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T. ELOISE FOSTER
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Deputy Secretary

**Amendment #4 to Request for Proposals (RFP)
Health Plan Administration & Services (PPO, POS HMO)
Solicitation No. F10B8200015
June 3, 2008**

This Amendment is being issued to amend and clarify certain information contained in the above named RFP. All information contained herein is binding on all Offerors who respond to this RFP. Specific parts of the RFP have been amended. The following changes/additions are listed below; new language has been double underlined and marked in bold (ex. **new language**) and language deleted has been marked with a strikethrough (ex. ~~language deleted~~).

1. The Plan design for all plans is amended in connection with covered immunizations. Amend Attachments L-3 (PPO) and O-3 (POS) as follows:

Immunizations	100%	80% after deductible
Deleted language	Immunizations are only covered as recommended by the American Medical Association and the American Academy of Pediatrics. The immunization benefit covers immunizations required for participation in school athletics and Lyme Disease immunizations when medically necessary.	
New language	Immunizations for adults and children as recommended by the Centers for Disease Control and published annually in the Morbidity and Mortality Weekly Report, including Lyme Disease, but excluding recommendations for travelers and excluding immunizations for influenza.	

2. The Plan design for all plans is amended in connection with covered immunizations. Amend R-3 (HMO, Fully Insured) and U-3 (HMO, Self-Funded) as follows:

Immunizations	100% when preauthorized by Plan
Deleted language	Immunizations are only covered as recommended by the American Medical Association and the American Academy of Pediatrics. The immunization benefit covers immunizations required for participation in school athletics and Lyme Disease immunizations when medically necessary.
New language	Immunizations for adults and children as recommended by the Centers for Disease Control and published annually in the Morbidity and Mortality Weekly Report, including Lyme Disease, but excluding recommendations for travelers and excluding immunizations for influenza.

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3. The plan design for Functional Area 1 - PPO is being amended to clarify anesthesia services when provided within participating facilities. Amend Attachment L-3 Plan Design as follows:

HOSPITAL INPATIENT SERVICES		
Inpatient Care ²	100%	80% after deductible
Hospitalization	100% for 365 days	80% after deductible; 100% after emergency admission
Anesthesia	100%	80% after deductible
New language	Anesthesia services when provided within a participating facility, including hospitals and outpatient care facilities, and the surgeon is also participating in the vendor's network as provided via this plan, are to be covered as in-network and paid at billed charges rather than the in-network maximum allowed benefit.	
Surgery ²	100%	80% after deductible
Organ Transplant ²	100% per plan year for cornea, kidney, and bone marrow; 100% per 365 days, up to \$1,000,000, per heart, heart-lung, single or double lung, liver, and pancreas.	80% after deductible per plan year for cornea, kidney, and bone marrow; 80% after deductible per 365 days, up to \$1,000,000, per heart, heart-lung, single or double lung, liver, and pancreas.

4. The plan design for Functional Area 2 – POS is being amended to clarify anesthesia services when provided within participating facilities. Amend Attachment O-3 Plan Design as follows:

HOSPITAL INPATIENT SERVICES		
Inpatient Care ²	100%	80% after deductible
Hospitalization	100% when preauthorized by Plan	80% after deductible; 100% after emergency admission
Anesthesia	100% when preauthorized by Plan	80% after deductible
New Language	Anesthesia services when provided within a participating facility, including hospitals and outpatient care facilities, and the surgeon is also participating in the vendor's network as provided via this plan, are to be covered as in-network and paid at billed charges rather than the in-network maximum allowed benefit.	
Surgery ²	100% when preauthorized by Plan	80% after deductible
Organ Transplant ²	100% when preauthorized by Plan, per plan year for cornea, kidney, and bone marrow; 100% per 365 days, up to \$1,000,000, per heart, heart-lung, single or double lung, liver, and pancreas.	80% after deductible per plan year for cornea, kidney, and bone marrow; 80% after deductible per 365 days, up to \$1,000,000, per heart, heart-lung, single or double lung, liver, and pancreas.

5. The Plan design for the HMO, both fully insured and self-funded, is amended in connection with mental health/substance abuse coverage. Amend Attachments R-3 and U-3 lines 86 and 87 as follows:

Mental Health/Substance Abuse	Inpatient Care: 100% for up to 365 days when preauthorized by Plan;
	Outpatient Care: 80% for visits 1-5; 65% for visits 6-29 30 ; 50% for visits 31+ per calendar year

6. Amend to add Attachment Z – Claims with Capitation. Requests for this confidential information will be available upon request via e-mail or CD to vendors who have signed the Non-Disclosure Agreement – Attachment I.

Issued and authorized by

<Signed>
Patti Tracey
Procurement Officer