



**DEPARTMENT OF  
BUDGET & MANAGEMENT**

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Governor

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Deputy Secretary

**QUESTIONS AND RESPONSES # 1  
PROJECT NO. F10R7200001**

**Consultant and Actuarial Services for State Employee and Retiree Benefits Program  
July 24, 2006**

Ladies/Gentlemen:

This List of Questions and Responses #1 is being issued to clarify certain information contained in the above named RFP. The statements and interpretations of contract requirements, which are stated in the following questions of potential offerors, are not binding on the State, unless the State expressly amends the RFP. Nothing in the State's responses to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the vendor asking the question as to what the contract does or does not require.

1. Please verify that the MBE goal is 27%.

**RESPONSE:**

Verified, the goal is 27%.

2. We fully support the mission and goals of MBE programs. With respect to the current contract, if the goal was not 27 percent (the goal stated in Section 1.23 of the solicitation) what was the MBE participation goal?

**RESPONSE:**

With respect to the current contract, the MBE participation goal is 15%.

3. How is the current vendor satisfying this goal and who is the MBE subcontractor?

**RESPONSE:**

The current vendor is satisfying its contractual MBE goal. Because there is potential for the incumbent to submit an offer in response to this solicitation, we will not compromise that firm's arrangements with its subcontractor. Therefore, the State will not disclose the name of its MBE sub-contractors at this time.

~Effective Resource Management~

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4. Does the current contractor use one MBE or several MBEs?

**RESPONSE:**

The current contractor uses several MBEs.

5. Who is the MBE subcontractor?

**RESPONSE:**

See the response to question #3.

6. What was the actual MBE participation achieved in the last 2 complete fiscal years?

**RESPONSE:**

The actual MBE participation achieved in the last two contract years (May – April) is 15%.

7. Is this a new solicitation or expansion of an existing contract relationship? If not new, who is the current vendor

**RESPONSE:**

This is a new solicitation that builds from a previously awarded contract. Since this will be a new solicitation, any firm including the incumbent contractor, AON, may compete for this award.

8. Are the current contract fees and history of fees available?

**RESPONSE:**

The current contract unit fees and a history of fees/invoicing detail will not be made available. The total contract award amount was established as a not-to-exceed amount of \$2,600,000. The total evaluated, five-year proposal price submitted by AON was \$2,128,400 as follows: for the Fixed Price Actuarial Services \$775,000 and for Consulting Services \$1,353,400. Offerors should note that the prior RFP permitted separate pricing for each contract year and that the current solicitation contains new elements in the scope of work.

9. Is a copy of the current contract available?

**RESPONSE:**

A copy of the current contract may be obtained via a public information act (PIA) request that is submitted to the procurement officer. Be advised that there are costs associated with obtaining any documents via a PIA request and the information will be redacted to protect proprietary information, confidential information and trade secrets of the contractor.

10. Can you please inform us in which year the current contract was awarded?

**RESPONSE:**

The current contract was awarded in the year 2003.

11. Can you inform us how many years the contract has been held by the current contractor?

**RESPONSE:**

The current contractor has held the contract for 3 years and 3 months.

12. Can you inform us whether the State is comfortable with the performance of the current contractor?

**RESPONSE:**

The State's policy is not to discuss on-going contractual relationships or comment on the performance of contractors. Offerors should not take the issuance of a solicitation as a reflection upon the work of or the State's satisfaction with any incumbent contractor. Several unexpected events – the need for GASB studies, the change in the State's benefits plan year, the change in scope of the State's PBM contract – have contributed to issuing a procurement for actuarial and consulting services on a different schedule than the current contract.

13. Please confirm that all prior consultants provided reports (including input data) would be available in an electronic format for the successful Consulting firm awarded the new contract. The purpose of this request is to have a history of claims and utilization in an electronic format.

**RESPONSE:**

The State cannot confirm that all prior consultant-provided reports will be available electronically. The State will provide information and data to the extent such is available electronically and necessary for the work of the selected contractor.

14. May we obtain a sample budget monitoring report?

**RESPONSE:**

No such document exists. The State will work with the selected vendor to develop such a report.

15. May we obtain a sample budget report and the reconciliation report of actual to budget?

**RESPONSE:**

No such document exists. The State will work with the selected vendor to develop such a report.

