

MAILING ADDRESS:

P.O. Box 11960

State of South Carolina

South Carolina Public Employee Benefit Authority

Request for Proposal Amendment 2

Solicitation Number: PEBA0312021 Date Issued: 04/30/2021

PHYSICAL ADDRESS:

202 Arbor Lake Drive

South Carolina Public Employee Benefit Authority

Procurement Officer: Georgia Gillens, CPPO, CPPB

Phone: 803.734.0010 Email Address: GGillens@peba.sc.gov

DESCRIPTION: **Behavioral Health Management Services**

South Carolina Public Employee Benefit Authority

SUBMIT OFFER BY (Opening Date/Time): 05/20/2021 11:00 AM.

The Term "Offer" Means Your "Proposal". Your offer must be submitted in a sealed package. The Solicitation Number & Opening Date should appear on the package exterior. See the clause entitled "Submitting Your Offer or Modification."

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

Columbia, S.C. 29211-1960 Attention: Georgia Gillens, CPPO, C	CPPB	Columbia, S.C. 29223 Attention: Georgia Gillens, CPPO, CPPB									
The state of the s		The state of the s									
AMENDMENTS notices will be post											
	ır Offer open for a ı	By submitting a proposal, You agree to be bound by the terms minimum of one hundred twenty (120) calendar days after the									
NAME OF OFFEROR (Full legal name of business submitting the offer)		Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.									
AUTHORIZED SIGNATURE											
(Person must be authorized to submit binding offer to cont	ract on behalf of Offeror.)										
TITLE		STATE VENDOR NO.									
(Business title of person signing above)		(Register to obtain S.C. Vendor No. at www.procurement.sc.gov)									
PRINTED NAME	DATE SIGNED	STATE OF INCORPORATION									
(Printed name of person signing above)		(If you are a corporation, identify the state of incorporation.)									
OFFEROR'S TYPE OF ENTITY: (Check one) (See "Signing Your Offer" provision.)											
Sole Proprietorship Partnership Other											
Corporate entity (not tax-exempt) Corporation (tax-exempt) Government entity (federal, state, or local)											

PAGE TWO (Return Page Two with Your Offer)

(Return Lage Lyo with Loui Oner)											
HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)					NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.)						
					Number - Exten	sion Facsimile			Area Code -		
					Email Address						
PAYMENT ADDRESS (Address to which payments will be sent.)				ORDER ADDRESS (Address to which purchase orders will be sent)							
Payment Address same as Home Office Address Payment Address same as Notice Address (check only one)			Order Address same as Home Office Address Order Address same as Notice Address (check only one)								
ACKNOWLEDGMENT OF AMENDMENTS Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See the clause entitled "Amendments to Solicitation")											
Amendment No. Amendment Date			Amendment Issue Date		Amendment No.	Amendment Issue Date	Amendment No.		Amendment Issue Date		
DISCOUNT FOR PROMPT PAYMENT (See the clause entitled "Discount for Prompt Payment") 20 Calendar Days (%) 20 Calendar Days (%)		20 Calenda	ar Days (%)	30 Calendar Days (%)		C	Calendar Days (%)				

PAGE TWO (SEP 2009)

End of PAGE TWO

AMENDMENT #2 REQUEST FOR PROPOSAL – PEBA0312021 Behavioral Health Management Services

PLEASE NOTE: The original Request for Proposal document is superseded and is being replaced in its entirety by Amendment 1 and Amendment 2. It is recommended that Offerors, discard all superseded documents as described above and refer and respond only to the solicitation as described in Amendment 1. Attachment 14 and Attachment 15 includes responses to questions submitted in writing by the stated deadline. Any changes agreed to as a result of Attachment 14, Q&A have been incorporated into Amendment 1. Changes are highlighted in yellow however, Offerors are responsible for reading the entire document in the event the State inadvertently failed to highlight a change. The questions and answers submitted in writing by the deadline are included as an attachment for information only. Only the changes incorporated in Amendment 1 are relevant.

NOTE: The deadline for questions has passed.

Replace the text from Amendment 1, Section 5.1.4, C. Behavioral Healthcare Provider Networks, Item 8, page 43 with the following:

- 8. Offerors shall complete the grid listed in Tab 7 ("Pricing and Network Data.xlsx") for all managed care professional providers indicated as participating in Question 5. Please based the requested statistics assuming:
 - Dates of service are January 1, 2020 through December 31, 2020.
 - Globally billed (modifier '00') procedure codes 90785, 90792, 90832, 90834, 90836, 90837, 90847, 90853, 90868, 96127, 97153, 97155, 99213, 99232, 99442
 - Primary, commercial claims only
 - Location is based on the rendering provider and the member is a South Carolina resident

AMENDMENTS TO SOLICITATION (JAN 2004)

(a) The Solicitation may be amended at any time prior to opening. All actual and prospective Offeror's should monitor the following web site for the issuance of Amendments: www.procurement.sc.gov (b) Offeror's shall acknowledge receipt of any amendment to this solicitation (1) by signing and returning the amendment, (2) by identifying the amendment number and date in the space provided for this purpose on Page Two, (3) by letter, or is amended, then all terms and conditions which are not modified remain unchanged. [02-2A005-1