

ATTACHMENT E
TRANSMITTAL FORM

Medicaid External Quality Review and Other Activities in New York State

RFP #20062

Bidder Name: _____

Bidder Address: _____

NYS Vendor ID Number: _____ DUNS #: _____

Type of Legal Business Entity: _____

Contact Person Information:

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Designation as Qualified Organization Certification (Check only one):

- I certify that the above-named bidder is designated by the Center for Medicaid and Medicare Services (CMS) as a Medicare Quality Improvement Organization (QIO) as of August 19, 2021; **OR**
- I certify that the above-named bidder is on the list of QIO-Like organizations as of August 19, 2021.

Conflict of Interest Certification (Check only one):

- I certify that there are business relationships and/or ownership interests for the above-named bidder that may represent a conflict of interest for the organization as bidder. Attached to this letter is a description of how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided and the bidder's knowledge and full compliance with the NYS Public Officer's Law, as amended, including but not limited to, Sections 73 and 74; **OR**

I certify that no conflict(s) of interest exist for the above-named bidder.

Subcontractor Certification (Check only one):

I certify that the proposal submitted by the above-named bidder proposes to utilize the services of a subcontractor(s). Attached to this Transmittal Form is a list of subcontractors and a subcontractor summary for each; **OR**

I certify that the proposal submitted by the above-named bidder does not propose to utilize the services of any subcontractor.

Conditions of Independence

I certify that at the time of bid, that the Bidder and any proposed subcontractors meet the conditions for independence as defined in federal regulation at 42 CFR 438.354(c).

By signing below, the bidder attests to all of the following:

I certify that the bidder accepts the contract terms and conditions contained in this RFP including any exhibits and attachments.

I certify that the bidder has received and acknowledged all Department amendments to the RFP, as may be amended.

I certify that the bidder is prepared, if requested by the Department, to present evidence of legal authority to do business in New York State, subject to the sole satisfaction of the Department.

I certify that the bidder (i) does not qualify its proposal, or include any exceptions from the RFP and (ii) acknowledges that should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the Department.

I certify that the proposal of the bidder will remain valid for a minimum of 365 calendar days from the closing date for submission of proposals.

Signature of Individual Authorized to Bind the Above Named Organization In a Contract with NYS:

(Signature)

Date: _____

Print Name: _____

Title _____

Address: _____

Phone: _____

Fax: _____

Email: _____