

STATE OF NORTH DAKOTA
Department of Human Services
 600 East Boulevard Avenue, Dept. 325
 Bismarck ND 58506

RFP AMENDMENT

RFP NUMBER AND TITLE: #325-05-10-018, Medicaid Systems Project IV&V

DEADLINE DATE FOR RECEIPT OF PROPOSALS AND TIME: 4:00 P.M. C.T., August 11, 2005

AMENDMENT NUMBER: #2

DATE AMENDMENT ISSUED: August 8, 2005

The above referenced RFP is hereby amended as follows:

- Section 2.1 – Schedule of Events is hereby amended to move one activity later in the schedule, and adjust dates accordingly:

Activities	Planned Target Date
Best and Final Offers Due (As Requested)	September 14, 2005
Completion of Contract Negotiations	October 7, 2005
CMS Contract Approval	October 14, 2005
Notice of Intent to Award to Successful Bidders	October 14, 2005
DHS Execution of Contract	October 21, 2005
IV&V – Program Office Services Begin	October 24, 2005
IV&V - Verification, Validation and Audit Services Begin	January 3, 2006

- The response to Vendor question #300 pertaining to scoring of the proposals for the IV&V RFP is amended as follows:

The breakdown is as follows:

Section	Available Points
Executive Summary, Introduction, & Project Understanding	50
Corporate Experience & Qualifications	100
Service Component	550
Total	700

Each of the four service components will be scored separately. Based on the 80%/20% split between Technical and Cost proposals as stipulated in the RFP, the total score for Technical and Cost proposals for each vendor will be 875 points.

Vendors are instructed to acknowledge the receipt of this amendment by signing below and returning the acknowledgement to the Procurement Officer by no later than 4:00 P.M., Central Time on August

11, 2005. Acknowledgements may be included with the submission of the Proposal on August 11, 2005.

Geoff Lowe
Procurement Officer
Medicaid Systems Project
Department of Human Services
State of North Dakota
600 East Boulevard Ave., Dept. 325
Bismarck, ND 58505-0250

ACKNOWLEDGEMENT

By my signature below, I hereby acknowledge this Amendment to the above referenced solicitation.

NAME OF COMPANY

AUTHORIZED SIGNATURE

DATE