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| Oklahoma Pinwheel Logo |  | Amendment of Solicitation |

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| **Date of Issuance:** | 2/15/2023 |  **Solicitation No.** | 8070001430 |
|  **Requisition No.** | 8070001430 |  **Amendment No.** | 3 |
| Hour and date specified for receipt of offers is changed: | [ ]  No  | [x]  Yes, to: | March 1, 2023 | 3:00  | PM  | CST |
| Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:(1) Sign and return a copy of this amendment with the solicitation response being submitted; or,(2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email. |
|  **ISSUED FROM:**  |
|  | Misty Willetts |  |  |  |  procurement@okhca.org |
| Contracting Officer |  |  |  | E-Mail Address |
|  |  |
| **RETURN TO:** | procurement@okhca.org |
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| **Description of Amendment:** |
| a. This is to incorporate the following: |
| Changes to Solicitation 8070001430 include Amendment Three addition to Bidder’s Library with the following reference:Amendment 3 reference Section A3.8. Project information The Oklahoma Health Care Authority (OHCA) will have over ~~250,000~~ 314,000 members who are currently protected with continuous eligibility by the PHE. When the PHE is terminated, those Oklahomans will lose their access to SoonerCare. OHCA is seeking a solution to smoothly transition these PHE protected members from SoonerCare to other affordable insurance coverage and assistance programs.OHCA’s goal is to minimize member burden, promote a seamless transition of coverage, and provide appropriate alternative sources of coverage and services to our most vulnerable and high-risk PHE protected members. |
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| b. All other terms and conditions remain unchanged. |
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| Supplier Company Name (**PRINT**) |  | Date |
|       |  |       |  |  |
| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |