

REQUEST FOR PROPOSALS

ADDENDUM # 4

ISSUED: 9/24/15

**RFP NUMBER: CSP905416
INDEX NUMBER: DOH116**

The State of Ohio, through the Department of Administrative Services, Office of Procurement Services, for the Ohio Department of Health is requesting proposals for a:

MINORITY SET-ASIDE BID IN ACCORDANCE WITH ORC CH. 125.081

MEDICAID ADMINISTRATIVE CLAIMING (MAC) TIME STUDY APPLICATION

Attached is page 10 to this Request for Proposal (RFP). Remove the corresponding page from the existing RFP and replace with the attached.

Reason for Addendum. This addendum is issued to change the Proposal Due Date from September 30, 2015 to October 5, 2015.

**PROPOSAL DUE DATE: October 5, 2015
OPENING LOCATION: Department of Administrative Services
General Services Bid Desk
4200 Surface Road
Columbus, Ohio 43228-1395**



Office of
Procurement Services
Service · Support · Solutions

REQUEST FOR PROPOSAL

RFP NUMBER: CSP905416
INDEX NUMBER: DOH116
UNSPSC CATEGORY: 81110000, 84131608, 85131700

The State of Ohio, through the Department of Administrative Services, Office of Procurement Services, on behalf of the Ohio Department of Health, is requesting Proposals for:

TITLE: MEDICAID ADMINISTRATIVE CLAIMING (MAC) TIME STUDY APPLICATION

OBJECTIVE: The objective of this RFP is to select a qualified vendor that will facilitate ODH in completing the Medicaid Administrative Claiming time study for ODH Bureau and the Local Health Departments as required by CMS.

RFP ISSUED:	September 09, 2015
INQUIRY PERIOD BEGINS:	September 09, 2015
INQUIRY PERIOD ENDS:	September 24, 2015 at 8:00 AM
* PROPOSAL DUE DATE:	October 5, 2015 by 1:00 PM

Proposals received after the due date and time will not be evaluated.

MINORITY SET-ASIDE BID IN ACCORDANCE WITH ORC CH 125.081

Submit Sealed Proposals to:

Department of Administrative Services
Office of Procurement Services
Attn: Bid Desk
4200 Surface Road
Columbus, OH 43228-1395

Note: Please review the [Proposal Instructions](#) on our Web site.

The Offeror must submit this cover page (signed) with its Technical Proposal.

Offeror Name and Address: _____ _____ _____ _____ E-Mail Address: _____ Phone Number: () _____ - _____, Ext. _____	Name/Title: _____ _____ Signature: _____ By submitting a response to this RFP, and signing above, Offeror acknowledges, understands and agrees to comply with the RFP requirements and confirms all the instructions and links have been read and understood.
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* Indicates change