**NEW MEXICO HUMAN SERVICES DEPARTMENT**

**REQUEST FOR PROPOSALS (RFP)**

**All Payer Claims Database (APCD) Planning Consultant**



**RFP# 16-630-8000-5000**

Release Date: **July 10, 2015**

**Amendment #1: July 23, 2015**

Proposal Due Date: August 5, 2015

**Request for Proposals # 16-630-8000-5000 is amended as follows:**

**Change on page 27 Section V. Evaluation.**

**From:**

|  |  |
| --- | --- |
| **Factors –** *correspond to section IV.B and IV.C* | **Points Available** |
| **TECHNICAL SPECIFICATIONS** |  |
| B. 1. Organizational Experience | 250 |
| B. 2. Organizational References | 50 |
| B. 3. Oral Presentations | 100 |
| B. 4. Mandatory Specification | Pass/Fail |
| B. 5. Desirable Specification | 300 |
| **BUSINESS SPECIFICATIONS** |  |
| C.1. Cost | 300 |
| C.3. Financial Stability | Pass/Fail |
| C.4. Performance Surety Bond | Pass/Fail |
| C.5. Letter Of Transmittal | Pass/Fail |
| C.6. Campaign Contribution Disclosure Form | Pass/Fail |
| C.7. Employee Health Coverage Form | Pass/Fail |
| C.8. Pay Equity Reporting | Pass/Fail |
| **TOTAL** | **1,000 points** |
|  |  |

**To:**

|  |  |
| --- | --- |
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| C.7. Employee Health Coverage Form | Pass/Fail |
| C.8. Pay Equity Reporting | Pass/Fail |
| **TOTAL** | **1,000 points** |
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