

***TECHNICAL RESPONSE PACKET***  
***710-24-0005***

# 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"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <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 <b>shall not</b> 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 <b>shall not</b> boycott Israel during the term of a contract awarded as a result of this solicitation.			
<input type="checkbox"/> Prospective Contractor does not and <b>shall not</b> 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.

	<b>Maximum RAW Score Available</b>
<b>E.1 ADMINISTRATION</b>	
A. Provide a staffing plan and associated organization chart detailing the number of personnel, level, roles, and responsibilities, and team reporting relationships.	5 points
B. Describe your company and all proposed subcontractors including key personnel that will be performing services under any resulting contract from this project.	5 points
<b>E.2 COST AVOIDANCE AND THIRD PARTY LIABILITY IDENTIFICATION</b>	
A. How do you handle coordination of benefits in your current operations and how would you adapt your current operations to meet contract requirements	5 points
B. What routine systems/business processes are employed to test, update and validate Third Party Liability data	5 points
C. Provide your list of proposed commercial insurance carriers or other databases used to match and include time frames for completing such matches. Describe the rationale for selection of these entities such as success rate and accuracy.	5 points
D. Describe the proposed data match criteria for the identification of valid matches.	5 points
E. Describe your process for discovering and transmitting corrections.	5 points
F. Describe your reconciliation process.	5 points
G. Provide your proposed TPL Master Resource File review and verification process including: <ol style="list-style-type: none"> <li>1. Migrating TPL Master Resource data from the current TPL Master Resource File, maintained by the MMIS Contractor; and</li> <li>2. Providing a comprehensive revalidation of all data included on the current TPL Master Resource File.</li> </ol>	5 points
<b>E.3 RECOVERIES (POST PAYMENT, CASUALTY, &amp; TORT)</b>	
A. What percentage of Medicaid claims billed to Commercial Insurance Carriers actually get recovered?	5 points
B. Describe your process for pay and chase activities and how it will be accomplished?	5 points
C. How will subrogation activities be conducted, and updates maintained?	5 points
D. Describe the process of communication and outreach to attorney's, insurance companies and other providers in relation to subrogation activities?	5 points
E. Describe your process for establishing, maintaining, and updating the accounts receivable file for claims identified and billed to third party resources.	5 points
F. Describe your process for closing out claims for which no response was received.	5 points
G. Describe your process for conducting recoupment and disallowances.	5 points
H. Describe the criteria and considerations used when reviewing refund requests.	5 points
I. Describe your methodology for identifying refunds owed to third party resources to correct recoveries or other overpayments.	5 points

J. Describe your methodology for conducting patient account reviews and payment audit programs.	5 points
K. Describe your methodology for conducting credit balance audits.	5 points
L. Describe your methodology for identifying Medicaid provider inpatient and outpatient overpayments.	5 points
M. Explain how you will avoid duplicate billing.	5 points
N. Describe your process for identifying, tracking, and pursuing recovery of Medicaid funds from casualty and litigation related cases (including cases involved in mass tort and global settlement).	5 points
<b>E.4 CALL CENTER</b>	
A. Describe your ability to accommodate all calls, including those requiring the use of interpreter services for the hearing impaired and for callers that have limited English proficiency.	5 points
B. Describe the call center's technological capability to allow for monitoring and auditing of calls as well as documenting calls.	5 points
C. Provide a draft of your call center disaster recovery plan.	5 points
D. Describe your methodology for meeting or exceeding the minimum standards outlined in Section 2.4.5.D of the RFP.	5 points
<b>E.5 PLANS</b>	
A. Describe how your Project Management Plan (PMP) meets all requirements in the scope of work as specified in Section 2.4.8.A of the RFP.	5 points
B. Describe your communication plan as specified in Section 2.4.8.B of the RFP.	5 points
C. Describe your staffing management plan as specified in Section 2.4.8.C of the RFP.	5 points
D. Describe your Risk Management approach as specified in Section 2.4.8.D of the RFP.	5 points
E. Describe your Systems Security and Privacy Plan as specified in Section 2.4.11 of the RFP.	5 points
F. Describe your plan to meet the security requirements as specified in Section 2.4.11 of the RFP.	5 points
G. Describe your plan for interfacing with DHS' Systems including MMIS as specified in Section 2.4.10 of the RFP.	5 points
H. Describe your plan for Disaster Recovery Business Continuity (DRBC) as specified in Section 2.4.12 of the RFP as specified in Section 2.4.12 of the RFP.	5 points
I. Describe your plan for record retention and access as specified in Section 2.4.13 of the RFP.	5 points
<b>E.6 PROJECT CLOSURE AND TURNOVER</b>	
A. Describe your plan to complete all the duties required for transition at end-of- contract.	5 points
B. Provide a general end-of-contract transition plan which addresses the key components outlined in the RFP	5 points