



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service. Each service must be entered separately."

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #4 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____