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Governor

BOYD K. RUTHERFORD  
Lieutenant Governor

DAVID R. BRINKLEY  
Secretary

MARC L. NICOLE  
Deputy Secretary

**REVISED AMENDMENT #2**  
to  
**REQUEST FOR PROPOSALS (RFP)**

**THIRD PARTY ADMINISTRATOR SERVICES FOR FLEXIBLE  
SPENDING ACCOUNTS—HEALTHCARE AND DEPENDENT DAYCARE  
SOLICITATION NUMBER F10B6400004**

**MARCH 8, 2016**

Ladies and Gentlemen:

This Addendum is being issued to amend and clarify certain information contained in the above named RFP. All information contained herein is binding on all Offerors who respond to this RFP. Specific parts of the RFP have been amended. The following changes/additions are listed below; new language has been double underlined and marked in red bold (ex. **new language**) and language deleted has been marked with a double strikeout (ex. ~~language deleted~~) and/or the applicable revised attachment(s) has been identified.

**1. Revise Attachment Q-4: Compliance Check List Attachment Q-4 : CC-7(d) to read as follows:**

The member/customer services operation must include:
a.) Knowledgeable staff available to answer questions on plan eligibility, plan guidelines, benefit levels, reimbursement request procedures and status of reimbursement requests.
b.) The ability to maintain an eligibility file that identifies eligible Participants as well as certain other pertinent information regarding Participants.
c.) A system for providing Explanations Of Benefits to eligible Participants together with proper reimbursement amounts.
d.) Adequate access to the customer service system for individuals with disabilities. ( <del>TTY and</del> online access for deaf, full-service phone access for blind).

~Effective Resource Management~

45 Calvert Street • Annapolis, MD 21401-1907

Tel: (410) 260-6014 • Fax: (410) 974-3274 • Toll Free: 1 (800) 705-3493 • TTY Users: call via Maryland Relay

<http://www.dbm.maryland.gov>

**2. Revise Attachment Q-4: Compliance Check List Attachment Q-4 : CC-14 to read as follows:**

The Contractor is responsible for accurately processing reimbursements on behalf of the State. If an overpayment is made, the Contractor shall:

- a.) Send a minimum of three (3) collection letters via mail and/or email
- b.) Maintain and document dates of each collection attempt
- c.) Suspend any associated debit cards **on the 31<sup>st</sup> day**
- d.) Offset and reconcile ineligible claims

If the Contractor fails to demonstrate appropriate and efficient recovery efforts, the Contractor shall reimburse the State for the improper payment.

**3. Revise Attachment Q-1: Offeror Information Section III, item #6 to read as follows (see last row):**

Work Volume	2013	2014	2015
<b>Health Care FSAs</b>			
Provide the total dollar volume of your business providing HCFSA plans for the past three years.	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Provide the total number of claims for HCFSA benefits paid by your company for the past three years.	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Dependent daycare FSAs</b>			
Provide the total dollar volume of your business providing <del>HCFSA</del> <b><u>DCFSA</u></b> plans for the past three years.	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Provide the total number of claims for <del>HCFSA</del> <b><u>DCFSA</u></b> benefits paid by your company for the past three years.	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>

**By: <signed>**  
**Mike Yeager**  
**Procurement Officer**