

CITY OF NEWTON, MASSACHUSETTS
PURCHASING DEPARTMENT
purchasing@newtonma.gov
Fax (617) 796-1227

February 16, 2023

ADDENDUM #1
REQUEST FOR QUALIFICATIONS #23-69

HEALTH INSURANCE ADMINISTRATION AND RELATED SERVICES
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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 1st with the plan year running July 1st through June 30th. The Tufts Medicare Preferred and BCBS HMO Medicare Blue plans have a January 1st effective with the plan year running January 1st through December 31st.

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.

A handwritten signature in black ink that reads "Nicholas Read". The signature is written in a cursive, flowing style.

Nicholas Read
Chief Procurement Officer

ATTACHMENT B

- 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.

ATTACHMENT B.1

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**? ____ YES ____ NO **WBE**? ____ YES ____ NO or **MWBE**? ____ YES ____ NO
- 5. LIST ALL CONTRACTS CURRENTLY ON HAND, SHOWING CONTRACT AMOUNT AND ANTICIPATED DATE OF COMPLETION:

- 6. HAVE YOU EVER FAILED TO COMPLETE A CONTRACT AWARDED TO YOU?
____ YES ____ NO
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:

- 9. IN THE SPACES FOLLOWING, PROVIDE INFORMATION REGARDING CONTRACTS COMPLETED BY YOUR FIRM SIMILAR IN NATURE TO THE PROJECT BEING BID. A MINIMUM OF FOUR (4) CONTRACTS SHALL BE LISTED. PUBLICLY BID CONTRACTS ARE PREFERRED, BUT NOT MANDATORY.

PROJECT NAME: _____
CITY: _____
CITY/STATE: _____

DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
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? _____ YES _____ NO
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? _____ YES _____ NO
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? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

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: _____

ATTACHMENT B.2

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

ATTACHMENT B.3

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)

ATTACHMENT B.4

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)

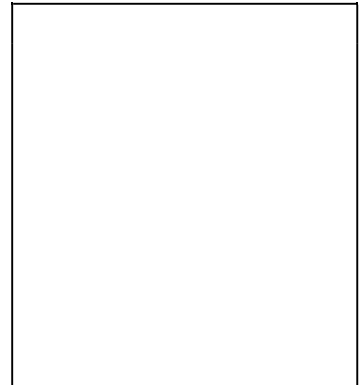
The undersigned further certifies that it has complied with the requirements of M.G.L. c. 30, §39L (if applicable) and with the requirements of M.G.L. c. 156D, §15.03 relative to the registration and operation of foreign corporations within the Commonwealth of Massachusetts.

Name of person signing proposal

Signature of person signing proposal

Name of Business (Please Print or Type)

Affix Corporate Seal here



ATTACHMENT B.5

City of Newton



Mayor
Ruthanne Fuller

Purchasing Department
Nicholas Read ☎ *Chief Procurement Officer*
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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.

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.

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: