**“2016 HMO Specifications”**

# Questions Template

| **Question****Number** | **Specification****Page #** | **Section and Sub-Section Reference** | **Question** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

HMO are requested to use the Questions Template table above in submitting questions. An HMO’s questions must be submitted to the HMO Procurement Manager at the address specified in Section II.A.6 of this Specifications, with an electronic copy (in Microsoft Word format) of the HMO’s questions sent to the HMO Procurement Manager’s attention at: **HMO2016Specifications@cs.ny.gov****.**