



Department of
 Civil Service

**Offeror Attestations Form - "Health
 Maintenance Organizations Specifications
 for the New York State Health Insurance
 Program"**

A representative of the Offeror who is legally authorized to bind the Offeror must complete and sign the Offeror Attestations Form and provide all requested information. Please note that the narrative stated below with regard to each requirement is provided as a convenience to the Offeror and the requirement(s) identified in the Specifications referenced section is the controlling language.

Offeror Name:	MVP Health Plan, Inc.	
Offeror's Legal Form:	Corporation Partnership Sole Proprietorship Other <u>Corporation</u>	
No.	Ref.	Requirement:
1.	Section 1.5(1)	At time of Proposal submission, Offeror represents and warrants that it: <u>possesses</u> does not possess the legal capacity to enter into a contract with the Department.
2.	Section 1.5(2)	At time of Proposal submission, the Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest a. is 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 b. If applicable, be certified/licensed in accordance with the certification and oversight jurisdiction imposed by another state.
3.	Section 1.5(3)	At time of Proposal submission, Offeror represents and warrants that: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest it has been in operation as a going concern at least two (2) years prior to the Proposal Due Date set forth in Section 1.6 of this specifications.
4.	Section 1.5(4)	At time of Proposal submission, Offeror represents and warrants that: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest it is accredited by the National Committee on Quality Assurance (NCQA) and/or Utilization Review Accreditation Committee (URAC).
5.	Section 1.5(6)	At time of Proposal submission, Offeror represents and warrants that: <input checked="" type="checkbox"/> acknowledges and agrees <input type="checkbox"/> does not acknowledge and agree: to accept all determinations of eligibility made by the Department and must provide a rider that includes all NYSHIP dependent eligibility provisions.



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6.	Section 1.5(7)	<p>At time of Proposal Due Date, Offeror represents and warrants that:</p> <p><input checked="" type="checkbox"/> acknowledges and agrees <input type="checkbox"/> does not acknowledge and agrees:</p> <p>It must 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.</p>
7.	Section 1.5(8)	<p>At time of Proposal Due Date, Offeror represents and warrants that:</p> <p><input checked="" type="checkbox"/> acknowledges and agrees <input type="checkbox"/> does not acknowledge and agrees:</p> <p>It 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 Agreement. If the HMO has an approved Medicare Advantage Plan with Part D coverage in a Commercial Plan service area it MUST offer the Medicare Advantage Plan to Medicare primary enrollees.</p>
8.	Section 1.5(9)	<p>The Offeror represents and warrants:</p> <p><input checked="" type="checkbox"/> acknowledges and agrees <input type="checkbox"/> does not acknowledge and agrees:</p> <p>The Offeror must accept a signed and valid <i>NYSHIP Authorization for Release of Protected Health Information forms</i> (Attachment 27), or any alternative form developed by the Department during the contract term, for the purpose of the release of Protected Health Information to Enrollees' designees.</p>
9.	Section 3.6(1)(a)	<p>Offeror represents and warrants that:</p> <p><input checked="" type="checkbox"/> acknowledges and agrees <input type="checkbox"/> does not acknowledge and agree that:</p> <p>all Member communication material developed by the Offeror are subject to the Department's final approval.</p>



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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; and (3) certifies that the information submitted in this/certification and any attached documentation is true, accurate and complete

S [Redacted] Title: Chief of Sales (SVA)

PRINT SIGNATORY'S NAME: Kelly Smith Date: 7/23/20

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT

STATE OF } New York

COUNTY OF } Albany

Sworn Statement:

On the 23 day of July in the year 2020, before me personally appeared

Kelly Smith, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that she maintains an office at

Town of Schenectady
County of Schenectady, State of New York; and further that:

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

(If a corporation): she is the Chief of Sales of

MVP Health Plan Inc, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, she is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, she 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): she is the _____ of _____

_____, the partnership described in said instrument; that, by the terms of said partnership, she is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, she 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): she is a duly authorized member of _____, LLC, the

limited liability company described in said instrument; that, she 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, she 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: 7/23/2020

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