


ATTACHMENT 28

	<b>Department of Civil Service</b>	<b>Notice of Intent – “Health Maintenance Organizations Specifications for the New York State Health Insurance Program”</b>
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Offeror Name: Capital District Physician's Health plan  
 Date: 7/1/2020

With regard to these Specifications, (check one of the following boxes applicable):

We **ARE INTERESTED & MAY** submit a response.

We **ARE NOT INTERESTED & WILL NOT** be submitting a response because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Procurement Contact at Offeror: Tamara marziani  
 Title: manager, Alternate funding  
 Address: 500 Patroon Creek Blvd Albany, ny  
 Email Address: Tamara.marziani@cdphp.com

Name of E-Page Contact at Offeror: Tamara marziani  
 Title: manager, Alternate funding  
 Address: 500 Patroon Creek Blvd Albany, ny  
 Email Address: tamara.marziani@cdphp.com

The completed form must be emailed to the Designated Contact as set forth in Section 2.1(1) of the RFP.

## ATTACHMENT 7



Department of  
Civil Service

**New York State Required Certifications -  
"Health Maintenance Organizations  
Specifications for the New York State Health  
Insurance Program"**

**Offeror Name:** Capital District Physicians' Health Plan

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

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. 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 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.

## ATTACHMENT 7



Department of  
Civil Service

**New York State Required Certifications -  
“Health Maintenance Organizations  
Specifications for the New York State Health  
Insurance Program”**

**EXECUTIVE ORDER NO. 177 CERTIFICATION**

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.

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.

Generally, the Human Rights Law applies to:

- all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;
- employers with fewer than four employees in all cases involving sexual harassment; and,
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

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.

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.

**SEXUAL HARASSMENT PREVENTION CERTIFICATION**

State Finance Law §139-l requires bidders 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 bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the bidder 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.

ATTACHMENT 7



Department of Civil Service

New York State Required Certifications - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

(Note: Bids that do not contain this certification will not be considered for award; provided however, that if the bidder cannot make the certification, the bidder may provide a signed statement with the bid detailing the reasons why the sexual harassment prevention certification cannot be made.)

**PUBLIC OFFICER LAW REQUIREMENTS AND CONFLICT OF INTEREST DISCLOSURE**

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 the specifications 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.

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IRAN DIVESTMENT ACT**

By submitting a Proposal in response to this solicitation or by assuming the responsibility of a contract awarded hereunder, Offeror (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerors Pursuant to The New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website at: <http://www.ogs.ny.gov/about/regq/docs/ListofEntities.pdf>.

ATTACHMENT 7



Department of Civil Service

New York State Required Certifications - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

Signature: [Redacted] Title: President and CEO

PRINT SIGNATORY'S NAME: John D. Bennett, MD Date: 7/20/2020

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT STATE OF } New York

Sworn Statement:

COUNTY OF } Albany

On the 20 day of July in the year 2020, before me personally appeared John D. Bennett, MD, 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 Albany County of Albany, State of New York; and further that:

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

X (If a corporation): he is the President and CEO of Capital District Physicians' Health Plan, 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 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 [Redacted] Date: 7/20/20

FREDERICK B. GALT Notary Public, State of New York No. 02GA4926589 Qualified in Rensselaer County Commission Expires March 21, 2022

## ATTACHMENT 9


**Subcontractors or Affiliates - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"**

**INSTRUCTION: Prepare this form for each Subcontractor or Affiliate. For purposes of completing this form, Subcontractors include all vendors who will provide \$100,000 or more in Project Services over the term of the Agreement that results from these Specifications, as well as any vendor who will provide Project Services in an amount lower than the \$100,000 threshold, and who is a part of the Offeror's account team.**

**Offeror's Name:**

The Offeror:

is

is not

proposing to utilize the services of a Subcontractor(s) or Affiliate(s) to provide Project Services

**Subcontractor or Affiliate's Legal Name:**

Welltok, Inc.

**Business Address:**

6061 S. Willow Dr., Greenwood Village, CO 80201

**Subcontractor's Legal Form:**

Corporation  Partnership  Sole Proprietorship  
 Other

As of the date of the Offeror's Proposal, a subcontract or agreement

has

has not

been executed between the Offeror and the subcontractor(s) or Affiliate for services to be provided by such subcontractor(s) or Affiliate(s) relating to the Project.

In the space provided below, describe the Subcontractor's or Affiliate's role(s) and responsibilities regarding Project Services to be provided:

To provide various Online health and wellness programs through an Online platform.

**Relationship between Offeror and Subcontractor or Affiliate for Current Engagements:**

(Complete items 1 through 5 for each client engagement identified)

1. Client:

Welltok, Inc.

2. Client Reference Name and Phone #

Lenny Carlucci (203) 216 - 3971

3. Project Title:

Range of services including web based health & wellness resources and healthy eating programs.

4. Project Start Date:

1/1/2020

5. In the space provided below, Project Status:

Ongoing services.

6. In the space provided below, describe the roles and responsibilities of the Offeror and Subcontractor or Affiliate in regard to the project identified in 3, above:

Provide various Online health and wellness programs through an Online platform.

## ATTACHMENT 9


**Subcontractors or Affiliates - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"**

**INSTRUCTION: Prepare this form for each Subcontractor or Affiliate. For purposes of completing this form, Subcontractors include all vendors who will provide \$100,000 or more in Project Services over the term of the Agreement that results from these Specifications, as well as any vendor who will provide Project Services in an amount lower than the \$100,000 threshold, and who is a part of the Offeror's account team.**

**Offeror's Name:**

The Offeror:

is

is not

proposing to utilize the services of a Subcontractor(s) or Affiliate(s) to provide Project Services

**Subcontractor or Affiliate's Legal Name:**

**Clarity Software Solutions, Inc.**

**Business Address:**

**92 Wall St. Ste 1, Madison, CT 06443**

**Subcontractor's Legal Form:**

Corporation  Partnership  Sole Proprietorship  
 Other

As of the date of the Offeror's Proposal, a subcontract or agreement

has

has not

been executed between the Offeror and the subcontractor(s) or Affiliate for services to be provided by such subcontractor(s) or Affiliate(s) relating to the Project.

In the space provided below, describe the Subcontractor's or Affiliate's role(s) and responsibilities regarding Project Services to be provided:

To provide member communication services and ID cards.

**Relationship between Offeror and Subcontractor or Affiliate for Current Engagements:**

(Complete items 1 through 5 for each client engagement identified)

1. Client:

**Clarity Software Solutions, Inc.**

2. Client Reference Name and Phone #

**Linda McDonald (203) 453 - 3999 x297**

3. Project Title:

**Member Communication Services and ID cards**

4. Project Start Date:

May 7, 2018

5. In the space provided below, Project Status:

Ongoing services.

6. In the space provided below, describe the roles and responsibilities of the Offeror and Subcontractor or Affiliate in regard to the project identified in 3, above:

Provide member communication services and ID cards as requested.

## ATTACHMENT 9


**Subcontractors or Affiliates - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"**

**INSTRUCTION: Prepare this form for each Subcontractor or Affiliate. For purposes of completing this form, Subcontractors include all vendors who will provide \$100,000 or more in Project Services over the term of the Agreement that results from these Specifications, as well as any vendor who will provide Project Services in an amount lower than the \$100,000 threshold, and who is a part of the Offeror's account team.**

**Offeror's Name:**

The Offeror:

is

is not

proposing to utilize the services of a Subcontractor(s) or Affiliate(s) to provide Project Services

**Subcontractor or Affiliate's Legal Name:**

**InContact, Inc.**

**Business Address:**

**75 West Towne Ridge Park Way, Tower 1, Sandy, Utah 84070**

**Subcontractor's Legal Form:**

Corporation  Partnership  Sole Proprietorship  
 Other

As of the date of the Offeror's Proposal, a subcontract or agreement

has

has not

been executed between the Offeror and the subcontractor(s) or Affiliate for services to be provided by such subcontractor(s) or Affiliate(s) relating to the Project.

In the space provided below, describe the Subcontractor's or Affiliate's role(s) and responsibilities regarding Project Services to be provided:

**Support contact center technology.**

**Relationship between Offeror and Subcontractor or Affiliate for Current Engagements:**

(Complete items 1 through 5 for each client engagement identified)

1. Client:

**InContact, Inc.**

2. Client Reference Name and Phone #

3. Project Title:

**Contact center technology support**

4. Project Start Date:

**3/22/2017**

5. In the space provided below, Project Status:

**Ongoing services.**

6. In the space provided below, describe the roles and responsibilities of the Offeror and Subcontractor or Affiliate in regard to the project identified in 3, above:

**Support of contact center technology.**



ATTACHMENT 9



**Subcontractors or Affiliates - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"**

**INSTRUCTION: Prepare this form for each Subcontractor or Affiliate. For purposes of completing this form, Subcontractors include all vendors who will provide \$100,000 or more in Project Services over the term of the Agreement that results from these Specifications, as well as any vendor who will provide Project Services in an amount lower than the \$100,000 threshold, and who is a part of the Offeror's account team.**

**Offeror's Name:** Capital District Physicians' Health Plan, Inc.

The Offeror:

- is
- is not

proposing to utilize the services of a Subcontractor(s) or Affiliate(s) to provide Project Services

**Subcontractor or Affiliate's Legal Name:** CaremarkPCS Health, LLC

**Business Address:** 9501 E. Shea Blvd Scottsdale, AZ 85260

**Subcontractor's Legal Form:**  Corporation  Partnership  Sole Proprietorship  
 Other

As of the date of the Offeror's Proposal, a subcontract or agreement

- has
- has not

been executed between the Offeror and the subcontractor(s) or Affiliate for services to be provided by such subcontractor(s) or Affiliate(s) relating to the Project.

In the space provided below, describe the Subcontractor's or Affiliate's role(s) and responsibilities regarding Project Services to be provided:

Caremark provides pharmacy benefit management services, including claims processing, member support and formulary management support.

**Relationship between Offeror and Subcontractor or Affiliate for Current Engagements:**

(Complete items 1 through 5 for each client engagement identified)

1. Client: CDPHP

2. Client Reference Name and Phone #

3. Project Title: NYSHIP

4. Project Start Date: January 1, 2021

5. In the space provided below, Project Status:

Proposal in progress

6. In the space provided below, describe the roles and responsibilities of the Offeror and Subcontractor or Affiliate in regard to the project identified in 3, above: