



February 19, 2004

**INFORMAL BID SOLICITATION**

To All Prospective Vendors:

The Georgia Department of Community Health (DCH) is seeking the services of a vendor to evaluate claims processed by the State Health Benefit Plan (SHBP)'s pharmacy benefit manager. The Division of Public Employee Health Benefit administers the State Health Benefit Plan (SHBP), which provides health insurance coverage for state employees, school system employees, retirees, and their dependents.

The SHBP is responsible for healthcare services for more than 630,000 employees, teachers, school personnel, their dependents and retirees. SHBP provides healthcare coverage to beneficiaries residing in virtually every county in the State of Georgia and approximately 12,000 individuals living outside the state. SHBP's pharmacy benefit manager administers the drug benefit for the approximately 390,000 members in the PPO Plan and Indemnity Plan options.

The successful vendor will be required to do the following:

To perform a comprehensive review of the claims processed by the SHBP's pharmacy benefit manager to determine whether the claims were adjudicated according to the contractual performance standards, appropriate plan benefits, and industry standards. The DCH will determine the scope of the claims review. The claims review is subject to include, but is not limited to, the following:

Electronic re-pricing of 100% of all claims to include determining if the appropriate application of co-payments, professional fees, Average Wholesale Pricing (AWP) and discounts, Maximum Allowable Charge (MAC) pricing, adherence to plan benefit design, and generic substitution was used in adjudicating the claims.

**All proposals submitted in response to this solicitation must include the following information:**

1. The full name and home office address of your organization.
2. Name, title, mailing address, telephone number, facsimile number and e-mail address of the actual lead person who will be assigned to this project.
3. Submit financial documents that will show the financial stability of your organization. Please provide sufficient data to allow for an evaluation of your firm's financial stability including, but not limited to financial statements for the past three years.
4. State how long has the organization been providing claim review services for health plans.

5. State in detail the company's capability to electronically re-price 100% of claims processed by a pharmacy benefit manager. Describe in detail the methodology to be used, including your methodology for determining discounts and rebates.
6. List at least two previous clients for whom your organization has conducted reviews of claims processed by a pharmacy benefit manager. Please state the name, address and telephone number of the clients listed.
7. State the total cost for this project.

All interested parties should fax or e-mail their proposal with the total associated cost for the services requested above by **Friday, March 19, 2004, by 2:00 PM** to:

Joanne Mitchell, Contracts Manager  
Georgia Department of Community Health  
Office of Contracts Administration  
2 Peachtree Street, NW, 35<sup>th</sup> Floor  
Atlanta, Georgia 30303  
(404) 651-6183 (phone)  
(404) 656-4988 (fax)  
E-mail: [jmitchell@dch.state.ga.us](mailto:jmitchell@dch.state.ga.us)

Faxes or e-mails must be received by the date and time stated above for consideration. If you have any questions regarding this informal bid solicitation, please e-mail your questions to Joanne Mitchell at [jmitchell@dch.state.ga.us](mailto:jmitchell@dch.state.ga.us). All questions must be received by **Friday, February 27, 2004, 3:00pm**. Answers in response to questions received will be posted to the DCH website at [www.dch.state.ga.us](http://www.dch.state.ga.us), under Request for Proposal, on **Friday, March 5, 2004, by 5:00 pm**.

**We will not accept any questions regarding this solicitation by telephone or after the date stated above.**

***The award of this project will be contingent upon identification of funds.***

Equal Opportunity Employer