

## ATTACHMENT 10



### Proposal Submission Requirement Checklist - RFP entitled: “New York State Health Insurance Program Decision Support System”

DCS reserves the right to disqualify any bids that do not contain the **mandatory items** as specified for this Solicitation and the resulting Contract. Bidders should use the following checklist when submitting bids and include all required documents with bid proposals (*mark the box to indicate inclusion of the documents*).

<b>ADMINISTRATIVE PROPOSAL REQUIREMENT CHECKLIST</b>		
<b>Requirement</b>	<b>Reference</b>	<b>Bidder's Action</b>
<input type="checkbox"/> Standard Clauses for New York State Contracts	APPENDIX A	For reference only. No action required.
<input type="checkbox"/> Standard Clauses for All Department Contracts	APPENDIX B	For reference only. No action required.
<input type="checkbox"/> Information Security Requirements	APPENDIX C	For reference only. No action required.
<input type="checkbox"/> Offeror's Affirmation of Understanding & Agreement	ATTACHMENT 1	Completion, signature, and submission required.
<input type="checkbox"/> Procurement Lobbying Policy	ATTACHMENT 2	For reference only. No action required.
<input type="checkbox"/> Formal Offer Letter	ATTACHMENT 3	Signature, notarization, and submission required.
<input type="checkbox"/> Questions Template	ATTACHMENT 4	Required if there are any Offeror questions.
<input type="checkbox"/> NYS Department of Civil Service Debriefing Guidelines	ATTACHMENT 5	For reference only. No action required.
<input type="checkbox"/> Non-Material Deviations Template	ATTACHMENT 6	Required if there are any proposed Non-Material Deviations.
<input type="checkbox"/> FOIL Redaction Chart	ATTACHMENT 7	Required for any FOIL requests.
<input type="checkbox"/> Key Subcontractors or Affiliates	ATTACHMENT 9	Completion and submission required.
<input type="checkbox"/> Bid Submission Requirement Checklist	ATTACHMENT 10	For reference only. No action required.
<input type="checkbox"/> NYS Consultant Services Contractor's Planned Employment	ATTACHMENT 11	Completion, signature, and submission required.
<input type="checkbox"/> New York State Required Certifications	ATTACHMENT 12	Signature, notarization, and submission required.
<input type="checkbox"/> New York State Subcontractors and Suppliers	ATTACHMENT 13	Completion and submission required.
<input type="checkbox"/> Offeror Attestations Form	ATTACHMENT 14	Signature, notarization, and submission required.
<input type="checkbox"/> Glossary of Defined Terms	ATTACHMENT 15	For reference only. No action required.
<input type="checkbox"/> Vendor Responsibility Questionnaire	RFP SECTION 4.4	Completion, signature, and submission required.
<input type="checkbox"/> NYS Tax Law Section 5-a Forms ST-220TD &/or ST-220CA	RFP SECTION 4.5	Completion, signature, and submission required.
<input type="checkbox"/> Insurance Requirements	RFP SECTION 4.7	Completion, signature, and submission required.

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<b>TECHNICAL PROPOSAL REQUIREMENT CHECKLIST</b>		
<b>Requirement</b>	<b>Reference</b>	<b>Bidder's Action</b>
<input type="checkbox"/> Executive Summary	RFP SECTION 5.1	Completion and submission required.
<input type="checkbox"/> Biographical Sketch Form	ATTACHMENT 8, RFP SECTION 5.2	
<input type="checkbox"/> Implementation Plan	RFP SECTION 5.3	
<input type="checkbox"/> Performance Guarantees	ATTACHMENT 16, RFP SECTION 5	
<input type="checkbox"/> Data Management	RFP SECTION 5.4	
<input type="checkbox"/> User Requirements	RFP SECTION 5.5	
<input type="checkbox"/> Analytical Capabilities	RFP SECTION 5.6	
<input type="checkbox"/> Query and Reporting Capabilities	RFP SECTION 5.7	
<input type="checkbox"/> Consulting Support Services	RFP SECTION 5.8	
<input type="checkbox"/> DSS Operational Requirements	RFP SECTION 5.9	
<input type="checkbox"/> Security	RFP SECTION 5.10	
<input type="checkbox"/> Transition Plan	RFP SECTION 5.11	

<b>COST PROPOSAL REQUIREMENT CHECKLIST</b>		
<b>Requirement</b>	<b>Reference</b>	<b>Bidder's Action</b>
<input type="checkbox"/> Implementation Fee Form	ATTACHMENT 17	Completion and submission required.
<input type="checkbox"/> Ongoing Operations Monthly Fee Form	ATTACHMENT 18	
<input type="checkbox"/> Additional User Fees Form	ATTACHMENT 19	
<input type="checkbox"/> Data Provider Start-Up Fee Form	ATTACHMENT 20	
<input type="checkbox"/> Additional Consulting Services Fees Form	ATTACHMENT 21	
<input type="checkbox"/> Additional Fees Data Analysis Form	ATTACHMENT 22	
<input type="checkbox"/> Additional Fees CMS Rate Comparison Form	ATTACHMENT 23	