**HUMAN SERVICES DEPARTMENT**

**MEDICAL ASSISTANCE DIVISION**

**REQUEST FOR PROPOSALS (RFP)**

**EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO) SERVICES**



**RFP#** **18-630-8000-0005**

**Release Date: February 26, 2018**

Amendment 2

**Proposals Due Date:** **April 5, 2018**

**Request for Proposals # 18-630-8000-0005** **is amended as follows:**

E. DEFINITION OF TERMINOLOGY

Page 4

**Add:**

 “Peer Review” means an internal evaluation for content, format, and grammar of the EQR technical report(s). The review is to be completed by professional staff of the EQRO prior to review and approval by HSD/MAD.

D. PROPOSAL FORMAT

Page 21

**Remove:**

**PLEASE NOTE: if the proposal is submitted through State Purchasing’s electronic submission system, the Offeror need submit only a single electronic copy of each binder of the proposal. Please separate the proposal for the technical specifications and the proposal for the cost as well as the proposal for the confidential information into separate files in your submission. Each “envelope” (file) location for each of the three sections of the RFP will be specified in the upload section of the Offeror’s electronic submission.**

1. DETAILED SCOPE OF WORK

Page 27 and 28

**From:**

* + - 1. **Communications and Meetings:**

**To:**

1. **Communications and Meetings:**

IV. SPECIFICATIONS

1. DETAILED SCOPE OF WORK

DELIVERABLES

PAGE 27 Number 7

**FROM:**

e. Report findings of NF LOC activities in monthly, quarterly, and annual reports to HSD/MAD.

**TO:**

e. Report findings of NF LOC activities in quarterly and annual reports to HSD/MAD.

V. EVALUATION

A. EVALUATION POINT SUMMARY

B. Mandatory Specification

Page 34, number 7

**REMOVE:**

8. Demonstrate Policy

APPENDIX F

Letter of Transmittal Form

Page 76

**FROM:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2014

Authorized Signature and Date (Must be signed by the person identified in item #2, above.)

**To:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018

Authorized Signature and Date (Must be signed by the person identified in item #2, above.)

APPENDIX G

Page 78

**From:**

 (Name of Offeror)

Return no later than 5 pm on April 4, 2018, and **must not** be returned to the company requesting the reference.

**To:**

Return no later than 5 pm on April 5, 2018, and **must not** be returned to the company requesting the reference.

**APPENDIX D**

**Page 71**

**COST RESPONSE FORM SAMPLE**

**REMOVE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Encounter Data Validation | FY19 | 1 |  |  |

**ADD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Encounter Data Validation | FY21 | 1 |  |  |

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