GOBIERNO DE PUERTO RICO
ADMINISTRACIÓN DE SEGUROS DE SALUD

PUERTO RICO HEALTH INSURANCE ADMINISTRATION (PRHIA)

MANAGED CARE ORGANIZATIONS REQUEST FOR PROPOSALS

FOR

STATE FUNDED HEALTH PLAN

RFP # 2026-002 (SFHP)

PUBLICATION DATE: JULY 31, 2026

PROPOSAL DUE DATE: AUGUST 14, 2026

FIRST AMENDMENT ISSUE DATE: AUGUST 10, 2026

1. Amendment to the RFP

This document constitutes an amendment to the request for competitive proposals (RFP) titled Managed Care Organizations for State Funded Health Plan (RFP # 2026-002 (SFHP)), issued by the Puerto Rico Health Insurance Administration (Administración de Seguros de Salud - ASES) (referred to herein as "Amendment #1"). Amendment #1 is being issued on August 10, 2026, and it amends the RFP by modifying certain sections and Appendixes, as explained below. The changes are shown in red line or "track changes" format. Accordingly, deletions to the initial RFP language are noted in strikethrough and additions are noted in underline. The use of ellipsis ("…") signifies the presence of text that has not been amended and has been omitted to allow a clear identification of the amended portions.

Amendment #1 will be available on ASES's webpage. Also, the Procurement Contact will send Amendment #1 via e-mail to all Potential Offerors that have already submitted the Appendix A, Notice of Intent to Participate.

2. Amendment to Sections 1.6.2, 3.3.5.1, 4.1.1 & 4.4

Sections 1.6.2, 3.3.5.1, 4.1.1 and 4.4 are amended to clarify the composition of the Evaluation Committee.

1.6.2 Prohibition Regarding Interference in the Evaluation and Adjudication Process

During this procurement process, Offerors shall not be allowed to obtain information, interfere, influence, exert pressure or communicate with individuals named to this RFP Evaluation Committee ~~and its Subcommittees~~ nor any other employee, consultant or agent of ASES. **See Section 1.10 of this RFP.** One exception is for instances in which such communication is unrelated to this procurement and limited to the normal operations of current Contracts with ASES. Therefore, as explained in Section 1.10 of this RFP, on matters related to this procurement, Offerors may only communicate directly with the Procurement Contact.

FAILURE TO STRICTLY ABIDE BY THESE RULES WILL CAUSE THE DISQUALIFICATION OF THE OFFEROR FROM THIS PROCESS.

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3.3.5 Responses to the Mandatory Requirements and Technical Proposal

3.3.5.1 All information must be incorporated in response to a specific requirement and clearly referenced. ~~The Evaluation Committee and its Sub-committees will review only the section of the Proposal that is assigned to their committee.~~ Therefore, it is imperative that the response to each question is complete and independent of information or responses in other sections of the Proposal.

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4.1.1 ASES shall conduct, through an Evaluation Committee ~~and Subcommittees~~ designated by the Executive Director of ASES, a comprehensive, fair and impartial evaluation of Proposals received in response to this RFP. ASES's Board of Directors shall be the sole judge in the selection of the successful Offeror.

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4.4 Evaluation Committee

After their holistic analysis, ~~R~~results of all the evaluations performed by the Evaluation Committee ~~Subcommittees~~ will be presented, ~~ blind to the Evaluation Committee, who after their holistic analysis will make~~ with their recommendations, to the Board of Directors of ASES.

During all phases and stages of the evaluation period, the Procurement Contact or their designee may initiate discussions with Offerors who submit responsive or potentially responsive proposals for the purpose of clarifying aspects of the previously submitted proposals. Discussions SHALL NOT be initiated by Offerors.

5. Amendment to Sections 2.3.6.3 & 2.3.7.1

Sections 2.3.6.3 and 2.3.7.1 are amended to rectify a clerical error in the submission deadlines for references and the Proposal.

2.3.6 Deadline to submit references

…

2.3.6.3 Offerors are responsible for making a duplicate (hard copy or electronic document) of the appropriate form, as it appears in Appendix H of this RFP, and adding the following customized information to the form:

- Offeror's name;
- Reference organization's name; and
- Reference contact's name, title, telephone number, and email address.
- Sending the form to each reference contact;
- Giving the contact a deadline that allows for ASES to receive the reference form on or before ~~September 2~~August 14, 2026.

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2.3.7 Submission of Proposal

2.3.7.1 Proposals are due at ~~September 2~~August 14, 2026. Offerors are required to submit only one (1) Proposal in response to this RFP. The entire Proposal must be

uploaded onto ASES's ShareFile. The Offeror must place the Proposal in the appropriate folders with the Offeror's name on this secure site. A late Proposal shall not be accepted, and an Offeror's failure to submit a complete Proposal before the deadline shall cause the Proposal to be disqualified. See, Section 4.1.3 of this RFP.

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6. Amendment to Section 5.4.2 (D)

Section 5.4.2 (D) is amended to rectify a clerical in the identification of the mentioned appendix.

5.4.2 Provide a detailed description of the company, its operations, and ownership, addressing the following:

A. General description of primary business of the organization and its client base;

B. Organization's areas of specialization;

C. Describe the Offeror's experience in providing services similar to those included in the scope of this RFP, with emphasis on clients of similar size as Plan Vital and details on the number of years of providing services. Do not include ASES as one of your clients;

D. Size of organization, including structure and ownership. The organizational chart or diagram should present information clearly and concisely and include, at a minimum, the lines of authority and reporting and roles and functions for each position. Include a narrative description to supplement the chart or diagram. The Offeror must provide the functional area full-time equivalents (FTEs) using the template provided in Appendix ~~N~~M. In addition, the Offeror must provide the name and contact information for the individual(s) who will work directly with ASES to transition covered lives into the Offeror's delivery system prior to and during program implementation. See also Appendix ~~N~~M.

E. Length of time organization has been in business.

…

7. Amendment to Section 5.4.3

Section 5.4.3 is amended to add a negative certification of sanctions.

5.4.3 For the last five (5) years, list any monetary or non-monetary sanctions Offeror has incurred pursuant to contract enforcement from any state, Government of Puerto Rico, federal agency/facility or private entity, including the date, status, type of sanction (i.e. warning letter, corrective action plan), whether the Offeror is contesting the sanction or is involved in an administrative process to resolve the dispute, the amount of sanction (if monetary), and a brief description of such enforcement and resolution. Include in your

response, a brief description of any corrective action plan the Offeror has been under during the same time period. If you have not been imposed any sanctions, provide a negative certification to that effect. See Appendix L of this RFP.

8. Amendment to Section 5.11.1

Section 5.11.1 is amended to add reference to Appendix L of the RFP.

5.11.1 A sworn statement certifying that it has no debts with the government of Puerto Rico, or with any state agencies, corporations or instrumentalities that provide or are related to the provision of health services or, if a debt exists, that such debt is subject to a payment plan, a debt reconciliation agreement or pending administrative review under applicable law or regulations. See Appendix L of this RFP.

9. Amendment to Sections 5.13.3 (B)&(C)

Sections 5.13.3 (B)&(C) are amended to rectify a clerical error replacing "Offeror" for "Major Subcontractor".

5.13.3 For each Major Subcontractor, submit the following documents:

A. RUP Certification. See Section 5.3 of this RFP.

B. Describe the ~~Offeror's~~ Major Subcontractor's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, Limited Liability Company) and detail the names, addresses, telephone numbers, and email addresses of its officers and directors and any partners, if applicable.

C. Provide a detailed description of the company, its operations, and ownership, addressing the following:

1) General description of primary business of the organization and its client base;

2) Organization's areas of specialization;

3) Describe the ~~Offeror's~~ Major Subcontractor's experience in providing the services to be subcontracted, with emphasis on clients of similar size as Plan Vital and details on the number of years of providing services. Do not include ASES as one of your clients;

4) Length of time organization has been in business.

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10. Amendment to Section 6.3.1

Section 6.3.1 is amended to rectify a clerical error in the identification of the mentioned appendix.

6.3.1 Describe the financial and non-financial strategies the Offeror will implement to ensure the availability of Providers (including methodology, timeline, and description of various contracting methods) and develop and manage a qualified provider network that meets or exceeds the minimum requirements of the MCO Model Contract. If the Offeror is planning to use Subcontractors to ensure a Provider Network, clearly describe all sub contractual relationship(s) and explain how utilizing a subcontractor contributes to ensuring the required network. Describe and document, using Appendix ~~O~~ N of this RFP, the efforts already made to establish a network in Puerto Rico. Complete the attached Appendix ~~O~~ N in Excel without restrictions or passwords and mark the document "Proprietary". Include a narrative describing potential challenges, including network gaps, and how the Offeror will address those challenges.

