

# **HUMAN SERVICES DEPARTMENT**

**HUMAN SERVICES DEPARTMENT/MEDICAL ASSISTANCE DIVISION**

## **REQUEST FOR PROPOSALS (RFP)**

### **ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE PROGRAM**



**RFP 17-630-8000-0007**

**Amendment 1**

Release Date – March 20, 2017

Proposal Due Date –April 20, 2017

Request for Proposals # 17-630-8000-0007 is amended as follows:

Cover page

From:

STATE PURCHASING DIVISION  
OF THE  
GENERAL SERVICES DEPARTMENT  
AND  
HUMAN SERVICES DEPARTMENT/MEDICAL ASSISTANCE DIVISION

REQUEST FOR PROPOSALS (RFP)

MEDICAID AUDIT AGENT

To:

HUMAN SERVICES DEPARTMENT  
HUMAN SERVICES DEPARTMENT/MEDICAL ASSISTANCE DIVISION

REQUEST FOR PROPOSALS (RFP)

ELECTRONIC HEALTH RECORDS (EHR)  
INCENTIVE PROGRAM

## II. CONDITIONS GOVERNING THE PROCUREMENT

### B. EXPLANATION OF EVENTS

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From:

#### 6. Submission of Proposal

**ALL OFFEROR PROPOSALS MUST BE RECEIVED FOR REVIEW AND EVALUATION BY THE PROCUREMENT MANAGER OR DESIGNEE NO LATER THAN 3:00 PM MOUNTAIN STANDARD TIME ON the date stated in Section II.A., Sequence of Events.** Proposals received after this deadline will not be accepted. The date and time of receipt will be recorded on each proposal.

Proposals must be addressed and delivered to the Procurement Manager at the address listed in Section I, Paragraph D2 (except for electronic submissions through SPD's electronic procurement system). Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to the Electronic Health Records (EHR) Incentive Program RFP# 17-630-8000-0007. Proposals submitted by facsimile, or other electronic means other than through the SPD electronic e-procurement system, will not be accepted.

To:

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**ALL OFFEROR PROPOSALS MUST BE RECEIVED FOR REVIEW AND EVALUATION BY THE PROCUREMENT MANAGER OR DESIGNEE NO LATER THAN 3:00 PM MOUNTAIN STANDARD TIME ON the date stated in Section II.A., Sequence of Events.** Proposals received after this deadline will not be accepted. The date and time of receipt will be recorded on each proposal.

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## APPENDIX F

### ORGANIZATIONAL REFERENCE QUESTIONNAIRE

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From:

Offeror is required to send the following reference form to each business reference listed. The business reference, in turn, is requested to submit the Reference Form directly to: Norma Lucero, Procurement Manager, 2025 S. Pacheco, P.O. Box 2348, Santa Fe, NM 87504-2348 by the date stated in Section II.A., Sequence of Events of this RFP for inclusion in the evaluation process. The form and information provided will become a part of the submitted proposal. Business references provided may be contacted for validation of content provided therein.

**To:**

Offeror is required to send the following reference form to each business reference listed. The business reference, in turn, is requested to submit the Reference Form directly to: Norma Lucero, Procurement Manager, by the date stated in Section II.A.6, Sequence of Events of this RFP for inclusion in the evaluation process. The form and information provided will become a part of the submitted proposal. Business references provided may be contacted for validation of content provided therein.

**RFP # 17-630-8000-0007**  
**ORGANIZATIONAL REFERENCE QUESTIONNAIRE**  
**FOR:**

**Page 77**

**From:**

This form is being submitted to your company for completion as a business reference for the company listed above. This form is to be returned to the State of New Mexico, Human Services Department/Medical Assistance Division via facsimile or e-mail at:

Name: Norma Lucero, Procurement Manager  
Address: 2025 S. Pacheco Street  
P.O. Box 2348  
Santa Fe, NM 87505

Telephone: 505-827-3127  
Fax: 505-476-6877  
Email: [norma.lucero@state.nm.us](mailto:norma.lucero@state.nm.us)

no later than **the date stated in section II.A., Sequence of Events of this RFP**, and **must not** be returned to the company requesting the reference.

**To:**

This form is being submitted to your company for completion as a business reference for the company listed above. This form is to be returned to the State of New Mexico, Human Services Department/Medical Assistance Division via facsimile or e-mail at:

Name: Norma Lucero, Procurement Manager

Address: 2025 S. Pacheco Street  
P.O. Box 2348  
Santa Fe, NM 87505

Telephone: 505-827-3127  
Fax: 505-476-6877  
Email: norma.lucero@state.nm.us

no later than the date stated in **section II.A.6**, Sequence of Events of this RFP, and must not be returned to the company requesting the reference.