



MARTIN O'MALLEY
Governor

ANTHONY BROWN
Lieutenant Governor

T. ELOISE FOSTER
Secretary

DAVID C. ROMANS
Deputy Secretary

**Amendment #2 to Request for Proposals (RFP)
Dental Benefits Program
Solicitation No. F10B8200014
May 16, 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. Attachment L-1: Proposal Request, Section III. Dental Delivery System is amended as follows:

Members Access to Providers

The State would like to determine the availability of key dental providers to its employee and retiree population. Please prepare Geo-Access report(s) for the DHMO plan that you are proposing using census data provided by the State and the parameters in the table below. **Provide the reports using two separate formats: 1. using current enrollment, and 2. using entire census population.** Note that it is important that you follow the exact parameters. The report should show the availability by specialty for each zip code (or community). Report output is required for those with access and those without access, based upon the stipulated parameters. The report output should show the average distance to each provider group. See the worksheets entitled "**Attachment L-4: Access**" for the required format of the output. **Hard copy reports need only contain the aggregated provider access information.** In addition to the hard copy report, the data must be supplied in electronic format that has read/write capabilities (i.e. MS Excel). Do not send the data in a read-only file.

Use only physicians accepting new patients in your Geo-Access provider file. The census you need to perform this mapping is available on the census diskette upon execution of the confidentiality agreement (see Section 1.30). Label the completed Geo-Access report as "**Response Attachment L-1: Geo-Access Report**".

2. Attachment L-6: Compliance Checklist, Customer Service is amended as follows:

CC-14: Offeror shall prepare and provide identification cards and a detailed plan description to Members. **ID cards are to be mailed to members at least ten**

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business days before the program is operational. ID cards must be mailed to new members within three business days of notification by the State or receipt of the add/change/delete enrollment file that reflects the new enrollment, whichever is earlier. ID cards must be in member's possession at least 15 days before the program is operational, and throughout the contract term for new Members within 14 days of notification by State. The detailed plan description will be provided electronically (and via paper upon request).

3. Attachment L-9: Performance Guarantees is amended as follows:

PG-1	<p>Telephone Call Availability</p> <p>Measurements must be State-specific or for only the service center handling the State account.</p>	<p>95% of telephone calls are answered by a live service representative (with knowledge of State of Maryland account) within <u>30 seconds for automation and 60 seconds for a live representative.</u> The representative must be able to address the member's issue/question.</p>	<p>Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror)</p>
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4. Attachment O-1: Proposal Request, Section III. Dental Delivery System is amended as follows:

Members Access to Providers

The State would like to determine the availability of key dental providers to its employee and retiree population. Please prepare Geo-Access report(s) for the DPPO plan that you are proposing using census data provided by the State and the parameters in the table below. **Provide the reports using two separate formats: 1. using current enrollment, and 2. using entire census population.** Note that it is important that you follow the exact parameters. The report should show the availability by specialty for each zip code (or community). Report output is required for those with access and those without access, based upon the stipulated parameters. The report output should show the average distance to each provider group. See the worksheets entitled "**Attachment O-4: Access**" for the required format of the output. **Hard copy reports need only contain the aggregated provider access information.** In addition to the hard copy report, the data must be supplied in electronic format that has read/write capabilities (i.e. MS Excel). Do not send the data in a read-only file.

Use only physicians accepting new patients in your Geo-Access provider file. The census you need to perform this mapping is available on the census diskette upon execution of the confidentiality agreement (see Section 1.30). Label the completed Geo-Access report as "**Response Attachment O-1: Geo-Access Report**".

5. Attachment O-6: Compliance Checklist is amended as follows:

CC-14: Offeror shall prepare and provide identification cards and a detailed plan description to Members. **ID cards are to be mailed to members at least ten business days before the program is operational. ID cards must be mailed to new members within three business days of notification by the State or receipt of the add/change/delete enrollment file that reflects the new enrollment, whichever is earlier.** ID cards must be in member's possession at least 15 days before the program is operational, and throughout the contract term for new Members within 14 days of notification by State. The detailed plan description will be provided electronically (and via paper upon request).

CC-38: **DELETED** Offeror certifies that it will comply with the final rules on nondiscrimination in the group health market, including:
 a) Coverage for self-inflicted injuries for persons who suffer from medical conditions (such as depression).
 b) Coverage for persons who are hospital confined or not actively at work when coverage would otherwise take effect.

CC-39: **DELETED** Offeror will provide participants with annual notice that the plan provides for coverage for breast reconstruction following mastectomy.

6. Attachment O-9: Performance Guarantee is amended as follows:

PG-1	<p>Telephone Call Availability</p> <p>Measurements must be State-specific or for only the service center handling the State account.</p>	<p>95% of telephone calls are answered by a live service representative (with knowledge of State of Maryland account) within <u>30 seconds for automation and 60 seconds for a live representative.</u> The representative must be able to address the member's issue/question.</p>	<p>Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror)</p>
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Issued and authorized by

Gabriel Gnall
 Procurement Officer