



STATE OF ARKANSAS

Department of Human Services

Office of Procurement

For

Division of Aging, Adult and Behavioral Health

Services Division of Developmental Disabilities

Services Division of Medical Services

West 7th and Main Street

Little Rock, Arkansas 72201

FINAL TECHNICAL PROPOSAL PACKET 0710-19-1001

Prior Authorizations and Retrospective Reviews

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.

STATE OF ARKANSAS PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation :	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership </div> <div> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation </div> <div> <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit </div> </div>				
Minority and Women-Owned Designation*	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Not Applicable <input type="checkbox"/> African American </div> <div> <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American </div> <div> <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American </div> <div> <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned </div> </div>				
<div style="display: flex; justify-content: space-between;"> AR Certification #: _____ * See Minority and Women-Owned Business Policy </div>					
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
<i>Provide contact information to be used for bid 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 Bid Solicitation for additional information.</i>					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input type="checkbox"/> Prospective Contractor does not and will 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 *Bid Solicitation* will cause the Prospective Contractor's proposal to be disqualified.

Authorized Signature: _____ **Title:** _____
Use Ink Only.

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

SECTION 1 - 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.

Vendor Name:		Date:	
Signature:		Title:	
Printed Name:			

SECTION 2 - 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.

Vendor Name:		Date:	
Signature:		Title:	
Printed Name:			

SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

- *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.

Vendor Name:		Date:	
Signature:		Title:	
Printed Name:			

PROPOSED SUBCONTRACTORS FORM

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

VENDOR 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

☐ **VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

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

Vendor Name:		Date:	
Signature:		Title:	
Printed Name:			

Information for Evaluation Sub-Sections

Provide a response to each item/question in this section. Vendor 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**

Background & Qualifications

- E.1** Provide a detailed narrative on past experience implementing similar IT buildouts along with corroborating references. 5 points

Project Organization, Staffing and Key Personnel

- E.2** Provide an Organization chart showing proposed staffing, including experience, education level, for each function. This should also identify “core staff” who will be housed in Arkansas office 5 points

Technical Solutions and Scope of Work

- E.3** Describe your Notifications, due process and reconsideration, data corrections and maintenance plans of action. 5 points
- E.4** Describe fully your proposed Implementation Timeline (note: See section 2.21 in Final RFP) 5 points
- E.5** Provide your proposed Provider Training 5 points
- E.6** Describe your proposed method of providing a Secure Portal – does bidder propose “off-the-shelf” or “from scratch” approach 5 points
- E.7** Describe your proposed Records Retention and Maintenance 5 points
- E.8** Describe your proposed plan of action to Transition of appeals functions from existing vendors 5 points
- E.9** Describe your proposed complaint Resolution Process 5 points
- E.10** Describe your proposed Business Continuity and Recovery Plan 5 points
- E.11** Describe the various reports your proposal would include, give an example of Sample reporting, including trend reporting to identify outlier providers and other trends proposed by bidder and to inform DHS referrals for “desk reviews.” 5 points
- E.12** Describe your proposed complaint resolution process. 5 points
- E.13** Bidder with a current certification or accreditation from the National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation and Certification (URAC) with a health utilization management designation. 5 points