

Ohio Department of Medicaid
REQUEST FOR INTERVIEW

Solicitation Name: Ohio Medicaid Single Pharmacy Benefit Manager (ODMR-2021-0015)			
Entity Name:			Date:
Entity Type (<i>Government Agency/For-Profit/Non-Profit</i>):			
Types of good/services provided by this Entity:			
Address:	City:	State:	Zip Code:
URL:			
Contact Name:		Title:	
Email:		Telephone:	
Topic of presentation/discussion with ODM:			
List other government agencies for which your entity has performed similar services or provided similar information in the last five years. Describe the services or information provided, dates of service, and value provided to the government entity.			

In advance of any interview, entities receiving an interview request must disclose to ODM if contracted lobbyist(s) or contracted consultant(s) are planning to or may attend the interview. The entity must also disclose the clients for which their contracted lobbyist(s) or consultant(s) have a relationship. Entities should communicate this information through the following mailbox: ODM_Procurement@medicaid.ohio.gov. ODM reserves the right to request contracted lobbyist(s) and/or consultant(s) not attend the interview meeting with ODM.

By submitting this Request for Interview form, I attest that I have read, understand, and agree to abide by the process as described in the Interview Request Process document. Consistent with the ODM Interview Request Process instructions, requestors can attach a supplement statement of no more than two (2) pages in length. Any failure to follow the guidelines may result in the termination of my entity's presentation, exclusion from future interviews, and could prevent my organization from bidding on future procurements. I understand that participation in an interview does not replace the competitive procurement process and that an interview will neither increase nor decrease the probability of an award. I understand that submission of a request for an interview does not guarantee an interview. ODM has exclusive discretion to choose which entities it will interview. I understand that my organization is not permitted to solicit business directly from any employee of the Ohio Department of Medicaid, and that as a government agency, ODM is required to issue competitive procurement opportunities for the purchase of goods and services. Furthermore, I understand that this Request for Interview form, any accompanying documents, and my presentation will become public records and subject to discovery inquiry. Any Requests for Interviews not in conjunction with ODMR-2021-0015 Single PBM RFI will not be considered. All other requests must be submitted via ODM's 3rd Party Resource Day (3PRD) process. Details about 3PRD can be found on the ODM website, [ODM 3rd Party Resource Day Process](#). I attest that I am authorized to submit this form on behalf of the entity above, that the entity agrees to the terms of this form, and that the information in this form and accompanying this form is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Title: _____