



STATE OF LOUISIANA

LDH Medical Vendor Administration
REQUEST FOR PROPOSAL

**RESPONSES WILL BE
PUBLICLY OPENED**

07/10/2020

04:00 PM CST

Vendor No.: _____
Solicitation: 3000011897
Opening Date: 07/10/2020

Vendor Name and Address: (to be completed by Vendor)

Ship To Address:

Invalid Delivery Address
Invalid, LA 99999-9999

**SUBMIT NON-ELECTRONIC RESPONSE
TO: FINANCIAL MGMT AND
OPERATIONS
PO BOX 91030
BATON ROUGE LA 70821**

RFx Number: 3000011897

Version: 2

Buyer: CHRISTIE MCCOLLOUGH

Buyer Phone: (225)219-1318

E-Mail: christie.mccollough2@la.gov

Scheduled Begin Date:

Scheduled End Date:

T-Number:

Name of Solicitation: RFP for TPL Services

Notice to bidder:

Addendum 4 - included updates for the following items: The Schedule of Events Table (Section 1.6.) to extend the due dates for the response to the written inquires (6/26/2020) and the submission of the vendor proposals (7/10/2020) dates and on the TPL RFP Cover Page date (Proposal Due Date/Time: July 10, 2020).

Addendum 3 - See Attachment

Addendum 2 - Includes updates to the following items: The Schedule of Events Table (Section 1.6.), TPL RFP Cover Page date (Proposal Due Date/Time: May 15 29, 2020); Section 1.7. Electronic Submittal - Technical and Cost Proposal; Section 1.7.2.; Section 1.8.11. Certification Statement; Section 1.10.2. Proposer Inquiries; Attachment B: Certification Statement; and Attachment J: Label "Sealed Proposal".

Addendum 1 - Updates to Schedule of Events Table and to Sections 2.8 & 2.8.3 .

****Clarification to information provided in this announcement. The proposals submitted in response to this RFP will NOT be publicly opened due to the complexity of the requested services. Proposals will be privately opened upon receipt and within the noted timeline. Additionally, non-electronic

VENDOR TELEPHONE NUMBER: FAX NUMBER:	TITLE	DATE
Signature of Authorized Bidder	Name of Bidder (Typed or printed)	

Invitation to bid: 3000011897 Open Date: 07/10/2020 T-Number:	Bidder:	Page 2 of 2
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responses, if required by the RFP, must be submitted to the address specified in the RFP. ****

Please refer to the document "Request for Proposal" for all requirements to submit a proposal.

The Louisiana Department of Health (LDH) Bureau of Health Services Financing (BHSF) is issuing a Request for Proposals (RFP) for qualified providers to provide Third-Party Liability (TPL) services to the State of Louisiana.

Rfx text:

This Request for Proposals (RFP) form is an internal form only. Please refer to the RFP for all requirements to submit a proposal.

LINE	Description	Quantity	Unit	Unit Price	Extended Amount
1	Product Category:85101700 FY20 Required: 07/11/2020-06/30/2023	N/A	N/A	N/A	
2	Product Category:85101700 FY21 Required: 07/01/2021-06/30/2023	N/A	N/A	N/A	
3	Product Category:85101700 FY22 Required: 07/01/2022-06/30/2023	N/A	N/A	N/A	