

Exhibit I.A - Submission Requirement Checklist

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

- ___ **1. TIMELY SUBMISSION:** Submission provided to all JLMC Members (Exhibit II.C.) no later than 3:00 p.m. ET on the Proposal Due Date as indicated in Section II.A.1.
- ___ **2. FORMATTING REQUIREMENTS:** The HMO's Submission must be organized and comply with the formatting requirements stated in Section II.A.7.
- ___ a. One (1) Original hard copy, one (1) additional hard copy and a separate CD labeled with the specific title.
 - ___ b. Submissions must be prepared in Adobe Acrobat.
 - ___ c. The Submission must be bound together and clearly labeled with "2016 HMO Submission and the HMO's name(s).
 - ___ d. Table of Contents
 - ___ e. Index Tabs
 - ___ f. Pagination
 - ___ g. Updates/Corrections
- ___ **3. REQUIRED ADMINISTRATIVE FORMS OF THE SUBMISSION:** The Submission must contain the following information, in the order enumerated below:
- ___ A. **Formal Offer Letter:** The HMO must submit a formal offer in the form of the "Formal Offer Letter" as set forth in, Exhibit I.S in accordance with the requirements set forth in, Section III.A
 - ___ B. **HMO Attestation Form:** The HMO must submit a completed Exhibit I.T "HMO Attestations Form" containing the representations and warranties set forth therein
 - ___ C. **Exhibits:** The HMO must complete and submit the Exhibits specified in Section III.C as follows:
 - ___ Exhibit I.A 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
 - ___ 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 M/WBE and EEO Policy Statement
 - ___ Exhibit I.U.2 New York Subcontractors and Suppliers
 - ___ Exhibit I.W Compliance with NYS Workers' Compensation Law

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- ___ D. **Key Subcontractors or Affiliates:** The HMO must provide a statement identifying all Key Subcontractors or Affiliates, if any, that the HMO will be contracting with to provide program services and must, for each such Key Subcontractor or Affiliate identified, complete and submit **Exhibit I.U.1 “Key Subcontractors or Affiliates”**:
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 or Affiliate and the clients/projects that the HMO and Key Subcontractor or Affiliate are currently servicing under a formal legal agreement or arrangement, the date when such services began and the status of the project.

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

- ___ E. **Financial Statements:** the HMO must provide a copy of the HMO'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 HMO Program services; which are the subject matter of these Specifications, provide the most recent GAAP annual audited statement. If the HMO, 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 HMO/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 HMO/Key Subcontractor/Affiliate must provide the following as part of its Proposal: a letter from a bank reference attesting to the HMO/Key Subcontractor/Affiliate's financial viability and creditworthiness. (Note: For purposes of this reference, the HMO 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 HMO/Key Subcontractor/Affiliate and the bank), including the duration of the relationship and the HMO's current standing with the bank. For example: *“The (HMO/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 HMO/Key Subcontractor/Affiliate's financial viability and creditworthiness concerning the nature and scope of the Program Services and the Parties (i.e., Department, and the HMO or the HMO and Key Subcontractor or Affiliate) contractual obligations should the HMO be awarded the resultant contract.

HMOs must submit their most recent National Association of Insurance Commissioners (NAIC) Risk Based Capital Ratio including the current capital and desired capital used to calculate this ratio. Additionally, HMOs must submit their Standard & Poors Financial Strength rating or, if not rated by Standard & Poors, any other financial rating such as Moody's, AM Best's Insurance Financial Strength, Fitch Group or Weiss Ratings.

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- ___ F. **Vendor Responsibility Questionnaire:** To assist the Department in evaluating the responsibility of HMOs, a completed “**New York State Standard Vendor Responsibility Questionnaire**” must be submitted in the HMO’s Submission. A person legally authorized to represent the HMO must execute the questionnaire. To the extent that the Contractor is proposing the use of Key Subcontractors or Affiliates (i.e., part of the HMO’s proposed Account Team) and expected to receive more than \$100,000 in payments during the term of the Agreement, the HMO must submit a completed “New York State Standard Vendor Responsibility Questionnaire” for each Key Subcontractor or Affiliate completed by a person legally authorized to represent the Key Subcontractor or Affiliate.

___ **4. REQUIRED SUBMISSION DOCUMENTS:** The HMO must submit the following required documents are HMOs Submission, as specified in Section V, in the order enumerated below:

- ___ 1. Certificate to Operate
- ___ 2. NYSHIP Medicare Advantage Plan Offering: Indicate if the HMO Plan to off a Medicare Advantage Plan
- ___ 3. List of Counties: Include a list of Counties in the HMO’s proposed 2016 NYSHIP Service Area
- ___ 4. Schedule M: Include the most recent annual filing
- ___ 5. NYSHIP Dependent Eligibility Rider: Include a copy of the NYSHIP Dependent Eligibility Rider that will be filed with DFS
- ___ 6. Coverage and Benefit Documents:
 - ___ a. Certificate of Coverage
 - ___ b. Evidence of Coverage
 - ___ c. Benefit Charts (Exhibit III.B-1 and III.B-2)
 - ___ d. Choices Page for both Commercial and Medicare Advantage Plan, as applicable
 - ___ e. Schedule of Benefits for both Commercial and Medicare Advantage Plan, as applicable
 - ___ f. Side by Side Comparison, as applicable
 - ___ g. Listing of Certificate/Group Contract, Riders and/or Amendments
 - ___ h. Summary of Benefits and Coverage (SBC)
 - ___ i. Additional Marketing Materials
- ___ 7. Responses to all questions

___ **5. REQUESTED REDACTIONS CD and HARD COPY:** The FOIL-related materials described herein which the HMO is requested to provide per Section II.B.8 of the Specifications will not be considered part of the HMO's Submission 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 HMOs of the need to provide the requested items.

At the time of Submission the HMO is requested to submit:

- ___ A. Exhibit I.C Freedom of Information Law – Request for Redaction Chart
- ___ B. Separately bound hardcopy of the Submission 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 Submission noting each the specific item requested to be protected from FOIL.