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.

**Revision to RFP – ATTACHMENT #1 PRICE SHEET**

Please replace the original narrative dated October 29, 2015 with this revised narrative as indicated below.

**Revised Version reads as follows:**

1)

PRICE SHEET (TIME AND MATERIALS and FIXED PRICE FOR EDIFECS) FOR CATS+ TORFP OPASS # 16-15772

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.
### Attachment 1 - FINANCIAL PROPOSAL FORM FOR THE BASE PERIOD AND ALL OPTION PERIODS.

<table>
<thead>
<tr>
<th>Labor Categories</th>
<th>A CATS+ Labor Category &lt;&lt;Proposed by Master Contractor&gt;&gt;</th>
<th>B Hourly Labor Rate</th>
<th>C # of Staff</th>
<th>D Total Annual Class Hours*</th>
<th>E Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior (Mainframe) Programmer Analyst</td>
<td>$</td>
<td>13</td>
<td>27040</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Database Management Specialist (DB2)</td>
<td>$</td>
<td>2</td>
<td>4160</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Senior (WebSphere) Programmer Analyst</td>
<td>$</td>
<td>1</td>
<td>2080</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Business Analyst</td>
<td>$</td>
<td>1</td>
<td>2080</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Computer Specialist</td>
<td>$</td>
<td>1</td>
<td>2080</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Senior Systems Engineer</td>
<td>$</td>
<td>1</td>
<td>2080</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>SUBTOTAL LABOR COSTS:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

2) **Section 3.6.1.2** Staffing Management Plan  
The TO Proposal shall contain a Staffing Management Plan for Key Personnel only that demonstrates how the Offeror will provide resources in addition to the personnel requested in this TORFP, and how the TO contractor Personnel shall be managed. Include the following information:  
   a) Planned team composition by labor category (**IMPORTANT! Identify specific Key Personnel names and provide history only for the proposed resources required for evaluation of this TORFP**).

3) **Attachment 18** Staffing Management Plan  
   - **Acquisition Strategy** – describes when, how, and from what sources staffing will be acquired for the unnamed resources (**IMPORTANT! Identify specific Key Personnel names and provide history only for the proposed resources required for evaluation of this TORFP**).

4) **Section 3.6.1.2** Communication Plan is revised to read **Section 3.6.1.3 Communication Plan**

5) **Section 3.6.1.3** Transition Period Results is revised to read **Section 3.6.1.4 Transition Period Results**

Medicaid Management Information System Resources TORFP  
OPASS Number: 16-15772  
Page # 2
6) On page #45 in the List of Attachments, the staffing management plan sample is revised to read:

**LIST OF ATTACHMENTS**

<table>
<thead>
<tr>
<th>Attachment Label</th>
<th>Attachment Name</th>
<th>Applicable to this TORFP?</th>
<th>Submit with Proposal?*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 18</td>
<td>Staffing Management Plan Sample</td>
<td>Applicable</td>
<td>Submit with TO Technical Proposal</td>
</tr>
</tbody>
</table>

7) Attachment 11 – TO CONTRACTOR SELF-REPOTING CHECKLIST remove the last sentence “SUBMIT AS INSTRUCTED IN TORFP.”

8) **Extend Due Date for Receipt of Medicaid Management Information Resources**

The Department has extended the Due Date for Receipt of Proposals to **Tuesday, December 8, 2015, no later than 2pm local time**. No other changes to the Procurement schedule are being made at this time.

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.

__________________________________________
Date

__________________________________________
Procurement Officer
ADDENDUM # 1 ACKNOWLEDGEMENT OF RECEIPT FORM

I acknowledge receipt of Addendum # 1 to DHMH RFP OPASS # 16-15772 “Medicaid Management Information System Resources” dated 10/29/2015.

______________________________
Vendor’s Name

______________________________
Authorized Signatory – (Print/Type)

______________________________
Signature

______________________________
Date

To be submitted with Offeror’s proposal response

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us
Medicaid Management Information Systems Resources

TORFP M00B6400191

DHMH-OPASS # 16 - 15772

Addendum # 2
Issued: November 18, 2015,

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.

Please be advised Addendum #1 footer was published with incorrect contract information. The footer information referenced a previous RFP that is not related to the above referenced TORFP. Attached is the revised Addendum #1 with correct footer information.

Original Question Due Date:

November 18, 2015, 2015 at 2:00 PM Local Time

Revised Question Due Date:

November 30, 2015 at 2:00 PM Local Time

All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the Procurement Officer DHMH.

11/18/15
Date

Queen Davis
Queen Davis, CPPB

Medicaid Management Information System Resources TORFP
OPASS Number: 16-15772
Addendum #2
M00B6400191
16-15772

Upon receipt, please return the addendum acknowledgement via fax, e-mail or hardcopy to:

Queen Davis, CPPB
Office of Procurement and Support Services (OPASS)
201 W. Preston Street Room 416 D
Baltimore, MD 21201
Phone: (410) 767-5335 Fax: (410) 333-5958
ADDENDUM ACKNOWLEDGEMENT

I acknowledge receipt of Addendum #2 to TORFP M00B6400191 OPASS #16-15772 titled “: Medicaid Management Information System” dated November 18, 2018.

________________________________________
Vendor’s Name

________________________________________
Authorized Signatory – (Print/Type)

________________________________________
Signature

________________________________________
Date
Medicaid Management Information Systems Resources

RFP # DHMH-OPASS # 16 - 15772

Addendum # 3
Issued: November 5, 2015

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.

Revision to TORFP is as follows:

In section 4.4.1 - C:2) in the TORFP states “In accordance with Section 2 Master Contractor’s Personnel Minimum Qualifications provide image of Systems Engineer’s current MCSE license/certification”. This language has been removed.

Extend Due Date for Receipt of Medicaid Management Information Resources

The Department has extended the Due Date for Receipt of Proposals to Wednesday, December 9, 2015 no later than 2pm local time. No other changes to the Procurement schedule are being made at this time.

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.

Date ____________________________  Procurement Officer ____________________________
ADDENDUM # 3 ACKNOWLEDGEMENT OF RECEIPT FORM

I acknowledge receipt of Addendum # 3 to DHMH RFP OPASS # 16-15772 “Medicaid Management Information System Resources” dated 10/29/2015.

______________________________
Vendor’s Name

______________________________
Authorized Signatory – (Print/Type)

______________________________
Signature

______________________________
Date

To be submitted with Offeror’s proposal response

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us
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.

Clarification to the Questions and Responses are as follows:

In the Questions and Responses: Question 1 number 3 should read:
Yes. Multiple tasks orders under a CATs+ Master Contract can be combined to meet the minimum experience requirement.

In the Questions and Responses: Question 12 number 1 should read:
Yes, as long as the Department is able to verify that the work performed was provided by your organization.

Revision to TORFP is as follows:

Section 3.6.3.1 now reads:

3.6.3.1 The TO Contractor shall provide full-time dedicated support personnel on-site at the OSOP main office, 201 W Preston Street, Baltimore, MD 21201 or at any other site designated by DHMH.

Section 3.6.3.1 revised to read:

The TO Contractor shall provide full-time dedicated support personnel on-site at the OSOP main office, 201 W. Preston Street, Baltimore, MD 21201 or at any other site designated by DHMH. The TO Contractor shall work with the incumbent to retain as many staff as possible from the current Medicaid Management Information System (MMIS) resources after the TORFP award. The Contractor shall have full responsibility for transitioning and retaining staff currently employed by the incumbent.
Extend Due Date for Receipt of Medicaid Management Information Resources:

The Department has extended the Due Date for Receipt of Proposals to Friday, December 11, 2015 no later than 2pm local time. No other changes to the Procurement schedule are being made at this time.

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.

12/1/15_  
Date  
Queen Davis  
Procurement Officer
ADDENDUM # 4 ACKNOWLEDGEMENT OF RECEIPT FORM

I acknowledge receipt of Addendum # 4 to DHMH RFP OPASS # 16-15772 “Medicaid Management Information System Resources” dated 12/1/2015.

____________________________
Vendor’s Name

____________________________
Authorized Signatory – (Print/Type)

____________________________
Signature

____________________________
Date

To be submitted with Offeror’s proposal response

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov