



MARTIN O'MALLEY
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ANTHONY BROWN
Lieutenant Governor

T. ELOISE FOSTER
Secretary

DAVID C. ROMANS
Deputy Secretary

**Amendment #1 to Request for Proposals (RFP)
Health Plan Administration & Services (PPO, POS HMO)
Solicitation No. F10B8200015
April 24, 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. Revise RFP SECTION 2 – OFFEROR MINIMUM QUALIFICATIONS as follows:

- 2.1 Minimum Qualification Requirements
The Contractor shall:

~~For all functional areas, have an A.M. Best or Standard & Poor's insurance rating of no less than A, and~~

For Functional Area 3 – HMO (Fully Insured) and Functional Area 4 – HMO (Self Funded), be licensed in Maryland at the time of proposal submission to provide the plan services for which the proposal is being submitted.

- 2.2 Minimum Qualification Proof

The below list of documentation represents the form of proof necessary to demonstrate that minimum qualifications are met.

~~For all functional areas, provide a copy of a document (Internet document acceptable) reflecting an A.M. Best or Standard & Poor insurance rating of no less than A. An A rating would not meet the requirement. The documents shall be originated by either A.M. Best or Standard & Poor.~~

For Functional Area 3 – HMO (Fully Insured) and Functional Area 4 – HMO (Self Funded) only, a copy of the Offeror's Certificate of Authority issued by the Maryland Insurance Administration (MIA).

~Effective Resource Management~

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2. Revise RFP, §4.4.2.6 Responsibility to add the following:

C. Offeror's shall indicate whether the Offeror's organization has received financial rating for each of the following agencies listed below. Do not respond by providing information about Offeror's organization credit ratings. Include Financial Rating Status, Financial Rating Modifiers (if applicable) and Date of rating:

1. A.M. Best

2. Standard & Poor's

3. Wiess

4. Fitch

5. Moody's

3. Revise Page 50 of RFP, the listing of Attachments as follows:

Attachments: Attachment U – HMO (SELF FUNDED) RFP TECHNICAL
(PART I) **(PART II)**
[Provided upon receipt of signed non-disclosure agreement.]

4. Revise RFP Attachment V-8a, page 19 as follows:

Attachment ~~V-8a~~ **V-9a**: Hospital Utilization, Per Unit Allowable Charge and
Distribution of Allowable Charges

5. Revise RFP Attachment M-8a, page 20 as follows:

Attachment ~~M-8a~~ **V-9a**: Hospital Utilization, Per Unit Allowable Charge and
Distribution of Allowable Charges

Issued and authorized by

Patti Tracey
Procurement Officer