HealthLOGIX
AN ANCOR COMPANY

Invitation For Bid
The Empire Plan
Employee Benefit Card
IFP # EBC-2014-1

Administrative and Technical Section
Electronic Version
November 13, 2014

EFFICIENT. ACCOUNTABLE. FLEXIBLE.

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SECTION III: ADMINISTRATIVE SECTION

November 11, 2014

Ms. Linda Burk
Procurement Manager
Employee Benefits Division – Room 1106
NYS Department of Civil Service
Albany, NY 12239

RE: Invitation for Bids # EBC-2014-1 entitled:
"The Empire Plan Employee Benefit Card,"
Firm Offer to the State of New York

HealthLOGIX hereby submits this firm and binding offer to the State of New York in response to the Department's Invitation for Bids # EBC-2014-1, entitled **"The Empire Plan Employee Benefit Card,"** (IFB). The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced IFB and in the manner set forth in this IFB.

HealthLOGIX accepts the terms and conditions as set forth in IFB, Section VII and Appendices A, B, C, and D and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in this IFB in the manner set forth in this IFB.

HealthLOGIX agrees to execute a contractual agreement composed substantially of the terms and conditions set forth in the draft contract included in the IFB, and accepts as non-negotiable the terms and conditions set forth in Appendices A, B, C and D to the draft contract.

HealthLOGIX further agrees, if selected as a result of the IFB, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers' Compensation Law as set forth in Section II.B.7 of the IFB.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in the IFB. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless **HealthLOGIX** delivers to the Department of Civil Service written notice of withdrawal of its Proposal.

HealthLOGIX's complete offer is set forth as follows:

Administrative and Technical Sections:	Total of eight (8) hard copy volumes [two (2) original and six (6) copies] and one (1) electronic copy on CD.
Cost Section:	Total of eight (8) hard copy volumes [two (2) original and six (6) copies] and one (1) electronic copy on CD.

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, **HealthLOGIX** and possesses the legal authority and capacity to act on behalf of **HealthLOGIX** to execute a contract with the State of New York.

The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

Date: 11/11/2014

HealthLOGIX

By: [redacted]
(signature)

Kelly Colohan
(name)

General Manager
(title)

[redacted]
(phone number)

[redacted]
(email address)

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF }
: **SS.:**
COUNTY OF }

On the 12 day of November in the year 2014, before me personally appeared: Kelly Colohan, known to me to be the person. who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he resides at 1911 Woodslee, Town of _____, County of Oakland, State of MI; and further that:

[Check One]

(X **If a corporation):** _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(___**If a partnership):** _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

TERA MALEY
NOTARY PUBLIC - MICHIGAN
MACOMB COUNTY
My Commission Expires March 11, 2015

[redacted]
Notary Public

Exhibit I.T - Offeror Attestations Form

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An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:
The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

Name of Business Entity Submitting Bid:		**HealthLOGIX**
Entity's Legal Form:		☐ Corporation ☐ Partnership ☐ Sole Proprietorship X Other _LLC_____
No.	**RFP Ref.**	**RFP Requirement:**
1.	Section III.B.1	At time of Proposal Due Date, Offeror represents and warrants that it: X possesses ☐ does not possess the legal capacity to enter into a contract with the Department.
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: X attests ☐ does not attest that it understands and agrees to comply with all specific duties and responsibilities set forth in Section IV of this IFB #EBC-2014-1, entitled "The Empire Plan Employee Benefit Card."
3.	Section III.B.3	At time of Proposal Due Date, Offeror represents and warrants that it: X attests ☐ does not attest that it has at least three (3) years prior experience producing and distributing Employee Benefit Cards that are similar to those specified in Exhibit II.E–Employee Benefit Card Specifications, and where the Offeror's book of business Employee Benefit Card production size is similar or greater in scope of at least two-hundred twenty-five thousand (225,000) in a twelve (12) month period. The Offeror must provide a detailed list of client organizations with the number of cards produced for each client to clearly demonstrate that the Offeror and/or its Key Subcontractor or Affiliate meets the minimum requirement of at least two-hundred twenty-five thousand (225,000) cards produced in a twelve month period.
4.	Section III.B.4	At time of Proposal Due Date, Offeror represents and warrants that it: X attests ☐ does not attest that it has provided Employee Benefit Card production services comparable to the services specified in Section IV.A.2 for at least two (2) current or former clients, each with a card production size of at least fifty thousand (50,000) in a twelve (12) month period.
5.	Section III.B.5	At time of Proposal Due Date, Offeror represents and warrants that it: X attests ☐ does not attest that its operations, from production to distribution, is fully HIPAA compliant.

Date: 11/11/2014 [redacted]
Signature

Kelly Colohan
General Manager
HealthLOGIX

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF }
: **SS.:**
COUNTY OF }

On the 12 day of November in the year 2014, before me personally appeared: Kelly Colohan, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he resides at 1911 Woodslee, Town of _____, County of Oakland, State of MI; and further that:

[Check One]

(X **If a corporation):** _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(___**If a partnership):** _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

[redacted]
Notary Public

TERA MALEY
NOTARY PUBLIC - MICHIGAN
MACOMB COUNTY
My Commission Expires March 11, 2015

Please indicate by checkmark that your Proposal meets **each** of the following submission requirements:

✓ 1. **TIMELY SUBMISSION:** Proposal submitted to assure receipt by the Department no later than 3:00 p.m. ET on the Proposal Due Date as indicated in IFB Section II.A.1.

✓ 2. **FORMATTING REQUIREMENTS:** The Offeror's Proposal must be organized in three parts: Administrative Section; Technical Section and Cost Section and each part must each comply with the formatting requirements stated in Section II.A.7.a and II.A.7.b of this IFB.

- ✓ a. Eight (8) separately bound hardcopies – **two (2) Originals each of the Administrative Section, Technical Section and Cost Section** containing original documents (i.e., original signatures, no photocopies) and marked and numbered (i.e., "ORIGINAL #1" and "ORIGINAL #2."), **Six (6) copies of each Administrative Section, Technical Section and Cost Section** marked and numbered (i.e., "COPY #1," "COPY #2," etc.) and a separate CD for the Administrative, Technical and Cost Sections.
- ✓ b. Proposals must be prepared in Adobe Acrobat, with the exception of certain cost and provider network exhibits that have specific formatting instructions.
- ✓ c. The Administrative, Technical Section must be bound together and clearly labeled. The Cost Section must be separately bound from the Administrative and Technical Sections or submitted in a separate sealed envelope clearly labeled with "The Empire Plan Employee Benefit Card # EBC-2014-1" and Offeror's name(s).
- ✓ d. Table of Contents
- e. Index Tabs
- ✓ f. Pagination
- ✓ g. Updates/Corrections
- ✓ h. Required Content of Proposals - The Proposal shall consist of three parts: the Administrative Section must contain the documentation required in Section III of this IFB. The Technical Section must be responsive to the programmatic duties and responsibilities set forth in Section IV of this IFB. The Cost Section must demonstrate a commitment to perform all programmatic duties and responsibilities in accordance with Section V of this IFB.

✓ 3. **REQUIRED CONTENT OF THE ADMINISTRATIVE SECTION:** The Administrative Section must contain the following information, in the order enumerated below:

- ✓ A. **Formal Offeror Letter**: The Offeror must submit a formal offer in the form of the "Formal Offer Letter" as set forth in IFB, Exhibit I.S in accordance with the requirements set forth in IFB, Section III.A
- ✓ B. **Minimum Mandatory Requirements**: The Offeror must submit a completed Exhibit I.T "Offeror Attestations Form" containing the representations and warranties set forth therein.
- ✓ C. **Exhibits**: The Offeror must complete and submit the Exhibits specified in Section III.C as follows:
  - ✓ Exhibit I.A Proposal Submission Requirement Checklist
  - ✓ Exhibit I.D MacBride Statement and Non-Collusive Bidding Certification
  - ✓ Exhibit I.G EEO Staffing Plan (form EEO-100)
  - ✓ Exhibit I.K Offeror's Affirmation of Understanding & Agreement

C. **Exhibits** Continued

✓ Exhibit I.M Compliance with Public Officers Law Requirements
✓ Exhibit I.N Compliance with Americans with Disabilities Act
✓ Exhibit I.O MWBE Utilization Plan (form MWBE-100)
✓ Exhibit I.P Offeror's Certification of Compliance Pursuant to State Finance Law §139-k
✓ Exhibit I.Q Certification of Good Faith Efforts (form MWBE-104)
✓ Exhibit I.S Formal Offer Letter
✓ Exhibit I.T Offeror Attestations Form
provided below { ✓ Exhibit I.U.1 Key Subcontractors
✓ Exhibit I.U.2 NYS Supplier & Subcontractor Exhibit
✓ Exhibit I.V Program References
N/A Exhibit I.X Extraneous Terms

✓ D. **Key Subcontractors**: The Offeror must provide a statement identifying all Key Subcontractors, if any, that the Offeror will be contracting with to provide program services and must, for each such Key Subcontractor identified, complete and submit **Exhibit I.U.1 "Key Subcontractors"**:

1. provide a brief description of the services to be provided by the Key Subcontractor; and
2. provide a description of any current relationships with such Key Subcontractor and the clients/projects that the Offeror and Key Subcontractor are currently servicing under a formal legal agreement or arrangement, the date when such services began and the status of the project.

