Solicitation Summary

RFPS30034901902503 - Medicaid Organization Assessment - Office of Administration (Formal)

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| **No** | RFPS30034901902503 |
| **Type** | Formal Solicitation (ITB,RFP,RFI) |
| **Duration** | *Start Date* April 26, 2019 at 3:30:00 PM CDT *End Date* May 28, 2019 at 2:00:00 PM CDT |
| **Agency** |  |
| **Contact Details** | Stacia Dawson 301 West High Street, Room 630 Jefferson City MO, 65101 United States Tel: 573-522-3052 Fax:  Stacia.Dawson@oa.mo.gov |
| **Description** | Contract Period: Effective Date of Contract through One (1) Year |
| **Delivery Term** | Free On Board Destination |
| **Payment Terms** | Net 45 Days |

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Original Solicitation Documents

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Top of Form

| elect | Accepted | Document |
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| https://webprocure.perfect.com/images/bms/x_red.gif | delete | [Attachment 2 Medicaid Organization Assessment and Recommendation.docx](https://webprocure.perfect.com/BMSDoc/state/mo/Attachment_2_Medicaid_Organization_Assessment_and_Recommendation.docx?ac=view&docid=602360&associd=230778&bid=75386&quoteitemid=) |
| https://webprocure.perfect.com/images/bms/x_red.gif | delete | [Medicaid Organization Assessment and Recommendations RFP document.docx](https://webprocure.perfect.com/BMSDoc/state/mo/Medicaid_Organization_Assessment_and_Recommendations_RFP_document.docx?ac=view&docid=602372&associd=230780&bid=75386&quoteitemid=) |

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##### [**NOTICE**](https://webprocure.perfect.com/CurrentBids/state/mo#content-customfield_427487)

## Requirements

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##### [**REQUIREMENTS**](https://webprocure.perfect.com/CurrentBids/state/mo#content-requirement_427414)

Items Associated with this Formal Solicitation

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|  | | | | | | |
| **No.** | **Item Name** | **Qty** | **Units** | **Manufacturer Name** | **Manufacturer Part Number** |  |
| 1\* | [Medicaid Organization Assessment and Recommendations](javascript:reviewBidItem(1063621,%20260484)) | 1.000 | each | N/A | N/A |  |