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| Oklahoma Pinwheel Logo |  | Amendment of Solicitation |

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| **Date of Issuance:** | | | 11/12/2020 | | | **Solicitation No.** | | | | | | | 8070001240 | | | | | | | | |
| **Requisition No.** | | | 8070001240 | | | **Amendment No.** | | | | | | | | 5 | | | | | | | | |
| Hour and date specified for receipt of offers is changed: | | | | | | | No | | | Yes, to: | | |  | | |  | | |  | CST | | |
| Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.  Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:  (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,  (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email. | | | | | | | | | | | | | | | | | | | | |
| **ISSUED FROM:** | | | | | | | | | | | | | | | | | | | | | |
|  | Susan Geyer | | |  |  | | | |  | | procurement@okhca.org | | | | | | |
|  | Contracting Officer | | |  |  | | |  | | | | E-Mail Address | | |
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|  | **RETURN TO:** | procurement@okhca.org | | | | | | | | | | | | | | |
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| **Description of Amendment:** | | | | | | | | | | | | | | | | | | | | | |
| a. This is to incorporate the following: | | | | | | | | | | | | | | | | | | | | | | |
| This Amendment includes updates to the RFP document, model contract and forms made pursuant to the Bidder questions and answers posted in RFP Amendment 4. Amended SoonerSelect and SoonerSelect Specialty Children’s Plan Data Book, with updated narrative and data only files. In this version, the Children Receiving Adoption Assistance (AA) population has been appropriately shifted from other populations into the “CUST/Adoption” population. Additional questions and answers that were inadvertently left off Amendment 4. Updated documents will replace previously posted documents.  Page 17: corrected typo  Page 19: deleted reference to hard copy submission  Page 21: replaced reference to hard copy with electronic copy  Page 21, Item 5: resolved duplicative and inconsistent requirements  Page 22, Item 5: added clarifying language on actuarially sound rates  Page 23, Item 9: made conforming changes with modifications to Item 5  Pages 23-24, Item 10: made conforming changes with modifications to Item 5  Page 24: clarified that the disclosure of subcontractor litigation applies only to Major health care service Subcontractors  Page 24: added additional clarification to Item 11  Page 29: clarified reference to a federal regulation  Page 33: eliminated requirement for actuarial attestation of the value of Value-Added Benefits and In Lieu of Services  Page 81: added oral presentation evaluation step  Page 100: deleted state review requirement for reinsurance  Page 105: updated accreditation date requirement  Page 106: added “annually” to clarify value threshold for major administrative subcontractor definition  Page 226: added a 15-day extension request for processing provider credentialing  Page 231: clarified Pharmacy mail-order requirements  Page 245: clarified payment methodology  Page 254: clarified Payments to IHCPs and corrected typo  Page 377: corrected reference to Tribal Government Liaison  Form B: deleted submission of staff training curriculum; added required diagrams to Item 100 Information Technology  Form D: corrected reference to RFP  Form G: clarified reference requirements  Form I: deleted duplicate key staff position  Form L: eliminated actuarial attestation requirement  Form M: eliminated actuarial attestation requirement  Form V: updated to spell out acronym  Form Y: updated with instructions  Form BB: eliminated actuarial attestation requirement  Form CC: eliminated actuarial attestation requirement | | | | | | | | | | | | | | | | | | | |

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| b. All other terms and conditions remain unchanged. | | | | | |
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| Supplier Company Name (**PRINT**) | | |  | Date |
|  |  |  |  |  |
| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |