



REQUEST FOR QUALIFIED SERVICES (RFQS)

PO817

STATEMENT OF QUALIFICATIONS

For

STATE HEALTH BENEFIT PLAN (SHBP)

CONSOLIDATED HEALTHCARE STRATEGY

For all questions about this RFQS contact:

**Tiffiney Ward
2 Peachtree Street
35th Floor
Atlanta, GA 30303
tiward@dch.ga.gov**

RELEASED ON:

December 3, 2007

DUE ON:

December 17, 2007 2 p.m. Eastern Standard Time

INFORMATION FOR OFFERORS

Purpose

The Georgia Department of Community Health (DCH) State Health Benefit Plan (SHBP) has developed a multi-year strategic plan addressing the health care objectives for active and retiree membership enrolled in the SHBP. As part of this plan, the SHBP will conduct a solicitation to identify vendors capable of offering the following products for an effective date of January 1, 2009: Consumer Driven Health Plan (CDHP) with Health Reimbursement Arrangement (HRA), qualified High Deductible Health Plan (HDHP), Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and Medicare Advantage products. The solicitation process, Request for Qualified Services (RFQS), involves two phases: (1) Statement of Qualifications; and (2) a Request for Approach (RFA).

Overview of Request for Qualified Services (RFQS)

Phase 1. Statement of Qualifications (SOQ) – a vendor response to a request to verify its current ability to implement the SHBP desired business strategy. The request may be inclusive, but not limited to: verification of appropriate licensure, attestation of qualifications, and other qualification based submission requirements.

Phase 2. Request for Approach (RFA) – an in depth evaluation of technical aspects of approaches inclusive of the aspects of the desired business strategy, weighted on areas of priority to the State. Review and evaluation will be inclusive of professional actuarial review, site visits, oral presentations, and other requirements as determined necessary to determine the best approach for the State and its members. Efficient management of this process necessitates SHBP's limit of review only to those vendors qualified at Phase 1.

Phase 1: Statement of Qualification (SOQ) (Minimum Qualification Requirements)

Qualification and Selection

Applications received will be reviewed by the DCH for determination of the Offeror's qualifications, based on the published Pass/Fail criteria. Prior to the release of the RFA, notice will be provided to vendors not qualified in Phase 1.

The DCH will invite only those vendors identified as passing all requirements in Phase 1, to offer a submission within Phase 2, the RFA.

Schedule of Events

This Statement of Qualifications request will be governed by the following schedule:

Dates

December 3, 2007	Release Statement Of Qualifications
December 6, 2007	Deadline For Written Questions
December 12, 2007	Answers To Written Questions Posted On The DCH Web site
December 17, 2007	Statement Of Qualifications Due
December 21, 2007	Issue Notification Of Qualification Status

Restriction on Communication with Vendors

From the issue date of this RFQS until a contractor is selected and the selection is announced, Offerors are not allowed to communicate for any reason with any DCH staff except through the Issuing Officer named within the solicitation, except during the Offeror's conference, or as provided by existing work agreement(s) as applicable. The DCH reserves the right to reject the submission of any Offeror violating this provision.

Questions must be directed in writing to the Issuing Officer. No questions other than written will be accepted. No response other than written will be binding upon the State.

All questions must include the company name and the referenced section of the RFQS.

Instructions to Vendors

1. Attestation - Complete and sign the attached statement of qualifications attestation.
2. Certification - The information requested in support of this document must be limited to the work specified for this project. The DCH requires that organizations provide proof of certification for the actual product or services as identified.

Process for Submitting SOQ

Mark the outside of shipping package as follows:

Name of Company
Phone Number and Point of Contact for Company
SOQ # P0817
Due no later than December 17, 2:00 P.M. Eastern Standard Time

Submissions must be addressed to:

**Georgia Department of Community Health
Office of Procurement Services
2 Peachtree Street, NW, 35th Floor
Atlanta, GA 30303-3159
Attention: Tiffiney Ward, Purchasing Agent**

Any submission received after the due date and time will not be evaluated.