16. Will the Consultant have full contact/privileges with PBM in order to design and oversee PBM production of customized reports and facilitate understanding of full scope of PBM operations?

**RESPONSE:**

The consultant will work under the direction of the Department and the Contract Manager with regard to the all PBM-related activities. The PBM is required to provide quarterly utilization and cost reports, as well as quarterly reports on transparency, rebates, pass-through pricing and other elements of the new pricing model effective 7/1/2006. However, the PBM Contract delineated specific reports, particularly in the utilization and cost reporting area. If customized reporting is deemed necessary, that may require that contractual changes be made with the PBM.

To the extent that a task order is issued and approved that provides for designing or overseeing the production of reports by the pharmacy benefits contractor, the consultant contractor shall have that role. The Department expects that the consultant will take a pro-active role in advising the Department and the Contract Manager of the extent of work necessary and the benefits tied to each task necessary to achieve an understanding of the PBM's operations. Whether certain work, activities or tasks will be approved by way of a task order cannot be predicted accurately at this time.

17. Is a copy of the PBM agreement specifying level and nature of transparent arrangement available?

**RESPONSE:**

The agreement is not necessary to see the level and nature of the transparent arrangement. The RFP that was issued to establish the agreement provides all of the details. Visit the DBM website, [www.dbm.maryland.gov](http://www.dbm.maryland.gov) and do a key word search on "Pharmacy Benefit RFP" to download a copy of that RFP.

18. Will the successful consultant vendor be asked to provide services to the entirety of the Maryland Rx program, or just services related to the employee participation?

**RESPONSE:**

The successful consultant contractor will be asked to provide services to the State, not the entirety of the Maryland Rx program. However, as noted in section 3.2.12 – Pharmacy Directorship and Prescription Plan Contract Management, there may be some direct or indirect review of data or reports for the entire Maryland Rx program. Any work performed will be conducted via a task order. The task order will detail the actual scope of work the contractor will provide.

19. Will the successful consultant vendor be able to obtain utilization and cost data through a contractual requirement for Maryland Rx?

**RESPONSE:**

The State will provide access to the successful consultant contractor with any data received pertaining to the Maryland RX program to the extent such data is necessary for performance of the consultant's work under the State's contract. Any work will be specified within a task order. The State does not anticipate receiving cost and utilization data for members in the Maryland RX program, only enrollment data that may impact the Maryland State Employee and Retiree Health and Welfare Benefits Program under the terms of the PBM contract.

20. Is there more information that can be provided (or an Internet source) regarding the protest to the awarding of the PBM contract? Will the successful consultant vendor be instructed as to the ramifications of the protest? Will the successful vendor be expected to support the State with any arbitration or legal proceedings related to the protest?

**RESPONSE:**

There is no more information that can be provided regarding the protest/appeal to the awarding of the pharmacy contract. The result of the protest/appeal will have no impact on this contractor. If any work were required of the contractor, that would be identified within a task order issued by the Contract Manager.

21. Regular updates on compliance issues are provided to our clients through a variety of hard copy and electronic publications. Are there specific types of communications of compliance information that the State would find more helpful (e.g. regular emails on topics of interest, policy issues, specific emails to identified staff, etc.)?

**RESPONSE:**

Specific types of communications of compliance information will be discussed with the selected vendor. Read Section 3.2.8 for the general requirement. Offerors may elect to describe how they typically provide such updates to current clients in their technical proposals.

22. Section 3.2 – This section refers to various consulting services that may be requested of the contractor. Section 3.2 includes a reference to advice to be provided to the Department such as various topics and areas required to effectively and appropriately administer benefits plans of the type offered by the State, including legal requirements, plan designs, cost management, data analysis, first line audit services, GASB actuarial analysis and report preparation, and procurement support.

a. This responding firm is an actuarial and consulting firm. Our professional code of conduct does not allow for the provision of legal advice or counsel. Will you respond affirmatively that this contract will not require legal opinions, advice, or counsel as part of its requirements?

**RESPONSE:**

The resulting contract is not intended to require legal opinions, advice or counsel as part of its requirements. The term “legal requirements” is not intended in that vein but is intended to require the contractor to provide the State with the requirements of law that we need to be aware of and comply with in managing these services.

b. Can you further define the phrase – first line audit services? How is it defined for any existing contract and how is this task performed (in general)?

