# CITY OF NEWTON, MASSACHUSETTS PURCHASING DEPARTMENT <u>purchasing@newtonma.gov</u> Fax (617) 796-1227

# February 16, 2023

#### ADDENDUM #1 REQUEST FOR QUALIFICATIONS #23-69

#### HEALTH INSURANCE ADMINISTRATION AND RELATED SERVICES

#### THIS ADDENDUM IS TO: ISSUE ATTACHMENT B AND ANSWER THE QUESTIONS BELOW:

# A. ISSUE ATTACHMENT B.

#### Request For Qualifications #23-69 (RFQ) is amended to add the attached Attachment B.

#### **B.** QUESTIONS.

Q1. In reviewing the pharmacy bid, it is noted that the pharmacy bid is due on 2/22/23 and the medical bid is due on 3/9/23. Could you please confirm the 2/22 date for the pharmacy bid is correct. If yes, would it be possible to request that the pharmacy bid due date be extended to coincide with the medical due date?

A1. The Medical SOQ and the Pharmacy SOQ are both due by 3:00 p.m. on March 9, 2023.

Q2. I was not able to locate attachment B with the required certifications. Could you please forward these to me?

#### A2. See attached.

Q3. Is the City of Newton able to provide a report breaking out Inpatient and Outpatient Medical spend by facility by carrier?

A3. Reporting has been requested from the incumbent(s) and will be provided to all active bidders upon receipt.

Q4. Can the City provide us with a copy of Attachment B and associated forms, as referenced in the RFP regarding Required Certifications

#### A4. See A2.

Q5. Can the City confirm the effective date for the Retiree Plans?

A5. Tufts Medicare Complement plan has an effective date of July 1<sup>st</sup> with the plan year running July 1<sup>st</sup> through June 30<sup>th</sup>. The Tufts Medicare Preferred and BCBS HMO Medicare Blue plans have a January 1<sup>st</sup> effective with the plan year running January 1<sup>st</sup> through December 31<sup>st</sup>.

Q6. Could an extension be provided on the due dates for questions and delivery of the medical RFQ?

A6. No, all proposals are due as outlined in the schedule at p. 6 in the RFQ.

Q7. Per 5.1 of the RFQ it is stated that they are looking for a fully insured replacement of the Medicare plans. Can you please confirm that we are not quoting ASO for Medicare?

A7. ASO Medicare proposals should be included in proposals to this RFQ.

Q8. There were two folders you sent, a PBM technical proposal and one for cost. The attached sheets were included in both of them. Can you please confirm we should only have these two xls (in addition to the Rx utilization docs)?

A8. Two folders were set up on the secure site (7. Technical Proposal & 8. Cost Proposal) which was done in error. There should be one folder that includes two xlsx documents "City of Newton (Actives)-RFP Questionnaire" and "City of Newton(Retirees)-RFP Questionnaire".

All other terms and conditions of this bid remain unchanged.

PLEASE ENSURE THAT YOU ACKNOWLEDGE ALL ADDENDA ON YOUR BID FORM OR SEPARATE EMAIL. FAILURE TO ACKNOWLEDGE ALL ADDENDA COULD RESULT IN REJECTION OF YOUR BID AS NONRESPONSIVE.

Thank you.

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Nicholas Read Chief Procurement Officer

- B.1 Bidders Qualification And Reference Form
- B.2 Certificate Of Non-Collusion
- B.3 Satisfaction Of State Tax Requirements Attest Form
- B.4 Certificate Of Foreign Corporation
- B.5 Debarment Letter
- B.6 IRS Form W-9
- B.7. Business Category Information Form

Please review the main body of the RFQ to identify required certifications and other requirements.

# **CITY OF NEWTON**

# BIDDER'S QUALIFICATIONS AND REFERENCES FORM

All questions must be answered, and the data given must be clear and comprehensive. Please type or print legibly. If necessary, add additional sheet for starred items. This information will be utilized by the City for purposes of determining bidder responsiveness and responsibility with regard to the requirements and specifications of the Contract.

