



**State of Oklahoma
OKLAHOMA HEALTH CARE
AUTHORITY**

Amendment of Solicitation

Date of Issuance: January 24, 2017

Solicitation No. 8070000933

Requisition No. 8070000933

Amendment No. 5

Hour and date specified for receipt of offers is changed: No Yes, to: _____ CST

Pursuant to OAC 580:16-7-30(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:

Oklahoma Health Care Authority
4345 North Lincoln Boulevard

Sheila Killingsworth
Contracting Officer

(405) - 522 - 7846

Phone Number

Oklahoma City, OK 73105 -
or

Personal or Common Carrier Delivery:

Oklahoma Health Care Authority
4345 North Lincoln Boulevard

sheila.killingsworth@okhca.org

E-Mail Address

Oklahoma City, OK 73105 -

Description of Amendment:

a. This is to incorporate the following:

Amendment Five

As noted on page 282 of the SoonerHealth + RFP, Section 3.4 Actuarial Bidders' Conference, the conference is to be held at the OHCA offices. Attendees will need to bring their own copies of the Data Book and Capitation Rate sheets. The Actuarial Bidder's Conference will take place:

Wednesday, February 1, 2017, 1:00 - 3:00 p.m. Central

Oklahoma Health Care Authority
4345 North Lincoln Boulevard, Ed McFall Boardroom
Oklahoma City, Oklahoma 73105

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) _____

Date _____

Authorized Representative Name (**PRINT**) _____ Title _____

Authorized Representative Signature _____