

**QUESTION AND ANSWER
CONSOLIDATED HEALTHCARE STRATEGY
P0817**

#	Questions	Response
1.	Will the State be willing to include additional language, elsewhere in the Contract, which states that Offeror shall only be responsible for reimbursement of overpayments to the extent that such overpayments are caused by Offeror's failure to perform its obligations in accordance with the Standard of Care, defined as a reasonable prudent TPA acting under similar circumstances?	The sample contract will be attached with the Request for Approach (RFA).
2.	In provision 5, regarding off-shore services, does this pertain to member services only or include services rendered to the provider community?	This requirement pertains to services rendered to members and providers. All services rendered under the contract must be performed within the contiguous United States.
3.	Please confirm that "subcontracted parties" is defined as any business which has a direct contract with Offeror to provide some portion of the work or services agreed upon in the contract.	Yes.
4.	Is there a consultant assigned to this bid that we could contact?	No. This solicitation is being administered by the Department of Community Health Office of the State Health Benefit Plan. For all questions about this Statement of Qualifications contact Tiffiney Ward, tiward@dch.ga.gov , (404) 463-5524.
5.	Please confirm that the only documents due to DCH on December 17, 2007 are the following: a. Statement of Qualification: i. Contact Information Page ii. Statement of Qualification "Check off" page iii. Attestation Page	The following Statement of Qualification (SOQ) documents are due December 17, 2007: 1. Completed Contact Page, 2. Completed Statement of Qualification Page, 3. Signed Attestation Page, 4. Copies of Certifications from the Department of Insurance for the actual products or services as identified in the SOQ, and 5. Signed Addendum(s) Page.
6.	Are there any provider access requirements included in the evaluation process?	Yes, provider access requirements are included in Phase 2 of the evaluation process.

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7.	What is the current overall provider discounts being achieved?	DCH will provide vendors with claims history during Phase 2 of the evaluation process.
8.	What is the current in network utilization percentage?	PPO and HDHP is approximately 95.8%, CDHP with HRA is approximately 96% and HMO is approximately 95.8%.
9.	Please itemize the disease management programs currently included in the medical plan rates.	Currently the disease management programs include: COPD, Heart Failure, Coronary Artery Disease, Cancer, Asthma, and Diabetes. SHBP is looking to expand these programs (e.g., Depression, Low Back Pain, etc...).
10.	Please itemize the wellness programs currently included in the medical plan rates.	All SHBP Wellness Programs provide a comprehensive population-based approach towards early identification, proactive outreach to improve compliance with evidence-based guidelines, and access to appropriate health care resources. These programs include, but are not limited to, the use of Health Risk Assessments, 24-hour Nurse Line Access, Health Fair Participation, Educational Programs for Consumers and Patients, and Provider Education.