Page limitation: Appendix ~~O~~ N will not count towards page limits.

11. Amendment to Section 9 – APPENDICES

Section 9 is amended to notify that Appendixes K, L & N are attached to the RFP. It is also amended to include reference to Attachments A & B which were uploaded directly to the Procurement Library on August 4, 2026.

9. APPENDICES & ATTACHMENTS

Appendix A - Notice of Intent to Participate

Appendix B – Letter of Transmittal Form

Appendix C– Conflict of Interest Affidavit

Appendix C-1 - Attestation of Independence and Freedom from Conflict of Interests

Appendix D – Suspensions and Debarment Form

Appendix E - Form of Sworn Statement on Fraud and Misappropriation

Appendix F – Disclosure of Lobbying Activities

Appendix G - List of Government of Puerto Rico-owned and operated facilities

Appendix H – Reference Form for Offerors

Appendix I – Questions and Answers Template

Appendix J - Aging of Accounts Payable

Appendix K – Model Contract ~~**Note**: This Appendix is currently under final administrative review and will be issued shortly via an Addendum to this RFP. Registered Offerors will be notified upon its publication. Offerors are advised to monitor the ASES webpage regularly for updates.~~

Appendix L – Mandatory Requirements Certifications

Appendix M – FTE's & Contact Information for Implementation

Appendix N – Provider Network Template - ~~**Note**: This Appendix is currently under final administrative review and will be issued shortly via an Addendum to this RFP. Registered Offerors will be notified upon its publication. Offerors are advised to monitor the ASES webpage regularly for updates~~

Appendix O - Contract Provisions for Non-Federal Entity Contracts Under Federal Awards

Attachment A - Appendix C, Contractor Certification Requirement of the FOMB Policy

Attachment B - Regulations on the Sole Registry of Bidders for the Government of Puerto Rico, 9301

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Appendix K

Model Contract

RFP #2026-002 (SFHP)

Appendix K is the Model Contract. It is not imbedded in this document but ~~will~~ is ~~be~~ included as a separate document entitled Appendix K– Model Contract.

NOTE 1: THIS APPENDIX IS A PRELIMINARY DRAFT OF THE MODEL CONTRACT WHICH CONTINUES ~~CURRENTLY~~ UNDER FINAL ADMINISTRATIVE REVIEW. ~~AND WILL BE ISSUED SHORTLY VIA AN ADDENDUM TO THIS RFP. REGISTERED OFFERORS WILL BE NOTIFIED UPON ITS PUBLICATION. OFFERORS ARE ADVISED TO MONITOR THE ASES WEBPAGE REGULARLY FOR UPDATES.~~

NOTE 2: The Attachments to the Model Contract are being downloaded directly to the ShareFile under the RFP Document folder.

NOTE ~~2~~3: ASES RESERVES THE RIGHT TO REVISE THE CONTRACT FOLLOWING PROPOSAL EVALUATIONS. CONSIDERING THAT APPENDIX K IS A PRELIMINARY DRAFT, ALL CROSS REFERENCES TO SECTIONS AND ATTACHMENTS WITHIN THE CONTRACT WILL BE UPDATED AND REVISED IN THE CONTRACT'S FINAL VERSION.

Appendix L

Mandatory Requirements Certifications

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Appendix L is a form to provide the certifications required under several subsections of Section 5 of this RFP. It is not imbedded in this document but ~~will be~~is included as a separate excel document entitled Appendix L– Mandatory Requirements Certifications~~, after completion of administrative review~~.

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Appendix N
Provider Network Template

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Appendix N is a template in Excel format for the Offeror to provide certain required information about its current and/or intended provider network for the Contract object of this RFP.

~~NOTE 1: THIS APPENDIX IS CURRENTLY UNDER FINAL ADMINISTRATIVE REVIEW AND WILL BE ISSUED SHORTLY VIA AN ADDENDUM TO THIS RFP. REGISTERED OFFERORS WILL BE NOTIFIED UPON ITS PUBLICATION. OFFERORS ARE ADVISED TO MONITOR THE ASES WEBPAGE REGULARLY FOR UPDATES.~~

12. Amendment to Appendix B – Letter of Transmittal

Item 7 of Appendix B is amended to clarify the RFP documents provided during this process, as follows:

Amended Appendix B

Letter of Transmittal Form

RFP# 2026-002 (SFHP)

Offeror's Name: _____

Items #1 to #7 EACH MUST BE COMPLETED IN FULL.

1. Identity (Name) and Mailing Address of the submitting organization:

_____

_____

_____

2. Person authorized by the organization to contractually obligate/legally bind the organization (must be a person identified in the Corporate Resolution or RUP Certification:

Name _____

Title _____

Email address _____

Telephone number _____

3. Person to be contacted for clarifications and additional information, if different from Item 2 above:

Name _____

Title _____

Email address _____

Telephone number _____

4. Provide the Offeror's federal taxpayer identification number and Commonwealth taxpayer identification number, if different. _____

5. Use of subcontractor(s) (Select one)

____ No Subcontractor will be used in the performance of this Contract **OR**

____The following Subcontractor(s) will be used in the performance of this Contract (indicate the service to be performed and if it is a Major Subcontractor):

_____

(Attach extra sheets, as needed)

6. Please describe any relationship with any entity that will be used in the performance of this Contract.

_____

(Attach extra sheets, as needed)

7. _____ I acknowledge receipt of a complete copy of the RFP, beginning with the title page and table of contents, Appendices A-O ~~of this RFP~~, Attachments A&B, as well as the Data Book and Cost Proposal Template, ~~Attachments A&B~~, and ~~its corresponding~~ amendments issued during the process.

_____ I concur that submission of our Proposal constitutes acceptance of all the conditions governing this process including but not limited to the Evaluation Factors contained in Section 4 of this RFP.

_____ I certify the Offeror's adherence to the requirements of this RFP and the expectations of ASES as stated in this RFP.

_____ On behalf of the submitting organization named in item #1, above, I understand that the Contract provided remains subject ONLY to revisions required by ASES, Financial Oversight and Management Board for Puerto Rico, Government of Puerto Rico and acknowledge that the submitting organization named in item #1 above, is prepared to and capable of complying with all of the terms in the Model Contract.

_____ _____, 202__

Authorized Signature Date

13. Amendment to Appendix H – Reference Form

Appendix H is the Reference Form to be used for references for both Offerors and Major Subcontractors. The sole purpose of this Amendment is to clarify the submission requirements for Appendix H as they pertain to Major Subcontractors.

In contrast with the Offerors, Major Subcontractors are not required to have their listed references (clients) complete and directly submit the Reference Form by the due date for submission of Proposals. Major Subcontractors are only required to provide a list of references as specified in Section 5.13.3 J of the RFP. ASES will be responsible for obtaining from said references Appendix H duly completed, as it deems necessary.

In consideration of the remaining timeline for proposal submission and the fact that several reference submissions have already been received:

a. References Forms already submitted or in transit using the original format do not need to be resubmitted, modified, or recalled.

b. Any references already received directly from Major Subcontractor's clients will be accepted and considered as provided.

According to the above, Appendix H is amended as follows:

Amended Appendix H

Reference Form for Offerors/Major Subcontractors

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INSTRUCTIONS:

The Offeror/Major Subcontractor must submit a list of the References. The Offeror/Major Subcontractor must provide three (3) specific client References, with at least one for a state Medicaid program or other large similar government or large private industry project within the

last five (5) years. Each Reference noted on the list must include the contact's name and phone number, a brief description of the services provided, and the period of service.

Offerors may NOT request References from ASES. Individuals who are currently employed or contracted as consultants by ASES are not eligible to be references. Former ASES employees can be used as references, in as much as the business reference is not related to such employees' work in ASES.

References for the Offeror/Major Subcontractor shall be submitted to the Procurement Contact directly by the reference source using this Reference Form in the RFP. The submission deadline for References on behalf of the Offerors is on the date stated in Section 2.2 Procurement Schedule.

Offerors/~~Major Subcontractor~~ are responsible for:

- Making a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Appendix H, and adding the following customized information to the form:
    - Offeror's~~/Major Subcontractor~~ name.
    - Reference organization's name.
    - Reference contact's name, title, telephone number, and email address.
    - Sending the form to each Reference contact.
    - Giving the contact a deadline that allows for ASES to receive the reference form prior to the deadline for receiving proposals.

ASES will be responsible for obtaining Appendix H duly completed from Major Subcontractors' clients, as it deems necessary.

The Offeror may contact the Procurement Contact to confirm whether the reference has been received at ASES. The content of the references will be considered by the Evaluation Committee, or by any individual or entity to whom the Committee delegates such responsibility, and the failure to obtain references will be viewed negatively in this procurement process.

Information for Referees:

The Offeror is required to send the following reference form to each business reference listed. The business reference, in turn, is requested to submit the Reference Form directly to the Procurement Contact by this RFP submission deadline for inclusion in the evaluation process. The form and information provided will become a part of the submitted Proposal. The business reference may be contacted for validation of information.

REFERENCE FORM
FOR:

_____
(Name of company ~~(OFFEROR~~ requesting reference)

This form is being submitted to your company for completion as a business reference for the company listed above. This form is to be returned to the, via e-mail at: asesprocurement@ases.pr.gov and specify that it is for RFP 2026-002 (SFHP).

No later than 11:59 PM (Atlantic Standard Time) on August 14, 2026**,** and **must not** be returned to the company requesting the reference. For questions or concerns regarding this form, please contact the Procurement Contact of this RFP at the email listed above. When contacting us, please be sure to include this RFP number listed at the top of this page.

CONFIDENTIAL INFORMATION WHEN COMPLETED

Information of person completing the Reference Form:

The name of your company/agency:	
Your name and title/position at the company/agency:	
Your contact telephone number:	
Your contact email address:	

Reference Questionnaire:

1. Describe your relationship with the Offeror/Major Subcontractor.

2. Describe the type and scope of contract(s) you have with the Offeror/Major Subcontractor.

   a. Type of contract:

   b. Indicate the populations served under the contract (Commercial, Law No. 95, Medicaid, Medicare, CHIP, ABP, etc.). Select all which apply:

   Medicaid _____
   Medicare _____
   CHIP/S-CHIP _____
   ABP _____
   Other _____

   If Other, please explain._____

   c. What is the length of time the Offeror/Major Subcontractor has been contracted with your State/Territory?

   d. What is the term of the Offeror's/Major Subcontractor contract(s) with your State/Territory?

   e. Have there been any extensions to the contract(s)?:

   Yes _____

   No _____

3. How would you rate your overall satisfaction with the Offeror/Major Subcontractor?

a. Overall Performance:

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

b. Responsiveness:

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

c. Quality of Services:

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

d. Compliance with contract requirements:

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

e. Enrollees' satisfaction with the Offeror/Major Subcontractor:

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

f. Network providers satisfaction with the Offeror/Major Subcontractor:

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

4. Have you ever had to take corrective action or impose other enforcement activities with the Offeror/Major Subcontractor?

a. Correction action/enforcement activity required:

Yes ____

No ____

N/A ____

b. Timeframe of corrective action/enforcement activity:

c. Reason for corrective action/enforcement activity:

d. Has the reason for the corrective action/enforcement activity been resolved:

Yes ___

No ___

Ongoing ___

N/A ___

e. How would you rate your satisfaction with the Offeror's/Major Subcontractor's responsiveness addressing the corrective action/enforcement activity?

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

f. How would you rate your satisfaction with the Offeror's/Major Subcontractor's compliance with addressing the corrective action/enforcement activity?

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

5. How satisfied are you with the Offeror's/Major Subcontractor's ability to meet the required performance standards?

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

6. How satisfied are you with the Offeror's/Major Subcontractor's ability to meet the required quality measures?

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

7. How satisfied are you with the Offeror's/Major Subcontractor's ability to meet required program integrity standards?

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

8. How satisfied are you with the Offeror's/Major Subcontractor's ability to meet the required reporting standards?

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

9. How satisfied are you with the Offeror's/Major Subcontractor's ability to meet the required encounter data requirements?

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

10. How satisfied are you with the Offeror's/Major Subcontractor's ability to pay claims on time?

Very Satisfied ___

Satisfied ___

Dissatisfied ___

Very Dissatisfied ___

N/A ___

11. Is there anything else you would like to mention regarding the Offeror/Major Subcontractor?

12. Would you recommend the Offeror/Major Subcontractor to provide comprehensive Medicaid services in the Plan Vital program?

Yes ___

No ___

Please explain if the answer is No.