

ATTACHMENT 14



**Offeror Attestations Form - RFP entitled:
“New York State Health Insurance Program
Decision Support System”**

A representative of the Offeror who is legally authorized to bind the Offeror must complete and sign the Offeror Attestations Form and provide all requested information.

Name of Business Entity Submitting Bid:		
Entity's Legal Form:		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
No.	RFP Ref.	RFP Requirement:
1.	Section 1.5(1)	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> possesses <input type="checkbox"/> does not possess the legal capacity to enter into a contract with the Department.
2.	Section 1.5(2)	At time of Proposal Due Date, the Offeror represents and warrants that it: <input type="checkbox"/> possesses the authorization to conduct business in New York State <input type="checkbox"/> does not possess the authorization to conduct business in New York State <input type="checkbox"/> does not possess the authorization to conduct business in New York State, but the Offeror has filed an application for authority to do business in New York State with the New York State Secretary of State.
3.	Section 1.5(3)	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest it has completed, obtained or performed all registrations, filings, approvals, authorizations, consents and examinations required by any governmental authority for the provision of the delivery of Project Services and agree that it will, during the term of the Contract, comply with any requirements imposed upon it by law.
4.	Section 1.5(4)	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest has provided similar services for at least one client with a minimum total population of 200,000 covered lives.
5.	Section 1.5(5)	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest that it has implemented and maintained decision support system services for a minimum of five million (5,000,000) total covered lives in its full book of business. This includes: for health insurers, Health Plans (including public health plans, HMOs, and/or Benefit Administrators), and/or large employer groups that use decision support services.

ATTACHMENT 14



**Department of
Civil Service**

**Offeror Attestations Form - RFP entitled:
“New York State Health Insurance Program
Decision Support System”**

6.	Section 1.5(6)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> possesses</p> <p><input type="checkbox"/> does not possess</p> <p>adequate staffing resources, financial resources and organizational capacity to perform the type, magnitude and quality of work specified in the RFP.</p>
7.	Section 1.5(7)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests</p> <p><input type="checkbox"/> does not attest</p> <p>the Offeror, its parent company, and/or any subsidiaries, partners and/or affiliates cannot be a current or pending Empire Plan administrator. This is to ensure independence in the performance of Project Services. The current Empire Plan administrators are: Anthem Blue Cross, UnitedHealthcare, Carelon Behavioral Health, Inc. and CVS Caremark.</p>

ATTACHMENT 14



Offeror Attestations Form - RFP entitled: "New York State Health Insurance Program Decision Support System"

CERTIFICATION:

The Offeror: (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; and (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete

Signature: _____ Title: _____

PRINT SIGNATORY'S NAME: _____ Date: _____

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT STATE OF }

Sworn Statement:

COUNTY OF }

On the _____ day of _____ in the year 20____, before me personally appeared _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he maintains an office at Town of _____ County of _____, State of _____; and further that:

_____(If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.

_____(If a corporation): _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

_____(If a partnership): _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

_____(If a limited liability company): _he is a duly authorized member of _____, LLC, the limited liability company described in said instrument; that, _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public _____ Date: _____