



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 30, 2018

Prospective Vendor(s):

Subject: Solicitation Number: RFP 014-17/18

Title: Statewide Medicaid Comprehensive Hemophilia Management (MCHM)
Program

Addendum No. 1

The enclosed information has been provided for consideration in the preparation of your response to the above mentioned solicitation.

All other terms and conditions of the solicitation remain in effect.

To the extent this Addendum gives rise to a protest, failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Sincerely,

Caitlen Boles

Caitlen Boles, Operations Review Specialist
Bureau of Support Services

Enclosures: Addendum No. 1 (2 Pages)



**RFP 014-17/18
ADDENDUM NO. 1**

Item #1

Attachment A, Instructions and Special Conditions, Section A, Overview, Item 6., Solicitation Timeline, the activity table is hereby deleted and replaced as follows:

ACTIVITY	DATE/TIME	LOCATION
Solicitation Issued by Agency	December 14, 2017	Electronically Posted http://myflorida.com/apps/vbs/vbs_www.main_menu
Deadline for Receipt of Written Questions	January 10, 2018 2:00 p.m.	solicitation.questions@ahca.myflorida.com
Anticipated Date for Agency Responses to Written Questions	February 2, 2018 2:00 p.m.	Electronically Posted http://myflorida.com/apps/vbs/vbs_www.main_menu
Deadline for Receipt of Responses	February 27, 2018 2:00 p.m.	Caitlen Boles Agency for Health Care Administration Building 2, Suite 203, Mail Stop 15 2727 Mahan Drive Tallahassee, FL 32308-5403
Public Opening of Responses	February 27, 2018 2:30 p.m.	2727 Mahan Drive, Building 2 2nd Floor, Suite 203 Tallahassee, FL 32308-5403
Anticipated Posting of Notice of Intent to Award	April 2, 2018	Electronically Posted http://myflorida.com/apps/vbs/vbs_www.main_menu

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

**RFP 014-17/18
ADDENDUM NO. 1**

Item #2

Attachment A, Instructions and Special Conditions, Section D, Response Evaluation and Contract Award, Table 3, Summary Score Sheet, is hereby deleted in its entirety and replaced with Table 3-A, Summary Score Sheet. All references in this Solicitation to Table 3, shall hereinafter refer to Table 3-A.

TABLE 3-A						
SUMMARY SCORE SHEET						
	Maximum Raw Score Possible		Weight Factor			Maximum Points Possible
A. Past Performance						
1. Client #1	55	X	1	=		55
2. Client #2	55	X	1	=		55
3. Client #3	55	X	1	=		55
B. Technical Response						
1. Organizational Structure and History	15	X	2	=		30
2. Experience and Qualifications	75	X	1.3	=		97.5
3. Vendor Staffing	90	X	1	=		90
4. Statewide Medicaid Comprehensive Hemophilia Management (MCHM) Services	65	X	1	=		65
5. Implementation	45	X	1	=		45
6. Customer Service	15	X	6	=		90
7. Training, Education and Outreach	45	X	1	=		45
8. Information Technology	90	X	1	=		90
9. Quality Assurance/Internal Quality Control (IQC) Program	65	X	1	=		65
10. Transition of Resulting Contract	10	X	2	=		20
D. Cost Proposal Fixed Proposed Percentage for Initial Three (3) Year Contract Term	2.4563	X	500	=		1228.136
TOTAL:						2030.636

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK