

New York State Department of Health

Office of Health Insurance Programs

New York State Office of Health Insurance Programs Performance Audits

RFP #17109

AMENDMENT #3

February 16, 2018

The following are official modifications, which are hereby incorporated into the New York State Department of Health, Office of Health Insurance Programs, New York State of Office Health Insurance Programs Performance Audit Request for Proposals (RFP) #17109, issued January 3, 2018. 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").

The Attachment List of the RFP is amended as follows:

ATTACHMENTS

A	Bidder's Certified Statements
B	Proposal Document Checklist
C	Cost Proposal
D	References
E	DOH Agreement
F	Guide to New York State DOH M/WBE Required Forms & Forms
G	Bidder's Disclosure of Prior Non-Responsibility Determination
H	Encouraging Use of New York Businesses in Contract Performance
I	No-Bid Form
J	Vendor Responsibility Attestation
K	MWBE Mentorship
L	List of Regions
M	List of Hospitals by Region
N-1	Audit Protocols
N-2	ICR Audit Protocols
O	Vendor Assurance of No Conflict of Interest or Detrimental Effect
P	Sample Engagement Letter
Q	Managed Care Visit and Revenue (MCVR) Report
R	List of FQHCs
S	List of LCHSAs
T	List of CHHAs
U	List of Hospice Providers
<u>V</u>	<u>CDPAS and LHCSA Rate Setting Guidance</u>
<u>W</u>	<u>CHHA Cost Report</u>

All other terms and conditions remain the same.