e. Prosthodontist, 32 out of 83 counties met network adequacy standards.
- f. Pediatric Dentist, 80 out of 83 counties met network adequacy standards.

4. Schedule H - Quality Program and Measure Reporting 267/270

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiency was noted:

- a. DQA (ADA) Oral Evaluation, Dental Services (OEV-CH), Bidder failed to exceed expectations for 2023.

5. Schedule I - Sanctions and Compliance Actions 72/85

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiencies were noted:

- a. Enrollee Access to Covered Services, compliance actions noted across two states with no monetary value.
- b. Provider Network Issues, compliance actions noted in one state with no monetary value.
- c. Encounter Data, compliance actions noted in one state with no monetary value.

6. Schedule J - Narrative Submission Questions 928/1100

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiencies were noted:

- a. Question 2, Network Adequacy and Monitoring, Bidder's response lacked necessary details to demonstrate how and when they will implement initiatives outlined in this requirement.
- b. Question 3, Oral Health Promotion and Disease Prevention, Bidder lacked detail regarding how remaining challenges will be addressed.
- c. Question 3, Oral Health Promotion and Disease Prevention, Bidder referenced information from an exhibit in question 5 which cannot be considered in scoring the response to question 3.

- d. Question 4, Oral and Medical Health Coordination, Bidder lacked detail on strategies for engaging dental providers in care coordination activities beyond stating that they would support these activities.
- e. Question 4, Oral and Medical Health Coordination, Bidder lacked detail on their collaboration with stakeholders that they do not have a contractual relationship with.
- f. Question 4, Oral and Medical Health Coordination, Bidder's approach regarding care coordination and collaboration with medical providers was not fully developed.
- g. Question 5, Population Health Management/Care Management Approach, Bidder did not address whole person care, lacking information on coordination with MHP, PIHP, CSHCS, or other stakeholders that intersect with special populations.
- h. Question 11, Case Scenario: Mark, Bidder failed to provide an approach that addressed all needs and include the health plan and behavioral health provider in care coordination and to address previous trauma.

Total Score: 2163/2430

B. DentaQuest USA Insurance Company, Inc.

The Evaluation Team determined that DentaQuest USA Insurance Company, Inc. based on a score of 1863, did not meet the requirements of this RFP. This determination was accomplished by evaluating their responses to the Technical Evaluation Criteria.

1. Vendor Questions Worksheet 307/310

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiencies were noted:

- a. Section 2, Company Background Information, Bidder failed to provide their legal business address.
- b. Section 7, Insurance Requirements, Bidder had exceptions to the insurance terms.

2. Schedule A – Statement of Work 64/65

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiency was noted:

- a. Section 3.6, Key Personnel, Bidder's CEO and Dental Director are not located in Michigan as required by Section 3.6.B (1.b) and (2.b).

3. Schedule G - Provider Network 381/600

The Evaluation Team determined that overall, the responses were mostly unsatisfactory, and the following deficiencies were noted:

- a. General Dentistry, 79 out of 83 counties met network adequacy standards.
- b. Endodontist, 28 out of 83 counties met network adequacy standards.
- c. Oral Surgery, 21 out of 83 counties met network adequacy standards.
- d. Periodontist, 51 out of 83 counties met network adequacy standards.
- e. Prosthodontist, 20 out of 83 counties met network adequacy standards.
- f. Pediatric Dentist, 77 out of 83 counties met network adequacy standards.

4. Schedule H - Quality Program and Measure Reporting **212/270**

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiencies were noted:

- a. 12a. Total Eligibles Receiving Any Dental Services, 2023 Florida contract performance rate was below required threshold.
- b. 12c. Total Eligibles Receiving Dental Treatment Services, 2023 Florida contract performance rate was below required threshold.
- c. 12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth, Florida and Louisiana contract performance was below the required threshold for all years. Texas was below the required threshold for 2023 and 2024.
- d. 12e. Total Eligibles Receiving Dental Diagnostic Services, Florida contract performance rate was below the required threshold for all years.
- e. DQA (ADA) Oral Evaluation, Dental Services (OEV-CH), Florida contract performance rate was below the required threshold for all years. Louisiana contract performance was below the required threshold for 2022 and 2023.
- f. DQA (ADA) Topical Fluoride for Children (TFL-CH), Florida contract performance rate was below the required threshold for 2022.

5. Schedule I - Sanctions and Compliance Actions **48/85**

The Evaluation Team determined that overall, the responses were mostly unsatisfactory, and the following deficiencies were noted:

- a. Enrollee Access to Covered Services, compliance actions noted in multiple states, many with monetary values.
- b. Provider Network Issues, compliance actions noted in multiple states, many with monetary values.
- c. Quality Performance, compliance actions noted in multiple states, many with monetary values.

- d. Encounter Data, compliance actions noted in multiple states, many with monetary values.

6. Schedule J - Narrative Submission Questions

851/1100

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiencies were noted:

- a. Question 2, Network Adequacy and Monitoring, Bidder lacked sufficient detail on approach to address network adequacy to handle increased utilization.
- b. Question 2, Network Adequacy and Monitoring, Bidder's response lacked necessary details to demonstrate how and when they will implement initiatives outlined in this requirement.
- c. Question 4, Oral and Medical Health Coordination, Bidder lacked detail on strategies for engaging dental providers in care coordination activities beyond stating that they would support these activities.
- d. Question 4, Oral and Medical Health Coordination, Bidder lacked detail on coordinated care for children with complex medical needs.
- e. Question 5, Population Health Management/Care Management Approach, Bidders response lacked sufficient detail to determine the viability of their population health management approach.
- f. Question 5, Population Health Management/Care Management Approach, Bidder did not provide an actual timeline for continuous improvement.
- g. Question 8, Sanctions and Compliance Actions, Bidder did not adequately address actions taken or preventive measures for multiple deficiency categories and sub-categories they identified in their response.
- h. Question 9, Performance Monitoring Standards, Bidder lacked a timeline to meet their goals and predicted improvement rate year over year.
- i. Question 9, Performance Monitoring Standards, Bidder failed to provide an overall plan or describe how sufficient qualified staffing will be ensured to implement the planned interventions or account for increases in enrollment.

Total Score: 1863/2430

C. UnitedHealthcare Community Plan, Inc.

The Evaluation Team determined that UnitedHealthcare Community Plan, Inc. based on a score of 1328, did not meet the requirements of this RFP. This

determination was accomplished by evaluating their responses to the Technical Evaluation Criteria.

1. Vendor Questions Worksheet 10/310

The Evaluation Team determined that overall, the responses were mostly unsatisfactory, and the following deficiency was noted:

- a. Section 5, Experience, Bidder's experience provided was that of their subcontractor.

2. Schedule A – Statement of Work 61/65

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiencies were noted:

- a. Section 3.6, Key Personnel, Bidder failed to provide details within the key personnel table and a resume for one of their Dental Directors referenced in Schedule J.
- b. Section 3.9, Disclosure of Subcontractors, Bidder's subcontractor would be managing a majority of the dental benefit management services provided under the resulting contract.

3. Schedule G - Provider Network 322/600

The Evaluation Team determined that overall, the responses were mostly unsatisfactory, and the following deficiencies were noted:

- a. General Dentistry, 72 out of 83 counties met network adequacy standards.
- b. Endodontist, 24 out of 83 counties met network adequacy standards.
- c. Oral Surgery, 22 out of 83 counties met network adequacy standards.
- d. Periodontist, 48 out of 83 counties met network adequacy standards.
- e. Prosthodontist, 10 out of 83 counties met network adequacy standards.
- f. Pediatric Dentist, 50 out of 83 counties met network adequacy standards.

4. Schedule H - Quality Program and Measure Reporting 255/270

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiency was noted:

- a. Bidder failed to follow instructions to submit their three largest plans.

5. Schedule I - Sanctions and Compliance Actions 64/85

The Evaluation Team determined that overall, the responses were mostly satisfactory, but the following deficiencies were noted:

- a. Enrollee Access to Covered Services, compliance actions noted in multiple states, one with monetary value.

- b. Provider Network Issues, compliance actions noted in multiple states, two with monetary values.
- c. Quality Performance, compliance actions noted in multiple states, two with monetary values.
- d. Encounter Data, compliance actions noted in multiple states, two with monetary values.

6. Schedule J - Narrative Submission Questions

616/1100

The Evaluation Team determined that overall, the responses were mostly unsatisfactory, and the following deficiencies were noted:

- a. Schedule J, Bidder failed to submit this schedule using page numbers.
- b. Question 1, Early and Periodic Screening Diagnostic and Treatment (EPSDT) Services, Bidder failed to describe previous efforts to increase EPSDT utilization, results from those efforts, and future plans.
- c. Question 1, Early and Periodic Screening Diagnostic and Treatment (EPSDT) Services, Approach is driven by IT and members ability to engage in the IT instead of vendor engaging with members.
- d. Question 2, Network Adequacy and Monitoring, Bidder lacked details on enforcing enrollee access to specified provider types and access to care beyond safety net providers.
- e. Question 2, Network Adequacy and Monitoring, Bidder failed to clearly identify how experience in other states will transfer to Michigan Medicaid.
- f. Question 2, Network Adequacy and Monitoring, Bidder failed to address this question separately for Region 10, as specified in the question.
- g. Question 2, Network Adequacy and Monitoring, Bidder lacked details on strategies for addressing network adequacy in rural geographic areas.
- h. Question 3, Oral Health Promotion and Disease Prevention, Bidder did not address what challenges remain with their oral health promotion and disease prevention approach and how those will be addressed.
- i. Question 3, Oral Health Promotion and Disease Prevention, Bidder failed to describe activities related to enrollee uptake and increased participation.
- j. Question 3, Oral Health Promotion and Disease Prevention, Bidder's strategies were not geared towards reaching non-engaged members.

- k. Question 3, Oral Health Promotion and Disease Prevention, Bidder did not provide sufficient detail related to results of past efforts.
- l. Question 4, Oral and Medical Health Coordination, Bidder lacked detail on how they would coordinate care for children with complex medical needs.
- m. Question 4, Oral and Medical Health Coordination, Bidder lacked detail on strategies for engaging dental providers in care coordination.
- n. Question 4, Oral and Medical Health Coordination, Bidder failed to provide sufficient experience related to the issue in the question.
- o. Question 5, Population Health Management/Care Management Approach, Bidder did not demonstrate how experience will translate to the Michigan Medicaid context.
- p. Question 5, Population Health Management/Care Management Approach, Bidder failed to reference approach or other states' experience.
- q. Question 5, Population Health Management/Care Management Approach, Bidders response lacked sufficient detail to determine the viability of their population health management approach.
- r. Question 5, Population Health Management/Care Management Approach, Bidder did not provide an actual timeline for continuous improvement.
- s. Question 5, Population Health Management/Care Management Approach, Bidder did not address whole person care, lacking information on coordination with MHP, PIHP, CSHCS, or other stakeholders that intersect with special populations.
- t. Question 8, Sanctions and Compliance Actions, Bidder failed to sufficiently describe lessons learned specific to encounter data.
- u. Question 9, Performance Monitoring Standards, Bidder failed to describe how sufficient qualified staffing will be ensured to implement the planned interventions.
- v. Question 9, Performance Monitoring Standards, Targeted strategies lacked sufficient details to ensure Bidder's ability to reach year over year improvement and State specified goals for end of Contract cycle.
- w. Question 10, Case Scenario: Hugo, Bidder's approach did not address contractual requirements related to member materials, member education, and care management.

- x. Question 11, Case Scenario: Mark, Bidder failed to include the health plan and behavioral health provider in care coordination.

Total Score: 1328/2430

D. Dentistry One, LLC

Dentistry One, LLC did not meet the requirements of being responsive due to not meeting the mandatory minimum requirements.

IV. Technical Evaluation Summary

Selection Criteria		Delta Dental Plan of Michigan, Inc.	DentaQuest USA Insurance Company, Inc.	UnitedHealthcare Community Plan, Inc.
1	Vendor Questions Worksheet	310	307	10
2	Schedule A, Statement of Work	65	64	61
3	Schedule G, Provider Network	521	381	322
4	Schedule H, Quality Program and Measure Reporting (Table 3)	267	212	255
5	Schedule I, Sanctions and Compliance Actions	72	48	64
6	Schedule J, Narrative Submission Questions	928	851	616
Total		2163	1863	1328

V. Award Recommendation

Award recommendation is made to the responsive and responsible Bidder who offers the best value to the State of Michigan. Best value is based on the proposal meeting the minimum point threshold and offering the best combination of the factors stated in the *Proposal Instructions Evaluation Process* section, and price.

Delta Dental Plan of Michigan, Inc. provided the best value to the State. Best value factors for Award Recommendation include: Provider Network, partnerships, and experience.

As part of the best value determination, overall economic impact to the State of Michigan was considered and is not a determinative factor in making this award.

Award Recommendation is made to Delta Dental Plan of Michigan, Inc. in the amount of \$1,405,213,920.00.