

**Amendment I to RFP 2019-DSHA-01**

**4/3/2019**

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2019-DSHA-01. THIS AMENDMENT MUST BE INCLUDED IN THE VENDOR'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE VENDOR MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

I. RFP Coversheet, Page 1 change as follows:

Currently reads as:

<b>RFP Number: 2019-DSHA-01</b>	<b>RFP Title: Independent DSH Audit</b>
<b>RFP Due Date and Time: April 22, 2019 by 5pm Central Time</b>	<b>Number of Pages: 49</b>
<b>PROCUREMENT INFORMATION</b>	
<b>Project Director: Sandra Johnson</b>	<b>Issue Date: March 22, 2019</b>
<b>E-mail Address:</b> <a href="mailto:DSHRFP@medicaid.alabama.gov">DSHRFP@medicaid.alabama.gov</a> <b>Website:</b> <a href="http://www.medicicaid.alabama.gov">http://www.medicicaid.alabama.gov</a>	<b>Issuing Division:</b> Provider Audit/Reimbursement
<b>INSTRUCTIONS TO CONTRACTORS</b>	
<b>Return Proposal to:</b> <b>Sandra Johnson, Director</b> <b>Provider Audit/Reimbursement</b> <b>Alabama Medicaid Agency</b> <b>Lurleen B. Wallace Building</b> <b>501 Dexter Avenue</b> <b>PO Box 5624</b> <b>Montgomery, AL 36103-5624</b>	<b>Mark Face of Envelope/Package:</b> RFP Number: 2019-DSHA-01 RFP Due Date: April 22, 2019 by 5pm CDT
	Firm and Fixed Price from Appendix B:  \$
<b>CONTRACTOR INFORMATION</b> <i>(Contractor must complete the following and return with RFP response)</i>	
<b>Contractor Name/Address:</b>	<b>Authorized Contractor Signatory:</b> (Please print name and sign in ink)
<b>Contractor Phone Number:</b>	<b>Contractor FAX Number:</b>
<b>Contractor Federal I.D. Number:</b>	<b>Contractor E-mail Address:</b>

Revised as:

<b>RFP Number: 2019-DSHA-01</b>	<b>RFP Title: Independent DSH Audit</b>
<b>RFP Due Date and Time: April 26, 2019 by 5pm Central Time</b>	<b>Number of Pages: 49</b>
<b>PROCUREMENT INFORMATION</b>	
<b>Project Director: Sandra Johnson</b>	<b>Issue Date: March 22, 2019</b>
<b>E-mail Address:</b> <a href="mailto:DSHRFP@medicaid.alabama.gov">DSHRFP@medicaid.alabama.gov</a> <b>Website:</b> <a href="http://www.medicicaid.alabama.gov">http://www.medicicaid.alabama.gov</a>	<b>Issuing Division:</b> Provider Audit/Reimbursement
<b>INSTRUCTIONS TO CONTRACTORS</b>	
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	Firm and Fixed Price from Appendix B:  \$
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<b>Contractor Name/Address:</b>	<b>Authorized Contractor Signatory:</b> (Please print name and sign in ink)
<b>Contractor Phone Number:</b>	<b>Contractor FAX Number:</b>
<b>Contractor Federal I.D. Number:</b>	<b>Contractor E-mail Address:</b>

II. Section C Schedule of Events, Page 4 change as follows:

Currently reads as:

<b>EVENT</b>	<b>DATE</b>
RFP Issued	3/22/2019
Deadline for Contractor Questions by 5 pm CT	4/01/2019
Final Posting of Questions and Answers	4/11/2019
Proposals Due by 5 pm CT	4/22/2019
Evaluation Period	4/23/2019 – 5/03/2019
Contract Award Notification	5/09/2019
Contract Review Committee Meeting Date	6/06/2019
Official Contract Award//Begin Work	7/01/2019

Revised as:

<b>EVENT</b>	<b>DATE</b>
RFP Issued	3/22/2019
Deadline for Contractor Questions by 5 pm CT	4/09/2019
Final Posting of Questions and Answers	4/12/2019
Proposals Due by 5 pm CT	4/26/2019
Evaluation Period	4/29/2019 – 5/07/2019
Contract Award Notification	5/13/2019
Contract Review Committee Meeting Date	6/06/2019
Official Contract Award//Begin Work	7/01/2019

I hereby acknowledge the receipt of Addendum I to RFP 2019-DSHA-01.

\_\_\_\_\_  
Authorized Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Organization