

Amendment #2
 Issued on: October 6, 2014

RFP-MQD-2015-003

To provide healthcare services for the State of Hawaii Organ and Tissue Transplant Program (SHOTT)

#	RFP Section #	RFP Language	Amendment
1	40.700 Reimbursement	Sentences read: The method of reimbursement from DHS to the Offeror shall be a fixed monthly administrative fee based on the volume of possible transplants listed in Section 41.400 of this RFP. Should the transplant candidates increase beyond the specified volumes listed in Section 41.400, the reimbursement will move to the next tier level.	Sentences are amended to read: The method of reimbursement from DHS to the Offeror shall be a fixed monthly <u>an administrative fee rate</u> based on <u>an average monthly</u> the volume of possible transplants listed in Section 41.400 of this RFP. <u>the volume of possible transplants listed in Section 41.400</u> of this RFP. Should the transplant candidates increase beyond the specified volumes listed in Section 41.400, <u>the reimbursement will move to the next tier level.</u> — <u>Refer to Section 70.100 for additional information.</u>
2	70.100 Business Proposal	Section reads: The Offeror shall submit a monthly administrative rate for which it will provide all of the services required by this RFP. The rates should be based on the volumes listed below. If the volume exceeds 100, the Offeror and DHS shall enter into negotiation for a new rate. In addition, the Offeror shall submit a price per claim or claim line for transplant and non-transplant related claims (based on 2014 current claim volume). The Offeror shall provide a business proposal (Appendix H) and the offer submitted will be your best and final offer. Anticipated Transplant Volume:	The section is amended to read: The Offeror shall submit <u>an</u> monthly administrative rate for which it will provide all of the services required by this RFP. The rates should be based on the volumes listed below <u>an average monthly volume not to exceed 80</u> . If the volume exceeds 100 <u>80</u> , the Offeror and DHS shall enter into negotiation for a new rate. In addition, the Offeror shall submit a price per claim or claim line for transplant and non-transplant related claims (based on 2014 current claim volume). The Offeror shall provide a business proposal (Appendix H) and the offer submitted will be your best and final offer.

Attachment H

#	RFP Section #	RFP Language	Amendment
		Up to 60 per year 61- to 80 per year 81-100 per year	Anticipated Transplant Volume: Up to 60 per year 61 to 80 per year 81-100 per year
3	Appendix H Business Proposal		Delete Appendix H and replace it with the following.

Attachment H

BUSINESS PROPOSAL

I, (Name of Official authorized to commit Firm, copy attached) hereby enter the official proposal prices indicated below on behalf of (Name of Firm entering proposal), and warrant that all terms and conditions of the RFP for the Care Coordination/Case Management Services for the State of Hawaii Organ and Tissue Transplant Program are met. Anticipated transplant volume is expected not to exceed an average of 80 cases monthly.

Contract Year	Administrative Fee
April 2015-June 2015	
July 2015-June 2016	
July 2016-June 2017	

All fees listed shall be for the entire contract period and inclusive of all fees and taxes

Attachment H

Notes to complete SPO Forms 205 and 206:

You are required to submit a completed Form SPO-H-205 for each contract year listed on Attachment H.

Forms SPO-H-205A and SPO-H-205B do not apply to this contract. Bidders should list N/A Contract No. field.

Form 206A should equal to Form SPO-H-205 Section A1

Form 206B should equal to Form SPO-H-205 Section A2

Form 206C should equal to Form SPO-H-205 Section B1

Form 206D should equal to Form SPO-H-205 Section B2

Form 206E should equal to Form SPO-H-205 Section B4

Form 206F should equal to Form SPO-H-205 Section B5

Form 206G does not apply to this contract, list N/A in Contract No. field

Form 206H does not apply to this contract, list N/A in Contract No. field

Form 206I should equal to Form SPO-H-205 Section C

Form 206J should equal to Form SPO-H-205 Section D

To download Excel files of required 103F Business Proposal forms see attached link:

<http://hawaii.gov/spo2/health/rfp103f/detail.php?id=MTA4Mw==&hs=2935db308ecc9986d3e9b4468fe35186>