**RESPONSE:**

The State procures the services of an Audit firm to conduct annual audits of its insurance vendors. The State would be looking for this selected vendor to provide advice and guidance concerning industry standards. This will ensure proper reviews are being conducted. In addition to providing guidance in possible auditing methodologies as they might apply under the Pharmacy Directorship. Any work performed will be via a task order issued after contract award.

23. Actuarial and Consulting Overlap - The introduction to Section 3 indicated that there may be an overlap between actuarial and consulting services. Section 3.2, as well as the instructions and format of Attachment F seem to indicate that all services defined in Section 3.2 will be directed by the State through the Task Order Process. Section 3.2 includes actuarial services as well as consulting services.

a. Will you provide clarification as to the completion of Attachment F? Should the actuarial services include only those services specifically discussed in Section 3.1?

**RESPONSE:**

Actuarial services specifically discussed in Section 3.1 are the only services to be priced and at a fixed rate, in Attachment F, Section 1. All other services will be directed through task orders and at the hourly labor rates provided in Section 2.

b. Should the responding firm include billing rates for actuarial services as part of Section 2, Attachment F? The assumption is that these actuarial rates would be defined and approved as part of the Task Order Process? Any clarification to assist with the completion of Attachment F would be greatly appreciated.

**RESPONSE:**

Responding firms will not provide separate billing rates for actuarial services as part of Section 2 Attachment F. The hourly rates provided in Section 2, Attachment F are the maximum rates that the contractor will be authorized to bill for **any** services, including actuarial services, requested under a task order.

24. Level of Effort for General Consulting Services, Section 3.2.3 – This section refers to procurement assistance.

a. What is the State's policy on due diligence for renewal of benefit plan vendor contracts?

**RESPONSE:**

When the State awards contracts, they will include typically a unilateral right of the State to exercise options to extend the contract. It is solely at the option of the State as to whether any contract is extended. If a contract has terminated, the State will conduct a full procurement, consistent with the requirements of COMAR Title 21, to secure a new contract. The incumbent is always free to compete as part of the new procurement process.

b. Does each contract renewal include an RFP process, or is there a specified mandatory frequency for complete RFPs?

**RESPONSE:**

Each contract renewal does not include an RFP process. Renewals are in essence options and no RFP is required. It is only when a contract is ending either through a termination or expiration that an RFP is required. For example, in Attachment I Current Benefits Contracts, the first entry (Metropolitan Life) shows that the contract ends on 12/31/05. However, the State modified and unilaterally exercised the first option to extend the contract until 06/30/07 and may do so for exercise of the last option period (07/01/07 –06/30/08). The consultant contractor may be requested to provide advice or information related to industry standards or pricing for the State to consider in deciding whether to exercise an option to renew a contract.

c. Current Plan Designs – Have there been recent studies related to the effectiveness of the current benefit plans? Have any plan areas been defined as ineffective or underperforming? Are there plans to conduct such a study, as we note that a potential consulting assignment may entail market research and communications (Section 3.2.7)?

**RESPONSE:**

There have been recent studies related to the effectiveness of the current benefit plans by focus groups and legislative committee reviews. The State has made some recent plan design changes in co-pays, prior authorizations, managed drug limitations and mail order under the RX program. The State has also changed pricing and reporting terms under the RX contract to be effective 7/1/2006.

There have been no plans defined as ineffective or underperforming. Any market study that does occur as stated in Section 3.2.7 would be done when the State determines it is necessary. At that time, the Contract Manager would issue a task order to the contractor.

d. What was the actual level of effort used by the State for Consulting Services in the last three fiscal years? That is how many hours of work was authorized for each of the labor categories?

**RESPONSE:**

Over the initial three contract years, Attachment F, Section 2 reflects an approximation of the hours billed in the three labor categories by the incumbent. Consulting Services utilized approximately 1,000 hours for the principals, 4,000 for seniors and 4,000 for the juniors. However, this is not a guarantee of any minimum amount of work that the selected vendor can expect. The Pharmacy Directorship and Prescription Plan Contract Management is a new task and will involve hours that were not part of the current contract.

e. Would the State be willing to expand the number of labor classifications under which work would be contracted?

