



## Vendor Responsibility NFP Form

**Status:** Certified

**Note:** The content of any attached documents will not print with this page. To view or print an attached document, you must open it separately by clicking the corresponding hyperlink in the 'Uploaded Files' section of a question.

## Basic Vendor Data

### Entity Information

**Legal Business Entity Name:** MVP HEALTH PLAN

**TIN (EIN or SSN):** 141640868

**Vendor ID:** 1000006940

**Principal Place of Business:** 625 State Street  
Schenectady, NY 12305-2111  
United States

**Telephone:** (518)370-4793

**Fax:** (585)388-2311

**Website:** mvphealthcare.com

### Business Entity Information

**Business Type:** Not-For-Profit

**Business Activity:** Non-Construction

## Additional Business Entity Identities

<b>Type:</b> Previously Enrolled As	<b>Explanation:</b>
<b>Name:</b> MVP HEALTH PLAN	
<b>Vendor ID:</b> 1000006940	
<b>Status:</b> Active	
<b>Type:</b> Previously Enrolled As	<b>Explanation:</b>
<b>Name:</b> Mohawk Valley Physician Health Plan Inc	
<b>Vendor ID:</b> 1000006940	
<b>Status:</b> Active	
<b>Type:</b> Previously Enrolled As	<b>Explanation:</b>
<b>Name:</b> MVP Health Plan, Inc.	
<b>Vendor ID:</b> 1000006940	
<b>Status:</b> Active	
<b>Type:</b> Trade Name	<b>Explanation:</b> Marketing Brand
<b>Name:</b> MVP Health Care	
<b>Vendor ID:</b>	
<b>Status:</b> Active	

## Authorized Contacts

<b>Name:</b> Barbara Storti	<b>Address:</b> MVP Health Care
<b>Title:</b> Paralegal	625 State Street
<b>Telephone:</b> (518)388-2469	Schenectady, NY 12305
<b>Fax:</b> (518)388-2311	United States
<b>Email:</b> bstorti@mvphealthcare.com	

I. Business Characteristics

1.0 Business Entity type - Please check appropriate box and provide additional information:

- Corporation (including PC)
- Limited Liability Co. (LLC or PLLC)
- Limited Liability Partnership
- Limited Partnership
- General Partnership
- Sole Proprietor
- Unincorporated Association
- Other - Specify

Date of Incorporation

07/30/1982

1.1 Was the Business Entity formed in New York State?

- Yes
- No

1.2 Is the Business Entity currently registered to do business in New York State with the Department of State?

Note: Select 'Not Required' if the Business Entity is a General Partnership.

- Yes
- No
- Not Required

1.3 Is the Business Entity registered as a Sales Tax vendor with the New York State Department of Taxation and Finance?

- Yes
- No

Explain and provide detail, such as 'not required', 'application in process', or other reasons for not being registered:

not required

1.4 Is the responding Business Entity a Joint Venture?

Note: If the submitting Business Entity is a Joint Venture, also submit a separate questionnaire for each Business Entity comprising the Joint Venture.

- Yes
- No

1.5 Does the Business Entity have an active Charities Registration Number?

- Yes
- No

Enter Number

05-94-78

1.6 Does the Business Entity have a DUNS Number?

Yes

No

Enter DUNS Number

10-868-9787

1.7 Is the Business Entity's Principal Place of Business/Executive Office in New York State?

Yes

No

Provide the address for one New York Office:

Address Line

625 State Street

City

Schenectady

State

New York

Zip Code

12305

Telephone

518-370-4793

1.8 Is the Business Entity's Principal Place of Business/Executive Office:

Owned

Rented

Other

Landlord Name

Galesi Group d/b/a Schenectady Development Group, LLC

Is space shared with another Business Entity?

Yes

No

Name of the other Business Entity

Mohawk Valley Medical Associates, Inc.

Address Line

625 State Street

City

Schenectady

State

New York

Zip Code

12305


Country

United States

1.9 Is the Business Entity a Minority Community Based Organization (MCBO)?

Yes

No

 1.10 Identify current Key Employees of the Business Entity.

Note: If more than four (4) Key Employees need to be listed, select 'Attach Document' as the response.

Select method for providing this information:

Enter Below

Attach Document

For each person, include name and title.

Uploaded Files  
[1.10 MVP Key Employees 9.2019.pdf](#) 50K

 1.11 Identify current Trustees/Board Members of the Business Entity.

Note: If more than four (4) Trustees/Board Members need to be listed, please select 'Attach Document' as the response.

Select method for providing this information:

- Enter Below
- Attach Document

For each person, include name and title.


Uploaded Files

[1.11 MVP Board members current as of 1.1.2020.pdf](#) 47K

Last Modified: Mar 24, 2020

Modified By: Barbara Storti

II. Affiliates and Joint Venture Relationships

 2.0 Does the Business Entity have any Affiliates?

- Yes
- No

Select method for providing this information:

Note: If more than four (4) Affiliates need to be listed, select 'Attach Document' as the response.

- Enter Below
- Attach Document(s)

Provide Affiliate name(s), EIN(s), if available, Affiliate's Primary business activity, explain relationship with Affiliate and indicate percent ownership. Also provide any Business Entity Officials or Principal Owners that the Business Entity has in common with this Affiliate.

Uploaded Files

- [2.0\(2\) Primary business activities of affiliates 3-20-2019.pdf](#) 46K
- [2.0\(3\) Corporate Structure Chart.3-20-2019.FINAL.pdf](#) 424K
- [2.0\(1\) Affiliates EINs 9.2019.pdf](#) 13K

Last Modified: Sep 9, 2019  
Modified By: Barbara Storti

III. Contract History

Based on the Business Entity's New York State Vendor Identification Number (Vendor ID) provided, active contracts with any New York State contracting entity approved as of April 2012 by the Office of the State Comptroller and approved contracts submitted after April 2012 are displayed by selecting 'Contract Data' in the menu to the left.

3.0 Has the Business Entity held any other contracts with any New York State government entity in the last three (3) years which are not displayed?

Yes

No

Last Modified: Jul 12, 2013

Modified By: barbara storti

IV. Integrity - Contract Bidding

Within the past five (5) years, has the Business Entity or any Affiliate:

4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement?  
 Yes  
 No

4.1 Been subject to a denial or revocation of a government prequalification?  
 Yes  
 No

4.2 Been denied a contract award or had a bid rejected based on a finding of non-responsibility by a government entity?  
 Yes  
 No

4.3 Agreed to a voluntary exclusion from bidding/contracting with a government entity?  
 Yes  
 No

4.4 Initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity?  
 Yes  
 No

Last Modified: Jan 9, 2008  
Modified By: Justin Carangelo



V. Integrity - Contract Award

Within the past five (5) years, has the Business Entity or any Affiliate:

5.0 Been suspended, cancelled or terminated for cause on any government contract?

- Yes
- No

5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?

- Yes
- No

5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?

- Yes
- No

Last Modified: Jan 9, 2008  
Modified By: Justin Carangelo

VI. Certifications/Licenses

Within the past five (5) years, has the Business Entity or any Affiliate:

6.0 Had a revocation, suspension or disbarment of any business or professional permit and/or license?

Yes


No

Last Modified: Jan 9, 2008

Modified By: Justin Carangelo

VII. Legal Proceedings

Within the past five (5) years, has the Business Entity or any Affiliate:

- 7.0  Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?
  - Yes
  - No

Provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the government entity involved and any remedial or corrective action(s) taken and the current status of the issue(s)  
Select method for providing this information:

- Enter Below
- Attach Document(s)
- Attach Document(s) with Explanation

Uploaded Files

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[7.0 MVP VRQ Investigations by govt entity in past 5 years 3.24.2020 \(no change from 9.2019\).pdf](#) 62K

- 7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?
  - Yes
  - No

- 7.2 Received any OSHA citation, which resulted in a final determination classified as serious or willful?
  - Yes
  - No

- 7.3 Had a New York State Labor Law violation deemed willful?
  - Yes
  - No

- 7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?
  - Yes
  - No

- 7.5  Other than the previously disclosed:
  - (i) Been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of a citation, summons or notice of violation, or pursuant to any administrative, regulatory or judicial determination; or
  - (ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by government entity?
  - Yes
  - No

Provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the government entity involved and any remedial or corrective action(s) taken and the current status of the issue(s)  
Select method for providing this information:

- Enter Below
- Attach Document(s)
- Attach Document(s) with Explanation

Uploaded Files

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[7.5 Fines past 5 years MVP HP 3.24.20.pdf](#) 65K



VIII. Leadership Integrity

Note: If the Business Entity is a Joint Venture, answer N/A to the questions in this section.

Within the past five (5) years has any individual previously identified, any other Key Employees not previously identified, or any individual having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation with New York State been subject to any of the following:

- 8.0 A sanction imposed relative to any business or professional permit and/or license?
- Yes
- No
- N/A
- 8.1 An investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?
- Yes
- No
- N/A
- 8.2 An indictment, grant of immunity, judgment, or conviction of any business related conduct constituting a crime including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness?
- Yes
- No
- N/A
- 8.3 A misdemeanor or felony charge, indictment or conviction for:
- (i) any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding; or
- (ii) any crime, whether or not business-related, the underlying conduct of which is related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny?
- Yes
- No
- N/A
- 8.4 A debarment from any government contracting process?
- Yes
- No
- N/A


Last Modified: Jan 9, 2008

Modified By: Justin Carangelo

IX. Financial and Organizational Capacity

Note: If more than four (4) affiliates need to be listed, select 'Attach Document(s)' as the response.

- 9.0 Within the past five (5) years, has the Business Entity or any Affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?
- Yes
- No
- 9.1 Within the past five (5) years, has the Business Entity or any Affiliates had any liquidated damages assessed over \$25,000?
- Yes
- No
- 9.2 Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments over \$15,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 120 days?
- Yes
- No
- 9.3 In the last seven (7) years has the Business Entity or any Affiliates initiated or been the subject of any bankruptcy proceedings, whether or not closed, regardless of the date of filing, or is any bankruptcy proceeding pending?
- Yes
- No
- 9.4 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws?
- Yes
- No
- 9.5 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any New York State unemployment insurance returns?
- Yes
- No

- 9.6  During the past three (3) years, has the Business Entity or any Affiliates had any government audits?
  - Yes
  - No

Did any audit reveal material weaknesses in the Business Entity's system of internal controls?

- Yes
- No

Provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the government entity involved, and any remedial or corrective action(s) taken and the current status of the issue(s).  
Select method for providing this information:

- Enter Below
- Attach Document(s)
- Attach Document(s) with Explanation

Uploaded Files

[9.6 MVP VRQ Update summary govt audits past 3 years 3.23.2020.pdf](#) 107K

Did any audit reveal non-compliance with contractual agreements or any material disallowance, if not previously disclosed above?

- Yes
- No

Last Modified: Mar 23, 2020  
Modified By: Barbara Storti

X. Freedom of Information Law (FOIL)

10.0 Indicate whether any information provided herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL).

(Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.)

Yes

No

Indicate the question number and explain the basis for the claim

7.5 and 9.6 because they may be injurious to us in the market place.

Last Modified: Jan 9, 2008  
Modified By: Justin Carangelo



## Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

**The undersigned certifies that he/she:**

- is knowledgeable about the submitting Business Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

**Legal Business Name:** MVP HEALTH PLAN

**Certifier's Name:** Barbara Storti

**Certifier's Title:** Senior Paralegal

**Certification Date:** Mar 24, 2020