The Offeror must indicate whether or not, as of the date of the Offeror's Proposal, a subcontract has been executed between the Offeror and the Key Subcontractor for services to be provided by the Key Subcontractor relating to this IFB. If the Offeror will not be subcontracting with any Key Subcontractor(s) to provide program services, the Offeror must provide a statement to that effect.

✓ E. **Reference Checks**: The Offeror must provide two (2) references of current clients and one (1) reference of a former client(s) for a total of three (3) references, for whom the Offeror has supplied Benefit Card production services similar to those required in this IFB. At least two (2) of the referenced clients shall be an entity with card production volume of fifty thousand (50,000) or more. If the Offeror has not former clients to include as references the Offeror must include a statement attesting to that fact. For each client reference provided, the Offeror must complete and submit **Exhibit I.V "Program References."** The Offeror shall be solely responsible for providing contact names, e-mail addresses and phone numbers of client references who are readily available to be contacted by the State.

✓ F. **Financial Statements**: The Offeror must provide a copy of the Offeror's last issued GAAP annual audited financial statement. A complete set of statements, not just excerpts, must be provided. Additionally, for each Key Subcontractor or Affiliate, if any, that provides any of the Program Services; provide the most recent GAAP annual audited

statement. If the Offeror, or a Key Subcontractor or Affiliate, is a privately held business and is unwilling to provide copies of their GAAP annual audited financial statements as part of their Proposal, the Offeror/Key Subcontractor/Affiliate must make arrangements for the procurement evaluation team to review the financial statements. **Note:** If financial statements have not been prepared and/or audited, the Offeror/Key Subcontractor/Affiliate must provide the following as part of its Administrative Section a letter from a bank reference attesting to the Offeror/Key Subcontractor/Affiliate's financial viability and creditworthiness. (Note: for purposes of this reference, the Offeror may not give as a reference, a parent or subsidiary company, a partner or an affiliate organization.) The letter must include the bank's name, address, contact person name and telephone number and it must address, at a minimum, the following items:

1. a brief description of the business relationship between the parties (i.e., the Offeror/Key Subcontractor/Affiliate and the bank), including the duration of the relationship and the Offeror's current standing with the bank. For example: "*The (Offeror/Key Subcontractor/Affiliate's name) is currently and has been for "x" number of years a client in good standing.*";
2. a description of any ownership/partner relationship that may exist between the parties, if any. (Note: One party cannot be the parent, partner or subsidiary of the other, nor can one party be an affiliate of the other.); and,
3. any other facts or conclusions the bank may deem relevant to the State in regard to the bank's assessment of the Offeror/Key Subcontractor/Affiliate's financial viability and creditworthiness concerning the nature and scope of the Program Services, which are the subject matter of this IFB, and the parties (i.e., DCS and the Offeror or the Offeror and Key Subcontractor of Affiliate) contractual obligations should the Offeror be awarded the resultant contract.

✓ G. **Vendor Responsibility Questionnaire:** The Offeror must complete and execute a NYS Vendor Responsibility Questionnaire for itself and all Key Subcontractors.

1. If the Offeror or Key Subcontractor, if any, is incorporated outside the State of New York, a recent certificate of Good Standing must be submitted for each.
2. If the Offeror or Key Subcontractor, if any, has any employees in NYS, a confirmation of NYC's Worker's Compensation and NYS Disability coverage must be submitted for each.

✓ 4. **REQUIRED CONTENT OF THE TECHNICAL SECTION:** The Technical Section shall be responsive to the duties and responsibilities and submission requirements set forth in Section IV of this IFB and it shall contain the following information, in accordance with the submissions associated requirements, and in the order enumerated below:

✓ a. **Content of Bid**:

✓ 1. **Executive Summary** I, K

✓ Signed Exhibit I.Y – Certification of Understanding and Acceptance of Empire Plan Benefit Card IFB Requirements.

✓ 2. **Contractor Responsibilities**

1. Empire Plan Identification Card Development/Implementation

2. Weekly card production, distribution, and reporting for new, duplicate and replacement EBCs
3. Re-issuance of EBCs
4. Specifications
5. Performance Guarantees and Penalties
6. Administration
7. Billing Requirements

✓ 5. **REQUIRED CONTENT OF THE COST SECTION:** The Offeror's Cost Section shall demonstrate that it will execute the duties and responsibilities set forth in Section IV of this IFB and it shall contain the following information, in accordance with the submissions associated requirements below:

✓ A. Offeror shall submit a completed Exhibit II.F – Employee Benefit Card Fee Schedule identifying proposed fees, as required.

N/A 6. **REQUESTED REDACTIONS CD and HARD COPY:** The FOIL-related materials described herein which the Offeror is requested to provide per IFB, Section II.B.8 will not be considered part of the Offeror's Proposal and will not be reviewed as a part of the Procurement's evaluation process. Notwithstanding this they have been identified in this Checklist as a reminder to Offerors of the need to provide the requested items.

At the time of Proposal submission the Offeror is requested to submit:

___A. Exhibit I.C Freedom of Information Law – Request for Redaction Chart

___B. Separately bound hardcopy of the Administrative Section, Technical Section, and Cost Section with each specific item requested to be protected from FOIL disclosure by highlighting in yellow.

___C. Electronic copy (on CD in Adobe Acrobat Professional software, version 8 or higher) of the complete Proposal noting each the specific item requested to be protected from FOIL which contains no more than three pdf files; one for each part of the Proposal (Administrative Section, Technical Section, and Cost Section).

NON-DISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND
MACBRIDE FAIR EMPLOYMENT PRINCIPLES

In accordance with Chapter 807 of the Laws of 1992 the Offeror, by submission of this bid, certifies that it or any individual or legal entity in which the Offeror holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership interest in the Offeror, either (answer "yes" or "no" to one or both of the following, as applicable):
Have business operations in Northern Ireland. Yes _____ or No __X___
If yes:
Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their compliance with such Principles. Yes _____ or No _____

NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this bid, each Offeror and each person signing on behalf of any Offeror certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

1. The prices in this bid have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other Offeror or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other Offeror or to any competitor; and
3. No attempt has been made or will be made by the Offeror to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

[redacted]

Date: 11/11/2014

Signature

PRINT:
SIGNATORY'S NAME: _Kelly Colohan_____ TITLE: General Manager

INDIVIDUAL, CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF }
: **SS.:**
COUNTY OF }

On the 12 day of November in the year 2014 before me personally appeared:

Kelly Colohan, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he resides at 1911 Woodslee, Town of _____, County of Oakland, State of MI; and further that, if applicable:

[Check One, If Applicable]
(X If a corporation): _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
(___If a partnership): _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

[redacted]
Notary Public

TERA MALEY
NOTARY PUBLIC - MICHIGAN
MACOMB COUNTY
My Commission Expires March 11, 2015

EXHIBIT I.G.

State of New York
Department of Civil Service
Albany, NY 12239

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

OFFICE OF FINANCIAL ADMINISTRATION **EEO-100 (9/2011)**

Solicitation No.: The Empire Plan Employee Benefit Card IFB #EBC-2014-1	Reporting Entity: ☒ **Contractor** ☐ Subcontractor	Report includes: ☒ **Contractor's work force to be utilized on this contract** ☐ Contractor's total work force ☐ Subcontractor's work force to be utilized on this contract ☐ Subcontractor's total work force
Contractor/Subcontractor's Name: Ancor Information Management		
Contractor/Subcontractor's Address: 1911 Woodslee Dr., Troy, MI 48083 FEIN: *38-3150672*		

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO Job Categories	Total Work Force	Work force by Gender		Work force by Race/Ethnic Identification													
		Total Male (M)	Total Female (F)	White (M)	White (F)	Black (M)	Black (F)	Hispanic (M)	Hispanic (F)	Asian (M)	Asian (F)	American Indian or Alaskan Native (M)	American Indian or Alaskan Native (F)	Disabled Individual (M)	Disabled Individual (F)	Veteran (M)	Veteran (F)
Executive/Senior level Officials & Managers	9	6	3	6	3												
First/Mid level officials & Managers	13	8	5	8	5												
Professionals	6	3	3	1	3					2							1
Technicians	22	20	2	19	2					1							
Sales Workers	3	2	1	2	1												
Administrative Support Workers	21	4	17	4	17												
Craft Workers																	
Operatives	49	22	27	14	11	5	7	1				1					
Laborers and Helpers	60	12	48	10	33	2	11				4						
Service Workers																	
Totals	183	77	106	64	84	8	18	1		3	4	1					1

PREPARED BY (Signature): [redacted] **TELEPHONE NO.:** [redacted] **DATE: 11/7/2014**

EMAIL ADDRESS: [redacted]

NAME AND TITLE OF PREPARER (Print or Type): Mickie M. Kelly, HR/Payroll Administrator

Exhibit I.G. EEO Staffing Plan

State of New York
Department of Civil Service
Albany, NY 12239

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

OFFICE OF FINANCIAL ADMINISTRATION EEO-100 (9/2011)

General Instructions: All Offerors must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's total work force, the Offeror shall complete this form for the contractor's total work force. Subcontractors awarded a subcontract over $25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor must complete this form upon request of the Department.

Instructions for completing:

1. Enter the Solicitation Number that this report applies to along with the name and address of the Offeror (contractor).
2. Check off the appropriate box to indicate if the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the contractor's/subcontractor's work force being reported is just for the contract or the total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading "Work force by Gender."
6. Break down the total work force by race/ethnic background and enter under the heading "Work force by Race/Ethnic Identification."
7. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

WHITE: (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK: A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.

HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN & PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

AMERICAN INDIAN OR ALASKAN NATIVE (Not of Hispanic Origin): A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

DISABLED INDIVIDUAL - any person who:

- has a physical or mental impairment that substantially limits one or more major life activity
- has a record of such an impairment; or
- is regarded as having such an impairment.

VIETNAM ERA VETERAN: A veteran who served at any time between and including January 1, 1963 and May 7, 1975.

Part 1 of this Exhibit I.K, as contained on the following page, should be completed by the Offeror and emailed, faxed and/or mailed to the The Empire Plan Employee Benefit Card Procurement Manager as set forth in RFP, Section II.A.2.b.

Part 2 of this Exhibit I.K should, prior to initiating any contact with the Department, be completed for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement and submit it to the The Empire Plan Employee Benefit Card Procurement Manager specified in RFP, Section II.A.2.b.

Part 1

Offeror's Affirmation of Understanding and Agreement

Instructions:
Pursuant to State Finance Law §§139-j and 139-k, this solicitation imposes certain procurement lobbying limitations. Offerors are restricted from making contacts during the procurement's "Restricted Period" (from the earliest written notice, advertisement or solicitation of a request for proposal, invitation for bids, or solicitation of proposals, or any other method for soliciting a response from Offerors intending to result in a procurement contract with a governmental entity and ending with the final contract award and approval by the governmental entity and, where applicable, approval by the State Comptroller) to other than designated staff, unless the contact falls within certain statutory exceptions ("permissible contacts"). the Department's employees are required to obtain certain information from Offerors and others whenever there is a contact about the procurement during the Restricted Period, and are required to make a determination of the Offeror's responsibility that addresses the Offeror's compliance with the statutes' requirements. Findings of non-responsibility result in rejection for contract award, and if an Offeror is subject to two non-responsibility findings within four years the Offeror also will be determined ineligible to submit a proposal on or be awarded a contract for four years from the date of the second non-responsibility finding.
Further information about these requirements can be found at:
http://www.ogs.ny.gov/aboutOGS/regulations/defaultAdvisoryCouncil.html.

As a prerequisite for participating in this procurement, an Offeror must provide the following Affirmation of Understanding and Agreement to comply with these procurement lobbying restrictions in accordance with State Finance Law §§139-j and 139-k.

Offeror Affirmation and Agreement

The Offeror affirms that it understands the procurement lobbying requirements set forth in State Finance Law §§139-j and 139-k, and agrees to comply with the Department's procedures regarding permissible contacts as required thereby.

Name of Offeror:	HealthLOGIX
By:	[redacted]
	(Signature)
Name:	Kelly Colohan
Title:	General Manager
Address:	1911 Woodslee
	Troy, Michigan 48083
Date:	10/7/2014

Part 2

Offeror Designated Contact	
First Name	Kelly
Last Name	Colohan
Company Name	HealthLOGIX
Company Address:	
Street Address	1911 Woodlsee
City	Troy
State	Michigan
Zip	48083
Individual's Business Telephone # (xxx) xxx-xxxx	[redacted]
Principal Place of Business (1)	Troy, Michigan
Individual's Occupation	General Manager

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY

Offeror Designated Contact	
First Name	Kelly
Last Name	Flynn
Company Name	HealthLOGIX
Company Address:	
Street Address	1911 Woodlsee
City	Troy
State	Michigan
Zip	48083
Individual's Business Telephone # (xxx) xxx-xxxx	[redacted]
Principal Place of Business (1)	Troy, Michigan
Individual's Occupation	Business Development Manager

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY

Complete the table above for <u>each</u> Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to The EBC Procurement Manager specified in Section II.A.2.b. of the IFB.

State of New York
Department of Civil Service
Alfred E. Smith State Office Building
Albany, NY 12239

Compliance with Public Officers Law Requirements

ADM-992 (1/07)

The New York State Public Officers Law ("POL"), particularly POL Sections 73 and 74, as well as all other provisions of New York State law, rules and regulations, and policy establishes ethical standards for current and former State employees. In submitting its Proposal, the Offeror must guarantee knowledge and full compliance with such provisions for purposes of this IFB and any other activities including, but not limited to, contracts, bids, offers, and negotiations. Failure to comply with these provisions may result in disqualification from the procurement process, termination, suspension or cancellation of the contract and criminal proceedings as may be required by law.

The Offeror hereby submits its affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations.

Please provide below an affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations. Please attach additional pieces of paper as necessary.

Name of Offeror: __HealthLOGIX_____

Name & Title of Representative: _Kelly Colohan, General Manager _____

Signature: [redacted]

Date: __11/13/2014_____

State of New York
Department of Civil Service
Albany, NY 12239

Compliance with Americans with Disabilities Act

ADM-987 (1/07)

The Offeror hereby provides assurance of its compliance with the Americans With Disabilities Act (42 USC§12101 et. seq.), in that any services and programs provided during the course of performance of the Agreement resultant from this IFB shall be accessible under Title II of the Americans With Disabilities Act, and as otherwise may be required under the Americans With Disabilities Act.

Name of Offeror: __HealthLOGIX_____

Name & Title of Representative: Kelly Colohan_____

Signature: _____

Date: _11/13/2014_____

Exhibit I.O

State of New York
Department of Civil Service
Albany, NY 12239

MWBE UTILIZATION PLAN

OFFICE OF FINANCIAL ADMINISTRATION MWBE-100 (9/2011)

Exhibit I.O MWBE Utilization Plan

INSTRUCTIONS: All Offerors must complete this MWBE Utilization Plan and submit it as part of their Proposal. The Plan must contain a detailed description of the services to be provided by each Minority and/or Woman-Owned Business Enterprise (M/WBE) identified by the Offeror.

Offeror Name: HealthLOGIX			Federal Identification No.: 38-3150672	
Address: 1911 Woodslee Drive			Solicitation No.: IFB# EBC-2014-1	
City, State, Zip Code: Troy, MI 48083			M/WBE Goals for the Solicitation: MBE:20% or WBE: 20%	
1. M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary.	5. Dollar Value of Subcontracts/Supplies
A. Sharda Paper Inc 378 Troutman St Brooklyn, NY 11237(718) 628-4106	NYS ESD Certified ☒ MBE ☐ WBE		# 10 Envelopes, Double Window 80# white paper with 2 horizontal pers	$56,000
B. CNY Business Solutions 502 Court Street, #206 Utica, NY 13502	NYS ESD Certified ☒ MBE ☐ WBE		# 10 Envelopes, Double Window 80# white paper with 2 horizontal pers	$56,000

6. WAIVER REQUESTED: MBE: ☐ YES ☒ NO If YES, submit form MWBE101 / WBE: ☐ YES ☐ NO If YES, submit form MWBE101

PREPARED BY (Signature): [redacted]	TELEPHONE NO.: [redacted]	EMAIL ADDRESS: [redacted]
NAME AND TITLE OF PREPARER (Print or Type): Kelly Colohan, General Manager		
DATE: Offeror's Certification Status: ☐ MBE ☐ WBE		

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FIUNDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

**********FOR DEPARTMENT USE ONLY**********

REVIEWED BY:	DATE:

UTILIZATION PLAN APPROVED: ☐ YES ☐ NO Date:____

MBE CERTIFIED: ☐ YES ☐ NO

WBE CERTIFIED: ☐ YES ☐ NO

WAIVER GRANTED: ☐ YES ☐ NO

☐ Total Waiver ☐ Partial Waiver

NOTICE OF DEFICIENCY ISSUED: ☐ YES ☐ NO

Date: _____

Page 20

Offeror's Certification of Compliance Pursuant to State Finance Law §139-k(5)

Instructions:

New York State Finance Law (SFL) §139-k(5) requires that every contract award subject to the provisions of SFL §§139-k or 139-j shall contain a certification by the Offeror that all information provided to the Department with respect to SFL §139-k is complete, true and accurate.

At the time an Offer or Bid is submitted to the Department, the Offeror must provide the following certification that the information it has and will provide to the Department pursuant to SFL §139-k is complete, true and accurate including, but not limited to, disclosures of findings of non-responsibility made within the previous four years by any State governmental entity where such finding of non-responsibility was due to a violation of SFL §139-j or due to the intentional provision of false or incomplete information to a State governmental entity.

Offeror Certification

I certify that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

Name of Offeror: HealthLOGIX

By: [redacted]
(Signature)

Name: Kelly Colohan

Title: General Manager

Address: 1911 Woodslee Drive

Troy, MI 48083

Date: 11/11/2014

Exhibit I.Q Certification of Good Faith

State of New York
Department of Civil Service
Albany, NY 12239

M/WBE GOAL REQUIREMENTS
CERTIFICATION OF GOOD FAITH EFFORTS

OFFICE OF FINANCIAL ADMINISTRATION **MWBE-104 (1/2012)**

The Contractor must document "good faith efforts" to provide meaningful participation by New York State Certified M/WBE subcontractors or suppliers in the performance of the State Contract.

The undersigned hereby certifies that he/she has taken the following actions on behalf of the Contractor to demonstrate the aforesaid good faith efforts [check actions as applicable]:

☐ (a) The Contractor attended any pre-bid meetings that were scheduled by the Department or the NYS Department of Economic Development or its designee to inform minority and women business enterprises of contracting and subcontracting opportunities available on the project;

☒ (b) The Contractor identified economically feasible units of the project that could be contracted or subcontracted to minority and women small business enterprises in order to increase the likelihood of participation by such enterprises;

☐ (c) The Contractor advertised in general circulation, trade association, and trade-oriented, minority and women-focused publications, if any, concerning the contracting or subcontracting opportunity;

☒ (d) The Contractor solicited and provided written notice to a reasonable number of minority and women business enterprises identified from current certified lists of such business enterprises provided or maintained by the NYS Empire State Development's Division of Minority and Women Owned Business Development, or its designee, of the contracting or subcontracting opportunity in sufficient time to allow the enterprises to participate effectively;

☐ (e) The Contractor followed up initial solicitations by contacting the enterprises to determine whether the enterprises were interested in such contracting or subcontracting opportunity;

☒ (f) The Contractor provided interested minority and women business enterprises with adequate information about the plans, specifications and requirements for the contracting or subcontracting opportunity;

☐ (g) The Contractor used the services of community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee that provide assistance in the recruitment and placement of minority and women business enterprises; and

☒ (h) The Contractor negotiated in good faith with minority and women business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any minority or women business. "Good faith" negotiating means engaging in good faith discussions with minority or women businesses about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority or women businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available.

Signature: [redacted]	Date: 11/13/2014
Print Name: Kelly Colohan	
Title: General Manager	
Company: HealthLOGIX	

Sworn to before me this 12 day of 2014

[redacted]
Notary Public

TERA MALEY
NOTARY PUBLIC - MICHIGAN
MACOMB COUNTY
My Commission Expires March 11, 2015

November 11, 2014

Ms. Linda Burk
Procurement Manager
Employee Benefits Division – Room 1106
NYS Department of Civil Service
Albany, NY 12239

RE: Invitation for Bids # EBC-2014-1 entitled:
"The Empire Plan Employee Benefit Card,"
Firm Offer to the State of New York

HealthLOGIX hereby submits this firm and binding offer to the State of New York in response to the Department's Invitation for Bids # EBC-2014-1, entitled **"The Empire Plan Employee Benefit Card,"** (IFB). The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced IFB and in the manner set forth in this IFB.

HealthLOGIX accepts the terms and conditions as set forth in IFB, Section VII and Appendices A, B, C, and D and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in this IFB in the manner set forth in this IFB.

HealthLOGIX agrees to execute a contractual agreement composed substantially of the terms and conditions set forth in the draft contract included in the IFB, and accepts as non-negotiable the terms and conditions set forth in Appendices A, B, C and D to the draft contract.

HealthLOGIX further agrees, if selected as a result of the IFB, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers' Compensation Law as set forth in Section II.B.7 of the IFB.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in the IFB. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless **HealthLOGIX** delivers to the Department of Civil Service written notice of withdrawal of its Proposal.

HealthLOGIX's complete offer is set forth as follows:

Administrative and Technical Sections:	Total of eight (8) hard copy volumes [two (2) original and six (6) copies] and one (1) electronic copy on CD.
Cost Section:	Total of eight (8) hard copy volumes [two (2) original and six (6) copies] and one (1) electronic copy on CD.

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, **HealthLOGIX** and possesses the legal authority and capacity to act on behalf of **HealthLOGIX** to execute a contract with the State of New York.

The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

Date: 11/11/2014

HealthLOGIX

By: [redacted]
(signature)

Kelly Colohan
(name)

General Manager
(title)

[redacted]
(phone number)

[redacted]
(email address)

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF }
: **SS.:**
COUNTY OF }

On the 12 day of November in the year 2014, before me personally appeared: Kelly Colohan, known to me to be the person. who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he resides at 1911 Woodside, Town of _____, County of Oakland, State of MI; and further that:

[Check One]

(X **If a corporation):** _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(___ **If a partnership):** _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

TERA MALEY
NOTARY PUBLIC - MICHIGAN
MACOMB COUNTY
My Commission Expires March 11, 2015

[redacted]
Notary Public

Exhibit I.T - Offeror Attestations Form

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:
The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

Name of Business Entity Submitting Bid:		**HealthLOGIX**
Entity's Legal Form:		☐ Corporation ☐ Partnership ☐ Sole Proprietorship X Other _LLC_____
No.	**RFP Ref.**	**RFP Requirement:**
1.	Section III.B.1	At time of Proposal Due Date, Offeror represents and warrants that it: X possesses ☐ does not possess the legal capacity to enter into a contract with the Department.
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: X attests ☐ does not attest that it understands and agrees to comply with all specific duties and responsibilities set forth in Section IV of this IFB #EBC-2014-1, entitled "The Empire Plan Employee Benefit Card."
3.	Section III.B.3	At time of Proposal Due Date, Offeror represents and warrants that it: X attests ☐ does not attest that it has at least three (3) years prior experience producing and distributing Employee Benefit Cards that are similar to those specified in Exhibit II.E–Employee Benefit Card Specifications, and where the Offeror's book of business Employee Benefit Card production size is similar or greater in scope of at least two-hundred twenty-five thousand (225,000) in a twelve (12) month period. The Offeror must provide a detailed list of client organizations with the number of cards produced for each client to clearly demonstrate that the Offeror and/or its Key Subcontractor or Affiliate meets the minimum requirement of at least two-hundred twenty-five thousand (225,000) cards produced in a twelve month period.
4.	Section III.B.4	At time of Proposal Due Date, Offeror represents and warrants that it: X attests ☐ does not attest that it has provided Employee Benefit Card production services comparable to the services specified in Section IV.A.2 for at least two (2) current or former clients, each with a card production size of at least fifty thousand (50,000) in a twelve (12) month period.
5.	Section III.B.5	At time of Proposal Due Date, Offeror represents and warrants that it: X attests ☐ does not attest that its operations, from production to distribution, is fully HIPAA compliant.

Exhibit I.T - Offeror Attestations Form

Date: 11/11/2014

[redacted]
Signature

Kelly Colohan
General Manager
HealthLOGIX

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF }
: **SS.:**
COUNTY OF }

On the 12 day of November in the year 2014, before me personally appeared: Kelly Colohan, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he resides at 1911 Woodslee, Town of _____, County of Oakland, State of MI; and further that:

[Check One]

(X **If a corporation):** _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(___ **If a partnership):** _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

[redacted]
Notary Public

TERA MALEY
NOTARY PUBLIC - MICHIGAN
MACOMB COUNTY
My Commission Expires March 11, 2015

Exhibit I.U.1 - Key Subcontractors or Affiliates

The Offeror must complete and submit this Exhibit as part of its Administrative Section. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under the RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	HealthLOGIX
The Offeror: ☐ is X is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services ☐ is X is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling $100,000 or more during the term of the 5 year agreement	
Subcontractor's Legal Name:	
Business Address:	
Subcontractor's Legal Form:	☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other _____
As of the date of the Offeror's Proposal, a subcontract ☐ has X has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to the Mental Health and Substance Abuse Program Services.	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	
Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	
2. Client Reference Name and Phone #	
3. Program Title:	
4. Program Start Date:	
5. In the space provided below, Program Status:	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:	

Exhibit I.U.2

IFB # EBC-2014-1
"The Empire Plan Employee Benefit Card"

NEW YORK SUBCONTRACTORS AND SUPPLIERS

As stated in Section II.B.11 of the IFB, Offerors are encouraged to use New York State businesses in the performance of Program Services. Please complete the following exhibit to reflect the Offeror's proposed utilization of New York State businesses.

Name(s) of New York Subcontractors and/or Suppliers	Address, City, State, and Zip Code	Description of Services or Supplies Provided	Estimated Value Over 5-Year Contract Period	Identify if Subcontractor or Supplier
Sharda Paper Inc*	378 Troutman St Brooklyn, NY 11237	Paper Products and Envelopes	$56,000	Supplier
CNY Business Forms & Printing*	502 Court St #206, Utica, NY 13502	Paper Products and Envelopes	$56,000	Supplier
* Only one will be selected as the supplier				

Reference #: 1

[redacted]

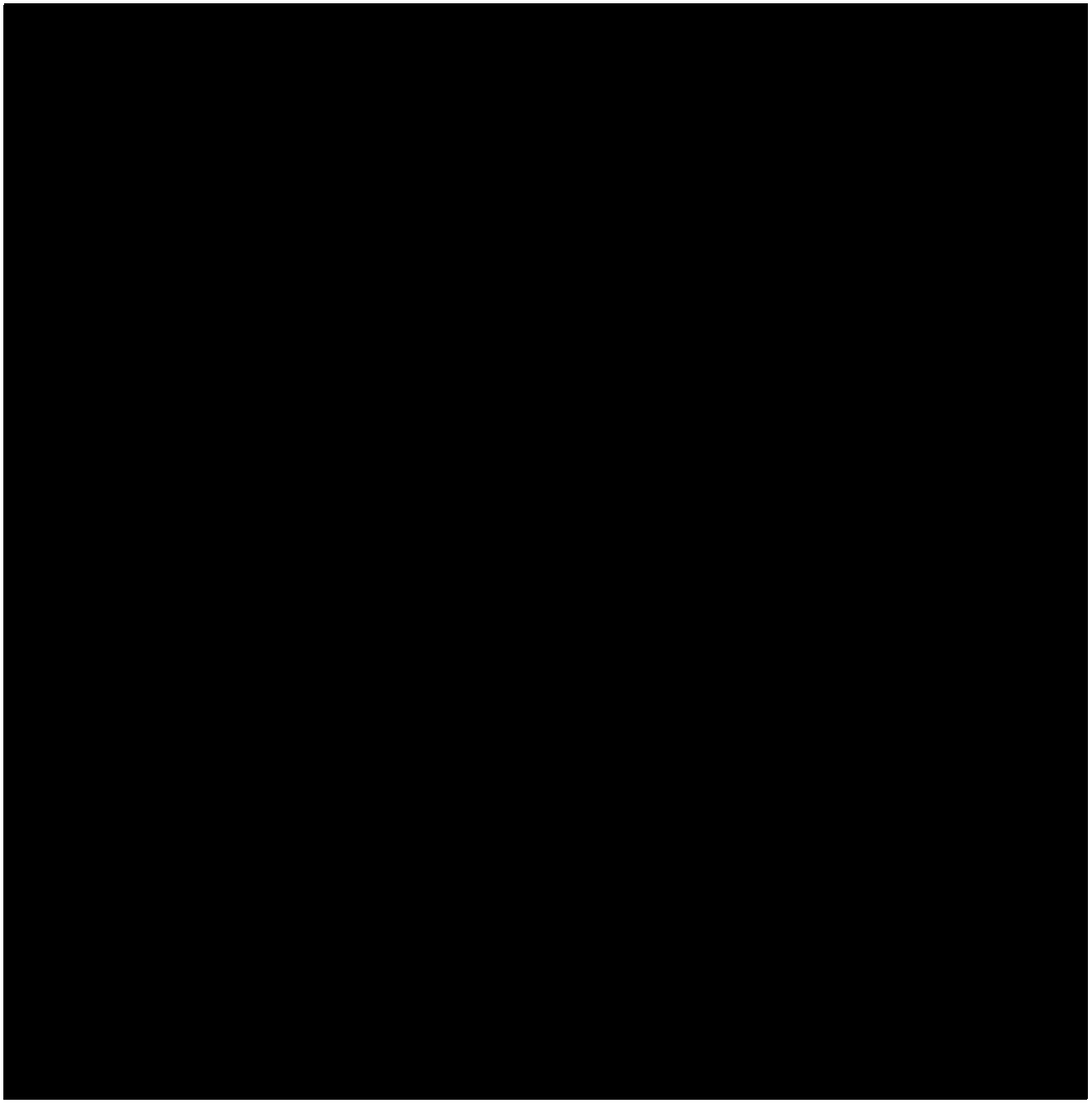

Exhibit I.V - Program References

Reference #: 3

Current or Former Customer?: Former

Abstract
Customer For Whom Services Were Performed: **Easy Choice Health Plan of New York** Number of covered Lives: **100,000** Customer Address: **80 Broad Street, 5th Floor** **New York, NY 10004**
Program Description: **ECHP uses our laminated ID Card option. We process daily files and turn cards in less than 48 hours from receipt of file.**
Program Contact References: (Required And Will Be Verified) (Attach 2 current and 1 former client reference) Contact Name: **Andrea Nielsen-Amari** Contact Title: **Director of Operations** Phone Number: [redacted] E-Mail Address: [redacted] Contact Name: **Erick Raquiza** Contact Title: **Operations Administrator** Phone Number: [redacted] E-Mail Address: [redacted]

F. Financial Statements

As a privately held company, our financials will be made available to the procurement team upon request. They are not offered within the proposal due to the confidential nature of the information provided throughout the auditor's reports.

We have provided on the next page a statement from the State of Michigan showing that we are in good standing with the State.

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ANCOR INFORMATION MANAGEMENT LLC

was validly organized on December 27, 1993 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 7th day of November, 2014

[redacted]

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau

Sent by Facsimile Transmission
1281448

NEW YORK STATE

VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience, may be completed online using the New York State VendRep System.

COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the IT Service Desk at ITServiceDesk@osc.state.ny.us or call 866-370-4672.

DEFINITIONS

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf. These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

RESPONSES

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

REPORTING ENTITY

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

ASSOCIATED ENTITY

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

STRUCTURE OF THE QUESTIONNAIRE

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

NEW YORK STATE

VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

I. LEGAL BUSINESS ENTITY INFORMATION		
Legal Business Entity Name* Ancor Information Management, LLC.	EIN 38-3150672	
Address of the Principal Place of Business (street, city, state, zip code) 1911 Woodslee Drive Troy, MI 48083	New York State Vendor Identification Number Telephone 248-526-4831 ext.	Fax 248-740-1487
Email [redacted]	Website www.healthlogixonline.com	

Additional Legal Business Entity Identities: If applicable, list any other DBA, Trade Name, Former Name, Other Identity, or EIN used in the last five (5) years and the status (active or inactive).

Type	Name	EIN	Status
DBA	HealthLOGIX	38-3150672	Active

1.0 Legal Business Entity Type – Check appropriate box and provide additional information:

☐ Corporation (including PC)	Date of Incorporation
☒ Limited Liability Company (LLC or PLLC)	Date of Organization
☐ Partnership (including LLP, LP or General)	Date of Registration or Establishment
☐ Sole Proprietor	How many years in business?
☐ Other	Date Established

If Other, explain:

1.1 Was the Legal Business Entity formed or incorporated in New York State? ☐ Yes ☒ No

If 'No,' indicate jurisdiction where Legal Business Entity was formed or incorporated and attach a Certificate of Good Standing from the applicable jurisdiction or provide an explanation if a Certificate of Good Standing is not available.

