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| OMES logo |  | Amendment of Solicitation |

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| **Date of Issuance:** | 1/27/20 | **Solicitation No.** | 0900000422 |
| **Requisition No.** |       | **Amendment No.** | 4 |
| Hour and date specified for receipt of offers is changed: | [x]  No  | [ ]  Yes, to: |       |          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 printed clearly on the front of the envelope. |
| **ISSUED BY and RETURN TO:** |
| **U.S. Postal Delivery:**5005 N Lincoln BlvdOklahoma City, OK 73105or**Personal or Common Carrier Delivery:**5005 N Lincoln BlvdOklahoma City, OK 73105 | Vanessa Young |  |
|  | Contracting Officer |  |
|  | 405 - 202 - 3850 |  |
|  | Phone Number |  |
|  | Vanessa.young@omes.ok.gov |  |
|  | E-Mail Address |  |
| **Description of Amendment:** |
| a. This is to incorporate the following: |
| The below sections have been revised. An underline denotes an addition, a strikethrough denotes a deletion. ~~C.16.1. Complete the table below to identify your ability to support the programs noted for the Commercial and EGWP populations. Define all costs associated with supporting all current clinical and utilization management programs.~~ C.16.1.   Review the tables attached, Exhibit #5-7, to identify your ability to support the programs noted for the Commercial and EGWP populations.  Define all costs associated with supporting all current clinical and utilization management programs.  |

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| b. All other terms and conditions remain unchanged. |
|       |  |       |
| Supplier Company Name (**PRINT**) |  | Date |
|       |  |       |  |  |
| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |