

TECHNICAL RESPONSE PACKET
710-24-0002

RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:		State:	Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.			
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.			
<input type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

Authorized Signature: _____ Title: _____

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

• **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

SECTIONS 1 – 4: VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.*
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 GENERAL REQUIREMENTS	
A. Describe your process for determining eligibility for the ARHIPP program.	5 points
B. Describe your policies and plans for ensuring your company does not practice discriminatory selection among eligible Beneficiaries, including not excluding, seeking to exclude, or otherwise discriminating against any group or class of individuals.	5 points
C. Describe your process for verifying the ARHIPP applicant’s insurance policy information.	5 points
D. Describe your process for re-determining ARHIPP eligibility for all active cases prior to the end of the employer’s open enrollment periods.	5 points
E. Describe your process for using the eligibility data contained in the TPL file to update existing ARHIPP cases and establishing new cases.	5 points
F. Describe your plan for monitoring the timeliness of the notice delivery process.	5 points
G. Describe your plan for checking the third party liability status before payments are made.	5 points
H. The State is interested in automating as many processes as possible. Describe your plan for automating as many of the processes and to the greatest degree possible outlined in Section 2.4.A of the RFP.	5 points
I. The State is also interested in mitigating increasing administrative costs year over year. Describe your plan to increase efficiency and minimize increasing costs.	5 points
J. Describe your methodology for determining beneficiaries’ cost-effectiveness for the ARHIPP program in accordance with the Promulgated rules of the AR Health Insurance Premium Policy.	5 points
E.2 CALL CENTER REQUIREMENTS	
A. Describe your plan for installing, operating, monitoring, and supporting an Automated Distribution Call (ADC) system and performing the general Call Center requirements listed in the RFP.	5 points
B. Describe your plan for operating a HIPAA-compliant, toll-free Call Center per the requirements of the RFP, and whether you intend to operate the Call Center for Beneficiaries and Providers separately or combined.	5 points
C. Describe your process for handling calls received outside of normal business hours.	5 points
D. Describe your plan for operating the Call Center according to the Performance Standards in the RFP.	5 points
E. Describe your technological capability for auditing and monitoring calls and your process for implementing and utilizing an electronic system to document calls and use the data for reference, tracking, and analysis.	5 points
F. Describe your electronic system for documenting calls.	5 points

G. Provide your Call Center Disaster Recovery Plan. <ul style="list-style-type: none"> Does the plan Include annual testing Does the plan indicate sharing results with DHS Does the plan indicate how any deficiencies will be listed and how corrective actions will be remediated 	5 Points
H. Describe your plan for demonstrating, by the time of the Readiness Review, that all Call Center software, hardware, and staff are available and operational.	5 points
I. Describe your process for keeping an electronic record of all Grievances received by the Call Center.	5 points
J. Describe your plan for developing and maintaining a website with separate pages for Beneficiaries that is easy to access, user-friendly, and compliant with the required items in the RFP.	5 points
K. Describe your plan for implementing and maintaining secure electronic portals for Beneficiaries on the website.	5 points
L. Describe your plan for ensuring information on the website is accurate and for ensuring the information is updated in a timely manner, defined as at least monthly in the RFP and more frequently if needed.	5 points
E.3 ADMINISTRATION	
A. Describe your plan for development, maintenance, operations, and administration of the ARHIPP Program.	5 points
B. Describe your plan for maintaining an organizational structure and staffing levels to administer the ARHIPP Program.	5 points
C. Describe in detail how the proposed Key Personnel's experience and qualifications relate to services outlined in this RFP.	5 points
D. Describe your plan for substitution or replacement of Key Personnel.	5 points
E. Describe your plan for developing and implementing training and materials for all staff, including subcontractors.	5 points
E.4 REPORTING	
A. Describe your plan for generating reports and capturing all information outlined in the RFP.	5 points
B. Describe your ability to generate and provide ad hoc reports within the timeframe specified by DHS.	5 points
C. Describe your plan for optimizing reporting capabilities to allow the State to generate various timely reports as needed.	5 points
E.5 SYSTEM SECURITY & PRIVACY	
A. Please state your understanding of the latest versions of 45 CFR 164.522(b), NIST SP 800-53 Rev. 5 , MARS-E 2.2, and explain how your Solution will ensure that these requirements are met. In your answer, please describe how your Solution can manage confidential data.	5 points
B. Describe all privacy and security incidents (i.e., a breach, improper disclosure) affecting the information of individuals that have occurred in systems implemented or maintained by the Respondent (its subsidiaries and affiliates) or any subcontractor within the past five years. Describe how you handled the incident(s).	5 points
C. Provide a proposed System Security Plan in accordance with the details outlined in RFP Section 2.5.	5 points
D. Describe how your proposed Solution will protect sensitive information, including but not limited to Client information and Provider information.	5 points
E. How will you ensure security and confidentiality of information, while allowing for a free flow of information accessible through various means?	5 points
F. Does the contractor perform an annual Penetration Test and provide DHS with the RAW results	5 Points

E.6 INFORMATION MANAGEMENT AND SYSTEMS	
A. Describe your Information Technology platform and plan for the management and administration of ARHIPP and its ability to interact and exchange data electronically including MMIS.	5 points
B. Describe your plans for developing and maintaining your management information system.	5 points
C. Describe your plan for providing for varying levels of access based on role for Contractor and State staff.	5 points
D. Describe your IT Platform's ability to customize reporting.	5 points
E. Describe your IT Platform's capability to directly interface with the MMIS and support direct electronic interaction with DHS's system.	5 points
F. Describe your plan for providing varying levels of access based on roles.	5 points
G. Describe the process for completing address validation prior to communicating with beneficiaries.	5 points
H. Describe your process for identifying deficiencies requiring system updates or changes.	5 points
I. Describe your approach and methodology for compliance with ADA 508 – Web Content Accessibility Guidelines (WCAG).	5 points
E.7 DISASTER RECOVERY AND BUSINESS CONTINUITY	
A. Describe your Disaster Recovery Plan for the claims processing system. <ul style="list-style-type: none"> • Does the plan Include annual testing • Does the plan indicate sharing results with DHS • Does the plan indicate how any deficiencies will be listed and how corrective actions will be remediated 	5 points
B. Describe your system's protection against hardware and software failures, human error, natural disasters, and other emergencies that could interrupt services.	5 points
E.8 TRANSITION AND IMPLEMENTATION	
A. Provide and describe key milestones for IT development and implementation.	5 points
B. Describe your implementation report structure to keep the State apprised of implementation efforts and the content and frequency of all required reports.	5 points
C. Describe your policies and plans for ensuring your company does not practice discriminatory selection among eligible Beneficiaries, including not excluding, seeking to exclude, or otherwise discriminating against any group or class of individuals.	5 points