

Proposal Number: 270-20260421TPAS

Vendor: _____

Date: April 28, 2026

RFP Number: 270-20260421TPAS

RFP Description: Third Party Administrative Services

Addendum Number: 1

Using Agency: The North Carolina State Health Plan for Teachers and State Employees

Purchaser: Sharon Smith

Opening Date / Time: May 4, 2026 @ 10:00 a.m. ET

INSTRUCTIONS:

1. This Addendum is issued in response to questions submitted.
2. Return two (2) properly executed originals of this Addendum Number 1 with your Minimum Requirements Proposal. Failure to sign and return this Addendum Number 1 may result in the rejection of Vendor's proposal.

Execute Addendum Number 1, RFP Number 270-20260421TPAS:

Vendor: _____

Authorized Signature: _____

Name and Title (Print): _____

Date: _____

No.	Reference	Vendor Question	Answer
1.	Form on Page 2 of Full RFP PDF	Do bidders need to return page 2 of the full RFP (i.e. the page with their Vendor eVP#) with the Full RFP, the Minimum Requirements or with both?	Vendors shall return page 2 of the RFP that requires the Vendor eVP number with its Technical and Cost Proposal submission pursuant to Section 2.7.2 of the RFP.
2.	2.6.2, page 12	If bidders include documents greater than 50 pages that are only included on USB, do vendors need to put a separate USB drive in each of the originals and copies, or are just the two requested USB drives sufficient?	Documents greater than 50 pages should be included on the two un-Redacted flash drives and on the one redacted flash drive, if applicable.
3.	2.6.3.a).i.1) And 2.6.2.g)	Please confirm that the two (2) Original Executed proposals (requested in 2.6.3.a).i.1)) can be submitted with digital signatures per the new 2.6.2.g), as opposed to wet signatures.	Confirmed.
4.	§ 3.3	This section and other parts of the RFP say that the Plan intends to award the contract to the vendor that offers the best value to the Plan. What is the Plan’s definition of “best value” for this purpose?	Best Value is the selection of a Vendor based on a determination of which proposal offers the best trade-off between price and performance, where quality is considered an integral performance factor. See Section 3.4 Evaluation Criteria and Methodology.
5.	§ 3.4	This section says that the technical criteria in the table are listed in descending order of importance. Are there any significant “break points” in the importance of the criteria—that is, points where the criteria listed below that point are notably less important to the Plan than the criteria listed above it?	No.
6.	§ 3.4	This section says that “Total Cost to the Plan is also a factor and is weighted significantly less than all other factors combined.” Will the Plan use any quantitative method to assign a weighting to total cost? If so, what is that method? Also, what are the “all other factors combined” to which this sentence refers?	No, a quantitative weight will not be assigned. All other factors refer to the technical criteria set forth in the table in section 3.4 Evaluation Criteria and Methodology.

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7.	§ 3.4 and attachment Q, section IV	Does the Plan mean to say both that it will not assign a rating for total cost (§ 3.4) and that “cost proposals will be ranked according to total cost from lowest to highest” (attachment Q, section IV)? If so, what is the reconciliation of these statements?	Each technical response criterion will receive a rating as described in Attachment Q: Evaluation Methodology and will then be ranked. Cost proposals will only be ranked according to total cost from lowest to highest.
8.	§4.7(e)	§4.7(e) requires disclosure of “any civil litigation, arbitration, proceeding, or judgments pending against the Vendor during the three years preceding submission of its proposal.” Please confirm that this requirement applies only to civil litigation pending against the Vendor entity itself and does not extend to civil litigation involving the Vendor’s individual employees, officers, directors, or other personnel, except to the extent such matters are expressly covered elsewhere in Section 4.7.	Confirmed.
9.	5.1, page 32	For subcontractors utilized in the performance of this contract, is a valid and current (completed 2025) SOC 2 Type 1 attestation acceptable to satisfy the third-party security attestation requirement? If not, is a valid SOC 2 Type 2 strictly required by the RFP award date? If not, is a valid SOC 2 Type 2 by 9/30/2026 acceptable?	A valid and current (completed 2025) SOC 2 Type 1 attestation is acceptable if accompanied by a SOC 2 type 2 assessment engagement letter (completion date of 9/30/26 is acceptable)
10.	5.1, page 32	If a valid SOC 2 Type 2 is strictly required for a subcontractor, is this for all identified systems? Does the response change if the subcontractor is not receiving data files provided for the repricing exercise?	<p>A valid SOC 2 Type 2 is required for all systems involved with HIPAA/PII data i.e. restricted data.</p> <p>A valid and current SOC 2 Type 1 attestation is acceptable if accompanied by an assessment engagement letter to obtain a SOC 2 Type II report within one (1) year.</p> <p>Alternative third-party assessment reports may be accepted if they provide comparable assurance and can be clearly mapped to NIST SP 800-53 security controls.</p>

No.	Reference	Vendor Question	Answer
11.	5.1, page 32	Does the minimum requirement to provide an un-Redacted copy of the third-party assessment report apply to subcontractors whose systems handle State Restricted Data but who will not be recipients of the specific data files provided for the pricing proposal/repricing exercise?	No.
12.	5.1, page 32	If a subcontractor has a 2025 SOC 2 Type 1 report finalized by May 1, 2026, will that be deemed a "valid and favorable independent third-party assessment report" for the purposes of the Minimum Requirements submission?	A valid and current SOC 2 type 1 completed by May 1, 2026, is acceptable if delivered by 10:00 am ET on May 4, 2026, and if accompanied by an assessment engagement letter to obtain a SOC 2 Type II report within one (1) year
13.	5.1, page 32	Is a 2025 SOC 2 Type 1 sufficient for a subcontractor to receive the specific data files provided for the pricing proposal/repricing exercise?	A valid and current SOC 2 Type 1 attestation is acceptable if accompanied by an assessment engagement letter to obtain a SOC 2 Type II report within one (1) year.
14.	§ 5.1.1, ¶ 5, Attachment N, item 17	What is the Plan’s definition of “firewall”?	Vendors with multiple lines of business, for example a PBM and a TPA, must be able to segregate the TPA and PBM systems, records, personnel, etc., so that the Plan’s Records and Data are only accessible by the appropriate TPA Vendor staff. Additionally, the TPA Staff should not discuss Plan Data or other information with staff in other lines of their business.
15.	§ 5.1.3.4	Please confirm that by “dedicated local presence” the Plan means that the professionals who are interacting with the providers either by servicing, supporting or contracting with them – are knowledgeable about the local health care landscape in the assigned regions, have established ongoing relationships with such providers and they communicate with key providers in that region on a regular cadence.	In addition to being knowledgeable about the local health care landscape in the assigned regions, having established ongoing relationships with such providers and communicating regularly with key providers in that region on a regular cadence, they should preferably live in North Carolina.
16.	§ 5.1.3, ¶ 4, and attachment N, item 30	Does the requirement to have “no fewer than 3 network development and contracting professionals dedicated to the 6 Medicaid regions in NC” apply across the Medicaid regions as a group, or on a per-region basis?	No less than three (3) network professionals to all six (6) Medicaid regions.

No.	Reference	Vendor Question	Answer
17.	§ 5.1.3, ¶ 4, and attachment N, item 30	Do the 3 network resources have to be completely dedicated to the Plan or can they be designated to other accounts as well?	These resources do not have to be dedicated to the Plan. They may be designated to support the Plan.
18.	§ 5.1.3.6 and Exhibit 1	Please confirm that the Plan will consider recommendations from the TPA partner to add Providers in Tier 1 as long as they represent high value performers on cost and quality that share risk.	The Plan will consider Tier 1 recommendations made by the Vendor, but the decision to accept them is solely the Plan's.
19.	§ 5.1.3.6 and Exhibit 1	Will the Plan consider expanded direct relationships in your preferred Tier 1 that leverage existing cost and quality (shared risk) arrangements with mature results and proven track records?	The Plan will consider Tier 1 recommendations made by the Vendor, but the decision to accept them is solely the Plan's
20.	§ 5.1.3.6 and Exhibit 1	How does SHP want to differentiate between a high-value network that complements their direct relationships vs. a standard network access tier?	<p>The Plan intends to differentiate the providers via plan design. Each of the four tiers will have different copays, deductibles and out of pockets.</p> <p>Tier 1 – Preferred Tier Tier 2 – Access Tier Tier 3 – Non-Preferred Non-Network</p> <p>If the Plan determines the Vendor has providers that should be included in Tier 1, along with other high value providers, they can be added.</p>
21.	§ 5.1.5 ¶ 5.c	Scope of Responsibility: Can you please confirm that the scope of our escheatment services would apply only to uncashed checks issued during the active term of the agreement, and that upon termination of the contract, responsibility for any remaining uncashed checks would be transferred to the designated responsible party.	Vendor would have to manage escheats through the eighteen (18) month claims runout. When the Contract is closed out, any open checks would be transferred to the appropriate party.
22.	§ 5.1.5 ¶ 5.c	Audit Support: Please confirm whether formal unclaimed property audits and audit defense activities would be treated as out-of-scope or additional services. Please confirm audit support requests considered in scope would be routine state inquiries related to active filings.	The Plan cannot confirm these types of audits would be out of scope as noted in Section 5.2.10.2 requirements 1., 2., and 20.

No.	Reference	Vendor Question	Answer
23.	§ 5.1.5 ¶ 5,c	Review & Approval Timelines: What are the Plan’s review and approval timelines for escheatment filings and related reports, and how are delays or missed approvals handled with respect to statutory deadlines?	As long as the Vendor provides the appropriate documentation and reporting, the Plan can turn the approval around within five State Business Days.
24.	§ 5.1.8, ¶ 13, 14	Given that the EES vendor is responsible for determining Medicare primacy, and the TPA is responsible for maintaining Commercial insurance information, how should primacy be handled when both Medicare and Commercial coverage are present, and how should primacy discrepancies be identified and documented?	Detailed information about coordination of benefits can be found in the Plan’s Benefit Booklets posted on the Plan’s website: shpnc.gov Below are links to each booklet: 2026 Standard PPO Plan Benefits Booklet ADA by North... - Flipsnack 2026 Plus PPO Plan Benefits Booklet ADA by North... - Flipsnack 2026 High-Deductible Health Plan Benefits Booklet ADA by North... - Flipsnack
25.	§ 5.1.8, ¶ 16, 17	Can you clarify if we need to retain historical and current information for Medicare Part A and Part B effective and termination dates?	The Vendor will need to maintain historical Medicare effective dates and primacy spans as Plan Members go in and out of Medicare primacy.
26.	§ 5.1.8 ¶ 25	Can you confirm that a plan can place its ID number to access the national network on the back of the card, similar to other plans? This would be in addition to the Plan’s unique ID identifier. Would this also be allowed on the EOB?	The Plan’s intent is that the only identification number that should be included on the ID Card is the Plan’s unique Member identifier. The Plan will consider allowing a second identifier on the back of the ID card and/or the EOB, however no other vendor will utilize (nor load) this second identification number.
27.	§ 5.1.8 (28)	The requirement states: Vendor shall provide a custom provider data file(s) to the Plan on a bi-weekly basis. The file(s) requirements will be documented in a BRD during implementation and may be updated from time to time throughout the lifetime of the Contract, as requested by the Plan.	Yes, the frequency is intended to be twice per month.

No.	Reference	Vendor Question	Answer
		Please confirm that the frequency is intended to be twice a month.	
28.	§ 5.1.12	<p>Will there be a separate RFP for Population Health Management, as minimum requirements 5.1.12 states it will be carved out? Please confirm that vendors who include Population Health Management in the Optional Services will be considered for the carve out opportunity.</p> <p>Please confirm what services are expected in a Population Health Management solution.</p>	There may be a separate RFP for Population Health Management (PHM) Services at a later date. The Plan considers the services outlined in Section 5.2.12.2 as PHM services. Vendors are required to complete Section 5.2.12.2. If a separate RFP for these services is issued, the TPA would be able to bid.
29.	§ 5.2.2.2, ¶ 1	<p>The requirement states: Vendor shall Provide the Plan with access to its test regions to review test results.</p> <p>Please confirm the access request is only for the test environment.</p>	The Plan is requesting access to the Vendor’s test environments to review Plan test results. The Plan also requests access to production data via Vendor’s Employer Portal. See Section 5.2.8.2.1.
30.	Attachment I, §§ IV.C, V.C	This section requires reporting to the Plan on data that federal law does not classify as PHI- De-Identified Data and Limited Data Sets. Is this section intended to restrict use of de-identified data?	All Plan information is considered confidential and can only be used as provided within the Contract or as approved by the Plan as set forth in Attachment C. paragraph 9. Confidential Information and HIPAA Requirements. As set forth in Attachment I, Section V.C., the Plan must be notified of all disclosures of data, regardless of classification.
31.	Attachment L, 16. b	If a Vendor's subcontractor has the intent of getting a SOC 2 Type II report before contract implementation, would that be acceptable to meet the requirement of third-party security attestation, especially if Plan data will not be exchanged with or housed by those subcontractors across their system applications until after contract implementation?	No, that would not be acceptable.
32.	Attachment L, 16. B, Attachment N Q 12	Would an updated SOC 2 Type I report covering the requested reporting period be a valid independent third-party assessment report?	Yes, a SOC 2 Type II report may be deferred if SOC2 Type 1 is accompanied by a documented engagement letter to obtain a SOC 2 Type II report within one (1) year.

No.	Reference	Vendor Question	Answer
33.	Attachment L, 16. b	If risks or findings are identified in recent third-party security assessment reports, and the vendor is able to provide information discussing compensating controls and/or a remediation narrative addressing these issues and actions taken since the most recent assessment, would that be considered favorable?	<p>Vendor must provide the following for each identified issue:</p> <ol style="list-style-type: none"> 1. A brief description of the compensating controls in place 2. How those controls mitigate the specific risk 3. Current remediation status and expected timelines (if not fully resolved) 4. Supporting evidence (e.g., policies, configurations, or test/validation results) 5. Confirmation of any re-testing or independent validation performed <p>These will help the Plan assess the residual risk and finalize its review.</p> <p>For clarity, a favorable report provides reasonable assurance that controls are properly designed and operating effectively, with an unqualified (clean) auditor opinion, no material weaknesses, and no unmitigated significant deficiencies. Any control exceptions must be limited, non-systemic, and supported by remediation or compensating controls. The report must be recent, in scope for the State’s use case, and mappable to NIST SP 800-53 (if applicable).</p>
34.	Attachment L, 16. b	Is a security assessment based on OWASP Top 10, CWE Top 25, and OSSTMM sufficient to demonstrate the security of a web application, in lieu of SOC 2, GovRAMP, or HITRUST?	No, that is not acceptable.
35.	Attachment L, 16. b	What assessment methodologies or standards are appropriate for a member web portal (as opposed to	A SOC 2 Type II assessment report is required for all systems that process, store, or transmit State restricted data.

No.	Reference	Vendor Question	Answer
		enterprise-level frameworks such as NIST)?	<p>Alternative third-party assessment reports may be accepted if they provide comparable assurance and can be clearly mapped to NIST SP 800-53 security controls.</p> <p>Any web portal that processes State restricted data must undergo such an assessment and obtain a favorable report as a condition for consideration and approval.</p>
36.	Attachment L, 16. b	Would an Agreed Upon Procedures (AUPs) report performed by a third-party auditor be an acceptable third-party security attestation in response to 16b.i.9?	No.
37.	Attachment L, 16. B	Will an independent third-party report cross walked to the NIST framework be acceptable to validate the controls?	Yes, such a report can be considered acceptable based on its nature and content, provided the vendor supplies material demonstrating the NIST SP 800-53 mapping.
38.	Attachment L, 16. b	What artifacts are acceptable to demonstrate a third-party security assessment of a web portal or web application? Is an independent third-party web application security assessment, such as a penetration test, sufficient to demonstrate security of a web application?	<p>A SOC 2 Type II assessment report is required for all systems that process, store, or transmit State restricted data. Alternative third-party assessment reports may be accepted if they provide comparable assurance and can be clearly mapped to NIST SP 800-53 security controls.</p> <p>Any web portal that processes State restricted data must undergo such an assessment and obtain a favorable report as a condition for consideration and approval. A third-party penetration test in lieu of the assessment report referenced above will not be accepted.</p>
39.	Attachment L, 16. b	Clearly define what a "favorable independent third-party assessment report" entails. What might be considered unfavorable?	A favorable report provides reasonable assurance that controls are properly designed and operating effectively, with an unqualified (clean) auditor

No.	Reference	Vendor Question	Answer
			<p>opinion, no material weaknesses, and no unmitigated significant deficiencies. Any control exceptions must be limited, non-systemic, and supported by remediation or compensating controls. The report must be recent, in scope for the State’s use case, and mappable to NIST SP 800-53 (if applicable).</p> <p>An unfavorable report includes qualified/adverse opinions, material weaknesses, unremediated significant deficiencies, or systemic control failures. It may also be deemed unfavorable if it has scope gaps, outdated coverage, elevated security risk findings, or lacks completeness or transparency.</p>
40.	Attachment L, 16. b	<p>For agents or subcontractors of Vendors, does the Plan distinguish between (a) persistent/systemic access (integrations, hosted platforms) and (b) limited or incidental access (ad hoc file transfers, time bound support)? Should both be provided or only persistent/systemic access?</p>	<p>Persistent/Systemic Access shall be subject to full assurance requirements, including a SOC 2 Type II report or an equivalent independent third-party assessment that provides comparable assurance and can be mapped to NIST SP 800-53 security controls.</p> <p>Limited or Incidental Access shall be governed by a risk-based approach and must, at a minimum, include defined purpose and scope, time-bound and least-privilege access controls, and appropriate safeguards (e.g., secure data transfer, monitoring/logging where feasible, and confidentiality obligations).</p>
41.	Attachment L, 16. b	<p>Does the Plan intend this requirement to capture all third parties that may receive that specific data in any capacity, or only those agents or</p>	<p>The Plan’s requirement applies to vendor agents and subcontractors that have persistent/systemic access to</p>

No.	Reference	Vendor Question	Answer
		subcontractors with ongoing access, hosting responsibilities, or core processing functions? If the latter, please provide the Plan’s criteria for inclusion.	State data or perform core processing, storage, transmission, or hosting functions. A third party must be included if they: <ul style="list-style-type: none"> • Have ongoing or recurring access to State restricted data • Host, store, process, or transmit such data as part of service delivery • Are integrated into the system or environment (e.g., APIs, platforms) • Perform security-relevant functions (e.g., identity management, logging, infrastructure) A third party may be documented at a limited level (not full inclusion) if they: <ul style="list-style-type: none"> • Have incidental, ad hoc, or time-bound access • Receive data in a non-persistent manner (e.g., one-time transfers) • Do not retain, process, or integrate the data into their systems
42.	Attachment L, 16. b	If a SOC 2 Type II report is provided, does the Plan require the report to specifically cover the system(s)/service(s) used for the Plan, or is an enterprise-wide SOC 2 acceptable if it covers the relevant controls and service lines?	An enterprise-wide SOC 2 Type II can be acceptable, but only if it clearly covers the specific system(s)/service(s) in scope for the Plan.
43.	(Attachment N, Question 12) ; Attachment R (Questions 2 and 3	Is the IT Systems List required to be submitted as part of both the Minimum Requirements Phase (Attachment N, Question 12) and the Technical Proposal Response Phase. If not, which one should include it?	The Minimum Requirement is specific to Plan data the vendor will receive in order to provide a technical response: In response to Minimum Requirements, Vendor shall provide The IT Systems List, application or platforms

No.	Reference	Vendor Question	Answer
			<p>(whether cloud-based or on-premises) to be used by Vendor, its agents, or subcontractors to access, collect, store, process, transmit, or otherwise handle Plan claims data vendor may receive to respond this RFP as contemplated by Attachment K: Data Use Agreement (DUA) and identified in Attachment A-1: Census File Format and Attachment A-4: Claims Repricing File Layout.</p> <p>In response to Technical Requirements, Vendor shall provide the IT Systems List, applications or platforms (whether cloud-based or on-premises) to be used by Vendor, its agents, or subcontractors to provide the services under this RFP that access, collect, store, process, transmit or otherwise handles State Restricted Data.</p>
44.	Attachment Q, ¶ 1 Table II.-2. - Risks Rating Scale; "Risk" definition	Please define what constitutes a "risk of unsuccessful contract performance." Please give examples of unsuccessful contract performance. Please also confirm that "unsuccessful contract performance" is not the same as a breach of contract.	Confirmed that "unsuccessful contract performance" is not the same as a breach of contract. An example may be a response that indicates lack of experience in working with alternative payment models. The lack of experience could be evaluated as a risk because Vendor may not be able to provide the support needed to develop and implement a proposed model by the Plan.
45.	Attachment Q, section III	If the evaluation-committee members (after discussion) cannot reach a consensus, how will the committee assign a criterion-level rating for a given technical criterion?	If consensus is not clear or cannot be reached, a vote will be taken with the majority determining the outcome. A tie will be broken by a coin toss.
46.	Attachment Q, section III	If the evaluation-committee members (after discussion) cannot reach a consensus on a given vendor's overall	If consensus is not clear or cannot be reached, a vote will be taken with the majority

No.	Reference	Vendor Question	Answer
		rank, how will the committee assign that rank?	determining the outcome. A tie will be broken by a coin toss.
47.	Attachment Q, section IV	Will the vendors’ cost proposals for the option years (2031 and 2032) affect the evaluation in any way? If so, how?	No.
48.	Attachment Q, section IV	What does “the unit basis for each fee” mean? Please provide examples.	The term is used with respect to the Vendor administrative fees captured in Tables A-10.1 to A-10.4. Most of the administrative fee tables prescribe the unit basis to be used – for example, per subscriber per month (PSPM) for Table A-10.1a. Other tables, notably Table A-10.2, provide greater flexibility. That table notes that fees can be a % of savings, PSPM, PMPM, etc.
49.	Attachment Q, section IV	This section states that “The Plan reserves the right to adjust calculations to reflect differences in scope, service design, or other proposal-specific factors that materially affect projects, as determined by the Plan.” If the Plan decides to make such an adjustment, will the vendor(s) affected by the adjustment be notified and given the opportunity to revise their cost proposals?	Outside of the BAFO process, Vendors will not be able to adjust the cost that is submitted with the original proposal.
50.	Attachment Q, section V	How will the Plan evaluate the tradeoff between a vendor’s technical performance and cost performance? Might the Plan apply any quantitative weights for technical ratings and cost ratings as part of this tradeoff? Are there other earlier awards (or judicial or quasi-judicial decisions) that illustrate the Plan’s expected approach to this tradeoff (if a tradeoff is indicated)?	Quantitative weights will not be applied. If a tradeoff is made, the rationale for the tradeoff and why a particular proposal is the most advantageous to the Plan compared to the other proposals will be documented.
51.	Attachment N, Q 109	Please define the term “Comprehensive Electronic Audits”?	These are 100% claims audits, where the Auditor runs the

No.	Reference	Vendor Question	Answer
			claims through their audit engine.
52.	Exhibit 2, PCP Copay Incentive Scenarios	Regarding Tier 1 Eligibility for Preferred (PPP) PCPs, please confirm that Tier 1 copays are awarded only when both the selected Preferred (PPP) PCP and the selected Preferred practice/location match, and that seeing the same Preferred PCP at a different Preferred practice should not qualify for Tier 1? Should this example be added to the PCP Copay Incentive Scenarios table, "Claim processes with Selected PPP PCP in another PPP practice"?	The selected Preferred Provider can be seen at multiple locations within the Preferred Practice and still receive the reduced copay. The Member will not receive the reduced copay if the provider is seen at another practice. The exhibit will not be updated with the scenario described in Vendor's question at this time.
53.	Exhibit 2	<p>Regarding the Copay Tier Logic for NonPreferred (NonPPP) PCPs, for NonPreferred PCP selections, please confirm that the copay tier should follow the selected PCP (provider-based) rather than the rendering practice, allowing Tier 2 to apply even if the visit occurs at a different practice.</p> <p>For example, please confirm the following two scenarios: PPP PCP – Tier 1 incentive based on Selected Provider and Selected Practice. Non-PPP PCP – Tier 2 incentive based on Selected Provider (Follow the provider belly button).</p>	Both the Tier 1 and Tier 2 copays are based on the selected PCP and their practice. The rules are the same, but the copays are different. The Member can see any PCP in the practice at any location, but if the Member sees the PCP at another practice, the member will not receive the reduced copay.
54.	Exhibit 2, PCP Copay Incentive Scenarios	What is the authoritative definition of "same practice" in Exhibit 2 for PCP copay tiering – Tax ID or Practice ID?	Tax ID of the Practice.
55.	Exhibit 2	How does the Plan expect the co-pay to apply when a PCP is retroactively terminated?	Members cannot lose their elected PCPs retroactively. Vendor will terminate the Member's PCP on a current basis and notify the Member to elect a new PCP.
56.	Exhibit 17 – Standard Reports	Please provide a landscape version of the Standard Reports for Vendors to see a clear picture of the desired reporting and frequency.	Exhibit 17 – Standard Reports is currently in a landscape format.