STATEMENT OF QUALIFICATIONS

Name of Organization: _____

Address: _____

Website: _____

Main Phone: _____ **Fax:** _____

Name/Title of Contact Person: _____

Please provide the following information for the Contact Person

Phone Number: _____ **Fax:** _____

E-mail: _____

The organization understands that the information provided in this statement is subject to verification by the DCH or designee, and that findings of inaccuracies will constitute sufficient cause for disqualification of the organization from consideration of further evaluation and/or award.

The organization understands that the DCH reserves the right to reject any or all submissions, and does not obligate DCH to approve any submission and/or to enter into a contract with an organization.

STATEMENT OF QUALIFICATIONS

Check appropriate answer to each qualification requirement below. *A RFA will only be issued to those Offerors who answer "Yes" to each of the qualification requirements.*

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. As of January 1, 2008, the Offeror must offer ALL of the following products: CDHP with HRA, HDHP, HMO, PPO and Medicare Advantage (Private Fee-for-Service) wherein eligible SHBP members can elect participation in either one of these plans. In the RFA, the Offeror will be asked to disclose any subcontracted parties in the offering of these products. |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The Offeror must offer the four non-Medicare health care products utilizing a self-funding mechanism. |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. At the time of the attestation, the Offeror must have a current business license and other required certifications and accreditations from State regulatory agencies necessary to operate in the state of Georgia for all five health care products. |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The Offeror must agree to the following indemnification language in the contract with DCH: "Contractor hereby releases and agrees to indemnify and hold harmless DCH, the State of Georgia and its departments, agencies and instrumentalities (including the State Tort Claims Trust Fund, the State Authority Liability Trust Fund, The State Employee Board Form Liability Funds, the State Insurance and Hazard Reserve Fund, and other self-insured funds, all such funds hereinafter collectively referred to as the "Funds") from and against any and all claims, demands, liabilities, losses, costs or expenses, and attorneys' fees, caused by, growing out of, or arising from this Agreement, due to any act or omission on the part of Contractor, its agents, employees, customers, invitees, licensees or others working at the direction of Contractor or on its behalf, or due to any breach of this Agreement by Contractor, or due to the application or violation of any pertinent federal, State or local law, rule or regulation. This indemnification extends to the successors and assigns of Contractor, and this indemnification survives the termination of the Agreement and the dissolution or, to the extent allowed by the law, the bankruptcy of Contractor." |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. In the offering of the five health care products, the Offeror must affirm that no service of any kind will be rendered or administered via off-shore service centers or personnel. All work must be performed within the contiguous United States. |

Network Access

The SHBP has over 680,000 active and retiree members, including dependents, enrolled across the state of Georgia. Offerors must provide SHBP members statewide access to providers and pharmacies. The RFA will require Offerors to provide detailed information on the Offerors' provider networks, including subcontracted networks. During the RFA process, if an Offeror is unable to meet the minimum provider access requirements, as defined in the RFA, the Offeror will be disqualified regardless of the Offeror having met the above-stated qualifications.

AUTHORIZED SIGNATURE REQUIRED ON FOLLOWING PAGE

– SIGNATURE PAGE –

Attestation

The undersigned Offeror states and warrants, based on best knowledge, information, and belief, that the above information provided by the Offeror to the State at the time of this Attestation is accurate, complete, and truthful. The Attestation must be executed by a senior executive or officer of the Offeror (i.e., President, Vice-President, or Chief Executive Officer).

I, _____, do hereby attest that the above information is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to a fine of not more than \$1000 or imprisonment for not less than one and nor more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to the Department of Community Health regarding the above information pursuant to O.C.G.A. Section 16-10-20.

Print:

_____	_____	_____
Name	Title	Date

Signature:

_____	_____	_____
Name	Title	Date

AFFIX CORPORATE SEAL HERE
(Corporations without a seal, attach a
Certificate of Corporate Resolution)