**RESPONSE:**

The State is not willing to arbitrarily expand the number of labor classifications under which work would be contracted. However, if potential offerors believe that the State has missed some labor classifications in the RFP that may be essential to the performance of the types of consulting work to be performed, additional questions should be asked and information submitted. The State will consider whether additional labor classes are necessary.

f. Over each of the last three years, how many times was the current contractor required to provide testimony before legislative committees?

**RESPONSE:**

The current contractor was needed for testimony on at least two occasions during the last legislative session. Testimony was provided on issues pertaining to GASB and the PBM RFP transparency and full pass-through pricing requirements.

25. Under what circumstances would the State contract for GASB related studies with another actuarial service contractor?

**RESPONSE:**

There are no specific circumstances that can be identified at this time. However, read the response to Question #26 below.

26. In Section 3.2.10 GASB, there is a statement “The State may contract with another actuarial services contractor for GASB-related studies and reports.” Please provide guidance as to the process for providing a proposal for this actuarial service on a stand-alone basis.

**RESPONSE:**

At this point in time, the Department does not know what the Blue Ribbon Commission will do as far as requesting actuarial or other services associated with GASB. The selected vendor



should consider that they will be asked to provide another GASB valuation. In addition, the selected vendor may be asked to provide actuarial estimates on potential retiree funding mechanisms. If this is the case, then the Contract Manager will issue a task order to the contractor. Also, the State, at its option, may conduct a separate procurement for an actuary to conduct a GASB study if the State determines it is appropriate and necessary.

27. We would like to verify the exact number of individual rates required (plans) and how the vendors report claims experience, as we need the retiree data segregated for GASB purposes.

**RESPONSE:**

At this time, no fixed price fee is solicited for preparation of a GASB report or study. An exact number of individual rates required and how the vendors report claims experience would be provided to the contractor if and when a task order is issued by the Contract Manager. The contractor will then prepare a Task Order Response.

Also, rates for the Fiscal Year 2007 plan year for State of Maryland plans as well as a copy the State's current GASB 45 evaluation can be found on DBM's website ([www.dbm.maryland.gov](http://www.dbm.maryland.gov)). The confidential data CD as noted on Attachment K provides some data for retirees. The selected vendor will be able to work with vendors to obtain retiree data.

28. Our firm would like to incorporate a data warehouse feature in its response. Are current benefit plan vendors under any contractual requirement to make detailed claims, utilization, and eligibility files available to the State?

**RESPONSE:**

Current benefit plan vendors are under contractual requirement that would have them submit claims data to a disease or case management vendor if the State chose to enter into such an arrangement. Utilization reports are submitted in the formats noted in the RFP.

29. Are copies of current budget reports (see Section 3.1.1.C) available?

**RESPONSE:**

No copies of current budget reports are available. The requirement of budget reports is new and was not previously required under actuarial services.

30. We have included a PDF of a signed copy of Attachment G (Section 1.27) Confidentiality Agreement and notification to the Procurement Officer. Is this sufficient to receive access to prior quarterly utilization reports? What is the process and timing for receipt of prior quarterly utilization reports?

**RESPONSE:**

The signed Attachment G as a PDF is sufficient to receive access to the quarterly utilization reports listed on Attachment K. Those reports should suffice for purposes of submitting a response to the RFP.

The process and timing for submission of utilization reports by various plan TPAs are outlined in the medical RFPs (described in section 2.3.1 Health Insurance Plans) and are available on DBM web pages. The medical contractors are required to provide to the State quarterly utilization data by the 15th of the fourth month after the close of a quarter. For example Jan. thru Mar. data is due July 15th.

31. Are current vendor contract provisions able to be modified to obtain relief from administrative fees from producing periodic reports or adjustable to allow for submission of periodic raw data feeds in lieu of the quarterly reports (in contemplation a data warehouse component in the RFP response)?

**RESPONSE:**

The current contract provision could be modified; however, the State is not currently contemplating to do so.

32. What was the total level of fees paid for Actuarial Services in the last three fiscal years?

**RESPONSE:**

The information is not provided on a fiscal year basis but is provided on a contract year basis. See the response to Question #8.

33. Item C. third bullet #5, please clarify that the four to five different cost-shifting scenarios are included in the fixed price and any scenarios above will be included as an additional service and outside the scope of the fixed price to be charged as a task order.

