



# Department of Health

**C042530**

## **EPIC American Indian Health**

### **Amendment #2**

The following are official modifications, which are hereby incorporated into C042530 EPIC American Indian Health. The information contained in this amendment prevails over the original RFP language. For all amendments below, deleted language appears in strikethrough (“~~xxx~~”) and added language appears in underline (“xxx”).

#### **1.0 CALENDAR OF EVENTS**

<b>RFP (C042530 – NEW YORK STATE ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC) AND AMERICAN INDIAN HEALTH (AIH) PROGRAMS)</b>	
<b><u>EVENT</u></b>	<b><u>DATE</u></b>
Issuance of Request for Proposals	4/14/2026
Deadline for Submission of Written Questions	Questions Due By Date 4/28/2026 <b>4:00 p.m. ET</b>
Responses to Written Questions Posted by DOH	<b>On or About</b> Responses Posted By 5/12/2026
Deadline for Submission of Proposals	Proposals Due On Or Before 5/26/2026 <b>4:00 p.m. ET</b>
<i><u>Anticipated</u></i> Contract Start Date	<del>June 1</del> <b>May 1, 2027</b>
<i><u>Anticipated</u></i> Go Live Date	<del>December 1</del> <b>November 1, 2027</b>

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**D.6.d Transition** - Detail their approach to developing a work plan and timeline to securely and smoothly transfer any records generated from the inception of the contract through the end of the contract to the Department or any other Department agent should that be required during or upon expiration of its contract, no later than ~~fifteen (15)~~ **twelve (12)** months before the last day of its contract with the Department of Health or upon request of the Department of Health.

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**4.1.1.e Implementation** - Within 60 days of the contract start date or upon contract approval by OSC, whichever is later, establish an office in the within ~~25~~ **twenty (20)** miles of One Commerce Plaza, Albany, NY 12210 for key staff outlined in Section 4.2.2;

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**Section 4.5 Security** - The Department has defined a *Moderate-Plus Security Controls Baseline* based on, and consistent with, the security provisions described in CMS. Acceptable Risk Standards (ARS), MARS-E Document Suite, Version 2.0, and National Institute of Standards and Technology (NIST) 800-53 at the Moderate level. Additionally, the Department has augmented these federal standards with New York State Policies and Standards. ~~The Moderate-Plus Security Controls Baseline includes a System Overview document that the Department has adopted from the MARS-E Document Suite. All bidders must complete the System Overview document – which is attached to this RFP – to thoroughly and accurately describe the technical and security that will support the proposed system.~~

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**ATTACHMENT A  
PROPOSAL DOCUMENT CHECKLIST**

Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.

<b>RFPXXXX – New York State Elderly Pharmaceutical Insurance Coverage (EPIC) and American Indian Health (AIH) Programs</b>		
<b>FOR THE ADMINISTRATIVE PROPOSAL</b>		
<b>RFP §</b>	<b>SUBMISSION</b>	<b>INCLUDED</b>
§ 6.1.1	Attachment 1 - Bidder's Disclosure of Prior Non-Responsibility Determinations	<input type="checkbox"/>
§ 6.1.2	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.3	Attachment 3 - Vendor Responsibility Attestation	<input type="checkbox"/>

§ 6.1.4	Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.5	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 - Form 1	<input type="checkbox"/>
	Attachment 5 - Form 2 (If Applicable)	<input type="checkbox"/>
	Attachment 5 - Form 4	<input type="checkbox"/>
	Attachment 5 - Form 5 (If Applicable)	<input type="checkbox"/>
§ 6.1.6	Attachment 6 - Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.7	Attachment 7 - Bidder's Certified Statements	<input type="checkbox"/>
§ 6.1.8	Attachment 9 - References	<input type="checkbox"/>
§ 6.1.9	Attachment 10 - Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.10	Attachment 11 - EO 177 Prohibiting Contracts with Entities that Support Discrimination	<input type="checkbox"/>
§ 6.1.11	Attachment 12 – EO 16 Contracting with Businesses Conducting Business in Russia	<input type="checkbox"/>
§ 6.1.12	State Finance Law Consultant Disclosure	<input type="checkbox"/>
§ 6.1.13	Sales and Compensating Use Tax Certification	<input type="checkbox"/>
<u>§ 6.1.14</u>	<u>Attachment 14 – State Finance Law 139M Attestation Gender Based Violence</u>	<input type="checkbox"/>

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**Attachment C (SLA Table)**

67	Claims Payment Accuracy	The service level standard requires that claims pay accurately in accordance with the applicable benefit design, program provisions and contracted reimbursement rates with pharmacies.	EPIC/AIH	The Contractor shall notify the State within 48 hours of discovering incorrect claims payments and shall reprocess and/or adjust such claims. In cases of overpayments that were in the control of the contractor, but could not be corrected by reprocessing and/or adjusting, the State shall be reimbursed by the Contractor for the amount of the overpayments, which may be deducted by the Department from future monthly operational payments.
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