



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

## **Senior Project Manager for Medicaid Point of Sale Electronic Claims Management System**

**RFP # DHMH-OPASS #18-17559 / M00B74000545**

### **Addendum #1**

**Issued: June 30, 2017**

*All persons who are known by the Issuing Office to have received the above-mentioned RFP are hereby advised of the following revisions to the RFP.*

**Section 2.1.1 now reads:**

## **SECTION 2 - COMPANY AND PERSONNEL QUALIFICATIONS**

### **2.1 MINIMUM QUALIFICATIONS**

#### **2.1.1 OFFEROR'S PERSONNEL MINIMUM QUALIFICATIONS**

Only those Master Contractors supplying proposed Key Personnel that fully meet all minimum qualification criteria shall be eligible for TORFP proposal evaluation.

The Key Personnel proposed under this TORFP must meet all minimum qualifications for the labor category proposed, as identified in the CATS + Master Contract Section 2.10. Resumes shall clearly outline starting dates and ending dates for each applicable experience or skill.

Master Contractors shall propose one (1) Key Personnel in response to this TORFP as a Senior Project Manager (SPM). Multiple resumes will not be accepted.

Attachment 16 now reads:

**ATTACHMENT 16 SAMPLE WORK ORDER**

WORK ORDER		Work Order #	Contract #		
This Work Order is issued under the provisions of the Task Order. The services authorized are within the scope of services set forth in the <i>Purpose</i> of the Work Order.					
Purpose					
Statement of Work <u>Requirements</u> ( <i>Uniquely number each requirement</i> ):					
<u>Deliverable(s), Acceptance Criteria and Due Date(s)</u> ( <i>Uniquely number each Deliverable</i> ):					
Deliverables are subject to review and approval by <<TO Requesting Agency ACRONYM>> prior to payment. ( <i>Attach additional sheets if necessary</i> )					
Start Date		End Date			
Cost					
Description for Task / Deliverables		Quantity (if applicable)	Labor Hours (Hrs.)	Labor Rate	Estimate Total
1.				\$	\$
2.				\$	\$
*Include WBS, schedule and response to requirements.		<<TO Requesting Agency ACRONYM>> shall pay an amount not to exceed			\$
Contractor			Agency Approval		
(Signature) Contractor Authorized Representative (Date)			(Signature) TO Manager (Date)		
POC	(Print Name)		TO Manager	(Print Name)	
Telephone No.			Telephone No.		
E-mail:			E-mail:		

**THE PRICE SHEET NOW READS:**

**PRICE SHEET (TIME AND MATERIALS) FOR CATS+ TORFP # DHMH/OPASS 18-17559 M00B7400545**

The total class hours (Column B) are not to be construed as “guaranteed” hours; the total number of hours is an estimate only for purposes of price sheet evaluation.

A year for this Task Order shall be calculated as one calendar year from NTP. **Labor Rate Maximums:** The maximum labor rate that may be proposed for any CATS+ Labor Category shall not exceed the maximum for the CATS+ Master Contract year in effect on the TO Proposal due date.

Offerors shall include proposed labor categories and associated hourly labor rates that may be provided in the delivery of services under this TO Agreement. Offerors note that only one CATS+ labor category rate may be proposed.

**Evaluated Price**

Job Title from TORFP	CATS+ Labor Category <<Proposed by Master Contractor>>	Hourly Labor Rate (A)	Total Class Hours (B)	Extended Price (C)
<b>Year 1 Mandatory Personnel</b>				
Senior Project Manager (Labor Category: Project Manager)	Insert CATS+ Labor Category	\$	2080	\$
	TOTAL Class Hours		2080	
	<b>Evaluated Price Year 1</b>			\$
<b>Year 2 Mandatory Personnel</b>				
Senior Project Manager (Labor Category: Project Manager)	Insert CATS+ Labor Category	\$	2080	\$
	TOTAL Class Hours		2080	
	<b>Evaluated Price Year 2</b>			\$
<b>Year 3 Mandatory Personnel</b>				
Senior Project Manager (Labor Category: Project Manager)	Insert CATS+ Labor Category	\$	2080	\$
	TOTAL Class Hours		<b>2080</b>	
	<b>Evaluated Price Year 3</b>			\$
<b>Optional Year 1 Mandatory Personnel</b>				
Senior Project Manager (Labor Category: Project Manager)	Insert CATS+ Labor Category	\$	2080	\$
	TOTAL Class Hours		<b>2080</b>	
	<b>Evaluated Price Optional Year 1</b>			\$
<b>Optional Year 2 Mandatory Personnel</b>				
Senior Project Manager (Labor Category: Project Manager)	Insert CATS+ Labor Category	\$	2080	\$
	TOTAL Class Hours		<b>2080</b>	
	<b>Evaluated Price Optional Year 2</b>			\$

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Authorized Individual Name

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Title

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Signature

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Company Name

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Company Tax ID #

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Date

The Hourly Labor Rate is the actual rate the State will pay for services and shall be recorded in dollars and cents. The Contractor shall record the rates for the Optional Personnel found in the following table and also list any other proposed personnel along with their associated rates in the proposed personnel Section in the following table. Offerors should be advised that for evaluation only the rate for the Project Manager shall be used for basis of award. The Hourly Labor Rate cannot exceed the Master Contract Rate but may be lower. Rates shall be fully loaded, all-inclusive, i.e., include all direct and indirect costs and profits for the Master Contractor to perform under the TO Agreement.

**Non-Evaluated Price Year 1\***

Job Title from TORFP	CATS+ Labor Category <<Proposed by Master Contractor>>	Hourly Labor Rate (A)
<b>Optional Personnel</b>		
Business Process Consultant	Insert CATS+ labor category	\$
Project Control Specialist	Insert CATS+ labor category	\$
Subject Matter Expert	Insert CATS+ labor category	\$
<b>Proposed Personnel</b>		
<b>Proposed Personnel (Offeror to propose CATS+ labor categories required to complete the Scope of Work of a POS implementation).</b>	Proposed CATS+ labor category	\$
		\$
		\$

**Non-Evaluated Price Year 2\***

Job Title from TORFP	CATS+ Labor Category <<Proposed by Master Contractor>>	Hourly Labor Rate (A)
<b>Optional Personnel</b>		
Business Process Consultant	Insert CATS+ labor category	\$
Project Control Specialist	Insert CATS+ labor category	\$
Subject Matter Expert	Insert CATS+ labor category	\$
<b>Proposed Personnel</b>		
<b>Proposed Personnel (Offeror to propose CATS+ labor categories required to complete the Scope of Work of a POS implementation).</b>	Proposed CATS+ labor category	\$
		\$
		\$

**Non-Evaluated Price Year 3\***

Job Title from TORFP	CATS+ Labor Category <<Proposed by Master Contractor>>	Hourly Labor Rate (A)
<b>Optional Personnel</b>		
Business Process Consultant	Insert CATS+ labor category	\$
Project Control Specialist	Insert CATS+ labor category	\$
Subject Matter Expert	Insert CATS+ labor category	\$
<b>Proposed Personnel</b>		
<b>Proposed Personnel (Offeror to propose CATS+ labor categories required to complete the Scope of Work of a POS implementation).</b>	Proposed CATS+ labor category	\$
		\$
		\$

**Non-Evaluated Price Optional Year 1\***

Job Title from TORFP	CATS+ Labor Category <<Proposed by Master Contractor>>	Hourly Labor Rate (A)
<b>Optional Personnel</b>		
Business Process Consultant	Insert CATS+ labor category	\$
Project Control Specialist	Insert CATS+ labor category	\$
Subject Matter Expert	Insert CATS+ labor category	\$
<b>Proposed Personnel</b>		
<b>Proposed Personnel (Offeror to propose CATS+ labor categories required to complete the Scope of Work of a POS implementation).</b>	Proposed CATS+ labor category	\$
		\$
		\$

**Non-Evaluated Price Option Year 2\***

Job Title from TORFP	CATS+ Labor Category <<Proposed by Master Contractor>>	Hourly Labor Rate (A)
<b>Optional Personnel</b>		
Business Process Consultant	Insert CATS+ labor category	\$
Project Control Specialist	Insert CATS+ labor category	\$
Subject Matter Expert	Insert CATS+ labor category	\$
<b>Proposed Personnel</b>		
<b>Proposed Personnel (Offeror to propose CATS+ labor categories required to complete the Scope of Work of a POS implementation).</b>	Proposed CATS+ labor category	\$
		\$
		\$

Authorized Individual Name

Company Name

\_\_\_\_\_

Title

\_\_\_\_\_

Company Tax ID #

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**\*Additional Personnel would only be added via the Work Order Process see [Section 3.9](#).**

All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations COMAR 21.05.03.02 and with the approval of the Procurement Officer DHMH.

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Date

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Dana Dembrow, Procurement Officer



**ADDENDUM # 1 ACKNOWLEDGEMENT OF RECEIPT FORM**

I acknowledge receipt of Addendum #1 to DHMH RFP OPASS #18-17559 “Senior Project Manager for Medicaid Point of Sale Electronic Claims Management System),” dated May 31, 2017.

\_\_\_\_\_  
Vendor’s Name

\_\_\_\_\_  
Authorized Signatory – (Print/Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*To be submitted with Offeror’s proposal response.*



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

## Senior Project Manager for Medicaid Point of Sale Electronic Claims Management System

**TORFP # DHMH-OPASS #18-17559 / M00B74000545**

### Addendum #2

**Issued: July 14, 2017**

*All persons who are known by the Issuing Office to have received the above-mentioned TORFP are hereby advised of the following revisions to the TORFP.*

#### Key Information Summary Sheet Now Reads:

Closing Date and Time:	July 20, 2017 at 2:00 PM Local Time
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#### Key Information Summary Sheet Revised To Read:

Closing Date and Time:	August 4, 2017 at 2:00 PM Local Time
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All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations COMAR 21.05.03.02 and with the approval of the Procurement Officer DHMH.

July 14, 2017  
Date

*Queen Davis*  
Queen Davis, Procurement Officer

**ADDENDUM # 2 ACKNOWLEDGEMENT OF RECEIPT FORM**

I acknowledge receipt of Addendum #2 to MDH RFP OPASS #18-17559 Senior Project Manager for Medicaid Point of Sale Electronic Claims Management System” dated July 14, 2017.

\_\_\_\_\_  
Vendor’s Name

\_\_\_\_\_  
Authorized Signatory – (Print/Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*To be submitted with Offeror’s proposal response.*