**RESPONSE:**

Section 3.1.1C third bullet #5 states, "If more than 5 scenarios are presented for analysis, a task order shall be required (see Section 3.2.1.1)." Section 3.2 represents any work that will be performed outside the scope of RFP Section 3.1 and therefore on a Task Order (labor hour) basis.

34. Who is the current Account Manager and who is the Authorized Representative on the RDS application?

**RESPONSE:**

The current Account Manager is an AON employee and the Authorized Representative is the Secretary of the Department.

35. What problems have they experienced in the current RDS application process and where does the Department want to see improvement?

**RESPONSE:**

No major problems have been experienced in the current RDS application process. The State has completed its application for both FY 2006 and FY 2007 with minimal concerns.

36. When the Department submitted the payment request in April (one-time payment request) did the RDS claims submitted meet expectations? Where there any unexpected events in the submission process?

**RESPONSE:**

The RDS claims submitted met expectations and no unexpected events occurred in the submission process. The State has completed and received the one-time payment from CMS in the amount that was submitted for request.

37. How is eligibility information submitted to the PBM?

**RESPONSE:**

Eligibility information is submitted to the PBM electronically through a HIPAA-secure line on a bi-weekly basis.

38. Has the state performed a cost/benefit analysis of the other Medicare Part D options (wrap, becoming a PDP, contracting with a PDP)? If so, what was the result?

**RESPONSE:**

The State has not performed a cost/benefit analysis of the other Medicare Part D options.

39. In Section 3.2.9 Medicare Part D Project, Will the State consider this service as a stand-alone project since this is an hourly priced Consulting Service?

**RESPONSE:**

Medicare Part D will be a project under the Consulting Service (Section 3.2) part of the contract. A task order would be issued by the Contract Manager. The amount of work associated with this project will vary on a monthly basis and would be billed at the contracted hourly labor rates as identified in Attachment F, Section 2.

40. There appears to be an inconsistency on pages 34 and 38 on the number of CDs needed. Can you please clarify the number of originals, copies and CDs of each Volume to be included in the response?

**RESPONSE:**

A total of 6 paper copies to include 1 unbound original and 5 copies, with 1 CD for each Volume is required. See Addendum #1 for clarification.

41. Reciprocal Preference – The RFP discusses the issue of states giving preference to resident businesses. Our firm is national in scope, with offices in many states, including Maryland. We will be reviewing the business preferences of the states in which our offices are located. How will the State determine the applicability of this provision if our firm does happen to have an office in a state that includes domestic preference guidelines? (Our firm's response will include a combination of offices, including Maryland.)

**RESPONSE:**

Applicability of this provision would be determined as to where the actual majority of the work is going to be performed. For example, if the work were going to be mainly performed via a Maryland office, no preference would be applied. However, if work were to be mainly performed from a Virginia office and Virginia applies some preference to resident firms, that preference would be applied against you in Maryland.

42. New Initiatives – Does the State anticipate any significant new initiatives or projects during the duration of the contract? Are any of the project(s) defined at this time?

**RESPONSE:**

The State does not anticipate any significant new initiatives or projects currently but the State reviews options or initiatives during each rate renewal process. New initiatives may result from these annual rate renewals or through legislation.

43. Budget Targets - Has the State defined any objectives for the budget requirements for the benefit plans? Have there been any prior initiatives to affect the amount of benefit plan budget?

**RESPONSE:**

The State has not defined any objectives for the budget requirements for the benefits plans. The State budget for health insurance is presented each year as part of the Legislative Budget process. Funding for benefits is part of this process and is reviewed on a year-to-year basis.

44. How does the State see the Proposal evaluation process working, will there be a 'best and final' opportunity? Is there a decision timeline?

**RESPONSE:**

The evaluation process is outlined within Section 5 of the RFP and is based on Offeror submissions (RFP Section 4). Whether a 'best and final' opportunity will occur cannot be determined at this time. The Department decision timeline is to have the contract effective on November 1, 2006.

45. Has the audit work been re-bid, and is the actuary/consultant precluded from bidding on and/or receiving a task order for these projects?

**RESPONSE:**

This solicitation represents the re-bid of the Actuarial/Consultant Services contract. The Audit Contract on Attachment I that has expired is scheduled to be re-bid in the near future. No vendor is precluded from bidding on either solicitation unless there is a conflict of interest.

46. Section 4.2.2, Executive Summary, refers to Section 2.1 consultant qualifications; but this is not the correct reference.

**RESPONSE:**

This reference has been deleted. See Addendum #1.

47. Section 3.1, are sample copies of actuarial reports, renewal presentations, utilization reports, Governor presentations, and legislative updates available?

**RESPONSE:**

No sample copies of actuarial reports, renewal presentations, utilization reports, Governor presentations, and legislative updates are available.

48. If sample reports noted above are not available, can the expected format and content be described for these reports and presentations

**RESPONSE:**

The following is being provided as an outline but these reports will be subject to on-going discussions between the contractor and the Department after contract award.

Reports may utilize a Table of Contents that includes an:

- Executive Summary
  - o Overview of current Fiscal Year Costs and budget status
  - o Projected upcoming Fiscal Year Costs
  - o Contribution summary
- Renewal Summary – Detailed Information by Plan
  - o PPO plans
  - o POS plans
  - o HMO plans
  - o RX Plan
  - o Dental Plans
    - o DPPO plan
    - o DHMO plans
  - o Vendor Financial Rating Summary
- Reserve Calculations (IBNR)
- Health Plan Utilization
- Exhibits
  - o Summary of Projected Results for Rate Analysis
  - o Medical Enrollment Summary - current
  - o RX and Dental Enrollment - current
  - o Medical Enrollment History Summary
  - o Projected FY Health Plan Rates
  - o Projected FY Health Plan – Active/Retiree Deductions
  - o Projected FY Health Plan – Active/State Cost Share Increases (Decreases)
  - o Projected FY Drug Plan Rates

- o Projected FY Dental Plan Rates
- o Projected FY Costs
- o Total Premium Comparison renewal year to current
- o State Cost Comparison renewal year to current
- o Employee Cost Comparison renewal year to current
- o INBR calculation
- o Cost Growth by Major Category
- o History of Actual rate increases

While this report format may be typical, the contractor may suggest or be requested to provide different format or schedules that might be needed.

49. Section 3.1.1, can you provide an estimate of how many meetings will be required, and is a project plan in connection with the 2006 rate setting process available?

**RESPONSE:**

It is expected for the actuary to lead the rate renewal meetings for the 4 medical, 2 dental, 1 prescription and 1 mental health vendors. Also, 3 to 4 meetings with DBM/EBD staff and/or the Secretary will be necessary to provide results and reports.

No, the project plan in connection with the 2006 rate setting process is not available.

50. Section 3.2.2 refers to 'first-line audit services'. What is meant by that?

**RESPONSE:**

The Department will be issuing another RFP in August for an audit. Once the audit is complete and if the Department issues a task order to the contractor, the contractor would audit the audit. This is similar to independent verification and validation of the results. The details of the audit services would be identified in detail as to our expectation. The contractor would provide a response to the task order and the Contract Manager would determine whether to proceed with the task work.

51. Section 3.2.12, Pharmacy program for State employees, retirees, local governments, and local private employers: Are the benefits different for different groups within this program and if so, how? How is enrollment handled for the various groups in this program? Do all Participants in the Rx program have the same preferred drug list, utilization management programs, and other benefit design components? What happens to rebates for the Participants in each group within this program? How are the benefits managed in terms of data, reporting, and billing?

**RESPONSE:**

The services requested under this procurement are applicable only to the Maryland State Employee and Retiree Health and Welfare Benefits Program. Participants in the State's plan would have the same RX benefit coverage. Groups who may join the Maryland RX Program (purchasing pool) will have separate contracts with the PBM and will not be reported under or with the State's program. Enrollment, rebates, reporting, billing, etc. for groups under the

Maryland RX program are to be maintained separately by the PBM from the Maryland State Employee and Retiree Health and Welfare Benefits Programs. These groups may be reviewed only to the extent that their enrollment places the State's program into a different pricing guarantee.

**Remember offers are due on August 8, 2006 no later than 2:00 p.m.** If there are questions concerning this solicitation, please contact me via e-mail at [jepstein@dbm.state.md.us](mailto:jepstein@dbm.state.md.us) or call me at (410) 260-7570 as soon as possible.

Date Issued: July 24, 2006

By

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Joy Epstein  
Procurement Officer