



**Department of  
Civil Service**

**Offeror Certifications Form**  
“Health Maintenance Organizations  
Specifications for the NYSHIP”

**MANDATORY SUBMISSION:** to be completed, signed, and included in the Bid Submission

<b>SECTION ONE: Information Regarding the Offeror</b>		
<b>A. Provide the Offeror's authorized signatory information and identification numbers.</b>		
Name:		
Signature:		
Organization:		
Address:		
City, State, and ZIP Code:		
Telephone Number (include area code):		
Email Address:		
Taxpayer Identification Number:		
NYS Vendor Identification Number, if available:		
<b>B. Provide the contact information of the Offeror's primary contact with DCS regarding this Bid Submission. (If different from A.)</b>		
Name:		
Title:		
Address:		
City, State, and ZIP Code:		
Telephone Number (include area code):		
Email Address:		
<b>SECTION TWO: Minimum Offeror Eligibility Requirements <b>Amended</b></b>		
1.	The Offeror must, at time of Proposal Submission, possess the legal capacity to enter into a Contract with the Department.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	The Offeror, at time of Proposal Submission and throughout the term of the Contract, must: <ul style="list-style-type: none"> <li>a. Be licensed as an insurer under Articles 42 or 43 of New York State Insurance Law or certified under Article 44 of New York State Public Health Law, in good standing, and in compliance with state solvency requirements; and</li> <li>b. If applicable, be certified/licensed in accordance with the certification and oversight jurisdiction imposed by another state.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	The Offeror, at time of Proposal Submission, must represent and warrant that it has been in operation as a going concern at least two (2) years prior to the Proposal Due Date set forth in Section 1.61 of these Specifications.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	The Offeror, at time of Proposal Submission and throughout the term of the Contract, must be accredited by the National Committee on Quality Assurance (NCQA) and/or Utilization Review Accreditation Committee (URAC).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	The Offeror must provide a copy of their current Department of Health (DOH) Certificate of Authority to operate as an HMO under Articles 42 or 43 of New York State Insurance Law or Article 44 of New York State Public Health Law, for its requested Service Area, on or before the Tentative Contract Award date set forth in Section 1.61 of these Specifications.	<input type="checkbox"/> Yes <input type="checkbox"/> No



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6.	The Offeror must agree to accept all determinations of eligibility as made by the Department and must provide a rider that provides identical coverage criteria to the NYSHIP eligibility criteria presented in the 2025 NYSHIP Dependent Eligibility Rider (Attachment 19).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	The Offeror must agree to use any enrollment data transmission protocol and encryption method stipulated by the Department. The current data transmission protocol must be Secure FTP, and the current encryption methodology must be PGP or as otherwise specified by the Department. Secure FTP must be compatible with the Open SSH implementation of Secure FTP. Further, the HMO must agree to comply with the Department's Information Security Requirements (Appendix C) including any additional protocols required by the Department to ensure the security of its data transmissions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	The Offeror must provide coverage to both NYSHIP primary and Medicare primary Enrollees and Dependents that comply with the requirements of the Specifications throughout the term of the Contract. If the HMO has an approved Medicare Advantage Plan with Part D coverage in a Commercial Plan Service Area, it <b>MUST</b> offer the Medicare Advantage Plan to Medicare primary enrollees. HMOs cannot offer a Plan that provides coverage to Medicare eligible enrollees only.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	The Offeror must accept signed and valid NYSHIP Authorization for Release of Protected Health Information form (Exhibit 15), or any alternative form developed by the Department, for the purpose of the release of Protected Health Information to Enrollees' designees.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>SECTION THREE: Offeror Certifications</b>			
1.	The Proposal constitutes a firm and irrevocable offer for a period of one hundred and eighty (180) days from the date of submission to DCS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	By submission of a Proposal, the Offeror agrees not to make any claims for or have a right to any damages because of any misrepresentations or misunderstanding of the specifications or because of any errors or omissions or lack of information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	The Offeror agrees to fully comply with the Procurement Lobbying Law Sections 139-j and 139-k of the New York State Finance Law.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	The Offeror certifies that all information provided in connection with its Proposal is true and accurate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	The Offeror certifies they can meet all of the requirements found in Project Services (Section 3 of the IFB).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	The Offeror acknowledges that, should any extraneous terms, alternative activities/work to be performed, added conditions, or exceptions be submitted within its Proposal, such extraneous terms, alternative activities/work to be performed, added conditions, or exceptions will not be considered by DCS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	The Offeror has read, understands, and accepts all provisions of Appendix A – Standard Clauses for All New York State Contracts. Appendix A contains important information related to the contract to be entered into as a result of this IFB and will be incorporated, without change or amendment, into the contract entered into between DCS and the selected Offeror. By submitting a response to this IFB, the Offeror agrees to comply with all the provisions of Appendix A.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	The Offeror understands that submissions that do not provide all the requested documents in the IFB and or packaging of the IFB submissions in compliance with the instructions provided in IFB may be subject to rejection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No


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<p><b>9. EXECUTIVE ORDER NO. 177 CERTIFICATION EXECUTIVE ORDER NO. 177 CERTIFICATION</b></p> <p>The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.</p> <p>The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.</p> <p>Generally, the Human Rights Law applies to:</p> <ul style="list-style-type: none"> <li>• all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;</li> <li>• employers with fewer than four employees in all cases involving sexual harassment; and,</li> <li>• any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.</li> </ul> <p>In accordance with Executive Order No. 177, the Contractor hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.</p> <p>Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>10. PUBLIC OFFICER LAW REQUIREMENTS AND CONFLICT OF INTEREST DISCLOSURE</b></p> <p>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 establish 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, Proposals, 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.</p> <p>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.</p> <p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No


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<b>10. SEXUAL HARASSMENT PREVENTION CERTIFICATION</b>  State Finance Law §139-l requires Offeror’s on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor’s model policy and training standards) to all its employees. By submission of this Proposal, each Offeror and each person signing on behalf of any Offeror certifies, and in the case of a joint Proposal each party thereto certifies its own organization, under penalty of perjury, that the Offeror has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the Labor Law.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12. The Offeror certifies under penalty of perjury that they are not a Russian entity or Russia supporting entity as those terms are defined in Executive Order No. 14 dated February 27, 2022.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13. The Offeror certifies under penalty of perjury that your organization is not conducting business operations in Russia, as those terms are defined in Executive Order No. 16 dated March 17, 2022.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14. NON-DISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND</b> <b><u>MACBRIDE FAIR EMPLOYMENT PRINCIPLES</u></b>  In accordance with Chapter 807 of the Laws of 1992 the Contractor, by submission of this Certification, certifies that it or any individual or legal entity in which the Contractor holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership interest in the Contractor, either (answer “yes” or “no” to one or both of the following, as applicable):  Have business operations in Northern Ireland.  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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15. NON-COLLUSIVE BIDDING CERTIFICATION</b>  By submission of this Certification, the Contractor and each person signing on behalf of the Contractor certifies, under penalty of perjury, that to the best of his knowledge and belief:  1. The prices in this Agreement 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 competitor;  2. Unless otherwise required by law, the prices which have been quoted in this Agreement have not been knowingly disclosed by the Contractor and will not knowingly be disclosed by the Contractor prior to contract approval, directly or indirectly, to any other competitor; and  3. No attempt has been made or will be made by the Contractor to induce any other person, partnership, or corporation to submit or not to submit a price quote for the purpose of restricting competition.	<input type="checkbox"/> Yes <input type="checkbox"/> No



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16. As stated in Section 2 of this Solicitation, an Offeror is encouraged to use New York State businesses in the performance of Project Services. Please use the below to identify the Offeror's proposed utilization of New York State businesses.

<b>Name(s) of New York Subcontractors and/or Suppliers</b>	<b>Address, City, State, and Zip Code</b>	<b>Description of Services or Supplies Provided</b>	<b>Estimated Value Over 1-Year Contract Period</b>	<b>Identify if Subcontractor and/or Supplier</b>

## ATTACHMENT 6



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The undersigned affirms and swears as to the truth and veracity of all statements in Attachment 1.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**PRINT SIGNATORY’S NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT**  
**STATE OF }**

**Sworn Statement:**

**COUNTY OF }**

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally appeared \_\_\_\_\_, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that \_he maintains an office at  
Town of \_\_\_\_\_  
County of \_\_\_\_\_, State of \_\_\_\_\_; and further that:

\_\_\_\_\_(If an individual): \_he executed the foregoing instrument in his/her name and on his/her own behalf.

\_\_\_\_\_(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 purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

\_\_\_\_\_(If a limited liability company): \_he is a duly authorized member of \_\_\_\_\_, LLC, the limited liability company described in said instrument; that, \_he is authorized to execute the foregoing instrument on behalf of the limited liability company 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 limited liability company as the act and deed of said limited liability company.

**Notary Public:** \_\_\_\_\_ **Date:** \_\_\_\_\_