☒ United States State MI

☐ Other Country ____

Explain, if not available:

1.2 Is the Legal Business Entity publicly traded? ☐ Yes ☒ No

If "Yes," provide CIK Code or Ticker Symbol

1.3 Does the Legal Business Entity have a DUNS Number? ☒ Yes ☐ No

If "Yes," Enter DUNS Number 14-423-3285

*All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," which can be found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf.

NEW YORK STATE

VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

I. LEGAL BUSINESS ENTITY INFORMATION	
1.4 If the Legal Business Entity's Principal Place of Business is not in New York State, does the Legal Business Entity maintain an office in New York State? (Select "N/A," if Principal Place of Business is in New York State.)	☐ Yes ☒ No ☐ N/A
If "Yes," provide the address and telephone number for one office located in New York State.	
1.5 Is the Legal Business Entity a New York State certified Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), New York State Small Business (SB) or a federally certified Disadvantaged Business Enterprise (DBE)? If "Yes," check all that apply: ☐ New York State certified Minority-Owned Business Enterprise (MBE) ☐ New York State certified Women-Owned Business Enterprise (WBE) ☐ New York State Small Business (SB) ☐ Federally certified Disadvantaged Business Enterprise (DBE)	☐ Yes ☒ No
1.6 Identify Officials and Principal Owners, if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.	

[redacted]

NEW YORK STATE

VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

II. REPORTING ENTITY INFORMATION		
2.0 The Reporting Entity for this questionnaire is: Note: Select only one. ☐ Legal Business Entity *Note: If selecting this option, "Reporting Entity" refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)* ☒ Organizational Unit within and operating under the authority of the Legal Business Entity SEE DEFINITIONS OF "REPORTING ENTITY" AND "ORGANIZATIONAL UNIT" FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION. *Note: If selecting this option, "Reporting Entity" refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)*		
IDENTIFYING INFORMATION		
a) Reporting Entity Name HealthLOGIX		
Address of the Primary Place of Business (street, city, state, zip code) 1911 Woodslee Drive Troy, MI 48083	Telephone 248-740-8866 ext. 1155	
b) Describe the relationship of the Reporting Entity to the Legal Business Entity D/B/A		
c) Attach an organizational chart		
d) Does the Reporting Entity have a DUNS Number?	☐ Yes ☒ No	
If "Yes," enter DUNS Number		
e) Identify the designated manager(s) responsible for the business of the Reporting Entity. *For each person, include name and title. Attach additional pages if necessary.*		
Name	Title	
Kelly Colohan	General Manager	

NEW YORK STATE

VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

INSTRUCTIONS FOR SECTIONS III THROUGH VII

For each "Yes," provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each "Other," provide an explanation which provides the basis for not definitively responding "Yes" or "No." Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

III. LEADERSHIP INTEGRITY ***Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:***	
3.0 Sanctioned relative to any business or professional permit and/or license?	☐ Yes ☒ No ☐ Other
3.1 Suspended, debarred, or disqualified from any government contracting process?	☐ Yes ☒ No ☐ Other
3.2 The subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business-related conduct?	☐ Yes ☒ No ☐ Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	☐ Yes ☒ No ☐ Other
For each "Yes" or "Other" explain:	

IV. INTEGRITY – CONTRACT BIDDING ***Within the past five (5) years, has the reporting entity:***	
4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, debarment for a violation of New York State Workers' Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	☐ Yes ☒ No
4.1 Been subject to a denial or revocation of a government prequalification?	☐ Yes ☒ No
4.2 Been denied a contract award or had a bid rejected based upon a non-responsibility finding by a government entity?	☐ Yes ☒ No
4.3 Had a low bid rejected on a government contract for failure to make good faith efforts on any Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise goal or statutory affirmative action requirements on a previously held contract?	☐ Yes ☒ No
4.4 Agreed to a voluntary exclusion from bidding/contracting with a government entity?	☐ Yes ☒ No
4.5 Initiated a request to withdraw a bid submitted to a government entity in lieu of responding to an information request or subsequent to a formal request to appear before the government entity?	☐ Yes ☒ No
For each "Yes," explain:	

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V. INTEGRITY – CONTRACT AWARD *Within the past five (5) years, has the reporting entity:*	
5.0 Been suspended, cancelled or terminated for cause on any government contract including, but not limited to, a non-responsibility finding?	☐ Yes ☒ No
5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?	☐ Yes ☒ No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?	☐ Yes ☒ No
For each "Yes," explain:	

VI. CERTIFICATIONS/LICENSES *Within the past five (5) years, has the reporting entity:*	
6.0 Had a revocation, suspension or disbarment of any business or professional permit and/or license?	☐ Yes ☒ No
6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of Minority-Owned Business Enterprise, Women-Owned Business Enterprise or federal certification of Disadvantaged Business Enterprise status for other than a change of ownership?	☐ Yes ☒ No
For each "Yes," explain:	

VII. LEGAL PROCEEDINGS *Within the past five (5) years, has the reporting entity:*	
7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	☐ Yes ☒ No
7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	☐ Yes ☒ No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?	☐ Yes ☒ No
7.3 Had a government entity find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?	☐ Yes ☒ No
7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any government entity involving a violation of federal, state or local environmental laws?	☐ Yes ☒ No
7.5 Other than previously disclosed: a) Been subject to fines or penalties imposed by government entities which in the aggregate total $25,000 or more; or b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?	☐ Yes ☒ No
For each "Yes," explain:	

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VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY	
8.0 Within the past five (5) years, has the Reporting Entity received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	☐ Yes ☒ No
If "Yes," provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.1 Within the past five (5) years, has the Reporting Entity had any liquidated damages assessed over $25,000?	☐ Yes ☒ No
If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.2 Within the past five (5) years, have any liens or judgments (not including UCC filings) over $25,000 been filed against the Reporting Entity which remain undischarged?	☐ Yes ☒ No
If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.3 In the last seven (7) years, has the Reporting Entity initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	☐ Yes ☒ No
If "Yes," provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
8.4 During the past three (3) years, has the Reporting Entity failed to file or pay any tax returns required by federal, state or local tax laws?	☐ Yes ☒ No
If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the Reporting Entity failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
8.5 During the past three (3) years, has the Reporting Entity failed to file or pay any New York State unemployment insurance returns?	☐ Yes ☒ No
If "Yes," provide the years the Reporting Entity failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.6 During the past three (3) years, has the Reporting Entity had any government audit(s) completed?	☐ Yes ☒ No
a) If "Yes," did any audit of the Reporting Entity identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any material disallowance?	☐ Yes ☐ No
If "Yes" to 8.6 a), provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

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IX. ASSOCIATED ENTITIES

This section pertains to any entity(ies) that either controls or is controlled by the reporting entity.

(See definition of "associated entity" for additional information to complete this section.)

9.0 Does the Reporting Entity have any Associated Entities? Note: All questions in this section must be answered if the Reporting Entity is either: – An Organizational Unit; or – The entire Legal Business Entity which controls, or is controlled by, any other entity(ies). If "No," SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.	☐ Yes ☒ No
9.1 Within the past five (5) years, has any Associated Entity Official or Principal Owner been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	☐ Yes ☒ No
If "Yes," provide an explanation of the issue(s), the individual involved, his/her title and role in the Associated Entity, his/her relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).	
9.2 Does any Associated Entity have any currently undischarged federal, New York State, New York City or New York local government liens or judgments (not including UCC filings) over $50,000?	☐ Yes ☒ No
If "Yes," provide an explanation of the issue(s), identify the Associated Entity's name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the Lien holder or Claimant's name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.3 Within the past five (5) years, has any Associated Entity:	
a) Been disqualified, suspended or debarred from any federal, New York State, New York City or other New York local government contracting process?	☐ Yes ☒ No
b) Been denied a contract award or had a bid rejected based upon a non-responsibility finding by any federal, New York State, New York City, or New York local government entity?	☐ Yes ☒ No
c) Been suspended, cancelled or terminated for cause (including for non-responsibility) on any federal, New York State, New York City or New York local government contract?	☐ Yes ☒ No
d) Been the subject of an investigation, whether open or closed, by any federal, New York State, New York City, or New York local government entity for a civil or criminal violation with a penalty in excess of $500,000?	☐ Yes ☒ No
e) Been the subject of an indictment, grant of immunity, judgment, or conviction (including entering into a plea bargain) for conduct constituting a crime?	☐ Yes ☒ No
f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any federal, New York State, New York City, or New York local government entity?	☐ Yes ☒ No
g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	☐ Yes ☒ No
For each "Yes," provide an explanation of the issue(s), identify the Associated Entity's name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

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X. FREEDOM OF INFORMATION LAW (FOIL)	
10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	☐ Yes ☒ No
If "Yes," indicate the question number(s) and explain the basis for the claim.	

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE		
Name Kelly Colohan	Telephone 248-740-8866 ext.1155	Fax 248-740-9025
Title General Manager	Email [redacted]	

NEW YORK STATE

VENDOR RESPONSIBILITY QUESTIONNAIRE
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Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official [redacted]

Printed Name of Signatory Kelly Colohan

Title General Manager

Name of Business HealthLOGIX**Error! Reference source not found.**

Address 1911 Woodslee Drive

City, State, Zip Troy, MI 48083

Sworn to before me this 12 day of November, 2014;

[redacted] Notary Public

TERA MALEY
NOTARY PUBLIC - MICHIGAN
MACOMB COUNTY
My Commission Expires March 11, 2015

SECTION IV: TECHNICAL SECTION

1. Executive Summary

HealthLOGIX is a division of Ancor Information Management LLC, which was founded in 1983. Ancor evolved from initially providing digital print and mail services locally to providing customized and personalized mailings and fulfillment for specific vertical markets nationally. These vertical markets include Automotive, Utilities, and Membership groups including HealthLOGIX. HealthLOGIX provides customized printing, personalized ID Cards, and electronic document services specifically designed to meet the needs of healthcare plans. We have been producing ID cards for the health industry since 1997. Our years of experience and knowledge of health care regulations make us the perfect choice for the services requested in this IFB. We can readily and simply provide the production and distribution of weekly EBCs, Card Detail reports, and Summary reports at the quantities provided. The production process described in this IFB in regard to the layout and information on the ID card is routine for HealthLOGIX. The description of services and data file layout is typical as well. We presort and send as first class mail everyday by the tens of thousands. We have already scheduled staff to meet implementation of these services within 60 days of final agreement by OSC.

Your team of HealthLOGIX employees would include your Business Development Manager - Kelly Flynn, Project Manager - Mickey Giarmarco, Assistant Project Manager- Scott Bredeson, IT Manager - Tim Warner along with selected production staff, supervisors, and equipment operators. This team would work together throughout the length of the contract. Mickey and Kelly will respond to the Department's questions, requests, and changes to documents quickly and urgently when necessary.

For our 27-mil laminated ID cards and carriers, barcodes are used so our machines can insure the right pieces are in the right packages. We utilize a 2d barcode on the carrier and OCR the actual member number from the card itself. If there is any question as to the validity of the match the carrier and card are both rejected. At this point a 100% QC is done by our fulfillment specialists.

ID cards are affixed to a 80# pre-perforated ID card carrier. Up to four cards are affixed to the same carrier. We utilize state-of-the-art affixing technologies to make sure the right card goes on the right carrier. We use the same technology used in the financial industry to attach credit cards to carriers. With over 70 million cards affixed since we brought this technology in-house we have yet to have a machine mismatched card to carrier.

Each carrier can hold up to four ID cards. We household multiple carriers into the same envelope. Typically an envelope will hold up to three folded carriers allowing for 12 ID cards.

HealthLOGIX Corporate and Production facility is located at 1911 Woodslee Drive, Troy MI. Mickey Giarmarco will be the lead for this account. We currently have 33 clients to which we print and distribute ID cards and Enrollment materials. Our largest client has 4.5 million members and our smallest has 50,000 members.

We are HIPAA compliant. Your member's PHI never leaves our facility from the time you transmit it to us. This is true during our implementation and testing phases as well. HealthLOGIX provides a production level test environment we refer to as "user acceptance" testing. This allows you to see exactly what would have been produced if regular production had been produced.

HealthLOGIX follows the guidelines for ISO/9001: 2008 Compliancy. HealthLOGIX's IT Department generates a variety of reports forwarded to the production floor for their quality review process. Machine operations do a 100% quality check; additionally a production supervisor or the assigned Project Manager will review (sign off) after spot checking each run.

2. Contractor's Responsibilities

The Offeror must confirm that it will meet the following Contractor Responsibilities if selected to enter into an Agreement with the Offeror as a result of this IFB.

a. **Materials, Processing and Prototype Specifications**: The Contractor shall comply with the following Materials Processing and Prototype Specifications:

i. The materials used in the production of EBCs, Card Carriers and Envelopes shall meet the materials specifications set forth in **Exhibit II.E** of this IFB.

ii. The Contractor may utilize any combination of offset, digital or flexographic methods for producing a durable EBC that meets the specifications of this IFB.

iii. The layout of the EBC, Card Carrier and Envelope shall meet the Prototype and Information Specifications set forth in **Exhibit II.E.** A sample of the current EBC, Card Carrier, and Envelope is set forth in **Exhibit II.A.**

iv. A prototype of the Contractor's final EBC, Card Carrier and Envelope shall be submitted to the Department for approval during the Implementation Period. The Department shall, in its sole discretion, determine if the Contractor's EBC, Card Carrier, and Envelope meet the specifications set forth in **Exhibit II.E.**

v. The Contractor shall be able to customize, modify, and produce new or modified EBC layouts and Card Carrier contents within sixty (60) days' notice at the written direction of the Department.

vi. The Contractor's production process shall display the Enrollee's name and up to five (5) Dependents' names on the EBC and attach up to four (4) EBCs with the same Enrollee identification number onto a single Card Carrier addressed to the Enrollee or Dependent, as applicable and insert it in a single Envelope that meets the specifications set forth in **Exhibit II.E** of this IFB. The Contractor must be capable of producing and distributing EBCs in all possible production scenarios as set forth in **Exhibit II.G.**

vii. The Contractor shall pre-sort and mail the Envelopes containing the EBC(s) and Cards Carriers through the U.S. Postal Service (USPS), first class to all Enrollees and Dependents who reside in the United States and Canada in a manner that ensures compliance with HIPAA requirements and with USPS technology that results in maximum postal discounts.

viii. The Contractor shall ensure that: 1) no Defective EBCs, Card Carriers or Envelopes are mailed; 2) all EBCs are mailed to the correct Cardholder(s); and 3) the Department is not invoiced for any Defective EBCs, Card Carriers or Envelopes or any associated postage charges.

ix. The Contractor shall ensure that all Program materials including blank EBCs, Card Carriers and/or Envelopes that contain the NYSHIP or NYS or logo preprinted Program information are securely maintained and properly accounted for by the Contractor.

x. In the event of unforeseen emergency circumstances which affect the Contractor's ability to adhere to its Production Cycle, the Contractor shall immediately notify the Department and provide the following:

1) The circumstance(s) precluding production/delivery.

2) A statement of whether or not succeeding production/deliveries will be affected and when the situation will be corrected.

3) The Contractor shall remain responsible for producing the associated EBCs and reports prior to the following week's Production Cycle.

HealthLOGIX confirms we will comply with the above-mentioned Materials Processing and Prototype Specifications

b. Weekly card production and distribution for new, duplicate and replacement EBCs:

i. The Contractor shall produce and distribute EBCs reflecting the data contained in the Department's weekly EBC Data File that comply with EBC specifications, the SECTION IV: TECHNICAL SECTION Page 4-4 The Empire Plan Employee Benefit Card Production Cycle and the performance standards set forth in this Section IV of the IFB.

ii. The Contractor shall produce one EBC for Enrollees with individual coverage and two EBCs for Enrollees with family coverage who have five (5) or fewer Dependents. The Contractor shall produce additional EBCs for Enrollees having six (6) or more Dependents. Each EBC shall list up to six (6) covered names.

iii. The Department anticipates placing weekly card production orders, but may request EBCs on a more frequent basis over the term of the Agreement. During each weekly Production Cycle, the Contractor shall complete all Program Services associated with the production and distribution of EBCs.

iv. The Department will transmit to the Contractor a weekly computerized EBC Data File via secure transfer containing detailed benefit card data elements shown in **Exhibit II.B**.

HealthLOGIX confirms we will comply with the above-mentioned production and distribution of requirement, additional orders and file transmittals.

c. Management reports: The Contractor shall create and electronically distribute to the Department in a HIPAA-compliant manner, accurate weekly Card Detail and Card Summary Reports, comparable to **Exhibit II.C** and **Exhibit II.D**, within two (2) Business Days from the completion of each Production Cycle. The Department reserves the right to request reports be sent in paper or an electronic format that is searchable, or both.

d. Performance Guarantees and Credits: The Contractor shall contractually agree to the following performance guarantees and the corresponding credit amounts for failure to meet the guarantees.

i. Implementation and start-up Guarantee and Credit Amount:

a. *Guarantee*: The Contractor guarantees that all implementation and start-up activities will be completed the first day of the month following a sixty (60) day Implementation Period after the Office of the State Comptroller (OSC) approves the Agreement so that the Contractor can assume full operational responsibility for the services required by this IFB for the production and distribution of EBCs, Card Carriers and Envelopes and production of Card Detail Reports and Summary Reports.

b. *Credit Amount*: If the Contractor fails to complete all implementation and start-up activities within the Implementation Period, the Contractor shall credit against the Program's fees one thousand dollars ($1,000) per Day that the Contractor fails to assume full operational responsibility to the satisfaction of the Department.

HealthLOGIX confirms we will comply with the above-mentioned Implementation activities and time line as well as Credit Amount.

ii. Production Cycle Guarantee and Credit Amount:

a. ***Guarantee.*** The Contractor guarantees that each weekly Production Cycle shall be completed within the following time frames:

1) For orders ≤ 10,000 cards, within three (3) Business Days from the date that the EBC Data File is made available by the Department;

2) For orders > 10,000 but ≤ 40,000 cards, within four (4) Business Days from the date that the EBC Data File is made available by the Department; and

3) For orders > 40,000 cards, within the number of Business Days equal to the number of EBCs requested in the EBC Data File divided by 10,000, and then rounded up to the next whole number.

b. ***Credit Amount:*** The Contractor shall credit against the Program's fees $250 per Day, for each weekly Production Cycle that is not completed within the required timeframe as set forth in Section IV.A 2.a.vii of this IFB.

HealthLOGIX guarantees we can meet or beat the weekly Production Cycle timeline and agree to the Credit Amount.

iii. Report Guarantee and Credit Amount:

a. ***Guarantee:*** The Contractor guarantees that accurate Card Detail and Card Summary Reports shall be delivered to the Department within two (2) Business Days from the completion of each Production Cycle.

b. ***Credit Amount:*** The Contractor's shall credit against the Program's fees $250 per Day, for each management report not received within two (2) Business Days from the completion of each Production Cycle.

HealthLOGIX agrees to comply to the above Guarantee and Credit Amount.

e. Re-issuance of EBCs: Should the Department require a complete or partial reissuance of EBCs during the term of the Agreement, the Contractor shall agree to produce and distribute the EBCs and management reports. Routine weekly card Production Cycles will continue during the Production Cycle(s) for a complete or partial re-issuance. The Department does not anticipate a complete re-issuance of EBCs to all Enrollees will occur during the term of the Agreement.

HealthLOGIX agrees to any Re-issuance of EBC throughout the length of the contract.

f. Administration: The Contractor shall maintain an organization of sufficient size with staff that possess the necessary skills and experience to administer, manage and oversee all aspects of the Agreement resultant from this IFB during implementation, operation and transition. Specifically the Contractor shall:

i. Establish and/or dedicate a team of qualified and experienced employees to the Department and maintain and adjust staffing patterns at appropriate levels to provide Program services as required by the Department;
ii. Provide timely responses (within one [1] to two [2] Business Days) to questions and requests posed by the Department.

iii. Notify the Department in writing of changes in key personnel, key Subcontractor(s), or production facility locations specifically identified in its Bid. Substituted personnel, key Subcontractor(s) or production locations shall have comparable or better qualifications or facilities to those outlined in the Bid.

The above requirements are standard practice for HealthLOGIX.

g. Billing Requirements: The Contractor shall bill the Department and will be paid for the production and distribution of EBCs and associated Card Carriers and Envelopes in accordance with the requirements set forth in this IFB, and according to the Program Services fees quoted in the Contractor's completed **Exhibit II.F**. In addition to the quoted Program Services fees, the Offeror shall bill the Department and be reimbursed for actual USPS costs incurred in accordance with Section IV.A.2.g.ii.

i. The Contractor shall bill the Department and be paid for the production of: 1) EBCs, Card Carriers and Envelopes that meet the Program specifications set forth in this IFB; and 2) only those Defective EBCs, and Card Carriers produced by the Contractor that the Department directly caused to be defective. An EBC, Card Carrier and/or Envelope is defective if it does not meet the Program specifications set forth in the **Exhibit II.E** of the Agreement resultant from this IFB, or, if after having been mailed, it is determined by the Department that the EBC(s) was not properly matched with its associated Card Carrier. An EBC and/or Card Carrier is also defective if the Cardholder information contained in the EBC Data File provided by the Department is not properly displayed on the EBC and/or Card Carrier.

ii. The Contractor shall bill the Department and be reimbursed for the actual USPS charges, using the best U.S. Postal discounts available to the Program for mailing: 1) EBCs and/or Card Carriers and Envelopes that meet the Program specifications set forth in this IFB; and 2) Defective EBCs where the Department directly caused the EBCs and/or Card Carriers to be defective. The Contractor shall not bill or be reimbursed by the Department for any USPS charges the Contractor incurs to mail Defective EBCs that were not directly caused to be defective by the Department. The Contractor shall not bill and will not be reimbursed for any excess USPS charges incurred as a result of the Contractor's failure to qualify for the best U.S. Postal Service discounts available.

iii. The Contractor will not be reimbursed for any postage charges associated with normal day-to-day functions undertaken by the Contractor to complete Program Services. Such postage charges are considered overhead expenses and, as such, included as a component of the Contractor's per EBC, Card Carrier and Envelope fees.

iv. The Contractor shall invoice the Department, monthly in arrears, for all Program Services rendered during the preceding month, together with full supporting detail(s) to the Department's reasonable satisfaction and in a format required by the Department. Such invoices shall include, at a minimum, the quantity, unit price, and total amount due for EBCs, Card Carriers and Envelopes, as well as USPS charges. Accurate invoices shall be submitted to the Department for review, approval and payment by the 15th of every month. Upon review of the submitted invoices and verification of the charges, the Department will make best efforts to process all approved invoices within thirty (30) Days of their receipt; however, failure to make payment within said timeframe shall not be considered a breach of contract. Timeliness of payment and any interest to be paid to the Contractor for late payment shall be governed by Article XI-A of the State Finance Law.

v. The State of New York is not liable for any cost incurred by the Contractor in preparation for or prior to the approval of an executed contract by the Comptroller of the State of New York.

HealthLOGIX agrees to comply with all above-mentioned billing requirements.

HealthLOGIX
AN ANCOR COMPANY

Invitation For Bid
The Empire Plan
Employee Benefit Card
IFP # EBC-2014-1

Cost Section
Electronic Version
November 13, 2014

EFFICIENT. ACCOUNTABLE. FLEXIBLE.

EXHIBIT II.F

IFB# EBC-2014-1 THE EMPIRE PLAN EMPLOYEE BENEFIT CARD
Employee Benefit Card Fee Schedule

		Offeror's Quoted Fees (2) (3)								
Fee Type	Fee Basis	Year 1 (Col. A)	Year 2 (Col. B)	Year 3 (Col. C)	Year 4 (Col. D)	Year 5 (Col. E)	Total Unit Fee (Col. F)	Average Unit Fee (Col. G)	Estimated Contract Utilization (Col. H)	Estimated Contract Cost (Col. I)
EBC Card Carrier & Envelope	Per EBC Per Packet (1)									

TOTAL PROJECTED COST (J)

Footnotes:

1) Each Card Carrier and Envelope packet includes one (1) Card Carrier and one (1) Envelope.
2) Includes all costs to produce the EBC, Card Carrier and Envelope, including materials, administration, start up costs, and management reporting costs.
3) Excludes USPS charges which will be reimbursed to the Contractor on a pass-through basis in accordance with Section IV.A.2.g.ii of the IFB

Instructions:

Columns A through E: Propose a fixed fee for EBCs and Card Carriers and Envelopes for each of the 5 years of the contract.
Column F: Total the Year 1 to Year 5 fees for the EBC and Card Carrier and Envelope categories in column F, Total Unit Fee.
Column G: Divide each sum in column F by 5 and insert in column G, Average Unit Fee. Round to nearest cent.
Column I: For each fee type, multiply column G, Average Unit Fee by column H, Estimated Contract Utilization, and insert in column I, Estimated Contract Cost.
Box J - Total Projected Cost: Sum column I, Estimated Cost and insert in box J, Total Projected Cost.
Below: Identify which option in each category is proposed by the Offeror:

☐	Option A Single-Window Envelope	OR	☒	Option B Double-Window Envelope
☐	Card Carrier Weight 70#	OR	☒	Card Carrier Weight 80#
☐	Card Stock 20 Mil	OR	☒	Card Stock 30 Mil (27 Mil)