

RFP No. 16671
Consultative Examinations for Medicaid Eligibility
Amendment I
February 2, 2017

Permissible Subject Matter Contact (page 1) of the RFP:

Original Language:

Michael Lewandowski
New York State Department of Health
Office of Health Insurance Programs
Division of Employee and Program Support
Bureau of Communications, Contracts, and Financial Management
One Commerce Plaza, Albany, NY 12237
Room 1706
Telephone: 518-473-1474
Email Address: OHIPContracts@health.ny.gov

Revised Language:

Michael Lewandowski
New York State Department of Health
Office of Health Insurance Programs
Division of Employee and Program Support
Bureau of Communications, Contracts, and Financial Management
One Commerce Plaza, Albany, NY 12237
Room 1470
Telephone: 518-473-1474
Email Address: OHIPContracts@health.ny.gov

The following is added to Section 6.1 Administrative Proposal (page 22) to the RFP:

- 6.1.7. Encouraging Use of New York Businesses in Contract Performance
Submit Attachment H, Encouraging Use of New York State Businesses in Contract Performance to indicate which New York Businesses you will use in the performance of the contract.

Section 7.: Proposal Submission (page 26) of the RFP:

Original Language:

Proposals must be submitted, by U.S. Mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand as noted below, in a sealed package to:

Department of Health (RFP #16671)
Attention: DEPS Michael Lewandowski, Health Program Administrator
One Commerce Plaza
Room 1706
Albany, NY 12237

Revised Language:

Proposals must be submitted, by U.S. Mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand as noted below, in a sealed package to:

Department of Health (RFP #16671)
 Attention: DEPS Michael Lewandowski, Health Program Administrator
 One Commerce Plaza
 Room 1470
 Albany, NY 12237

Attachment B: Proposal Document Checklist (page 30) of the RFP:

Original Language:

RFP #16671– CONSULTATIVE EXAMINATIONS FOR MEDICAID ELIGIBILITY		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	CRITERIA	INCLUDED
§ 6.1.1	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment F Form 4	<input type="checkbox"/>
	Attachment F Form 5	<input type="checkbox"/>
§ 6.1.2	Attachment G – Disclosure of Prior Non-Responsibility Determinations, completed and signed.	<input type="checkbox"/>
§ 6.1.3	Attachment J - Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.4	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.5	Attachment A - Bidder’s Certified Statements	<input type="checkbox"/>
§ 6.1.6	Attachment K - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	CRITERIA	INCLUDED
§ 6.2.1	Title Page	<input type="checkbox"/>
§ 6.2.2	Table of Contents	<input type="checkbox"/>
§ 6.2.3	Documentation of Bidder’s Eligibility	<input type="checkbox"/>
§ 6.2.4	Technical Proposal Narrative	<input type="checkbox"/>
FOR THE COST PROPOSAL		
RFP §	CRITERIA	INCLUDED
§ 6.3	Attachment C SDRU Statewide CE Fee Schedule	<input type="checkbox"/>

Revised Language:

RFP #16671– CONSULTATIVE EXAMINATIONS FOR MEDICAID ELIGIBILITY**FOR THE ADMINISTRATIVE PROPOSAL**

RFP §	CRITERIA	INCLUDED
§ 6.1.1	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment F Form 4	<input type="checkbox"/>
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§ 6.1.5	Attachment A - Bidder's Certified Statements	<input type="checkbox"/>
§ 6.1.6	Attachment K - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.7	Attachment H - Encouraging Use of New York Businesses in Contract Performance	<input type="checkbox"/>

FOR THE TECHNICAL PROPOSAL

RFP §	CRITERIA	INCLUDED
§ 6.2.1	Title Page	<input type="checkbox"/>
§ 6.2.2	Table of Contents	<input type="checkbox"/>
§ 6.2.3	Documentation of Bidder's Eligibility	<input type="checkbox"/>
§ 6.2.4	Technical Proposal Narrative	<input type="checkbox"/>

FOR THE COST PROPOSAL

RFP §	CRITERIA	INCLUDED
§ 6.3	Attachment C SDRU Statewide CE Fee Schedule	<input type="checkbox"/>