1.	FIRM NAME:
2.	WHEN ORGANIZED:
3	INCORPORATED? YES NO DATE AND STATE OF INCORPORATION:
4.	IS YOUR BUSINESS A MBE?YESNO WBE?YESNO or MWBE?YESNO
5. Compli	LIST ALL CONTRACTS CURRENTLY ON HAND, SHOWING CONTRACT AMOUNT AND ANTICIPATED DATE OF ETION:
6.	HAVE YOU EVER FAILED TO COMPLETE A CONTRACT AWARDED TO YOU?
	YESNO IF YES, WHERE AND WHY?
7.	HAVE YOU EVER DEFAULTED ON A CONTRACT? YES NO IF YES, PROVIDE DETAILS.
8.	LIST YOUR VEHICLES/EQUIPMENT AVAILABLE FOR THIS CONTRACT:
BID CON	IN THE SPACES FOLLOWING, PROVIDE INFORMATION REGARDING CONTRACTS COMPLETED BY YOUR FIRM R IN NATURE TO THE PROJECT BEING BID. A MINIMUM OF FOUR (4) CONTRACTS SHALL BE LISTED. PUBLICLY NTRACTS ARE PREFERRED, BUT NOT MANDATORY.

TTY:	
CITY/STATE:	

DOLLAR AMOUNT: \$	DATE COMPLETED:
PUBLICLY BID?YESNO	
TYPE OF WORK?:	
CONTACT PERSON:	TELEPHONE #· )
CONTACT PERSON'S RELATION TO PROJECT?:	
(i.e., contract manager, purchasing agent, etc.)	
()	
PROJECT NAME:	
CITY:	
CITY/STATE:	
DOLLAR AMOUNT: \$	DATE COMPLETED:
PUBLICLY BID?YESNO	
TYPE OF WORK?:	
CONTACT PERSON:	
CONTACT PERSON'S RELATION TO PROJECT?:	
(i.e., contract manager, purchasing agent, etc.)	)
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CITY:	DATE COMPLETED:

The undersigned certifies that the information contained herein is complete and accurate and hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City in verification of the recitals comprising this statement of Bidder's qualifications and experience.

DATE:	BIDDER:	
SIGNATURE:		_
PRINTED NAME:		TITLE:

# CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person, business, partnership, corporation, union committee, club or other organization, entity or group of individuals.

Signature of individual submitting bid or proposal

Name of Business

# SATISFACTION OF STATE TAX REQUIREMENTS

# ATTEST FORM

Pursuant to M.G.L. Chapter 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or Federal Identification Number Signature of Individual or Corporate Name

Date:

Corporate Officer (if applicable)

# **CERTIFICATE OF FOREIGN CORPORATION**

The undersigned hereby certifies that it has been duly established, organized, or chartered as a corporation under the laws of:

(Jurisdiction)

The undersigned further certifies that it has complied with the requirements of M.G.L. c. 30,

§39L (if applicable) and with the requirements of M.G.L. c. 156D, §15.03 relative to the

registration and operation of foreign corporations within the Commonwealth of Massachusetts.

Name of person signing proposal

Signature of person signing proposal

Name of Business (Please Print or Type)

Affix Corporate Seal here

## **City of Newton**



Mayor Ruthanne Fuller Purchasing Department Nicholas Read & Chief Procurement Officer 1000 Commonwealth Avenue Newton Centre, MA 02459-1449 purchasing@newtonma.gov Telephone (617) 796-1220 Fax: (617) 796-1227 TDD/TTY (617) 796-1089

Date

Vendor

Re: Debarment Letter for Invitation For Bid # 23-69

As a potential vendor on the above contract, the City requires that you provide a debarment/suspension certification indicating that you are in compliance with the below Federal Executive Order. Certification can be done by completing and signing this form.

# Debarment:

Federal Executive Order (E.O.) 12549 "Debarment and Suspension" requires that all contractors receiving individual awards, using federal funds, and all sub-recipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government.

I hereby certify under pains and penalties of perjury that neither I nor any principal(s) of the Company identified below is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

		(Name)
		(Company)
		(Address)
		(Address)
	PHONE	FAX
EMAIL		
		Signature
		Date

If you have questions, please contact Nicholas Read, Chief Procurement Officer at (617) 796-1220.

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	November 2017) Identification Number and Certification					Give Form to the requester. Do not send to the IRS.				
nternal f	ent of the Treasury Revenue Service	Go to www.irs.gov/FormW9 for instr	ructions and the latest	information.						
	1 Name (as shown	on your income tax return). Name is required on this line; do	not leave this line blank.	,						
	2 Business name/d	lisregarded entity name, if different from above			,					
page 3.	3 Check appropriat following seven b		ne is entered on line 1. Check only one of the certain er instructio				tot indiv	ply only iduals;	y to see	
e. ns on						Exempt payee code (if any)				
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is a disregarded from the owner.					ion from FATCA reporting any)				
čH.	Other (see ins	tructions)			(Applies to a			utside the	us)	
See Spe	5 Address (number	r, street, and apt. or suite no.) See instructions.	F	Requester's name a	ind addres	s (optio	vnal)			
ŝ	6 City, state, and 2	IP code								
	7 List account nun	iber(s) here (optional)								
Par	Тахра	yer Identification Number (TIN)								
Entors	our TIN in the an	propriate box. The TIN provided must match the nam	e given on line 1 to avol	d Social se	urity num	iber				
backu	p withholding. For	rindividuals, this is generally your social security num ritetor, or disregarded entity, see the instructions for F yer identification number (EIN). If you do not have a n	Part I. later. For other	a	-		-			
TIN, la	ter.			or						
Note:	If the account is i	n more than one name, see the instructions for line 1.	Also see What Name ar	nd Employer	Identifica	tion nu	mber			
Numb	er To Give the Re	quester for guidelines on whose number to enter.			-					
Pari		cation								
Under	penalties of perju	nry, I certify that: In this form is my correct taxpayer identification numb	or for Lam waiting for a	number to be is:	sued to n	ne): an	d			
2. I an Ser no I	not subject to b vice (IRS) that I ar onger subject to I	ackup withholding because: (a) I am exempt from bac n subject to backup withholding as a result of a failur backup withholding; and	kun withholding, or (b) I	have not been f	Iotified D	z me ir	iternal	Reven ne that	iue t I am	
3. I an	n a U.S. citizen or	other U.S. person (defined below); and								
4. The	FATCA code(s)	entered on this form (if any) indicating that I am exemp	ot from FATCA reporting	is correct.			attabal	ling ho		
you ha	ive failed to report	Nou must cross out item 2 above if you have been no all interest and dividends on your tax return. For real est ent of secured property, cancellation of debt, contributi- ividends, you are not required to sign the certification, b	tate transactions, item 2 o	ment arrandemer	it (IRA), at	ge me 1d aene	eraliv, p	aymen	nts	
Sign Here			D	ate >				•		
	neral Inst		• Form 1099-DIV (div funds)	idends, including	those fr	om sto	cks or	mutua	al	
Section references are to the Internal Revenue Code unless otherwise noted.			<ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> </ul>							
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.			Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)							
			<ul> <li>Form 1099-S (proceeds from real estate transactions)</li> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul>							
	pose of Fol lividual or entity (	rm Form W-9 requester) who is required to file an	<ul> <li>Form 1098 (home п</li> </ul>	nortgage interest	i), 1098-E	(stude	ent loar	n intere	est),	
An individual of entry (interest earned or paid)			1098-T (tuition) • Form 1099-C (canc	eled debt)						
			Form 1099-A (acquisition or abandonment of secured property)							
			Use Form W-9 only alien), to provide you	/ if you are a U.S					t	
			If you do not return Form W-9 to the requester with a TIN, you migh be subject to backup withholding. See What is backup withholding,						night g,	
	m 1099-IN1 (inter	est carried of party	later.						1-2017	

# Attachment B.7

# **Business Category Information Form\***

# **RFQ No. 23-69**

## Health Insurance Administration and Related Services

Business Type Categories*	Select All That Apply
MBE: Minority-Owned Business Enterprise	
WBE: Women-Owned Business Enterprise	
VBE: Veteran Business Enterprise	
SDVOBE: Service-Disabled Veteran-Owned Business Enterprises	
DOBE: Disability-Owned Business Enterprise	
LGBTBE: Lesbian, Gay, Bisexual, Transgender Business Enterprise	

\*Information is being collected as part of a City initiative to open contract opportunities to underrepresented vendors.

 $\Box$  I do not wish to complete this form.

There is no penalty for persons who do not complete this Form, and whether or not the Form is completed will not be taken into consideration in awarding a bid.

I certify that the foregoing information is true and correct.

By:\_\_\_\_\_

Date: