



MISSISSIPPI DIVISION OF
MEDICAID

REQUEST FOR Qualifications
Mississippi Children's Health Insurance Program
RFQ #20180608
RFx #3180000322

Contact:
Office of Procurement
procurement@medicaid.ms.gov
Phone: (601) 359-6189

Due Dates
Questions & Letter of Intent
E-MAIL or MAIL or HAND DELIVERY
5:00 PM Central Time Zone, Friday, June 29, 2018

Answers Posted to Internet
www.medicaid.ms.gov/resources/procurement
5:00 PM Central Time Zone, Friday, July 13, 2018

Sealed
Qualifications
MAIL or HAND DELIVERY ONLY
5:00 PM Central Time Zone, Friday, July 27, 2018

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1 SCOPE OF WORK

1.1 PURPOSE

The State of Mississippi, Office of the Governor, Division of Medicaid ("Division") issues this Request for Qualifications, hereafter referred to as the RFQ, requesting competitive written qualifications from qualified Offerors to provide services for statewide administration of the Mississippi Children's Health Insurance Program (CHIP), a coordinated care program for Mississippi children that the Division implemented to address the following goals:

- **Improve access to needed medical services:** This goal will be accomplished by connecting Members with a PCP/Medical Home, increasing access to Providers and improving Members' use of primary and preventive care services.
- **Improve quality of care:** This goal will be accomplished by providing systems and support services, including care coordination and other programs that will allow Members to take increased responsibility for their health care.
- **Improve efficiencies and cost effectiveness:** This goal will be accomplished by contracting with managed care entities on a full-risk prepaid capitated basis to provide comprehensive services through an efficient, cost effective system of care.

1.2 PROCUREMENT OVERVIEW

The Division's current CHIP Contracts expire on June 30, 2019, and the Division is releasing this RFQ to procure new contracts. The Division intends to contract with managed care entities through a competitive process. The number of awards is at the sole discretion of the Division.

The following timetable is the estimated and anticipated timetable for the RFQ and procurement process. The Division reserves the right to amend the Procurement Timetable.

Figure 1: RFQ and Procurement Timetable

Date	Process
June 8, 2018	Public Release of RFQ
June 29, 2018	Deadline for Letter of Intent and Written Questions
July 13, 2018	Response to Questions Posted
July 27, 2018	Qualification Deadline
July 30, 2018 – August 24, 2018	Evaluation of Qualifications
September 6, 2018	Executive Review and Award
November 7, 2018	Proposed PPRB Meeting Date
January 1, 2019	Contract Start Date
July 1, 2019	Contract Operations Start

1.2.1 Mandatory Letter of Intent

The Offeror is required to submit a written Letter of Intent. The Letter of Intent is due by 5:00 p.m. Central Time Zone, June 29, 2018, and should be sent to:

Office of Procurement
Division of Medicaid
Walter Sillers Building
550 High Street, Suite 1000
Jackson, Mississippi 39201

The Letter of Intent shall be on the official business letterhead of the Offeror and must be signed by an individual authorized to commit the Offeror to the work proposed. Submission of the Letter of Intent shall not be binding on the prospective Offeror to submit a qualification. However, an Offeror who does not submit a Letter of Intent by 5:00 p.m. Central Time Zone, June 29, 2018, will not thereafter be eligible for the procurement.

Through June 29, 2018, all RFQ amendments will be sent to all organizations that request such notification and will be posted on the Division's procurement website, <http://www.medicaid.ms.gov/resources/procurement>. After June 29, 2018, RFQ amendments will only be distributed to Offerors who have submitted a Letter of Intent.

1.2.2 Procedure for Submitting Questions

Multiple questions may be submitted using the Question and Answer template found at www.medicaid.ms.gov/resources/procurement. Written answers will be available no later than 5:00 p.m. Central Time Zone, Friday, July 13, 2018, via the Division's procurement website www.medicaid.ms.gov/resources/procurement. Questions and answers will become part of the final Contract as an attachment. Written responses provided for the questions are binding.

Questions should be sent to:

Office of Procurement
Division of Medicaid
Walter Sillers Building
550 High Street, Suite 1000
Jackson, Mississippi 39201

OR EMAIL: procurement@medicaid.ms.gov

1.2.3 Qualification Submission Requirements

Qualifications shall be submitted in writing. The format and content of the qualification is specified in Section 5 of this RFQ. Qualifications for the RFQ must be submitted in three-ring binders with components of the RFQ clearly tabbed. The qualification should be written using Times New Roman font type, font size 12, with standard 0.5-inch margins. Appendices, as well as samples and templates required of the qualification, need not comply with font and margin restrictions. An original and five (5) copies of the

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qualification under sealed cover must be received by the Division no later than 5:00 p.m. Central Time Zone, on July 27, 2018. The Offeror shall also submit one (1) full copy of the qualification and one (1) redacted version on CD in a single document in a searchable Microsoft Word or Adobe Acrobat (PDF) format. These full copies will be for the use and files of the Office of Procurement only.

Offerors shall also submit one (1) full copy of each qualification in a single document in a searchable Microsoft Word or Adobe Acrobat (PDF) format through MAGIC. MAGIC is the State of Mississippi's Accountability System for Governmental Information and Collaboration. Registering as a supplier with the State of Mississippi allows businesses to register for upcoming RFx #3180000322 opportunity notifications by the products they supply, search the system for upcoming RFxs, respond to a RFx #3180000322 electronically, and receive purchase orders by email. In order to register, please go to the following website: <http://www.dfa.ms.gov/dfa-offices/mmrs/mississippi-suppliers-vendors/supplier-self-service/>.

Any qualification received after the due date and time will be rejected and returned unopened to the Offeror. Qualifications should be delivered to:

Office of Procurement
Division of Medicaid
Walter Sillers Building
550 High Street, Suite 1000
Jackson, Mississippi 39201

The outside cover of the package containing the Qualification shall be marked:

RFQ #20180608
Technical Qualification (Unmarked)
(Name of Offeror)

RFQ #20180608
Management Qualification (Marked)
(Name of Offeror)

As the qualifications are received, the sealed qualifications will be date-stamped and recorded by the Chief Procurement Officer's designee. The Offeror is responsible for ensuring that the sealed competitive qualification is delivered by the required time and to the required location and assumes all risks of delivery. A facsimile qualification will not be accepted. Each qualification must be signed in blue ink by an official authorized to bind the Offeror to the qualification provisions. Qualifications, and modifications thereof, received by the Division after the time set for receipt or at any location other than that set forth above will be considered late and will not be considered for award.

The Offeror is responsible for ensuring that the sealed Technical Qualification (Unmarked) shall have no identifying information, logos, watermarks, etc. If this is not followed then that Offeror may be immediately rejected as non-responsive. It is the Offeror's responsibility to read and understand the new rules promulgated by the Public Procurement Review Board ("PPRB") regarding competitive solicitations. Do not assume that all new rules are addressed herein.

The person designated to create the Register of Qualifications shall create a list of all offerors to present to the Evaluation Committee for conflict of interest certification purposes. This list shall only include the name of the offeror without any corresponding identifying information which would affect the blind evaluation of factors not requiring knowledge of the name of the offeror.

1.2.4 Separation of Binders

It is the responsibility of the Offeror to separate the information marked as Technical (unmarked) and Management (Marked) for submission to the Division. Non-separation or co-mingling of information or binders may be immediately rejected. This information is outlined in detail in section 5.

1.2.5 Expenses Incurred in Preparing Qualification

The Division accepts no responsibility for any expense incurred by the Offeror in the preparation and presentation of a qualification response. Such expenses shall be borne exclusively by the Offeror.

1.2.6 Acknowledgement of Amendments

Vendors shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the qualification, by identifying the amendment number and date in the space provided for this purpose on the Transmittal letter. The acknowledgment must be received by the Division within the timeframe given and at the place specified for receipt of qualification.

1.2.7 Type of Contract

Compensation for services will be paid at an annual capitated rate that is formulated by an actuarial firm. These rates are firm and fixed each year of the contract. Because the rates are formulated by an actuarial firm, price is not an evaluation factor.

1.3 PROGRAM OVERVIEW

1.3.1 History of Program

The Federal Children's Health Insurance Program (CHIP) was established under Title XXI of the Social Security Act. CHIP is designed to provide health coverage to children in families with incomes too high to qualify for Medicaid but unable to afford private coverage. Mississippi's CHIP is governed by Miss. Code Ann. § 41-86-1, *et seq.* (1972). This statute created the Children's Health Insurance Commission (the Commission) and empowered it to develop the State Child Health Plan, which determines the structure for CHIP. The Commission designated the State and School Employees' Health Insurance Management Board (HIMB) to administer the program. On January 1, 2013, the CHIP contract for insurance services was transferred from the HIMB to the Division, which is responsible for the implementation and administration of CHIP in accordance with Federal and State laws.

The HIMB elected to administer CHIP using a managed care model and since 2000, has contracted with managed care organizations to assist with the operation of the program. Blue Cross & Blue Shield of Mississippi was selected through a competitive bidding process and provided services to Members from January 1, 2000 to December 31, 2009. Beginning January 1, 2010, UnitedHealthcare was the primary service provider to Members enrolled in CHIP. Beginning on January 1, 2015, the Division entered into

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an emergency contract with two entities, UnitedHealthcare of Mississippi and Magnolia Health Plan to provide services to CHIP Members. The decision to execute two contracts was based on the Centers for Medicare and Medicaid Services (CMS) requirement that specifies states to contract with at least two managed care entities or a managed care entity and an alternative system to provide CHIP benefits.

Please see the Mississippi CHIP Program website for additional information, which is available at: <http://www.medicaid.ms.gov/programs/childrens-health-insurance-program-chip/>.

1.3.2 Geographic Coverage

The Mississippi CHIP Program operates in all 82 counties in the state of Mississippi for all eligible Members. Entities contracted to provide services will operate statewide.

1.3.3 Program Enrollment

As shown in Figure 2, certain populations have the option to enroll in CHIP if they meet income and age criteria. As of March 2018, a total of 46,958 children were enrolled in CHIP.

Figure 2. Statewide CY2016 Enrollment by Eligibility Group

Income Eligibility Group	Member Months
Children in FPL 134% - 150%	74,022
Children in FPL 151% - 175%	221,006
Children in FPL 176% - 209%	312,570

At any time, members in the above eligibility categories will be disenrolled from the CHIP Program if the member:

- No longer resides in the State of Mississippi;
- Is deceased;
- Is identified as pregnant and verified by the Division;
- Is determined by the Division to have Creditable Coverage;
- Becomes a Custodial Nursing Home resident; or
- Is enrolled in a waiver program;

At the time of eligibility redetermination, the member will be disenrolled from the CHIP Program if the member:

- No longer qualifies for CHIP under the eligibility categories in the eligible population;
- Becomes eligible for Medicaid coverage;
- Becomes institutionalized in a public institution or enrolled in a waiver program; or
- Becomes eligible for Medicare coverage.

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The Mississippi Department of Child Protection Services (CPS) makes Medicaid program selections for children in foster care. For foster care children, without adoptive assistance enrolled in the Mississippi CHIP Program, CPS selects the Contractor in which Members will be enrolled. Any Contractor serving these Members has agreed to comply with policies for the relevant state agencies, such as CPS, or the Division related to this population and associated state and federal requirements, including those agreed upon as part of the Modified Mississippi Settlement Agreement and Reform Plan (*Olivia Y. et al. vs. Phil Bryant, Civil Action No. 3:04CV251LN*).

1.3.4 Covered Services

Contractors shall provide, or arrange for the provision of Covered Services to all CHIP Members in accordance with the Mississippi CHIP State Plan, state regulations, and policies and procedures applicable to each category of service. Upon notification of changes to the array of covered services by the Division, Contractors will be responsible for updating Information Systems, member materials, utilization management criteria, and policies and procedures related to the provision of Covered Services.

The Contractor shall ensure that all covered services are available to Members and that no incentive is provided, monetary or otherwise, to Providers for withholding from Members' Medically Necessary Services. Any physician incentive plan must comply with the provisions set forth in 42 C.F.R. §417.479.

The Contractor shall have procedures for processing requests for initial and continuing authorizations of services. Decisions to deny a service prior authorization or to authorize a service in an amount, duration, or scope that is less than requested must be made by a physician pursuant to 42 C.F.R. § 438.210(b)(3) and Miss. Code Ann. § 41-83-31.

1.3.5 Capitated Coordinated Care Organizations' Rates

The Division contracts with selected Contractors using a full risk arrangement and pays each Contractor a prepaid monthly capitation payment to cover all services included in Appendix A, Draft Contract. The Division will pay each Contractor the per member per month (PMPM) Capitation Payment as determined by the Division's actuaries and approved by CMS. The Capitation Rate for the most recent state fiscal year of 2018 was \$244.60 (per the attached Milliman rate letter).

1.4 MAJOR PROGRAM ELEMENTS

The information presented in Section 1.4 provides a summary of the Mississippi CHIP Program. **Offerors should reference Appendix A, Draft Contract when developing qualifications in response to Section 5, Qualification Instructions, of this RFQ.** The Draft Contract details program design and operational requirements that will be the responsibility of the selected Contractors.

1.4.1 Coordinated Care Organizations

The Division intends to contract with at least two (2) entities through a competitive process. The final number of awards is at the sole discretion of the Division. If applicable, the Division will implement a special open enrollment period. The Division will initiate a sixty (60) day open enrollment period to allow all members the opportunity to choose among all selected entities. Following this special open enrollment, a time-limited auto-assignment methodology would be used to ensure that each selected entity reaches a minimum threshold, as determined by the Division. . Once such thresholds have been reached, the Division

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will revert to the auto-assignment methodology outlined in Appendix A, Draft Contract. The Division will provide all Members information required by federal regulations.

All modifications to enrollment procedures are time limited at the Division's discretion.

The Contractor will be required to serve eligible CHIP Members across the entire state.

The Contractor will receive a prepaid capitated monthly payment and will provide services through a full-risk arrangement. The Division reserves the right to modify the Enrollment and Auto Enrollment rules at its discretion.

1.4.2 Enrollment and Disenrollment

The Division has implemented an Enrollment process, as outlined in Appendix A, Draft Contract Section 4 A., that:

- Ensures Members have informed choice;
- Seeks to preserve existing provider-Member relationships;
- Seeks to enroll Members into their chosen entity;
- Auto enrolls Members who do not voluntarily select an entity, but provides options for Members to select a different entity;
- Is cost efficient and timely;
- Is acceptable to advocates, Providers and Members; and,
- Complies with federal safeguards and requirements.

The Medicaid Fiscal Agent Contractor (FAC) is currently contracted to provide designated Enrollment broker responsibilities to assist the Division with activities related to Enrollment, Disenrollment, and Contractor transfers. Appendix B provides standard file layouts of the information available from the Division's FAC. Contractors will be required to coordinate with the FAC as specified by Appendix A, Draft Contract.

1.4.3 Cost Sharing

CHIP Members have a financial liability for certain services, up to an Out-Of-Pocket Maximum shown in Figure 3, based on their income level as described in Appendix A, Draft Contract.

Figure 3. Allowable Cost Sharing by Federal Poverty Level (FPL)

Requirement	≤150% FPL	151% to 175% FPL	176% to 209% FPL
Per Physician Visit	None	\$5.00	\$5.00
Per Emergency Room Visit	None	\$15.00	\$15.00
Out-of-Pocket Maximum	N/A	\$800.00	\$950.00

Cost sharing in any form is not allowable on benefits for preventive services or pregnancy-related assistance.

1.4.4 Member Services

The Contractor is responsible for providing Member education and distributing Member handbooks, Member identification cards, Provider Directories and other materials as required by the Contract. All Member materials require advance approval from the Division. The Contractor shall develop, host and maintain a website specific to the Mississippi CHIP Program on a unique, secure URL specific to the program. The Contractor shall provide Mississippi CHIP specific, up-to-date information about the Contractor's programs, Provider Network, customer services, and Member and Provider Grievance and Appeals systems on a non-secure section of the website. The Contractor shall maintain coverage guidelines and billing instructions specific to the Mississippi CHIP Program only on a non-secure section of the website in an easily identifiable location. Protected Health Information (PHI) shall be accessible through a secure section of the website.

1.4.5 Member Call Center

1.4.5.1 Call Center Location and Hours of Operation

The Contractor shall maintain a Member Services Call Center within Hinds, Madison or Rankin County, Mississippi, subject to approval by the Division. The Member Services Call Center shall include at least one statewide toll-free telephone number to respond to Members' inquiries, issues, or referrals.

The numbers shall be answered by live operators Monday through Friday, 7:30 a.m. to 5:30 p.m. Central Time Zone including State holidays except for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. Further, the Member Services Call Center must operate one evening per week, and one weekend per month as approved by the Division.

The Contractor will also operate a toll-free dedicated behavioral health/substance use disorder call center, which may be provided as part of the Member Services Call Center as long as Members have access twenty-four (24) hours, seven (7) days per week to clinical personnel who act within the scope of their licensure to practice a behavioral health/substance use disorder-related profession. The Contractor will also operate a

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nurse advice line for both call centers to receive, identify, and resolve in a timely manner emergency Member issues on a twenty-four (24) hour, seven (7) day-a-week basis.

Calls placed during hours that the Call Center is not open shall receive a voice message, stating the hours of operation and advising the caller to dial "911", or the appropriate emergency number, if there is an emergency. The voice message shall be available in English as well as Spanish. The Contractor may also route calls placed during hours that the Call Center is not required by the Division to be open to any call center operated by Contractor staff in any location in the United States of America. The Contractor may never route calls outside of the United States of America. The Contractor shall train staff on using services offered by Mississippi Relay for callers who are deaf, hard-of-hearing, deaf-blind or speech disabled. The Contractor shall propose an alternate Call Center protocol for non-English speaking or non-verbal Members. The Contractor shall release and transfer the toll-free telephone number(s) to the Division or a successor Contractor upon termination of the Contract.

1.4.5.2 Language Requirements

Oral communication between the Contractor and a Member shall be in a language the Member understands. The Contractor shall employ English-speaking Call Center Staff. If the Member's language is one other than English, the Contractor shall offer and, if accepted by the Member, supply interpretive services at no cost to the Member. If a Member requests interpretive services by a family member or acquaintance, the Contractor shall not allow such services by anyone who is under the age of 18. Contractor shall provide language assistance services and appropriate auxiliary aids and services that meet the requirements of 42 C.F.R. § 438.10 and 45 C.F.R. Part 92, and Contractor's oral and written communications shall comply with such regulations.

1.4.5.3 Customer Care

The Contractor shall ensure that it has written policies describing Member rights and protections in accordance with Federal and State laws and regulations and the Division policies, as applicable. The Contractor shall ensure its Call Center Staff treats each caller with respect and with due consideration of his or her dignity, and right to privacy and confidentiality. The Contractor shall process all incoming telephone inquiries in a timely, courteous and policy-based responsive manner. Telephone staff shall answer all calls by greeting callers stating Contractor and themselves by name and shall give each caller a Call Reference Number (CRN) for the caller's records and future tracking of the call. The Contractor shall record calls received at the Call Center and monitor no less than three percent (3%) of calls per month for compliance with customer care guidelines. The Contractor shall establish a training program to ensure that all telephone staff has been adequately trained prior to beginning operations and to ensure that a continuous training program is in place to maintain staff knowledge and understanding of system and policy changes that affect procedures and service delivery.

The Contractor will report the findings of these audits to the Division via a quarterly deliverable report. The Contractor will make recordings available to the Division upon request within five (5) business days.

1.4.5.4 Automatic Call Distribution System

The Contractor shall operate an automatic call distribution (ACD) system. Callers shall be advised that calls are monitored and recorded for quality assurance purposes. Administrative lines need not be recorded. The ACD and reporting system shall be able to record and aggregate the following information and shall be able to produce the reports listed below daily, weekly, or monthly; as well as any ad hoc reports requested by the Division:

1. The number of incoming calls;
2. The number of calls answered;
3. The average time to answer a call;
4. The number of abandoned calls during the wait in queue for interaction with Call Center Staff;
5. The average abandonment time;
6. The highest abandonment call time;
7. The average talk time;
8. The identity of the Call Center Staff member taking the call and authorizing the request;
9. The daily percentage of abandoned calls and calls answered; and,
10. The number of available operators by time of day and day of week, in hourly increments.

The Contractor shall provide the above requirements to the Division via a monthly deliverable report.

1.4.5.5 Data Analysis

The Contractor shall analyze data collected from its phone system as requested by the Division and as necessary to: perform quality assurance and quality improvement; fulfill the reporting and monitoring requirements of the Contract; and ensure adequate staffing. Upon the Division's request, the Contractor shall document compliance in these areas. All data analysis requests must be completed and submitted to the Division within twenty (20) business days of request.

1.4.5.6 Multiple Queues

The Contractor shall have the ability to route incoming calls to multiple areas of the operation, including the ability to route to an English-speaking Member queue and Provider queue. The Division, in its sole discretion, may require additional queues with written notice to the Contractor, but without making additional payment to the Contractor and without requirement of a Contract Amendment. The Contractor shall respond to such written notice within thirty (30) days. The Contractor shall obtain the Division approval thirty (30) calendar days prior to implementing any queue not required by the Division.

1.4.5.7 Sufficient Resources

The Contractor shall maintain sufficient equipment and Call Center Staff to ensure that, on a monthly basis:

1. The ACD is programmed to answer all calls within three (3) rings;
2. The average queue time after the initial automatic voice response is three (3) minutes or less;

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3. The average abandonment rate is no more than five percent (5%);
4. All reporting criteria in this RFQ are captured or met;
5. Sufficient qualified staff are available on-site to communicate with callers who speak English and an interpreter telephone service, or other proposed method, is available for callers who speak other languages;
6. The Contractor shall record all incoming calls for quality control, program integrity and training purposes. The Contractor shall provide prior notification to the caller that the conversation will be recorded. The Contractor shall provide the recordings for up to six (6) months from the date of the call, on request from the Division;
7. The Contractor shall record calls received at the Call Center and monitor no less than three percent (3%) of calls for compliance with customer care guidelines. The Contractor shall use this monitoring activity to identify problems or issues, for quality control and for training purposes. The Contractor shall document and retain results of this monitoring and subsequent training and will report the findings of these audits to the Division via a quarterly deliverable report;
8. In the event of a power failure or outage, the Contractor shall have a back-up system capable of operating the telephone system for a minimum of eight (8) hours, at full capacity, with no interruption of data collection identified in this qualification. The Contractor shall notify the Division immediately when its phone system is on an alternative power source or is inoperative. The Contractor shall have a manual back-up procedure to allow it to continue to take requests if its computer system is down;
9. The ACD logs shall be maintained daily, tallied and sent to the Division on a monthly basis in the reporting format specified by the Division. The Contractor shall also maintain daily logs on the Telephone Call Center to comply with the Reporting Requirements of the Contract; and,
10. The Offeror's qualification shall include a detailed description of the proposed ACD system and its capabilities and capacities. The Contractor shall include a sequence of questions and criteria that the Call Center representatives shall use to determine the Member's Identity. All scripts must be approved by the Division prior to use by the Contractor.

1.4.6 Provider Network

The Contractor must develop and maintain a Provider Network that includes all types of CHIP Providers and the full range of medical specialties necessary to provide the covered benefits, including contracts with out-of-state providers for Medically Necessary Services. In establishing its Provider Network, the Contractor must contract with Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). The Contractor will be required to meet access standards specified by the Division. As access to non-hospital-based emergency care is an issue of concern, the Contractor must include non-hospital urgent and emergent care Providers in their networks. The Division must approve the Contractor's Provider Network prior to implementation and thereafter. CHIP Providers are not required to enroll as Medicaid Providers.

In accordance with 42 C.F.R. § 438.3, the Contractor must allow enrollees to choose among network providers.

1.4.7 Provider Services

The Contractor will operate a Provider services call center at a minimum during regular business hours Monday through Friday, 7:30 a.m. to 5:30 p.m. Central Time Zone including State holidays except for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. The Contractor will develop and maintain a Provider Manual for network Providers, including access via non-secure internet website. The Contractor will also provide training to all Providers and their staff regarding requirements of this RFQ, the Mississippi CHIP Contract, and the special needs of Members.

As part of the Contractor's internet website for the Mississippi CHIP Program, the Contractor will dedicate a section of its website for Provider services including a Provider portal. At a minimum, the Contractor's Provider portal must provide the following capabilities for Providers:

- Ability to submit inquiries and receive responses;
- Access to a copy of the Provider Manual;
- Access to newsletters, updates, and Provider notices;
- Access to a searchable Provider Directory;
- Ability to link to the MS DOM Universal Preferred Drug List (PDL);
- Ability to submit Prior Authorization requests and view the status of such requests (e.g., approved, denied, pending);
- Information about the process Providers must follow when requesting inpatient Prior Authorization;
- Ability to submit, process, edit (only if original submission is in an electronic format), rebill, and adjudicate claims electronically; and,
- Ability to track service limits and periodicity schedules.

To the extent a Provider has the capability, the Contractor shall submit electronic payments and remittance advices to Providers. Remittance advices must be provided within one (1) to five (5) business days of when payment is made.

1.4.8 Population Health Management

Each Contractor will develop and execute a Population Health Management program to:

- Support Providers in the optimal delivery of care;
- Guide and support Members in managing their health needs and risks;
- Support the Division in its goals to modernize and effectively execute data analytics strategies;
- Improve health outcomes; and,
- Reduce the total cost of care for CHIP Members.

Mississippi is a diverse state spanning rural and urban settings. Successfully operating a Population Health Management program will require the Contractors to recognize the range of social, environmental, cultural and economic issues that impact CHIP Members.

The Population Health Management program will address, at minimum, the elements identified in this subsection. The Division must review and approve the Population Health Management program, including policies and procedures, prior to implementation by the Contractor, and semi-annually thereafter.

1.4.8.1. Data Analytics

The Division will support the Contractors in achieving program goals by providing a common data platform. The use of a common data platform will allow Providers to access all Member health information and analytics via a single sign-on process. Contractors may choose to leverage their own technologies to support Member data analysis. However, the Contractor will be financially responsible for ensuring that such technology may be accessed through the Division's single sign-on process.

1.4.8.2 Reducing Health Disparities

The Contractors will develop and implement strategies to address disparities in health outcomes and access to care based on factors such as geographic location, race, ethnicity, income level, age, gender, language barriers and physical disabilities. While each Contractor will provide coverage across the state, strategies implemented here must reflect significant regional variation in these factors.

The Contractors will also develop protocols for providing population health management services in alternative and community-based settings, which may include providing services in:

- Homeless shelters, group homes, or other residential placements;
- Public or non-profit community organization facilities; and
- The Member's home, school, or place of employment, as applicable and allowed by State law.

1.4.8.3. Community Partnerships

The Contractors will seek out and enter into agreements with community-based entities to address social determinants of health in each region of the state. Such agreements will be designed to support the implementation of coordinated, culturally competent care strategies and will include, but are not limited to, protocols for:

- Data sharing and data protection;
- Implementing health promotion and disease prevention initiatives;
- Coordinating services delivery with the Member's Health Home;
- Tracking Member outcomes and measuring success.

1.4.8.4. Health Education and Promotion

The Contractors will employ creative and innovative educational programs that are designed to raise Member awareness, enhance Member participation in self-care, and promote ongoing engagement. Programs must focus on helping Members identify and understand common risk factors and evidence-based strategies that they can employ to reduce their own health risk. Such programs may include those designed by the Contractor as well as coordinated referral to programs operated by local public health or community-

based organizations. Program design must consider the appropriate use of multiple information sources, which may include social media and other web-based initiatives, as well as telephonic and paper-based resources and in-person events.

1.4.8.5. Health Risk Assessments and Member Stratification

To effectively address the specific health needs of enrolled Members, the Contractors must employ a comprehensive risk assessment and stratification methodology. The Contractor will conduct a health risk assessment at the time of enrollment and update at regular intervals thereafter based on the Member's initial risk level. The risk assessment must include both qualitative data reported by the Member and available quantitative data to support appropriate stratification. The risk assessment must consider socioeconomic and environmental risk factors that may impact the Member's health outcomes, as well as the Member's health behaviors and readiness to change.

Based on the health risk assessment, the Contractors will stratify their members according to their identified risk level. A minimum of four risk levels should be employed: low, moderate, rising, and high risk. The Contractors will design and execute risk management strategies that are tailored to Member needs at each risk level and communicate such strategies with network Providers. Regardless of risk level, Contractors will provide all members with resources aimed to maintain their health, improve health care decision-making skills, and increase adoption of healthy behaviors.

1.4.8.6. Care Management

The Contractors will provide Care Management using a set of Member-centered, goal-oriented, culturally relevant and logical steps to assure that a Member receives needed services in a supportive, effective, efficient, timely and cost-effective manner. The Contractor will develop and implement a Care Management system to ensure and promote:

- Ongoing, culturally relevant support for Members to achieve personal health goals;
- Timely access to and delivery of health care and services required by Members;
- Continuity of Members' care;
- Coordination and integration of Members' care in accordance with 42 C.F.R. § 438.208, including physical and behavioral health/substance use disorder services; and,
- Coordination with appropriate resources to reduce socioeconomic disparities, including housing, employment, and nutrition programs.

All Members will have access to Care Management at levels of intensity appropriate to their identified risk, which will include services and supports to promote evidence-based health education and disease prevention, continuity of care, transition of care and discharge planning. Care Management programs must meet applicable National Committee for Quality Assurance (NCQA) and/or URAC accreditation standards. The Contractor shall implement transition of care policies in accordance with 42 C.F.R. § 438.62.

The Contractors will participate as a partner with Providers and Members in arranging for the delivery of healthcare services that improve health status in a cost-effective way. The Division expects Contractors to

connect all Members to a Health Home. Care management strategies employed by the Contractor should support this model of care.

1.4.8.7. Targeted Interventions

The Contractors will offer evidence-based interventions to address subpopulations experiencing unique health risks. Subpopulations may include Members with disabilities, specific chronic conditions or comorbidities, those with specific environmental risk factors or those with a history of high or inappropriate service utilization.

The Contractor shall coordinate with the Mississippi Department of Health (MSDH) for high-risk pregnant women who may be eligible for MSDH's Perinatal High-Risk Management/Infant Services System (PHRM/ISS) Program. The Contractor will work with MSDH to identify Members who meet the Program criteria. MSDH will provide Case Management services to those Members, and the Contractor will coordinate with MSDH to confirm the Case Management will support all the Members health care needs.

1.4.8.8. Reporting

The Contractors must report to the Division and network Primary Care Providers, at intervals designated by the Division, on the efficacy of its Population Health Management program. The report will be designed collaboratively by the Division and the Contractors and will include, but is not limited to, measures to identify changes in:

- Health disparities among subpopulations;
- Targeted health outcomes;
- Member participation in health promotion and disease prevention initiatives;
- Percent of members in each risk stratification level; and
- Member utilization of inpatient and emergency department services.

1.4.9 Quality Management

The Contractor will implement a quality management program that supports and complies with the MS Managed Care Quality Strategy and the requirements set forth in 42 C.F.R. § 438.340. The Contractor's quality management program should assess actual performance to ensure that enrollees are receiving medically appropriate care on a timely basis that results in positive or improved outcomes. Complaint resolution and Grievance and Appeal processes are components of an effectively integrated quality management program. Grievance and Appeal processes must comply with 42 C.F.R. § 457.1260.

The Contractor's quality management program will identify opportunities for improved quality and initiate programs that achieve improvements by using evidence-based medicine and practice guidelines. These activities include using data to establish baselines, measure performance, and identify performance improvement opportunities. Contractor must adopt, disseminate, and use practice guidelines in accordance with 42 C.F.R. § 438.330.

The Division will approve the quality management program, including criteria and procedures, prior to implementation by the Contractor, and on an annual basis thereafter. At its discretion, the Division updates

the required Performance Measures and Targets. Exhibit F of Appendix A, Draft Contract, provides the Performance Measures for Year 1 of the Contract resulting from this RFQ. The Division will determine required Targets after Contract award.

At its option, the Division may implement a value-based purchasing initiative. The value-based purchasing model is an enhanced approach to purchasing and program management that focuses on value over volume. It is part of a cohesive strategy that aligns incentives for the State, the Contractor, Providers and Members to achieve the Mississippi CHIP Program's overarching goals. The model relies on collaborative approaches to the selection of priority areas, intervention, development, and implementation. The Division may phase in implementation of the value-based purchasing initiative beginning with a performance incentive program. Key leadership from the Contractor, including the Medical Director, will be required to participate in such an initiative. Should the Division move forward with such an effort, the Division would provide operational protocols describing the process prior to implementation. Please refer to Section 9.H, Value-Based Purchasing, of Appendix A, Draft Contract for additional requirements.

The Contractor will develop a comprehensive utilization management program to ensure the medical necessity of all services provided.

1.4.10 Prepaid Capitation Payments

The Division will contract with the chosen entities using a full-risk arrangement that pays each Contractor a prepaid monthly capitation payment to cover all services included in Appendix A, Draft Contract. The Division will develop cost-effective and actuarially sound rates according to all applicable CMS and Federal rules and regulations. The Division does not use a competitive bidding process to develop the Contractor capitation rates. The Division will develop the monthly capitation rates, and the selected Contractors must accept the rates as a condition of their qualifications.

Capitation rates are developed using the following adjustments:

- Contractor financial reporting;
- Historical and projected utilization and cost trends; and,
- CHIP program changes.

The Division sets rates to be prepaid to the Contractors for the provision of all services; these rates are negotiable only at the discretion of the Division and with cooperation by the Contractors.

In the event any change occurs in federal law, federal regulations, state law, state regulations, state policies, or state CHIP coverage, and the Division determines that these changes materially impacted pricing, the Division reserves the right to amend rates paid to Contractors, as detailed in Appendix C, Capitation Rate Development Report.

1.4.11 Administrative & Data System Requirements

The Contractor will be required to demonstrate that it has information systems in place to meet all of the operating and reporting requirements of their proposed program, as well as all of the reporting requirements of the Division, including collecting and pursuing Third Party Liability payments. These systems must be

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fully operational and able to submit encounter claims prior to the CHIP Program's "Go-Live" date designated by the Division.

The Contractor will be responsible for adhering to timely filing requirements as defined in 42 C.F.R. § 447.45 and § 447.46, processing ninety (90) percent of claims within thirty (30) calendar days of receipt, and ninety-nine (99) percent of claims within ninety (90) calendar days of receipt, unless pended for additional information or to determine medical necessity. The Contractor will be required to submit complete, accurate, and timely encounter data to the Division that meets federal requirements and allows the Division to monitor the program. A Contractor that does not meet standards will be subject to appropriate liquidated damages each month encounter data is not submitted or not submitted in compliance with the Division's requirements.

The Contractor will be required to have internal controls, policies and procedures, and a compliance plan to guard against Fraud, Waste, and Abuse, in compliance with state and federal requirements.

The Contractor will maintain an Administrative Office within fifteen (15) miles of the Division's High Street location in Jackson, Mississippi. This office must have space for the Divisions staff to work.

The Contractor shall interface with the Division's data system for the purpose of exchanging data files and submitting Encounter Data using a mutually agreed upon transfer method. The Contractor shall comply with the Division's written policies and procedures regarding data security and integrity.

1.4.11.1 Data Extract Files

The Division will provide the Contractor with limited/minimum access to the Mississippi Enterprise System/Mississippi Medicaid Information System (MMIS) to verify Member eligibility as needed for eligibility changes made between extract files. Prior to the operational phase of the Contract, the Contractor shall submit to the Division the staff who will need access to the MMIS. The Division will provide limited/minimum access to the assigned Contractor staff for inquiry purposes only. The Contractor shall submit to the Division within one (1) business day the Contractor staff members who no longer need access to the MMIS. Upon receipt of the information, the Division will terminate the staff members account access. Failure by the Contractor to submit to the Division within one (1) business day the Contractor staff members who no longer need access to the MMIS may result in liquidated damages.

1.4.11.2 Data Capture and Encounter Data

The Contractor shall capture and retain data used to administer the Program. The data captured and retained shall be sufficient to meet the reporting requirements set forth in the Model Contract. The Contractor's systems shall be capable of capturing additional data elements as required by the Division. The Division shall also have viewing rights to the Contractors and/or Subcontractors claims system.

The Contractor shall submit complete, accurate and timely Encounter Data to the Division as specified to allow the Division to monitor the program. The Contractor shall submit encounter data according to standards and formats as defined by the Division and in Section 10 of Appendix A, Draft Contract. Encounter Data consists of a separate record each time a Member has an Encounter with a Provider and the Provider submits a claim for services rendered. All Encounter Data must be submitted to the Division's

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FAC by the Contractor. The Division will not accept any Encounter Data submissions or correspondence directly from any Subcontractors, and the Division will not forward any electronic media reports or correspondence directly to a Subcontractor.

The Contractor shall maintain appropriate systems and mechanisms to obtain all necessary data from its Providers or Subcontractors to ensure its ability to comply with the Encounter Data reporting requirements as specified by the Division. The failure of a Provider or Subcontractor to provide the Contractor with necessary Encounter Data shall not excuse the Contractor's non-compliance with this requirement. The Division may impose liquidated damages for non-compliance. When the Division or its FAC rejects a file of Encounter Data, the resubmittals of rejected files must be resubmitted by the Contractor with all of the required data elements in the correct format as defined by the Division within fourteen (14) calendar days from the date the Contractor received the rejected file. The Division may impose liquidated damages for non-compliance. The Contractor must make an adjustment to Encounter Data when the Contractor discovers the data is incorrect, no longer valid, or some element of the claim not identified as part of the original claim needs to be changed. If the Division or its FAC discovers errors or a conflict with a previously adjudicated encounter claim the Contractor shall be required to adjust or void the encounter claim within fourteen (14) calendar days of notification by the Division. The Division may impose liquidated damages for non-compliance. Contractor compliance shall not be dependent upon the Division's FAC's ability to modify the MMIS to accept Encounter Data from the Contractor. The Division shall not assess liquidated damages to the Contractor for the Division's FAC's inability to modify the MMIS to accept Encounter Data from the Contractor.

Member Encounter Data reporting must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security and privacy standards and be submitted in the format required by the Medicaid Statistical Information System or format required by any successor system to the Transformed Medicaid Statistical Information System (T-MSIS).

1.4.11.3 Audit

The Contractor shall provide the Division access to the Contractor's data systems for auditing and monitoring purposes. Access shall include, but is not limited to, all equipment, systems and communications software necessary for the Division to obtain utilization information. The Contractor shall be responsible for the accuracy of all data and shall represent such in audit or legal proceedings.

The Division shall conduct scheduled on-site field audits and reviews. The Division shall conduct random onsite reviews of the Contractors operations and Provider field audits to monitor Contractor performance. There will be no restrictions on the right of the State or Federal government to conduct whatever inspections and audits are necessary to assure quality, appropriateness, or timeliness of services and reasonableness of their costs. Pursuant to 31 U.S.C. § 3731(b)(2), claims may be brought up to ten (10) years after the date on which a violation is committed. The right to audit exists for ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

1.4.11.4 Web-based Inquiry System

The Contractor shall establish and maintain a secure web-based inquiry system for Providers to access claims and authorization information. The Contractor shall update these records as soon as possible. The Contractor shall provide technical assistance and training to Providers regarding use of the web-based inquiry system.

The web-based inquiry system shall conform to the Division's security requirements including, but not limited to, the following:

1. HIPAA Privacy Guidelines;
2. HTTPS Web Page;
3. 128-Bit Encryption;
4. User Authentication and Authorization; and,
Web-based screens shall conform to the requirements for readability set forth in the Americans with Disabilities Act (ADA). The Offeror shall provide examples of the system in the qualification.

2 AUTHORITY

This RFQ is issued under the authority of Title XXI of the Social Security Act as amended, implementing regulations issued under the authority thereof, and under the provisions of the Mississippi Code of 1972, as amended. All prospective Contractors are charged with presumptive knowledge of all requirements of the cited authorities in this RFQ. The submission of a valid executed qualification by any prospective Contractor shall constitute admission of such knowledge on the part of each prospective Contractor. Any qualification submitted by any prospective Contractor which fails to meet any published requirement of the cited authorities may, at the option of the Division, be rejected without further consideration.

CHIP is designed to provide health coverage to children in families with incomes too high to qualify for Medicaid but unable to afford private coverage. In Mississippi, the state Medicaid agency administers the CHIP program.

In addition, Section 1902(a)(30)(A) of the Social Security Act, as amended, requires that State Medicaid Agencies provide methods and procedures to safeguard against unnecessary utilization of care and services and to assure "efficiency, economy, and quality of care."

The IT solution proposed in response to this RFQ must be in compliance with the State of Mississippi's Enterprise Security Policy. The Enterprise Security Policy is based on industry-standard best practices, policy, and guidelines and covers the following topics: web servers, email, virus prevention, firewalls, data encryption, remote access, passwords, servers, physical access, traffic restrictions, wireless, laptop and mobile devices, disposal of hardware/media, and application assessment/certification. Given that information security is an evolving technology practice, the State reserves the right to introduce new policy during the term of the Contract resulting from this RFQ and require the Contractor to comply with same in the event the industry introduces more secure, robust solutions or practices that facilitate a more secure posture for the State of Mississippi.

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The Enterprise Security Policy is available to third parties on a need-to-know basis and requires the execution of a non-disclosure agreement with the Department of Information Technology Services (ITS) prior to accessing the policy. The Offeror or Contractor may request individual sections of the Enterprise Security Policy or request the entire document by contacting the Office of Procurement.

Instructions to acquire a copy of the Enterprise Security Policy can be found at the following link: <http://www.its.ms.gov/Services/Pages/ENTERPRISE-SECURITY-POLICY.aspx>

2.1 ORGANIZATIONS ELIGIBLE TO SUBMIT QUALIFICATIONS

To be eligible to submit a qualification, an Offeror must provide documentation for each requirement as specified below:

1. The Offeror has not been sanctioned by a state or Federal government within the last ten (10) years.
2. The Offeror must have experience in contractual services providing the type of services described in this RFQ.
3. The Offeror must be able to provide each required component and deliverable as detailed in the Scope of Work.
4. The Offeror must have submitted an application for licensure as a health maintenance organization or insurance company with the Mississippi Insurance Department at the time of qualification submission. If selected, the Offeror will be required to obtain licensure prior to offering or providing services to Members.

2.2 PROCUREMENT APPROACH

The major steps of the procurement approach are described in detail in Section 3 of this RFQ. The required format and content of qualifications are each specified in Section 5 of this RFQ.

2.3 ACCURACY OF STATISTICAL DATA

All statistical information provided by the Division in relation to this RFQ represents the best and most accurate information available to the Division from the Division records at the time of the RFQ preparation. The Division, however, disclaims any responsibility for the inaccuracy of such data. Should any element of such data later be discovered to be inaccurate, such inaccuracy shall not constitute a basis for Contract rejection by any Offeror. Neither shall such inaccuracy constitute a basis for renegotiation of any payment rate after Contract award. Statistical information is available on the Division's Website.

2.4 ELECTRONIC AVAILABILITY

The materials listed below are on the Internet for informational purposes only. This electronic access is a supplement to the procurement process and is not an alternative to official requirements outlined in this RFQ.

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This RFQ, any amendments thereto, and RFQ Questions and Answers (following official written release) will be posted on the Procurement page of the Division's website at <http://www.medicaid.ms.gov/resources/procurement/>.

Information concerning services covered by Mississippi CHIP and a description of the Division organization and functions can also be found on the Procurement page of the Division's website.

The Division's website is <http://www.medicaid.ms.gov> and contains Annual Reports, Provider Manuals, Bulletins and other information. The Division's Annual Report Summary provides information on Member enrollment, program funding, and expenditures broken down by types of services covered in the Mississippi Medicaid program for the respective fiscal years.

State financial information is available at <http://www.dfa.state.ms.us>.

The State of Mississippi portal is <http://www.mississippi.gov>.

Information regarding Mississippi Department of Information Technology Services Enterprise Security Policy can be found at <http://www.its.ms.gov/Services/Pages/ENTERPRISE-SECURITY-POLICY.aspx>.

Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations, a copy of which can be found at <http://www.dfa.ms.gov/dfa-offices/personal-service-contract-review/pscrb-rules-regulations/>

The Mississippi Code of 1972 covers all sections of and amendments to the Constitution of the United States and the Constitution of the State of Mississippi. Access to the Mississippi Code can be found at <http://www.sos.ms.gov/Education-Publications/Pages/Mississippi-Code.aspx>.

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3 PROCUREMENT PROCESS

3.1 APPROACH

This RFQ is designed to provide the Offeror with the information necessary to prepare a competitive qualification. Similarly, the RFQ process is intended to also provide the Division with the necessary information to adequately assist the Division in the selection of a Contractor to provide the desired services. It is not intended to be comprehensive, and each Offeror is responsible for determining all factors necessary for submission of a comprehensive and accurate qualification. It is incumbent upon each Offeror to determine the necessary information to submit with its qualification to provide the Division with an understanding of its ability to provide the requested services. The State is relying upon the Offeror's experience and expertise to supply all components and functionality necessary to provide a complete solution to meet the intent of the RFQ.

The Division reserves the right to interpret the language of this RFQ or its requirements in a manner that is in the best interest of the State.

The Division will ensure the fair and equitable treatment of all persons and Offerors in regards to the procurement process. The procurement process provides for the evaluation of qualifications and selection of the best qualification in accordance with Federal and State laws and regulations. Specifically, the procurement process is guided by appropriate previous provisions of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations, a copy of which is available at 501 North West Street, Suite 701E, Jackson, Mississippi 39201 for inspection, or downloadable at <http://www.DFA.ms.gov>.

Qualifications will be thoroughly evaluated in order to determine point scores for each evaluation factor and determine a final score. The evaluation and selection process is described in more detail in Section 6 of this RFQ.

Submission of a qualification in response to this RFQ constitutes acceptance of the conditions governing the procurement process, including the evaluation factors contained in Section 6 of this RFQ, and constitutes acknowledgment of the detailed descriptions of the Mississippi CHIP Program.

No public disclosure or news release pertaining to this procurement shall be made without prior written approval of the Division. Failure to comply with this provision may result in the Offeror being disqualified.

3.2 QUALIFICATION OF OFFEROR

Each offeror shall report its corporate charter number in its transmittal letter or, if appropriate, have attached to its transmittal letter a signed statement to the effect that said corporation is exempt from the above described, and set forth the particular reason(s) for exemption. All corporations shall be in full compliance with all Mississippi laws regarding incorporation or formation and doing business in the State of Mississippi and shall be in compliance with the laws of the state in which they are incorporated, formed, or organized.

Each Offeror must have submitted an application for licensure as a health maintenance organization or insurance company with the Mississippi Insurance Department at the time of qualification submission. If selected, the Offeror will be required to obtain licensure prior to offering or providing services to Members.

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The Division may make such investigations as necessary to determine the ability and commitment of the Offeror to adhere to the requirements specified within this RFQ and its qualification, and the Offeror shall furnish to the Division all such information and data for this purpose as may be requested. The Division reserves the right to inspect the Offeror's physical facilities prior to award to satisfy questions regarding the Offeror's capability to fulfill the requirements of the Contract. The Division reserves the absolute right to reject any qualification if the evidence submitted by, or investigations of, such Offeror fail to satisfy the Division that such Offeror is properly qualified to carry out the obligations of the Contract and to complete the work or furnish the items contemplated.

The Division reserves the right to reject any and all qualifications, to negotiate with the best proposed Offeror to address issues other than those described in the qualification, or not to make any award if it is determined to be in the best interest of the Division and the State.

Discussions may be conducted by the Office of Procurement with any Offeror that submits a qualification determined to be reasonably susceptible of being selected for award. Qualifications may also be accepted without such discussions. The Division reserves the right to request additional information or clarification of an Offeror's qualification. The Offeror's cooperation during the evaluation process in providing the Division staff with adequate responses to requests for clarification will be considered a factor in the evaluation of the Offeror's overall responsiveness. Lack of such cooperation or failure to provide the information in the manner required may, at the Division's discretion, result in the disqualification of the Offeror's qualification.

3.3 MULTI-TERM CONTRACTS

Unless otherwise provided by law, a contract for services may be entered into for a period of time not to exceed four (4) years with an option to renew for one (1) year, provided the term of the contract and conditions of renewal or extension, if any, are included in the solicitation and funds are available for the first fiscal period at the time of contracting. Payment and performance obligations for succeeding fiscal periods shall be subject to the availability and appropriation of funds.

3.4 REQUIREMENTS

1. The contractor will be expected to provide CHIP services for three (3) years with two (2) optional one (1) year renewals.
2. Compensation for services will be paid at an annual capitated rate that is formulated by an actuarial firm. These rates are firm and fixed each year of the contract.
3. A multi-term contract will be canceled if funds are not appropriated or otherwise made available to support the continuation of performance in any fiscal period succeeding the first; however, this does not affect either the State's right or the contractor's rights under any termination clause in the contract.
4. The Procurement Officer must notify the contractor on a timely basis that the funds are or are not available for the continuation of the contract for each succeeding fiscal period.
5. A multi-term contract may be awarded. The contract will be awarded to most responsive and qualified bidder.

3.5 RULES OF PROCUREMENT

To facilitate the Division's procurement, various rules have been established and are described in the following paragraphs.

3.5.1 Restrictions on Communications with the Division's Staff

From the issue date of this RFQ until a Contractor is selected and the Contract is signed, Offerors and/or their representatives are not allowed to communicate with any Division staff regarding this procurement except staff in the Office of Procurement.

For violation of this provision, the Division shall reserve the right to reject any qualification.

3.5.2 Amendments to this Request for Qualifications

The Division reserves the right to amend the RFQ at any time. All amendments will be posted to the Division's website at <http://www.medicaid.ms.gov/resources/procurement/>. After June 29, 2018, Offerors submitting Letters of Intent will be notified when amendments are released.

Offerors shall acknowledge receipt of any amendment to the RFQ by signing and returning the form provided with the amendment and identifying the amendment number and date in the Offeror's Transmittal Letter. The acknowledgment must be received by the Division by the time and at the place specified for receipt of qualifications.

3.5.3 Cost of Preparing Qualification

Costs of developing the qualifications are solely the responsibility of the Offerors. The Division will provide no reimbursement for such costs. If applicable, any costs associated with any oral presentations to the Division shall be the responsibility of the Offeror and shall in no way be billable to the Division. If site visits are made, the Division's cost for such visits shall be the responsibility of the Division and the Offeror's cost shall be the responsibility of the Offeror and shall in no way be billable to the Division.

3.5.4 Acceptance of Qualifications

After receipt of the qualifications, the Division reserves the right to award the Contract based on the terms, conditions, and premises of the RFQ and the qualification of the selected Contractor without negotiation.

All qualifications properly submitted will be accepted by the Division. After review, the Division may request necessary modification and clarification from all Offerors, reject any or all qualifications received, or cancel this RFQ, according to the best interest of the Division and the State of Mississippi.

The Division also reserves the right to waive minor irregularities in qualifications provided such action is in the best interest of the Division and the State of Mississippi. A minor irregularity is defined as a variation of the RFQ which does not give one party an advantage or benefit not enjoyed by other parties, or adversely impacts the interest of the Division.

Where the Division may waive minor irregularities as determined by the Division, such waiver shall in no way modify the RFQ requirements or excuse the Offeror from full compliance with the RFQ specifications and other Contract requirements if the Offeror is awarded the Contract.

The Division reserves the right to exclude any and all non-responsive qualifications from any consideration for Contract award. The Division will make pre-paid, capitated monthly payments to the Offeror whose qualification is responsive to the RFQ and is most advantageous to the Division and the State of Mississippi in quality and other factors considered.

3.5.5 Rejection of Qualifications

A qualification may be rejected for failure to conform to the rules or the requirements contained in this RFQ. Qualifications must be responsive to all requirements of the RFQ in order to be considered for Contract award. The Division reserves the right at any time to cancel the RFQ or, after the qualifications are received, to reject any of the submitted qualifications determined to be non-responsive. The Division further reserves the right to reject any and all qualifications received by reason of this request. Reasons for rejecting a qualification include, but are not limited to, the following:

1. The qualification contains unauthorized amendments to the requirements of the RFQ;
2. The qualification is conditional;
3. The qualification is incomplete or contains irregularities that make the qualification indefinite or ambiguous;
4. The qualification is not signed by an authorized representative of the party;
5. The qualification contains false or misleading statements or references;
6. The Offeror is determined to be non-responsible as specified in Section 3-301.05.2 of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations;
7. The qualification ultimately fails to meet the announced requirements of the State in some material aspect;
8. The qualification is not responsive, i.e., does not conform in all material respects to the RFQ;
9. The supply or service item offered in the qualification is unacceptable by reason of its failure to meet the requirements of the specifications or permissible alternates or other acceptability criteria set forth in the RFQ;
10. The Offeror does not comply with the Qualification Submission Requirements as set forth in the RFQ; and,
11. The Offeror currently owes the State money.

3.5.6 Alternate Qualifications

Each Offeror, its subsidiaries, affiliates, or related entities shall be limited to one qualification, which is responsive to the requirements of this RFQ. Failure to submit a responsive qualification will result in the rejection of the Offeror's qualification. Submission of more than one qualification by an Offeror may, at the discretion of the Division, result in the summary rejection of all qualifications submitted by such Offeror.

3.5.7 Qualification Modification and Withdrawal

Prior to the qualification due date, a submitted qualification may be withdrawn by submitting a written request for its withdrawal to the Division, signed by the Offeror.

An Offeror may submit a modification to its qualification before the due date for receipt of qualifications. Such modified qualification must be a complete replacement for a previously submitted qualification and must be clearly identified as such in the Transmittal Letter. The Division will not merge, collate, or assemble qualification materials.

Unless requested by the Division, no other modifications, revisions, or alterations to qualifications will be accepted after the qualification due date.

Any submitted qualification shall remain a valid qualification for one hundred eighty (180) days from the qualification due date.

3.5.8 Disposition of Qualifications

The qualification submitted by the successful Offeror shall be incorporated into and become part of the resulting Contract. All qualifications received by the Division shall upon receipt become and remain the property of the Division.

3.5.9 Responsible Contractor

Contractor must have capability in all respects to perform fully the contract requirements and the integrity and reliability which will assure good faith performance, as determined by DOM.

3.6 ORAL PRESENTATION

Oral presentations will not be held for this procurement.

3.7 CMS APPROVAL

Approval from the Centers for Medicare and Medicare Services (CMS) must be received, if applicable to this contract. Every effort will be made by the Division to facilitate rapid approval and a start date consistent with the proposed schedule.

3.8 NOTICE OF INTENT TO AWARD

Award shall be publicly posted on the Division's website and MAGIC for 48 hours prior to Official award notices. After public posting, the Division shall notify in writing to the responsible Offeror(s) whose qualification is determined to be the most advantageous to the State taking into consideration evaluation factors set forth in the RFQ. The notice of intended Contract award shall be sent by e-mail with reply confirmation to the winning Offeror. Unsuccessful Offerors will be notified in the same manner after the award has been accepted or declined.

Consistent with existing State law, no Offeror shall infer or be construed to have any rights or interest to a contract with the Division until final approval is received from all necessary entities and until both the Offeror and the Division have executed a valid Contract.

3.9 PROTEST OF SOLICITATIONS OR AWARDS

1. **Interested Party** means an actual or prospective Offeror or Bidder that may be aggrieved by the solicitation or award of a contract, or by the protest.
2. **Protestor** means any actual or prospective Offeror or Bidder who is aggrieved in connection with the solicitation or the award of a contract and who files a protest.
3. **Special Assistant Attorney General** shall mean the individual assigned by the Attorney General to provide legal assistance to the Department of Finance and Administration.

Agencies shall submit, with their contract approval request, documentation signed by their Executive Director, Agency Head, or his or her designee certifying that adequate time (at least seven (7) calendar days after issuing the award) to protest has been given to all prospective contractors and that no protest or potential protests are known to the agency or any agency employees. If a protest is known, the agency shall resolve the protest prior to the scheduled PPRB Board meeting. In the contract submission packet, the agency shall include a Protest Memo which discloses the subject matter of the protest, states whether the protest has been resolved, and explains the agency's internal procedure for reviewing protests and describes how the agency plans to or made the final determination concerning the protest.

3.9.1 Procedure for Filing Protests

Protestors should seek resolution of their complaints initially with the office that issued the solicitation.

Any actual or prospective Offeror or Bidder who is aggrieved in connection with the solicitation or award of a contract may protest to the Chief Procurement Officer and copy the Department of Finance and Administration Director of the Office of Personal and Professional Service Contract Review. The protest shall be submitted in writing within seven (7) calendar days of the award or within seven (7) calendar days of the solicitation posting if the protest is based on the solicitation.

A protest is considered filed when received by the Chief Procurement Officer. Protests filed after the seven (7) day period shall not be considered.

The Chief Procurement Officer shall submit a copy of the protest to the Office of Personal Service Contract Review within three (3) business days of receipt of a written protest. The Office of Personal Service Contract Review shall forward a copy of the protest to the Special Assistant Attorney General.

To file a protest directly to the PPRB, the aggrieved party shall file a protest with the Office of Personal Service Contract Review within seven (7) calendar days after the aggrieved party knew or should have known of the facts and circumstances upon which the protest is based, but in no event later than seven (7) days of the solicitation posting or award.

3.9.2 Content of Protest

To expedite handling of protests, the envelope should be labeled "Protest." The written protest shall include at a minimum the following:

1. The name and address of the protestor;
2. Appropriate identification of the procurement and if a contract has been awarded, its number;
3. A statement of reasons for the protest; and,
4. Supporting exhibits, evidence, or documents to substantiate any claims unless not available within the filing time in which case the expected availability date shall be indicated.

3.9.3 Protest Decision

If the protest is not resolved by mutual agreement, the Agency Head shall promptly issue a decision in writing. The decision shall: (a) state the reasons for the action taken; and (b) inform the protestor of the right to administrative review. A copy of the decision shall be mailed or otherwise furnished in writing immediately to the protestor and any other interested party.

A decision on a protest shall be made by the Agency Head or PPRB as expeditiously as possible after receiving all relevant, requested information. If a protest is sustained, the available remedies include, but are not limited to, cancellation or revision of the solicitation in accordance with Section 5-204 (REMEDIES PRIOR TO AN AWARD) or cancellation of the contract in accordance with Section 5-205 (REMEDIES AFTER AN AWARD).

A decision shall be final and conclusive, unless fraudulent, or any person adversely affected by the decision appeals administratively to the PPRB.

The Agency Head will refuse to decide any protest when a matter involved is the subject of a proceeding before the PPRB or has been decided on the merits by the Board. If an action concerning the protest has commenced in court, the Agency Head or PPRB shall not act on the protest. This section shall not apply where the Board or a court requests, expects, or otherwise expresses interest in the decision of the Agency Head or Public Procurement Review Board.

On any direct protest, the PPRB shall decide whether the solicitation or award was in accordance with the Constitution, statutes, rules and regulations, and the terms and conditions of the solicitation. The proceeding shall be de novo. Any prior determinations by administrative officials shall not be final or conclusive. A determination of an issue of fact by the PPRB shall be final and conclusive unless arbitrary, capricious, fraudulent, or clearly erroneous.

3.9.4 Stay of Solicitation or Award

In the event of a timely protest, the agency shall not proceed further with the solicitation or with the award of the contract until the Public Procurement Review Board approves the determination that continuation of the solicitation or award of the contract without delay is necessary to protect substantial interests of the State.

3.9.5 Right to Appeal

Any person adversely affected by the protest decision of an Agency Head may appeal administratively to the Public Procurement Review Board.

For an appeal under this section, the aggrieved person shall file an appeal within seven (7) calendar days of receipt of a Protest Decision.

3.9.6 Protest Bond

Protests must be accompanied by a bond for two hundred fifty thousand dollars and zero cents (\$250,000.00) or the price of the contract whichever is lower. The protest bond shall be maintained through final resolution, whether at the agency level or through a court of competent jurisdiction. DOM will return a protest bond if (1) the protesting Offeror withdraws its protest or (2) the bond is ordered to be returned by a court of competent jurisdiction. In the event DOM finds that an Offeror's protest has no merit, DOM shall at its own discretion retain all or a percentage of the submitted bond.

3.10 POST-AWARD VENDOR DEBRIEFING

Agencies are encouraged to exchange information with vendors in an effort to build and strengthen business relationships and improve the procurement process between vendors and the State. To further this effort, agencies shall establish vendor debriefing procedure(s) and inform vendors at the time of procurement of the right to request a debriefing and the deadline to file a request. At a minimum, debriefing should occur before expiration of the protest period, within three (3) business days after the vendor request and prior to submission of the contract packet to the PPRB. Agencies shall submit with the contract approval request, documentation signed by their agency head or his or her designee, reporting the number of vendor debriefings requested and conducted. This information may be included as part of the protest correspondence required in Section 7-113 (Protest of Solicitations or Awards).

3.10.1 Debriefing Request

A vendor, successful or unsuccessful, may request a post-award vendor debriefing, in writing, by U.S. mail or electronic submission, to be received by the agency within three (3) business days of notification of the contract award. A vendor debriefing is a meeting and not a hearing; therefore, legal representation is not required. If a vendor prefers to have legal representation present, the vendor must notify the agency and identify its attorney. The agency shall be allowed to schedule and/or suspend and reschedule the meeting at a time when a representative of the Office of the Mississippi Attorney General can be present.

3.10.2 When Debriefing Should Be Conducted

Unless good cause exists for delay, the debriefing should occur within three (3) business days after receipt of the vendor request and may be conducted during a face-to-face meeting, by telephonic or video conference, or by any other method acceptable to the agency. The Chief Procurement Officer or designee should chair the meeting, and where practicable, include other staff with direct knowledge of the procurement.

3.10.3 Information to Be Provided

At a minimum, the debriefing information shall include the following:

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- (1) The agency's evaluation of significant weaknesses or deficiencies in the vendor's bid, or qualifications, if applicable;
- (2) The overall technical rating, of the successful vendor(s) and the debriefed vendor;
- (3) The overall ranking of all vendors, when any ranking was developed by the agency during the selection process;
- (4) A summary of the rationale for award; and,
- (5) Reasonable responses to relevant questions about selection procedures contained in the solicitation, applicable regulations, and other applicable authorities that were followed.

3.10.4 Information Not To Be Provided

The debriefing shall not include point-by-point comparisons of the debriefed vendor's bid or qualification with those of other offering vendors. Any written request by a vendor for nondisclosure of trade secrets and other proprietary data is subject to the provisions of Mississippi Code Annotated §§ 25-61-9 and 79-23-1 and §§ 75-26-1 through 75-26-19.

3.10.5 Statement in the Solicitation

The agency shall include in each solicitation a statement that vendor debriefing is available and the information described in Section 7-112.03 may be disclosed during post-award debriefing.

3.10.6 Summary

An official summary of the debriefing shall be included in the contract file.

3.10.7 Pre-Award Vendor Debriefing

Nothing in these regulations requires or prohibits pre-award vendor debriefing.

3.11 Required Contract Terms and Conditions

Any contract entered into between a Contracting Agency and a vendor/bidder/offeror shall include the required clauses found in Section 4 and those required by the Public Procurement Review Board's Rules and Regulations as updated.

3.12 Mississippi Contract/Procurement Opportunity Search Portal

This RFQ, and the questions and answers concerning this RFQ, are posted on the Contract/Procurement Opportunity Search Portal.

3.13 Attachments

The attachments to this RFQ are made a part of this RFQ as if copied herein in words and figures.

4 TERMS AND CONDITIONS

4.1 GENERAL

The contract between the State of Mississippi and the Contractor shall consist of 1) the contract and any amendments thereto; 2) this RFQ and any amendments thereto; 3) the Contractor's qualification submitted in response to the RFQ by reference and as an integral part of this contract; 4) written questions and answers. In the event of a conflict in language among the four documents referenced above, the provisions and requirements set forth and/or referenced in the contract and its amendments shall govern. The RFQ in its entirety is a part of the Contract. In the event of a dispute or conflict among any of the components of the contract, the contract shall govern. After the Contract, and exhibits thereto (if any), the order of priority is: the Business Qualification or BAFO; Offeror Questions and the Division Responses; the Technical Qualification, the RFQ and any amendments. All the documents shall be read and construed as far as possible to be one harmonious whole; however, in the event of a conflict or dispute, the above list is the list of priority.

The contract shall be governed by the previous provisions of the *Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations*, a copy of which is available at 501 North West Street, Suite 701E, Jackson, Mississippi 39201 for inspection, or downloadable at <http://www.DFA.ms.gov>.

No modification or change of any provision in the contract shall be made, or construed to have been made, unless such modification or change is mutually agreed upon in writing by the Contractor and the Division. The agreed upon modification or change will be incorporated as a written contract amendment and processed through the Division for approval prior to the effective date of such modification or change. In some instances, the contract amendment must be approved by CMS before the change becomes effective.

The only representatives authorized to modify this contract on behalf of the Division and the Contractor are shown below:

Contractor: Person(s) designated by the Contractor

The Division: Executive Director

4.2 PERFORMANCE STANDARDS, ACTUAL DAMAGES, LIQUIDATED DAMAGES, AND RETAINAGE

In the event the Division finds the Contractor to be non-compliant with program standards, performance standards, provisions of this Contract, or the applicable statutes or rules governing prepaid health plans, the Division shall issue a written notice of deficiency, request a corrective action plan, and/or specify the manner and time frame in which the deficiency is to be cured. If the Contractor fails to cure the deficiency as ordered to the satisfaction of the Division, the Division shall have the right to exercise any of the administrative sanction options described in 42 C.F.R. § 438.700 *et seq.* and the Contract, in addition to any other rights and remedies that may be available to the Division:

The Division may require corrective action in the event that any report, filing, examination, audit, survey, inspection, investigation, or the like should indicate that the Contractor, any Subcontractor, or supplier is not in compliance with any provision of the Contract, or in the event that the Division receives a Complaint concerning the standard of care rendered by the Contractor, any Subcontractor or supplier. The Division

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may also require the modification of any policies or procedures of the Contractor relating to the fulfillment of its obligations pursuant to the Contract. The Division may issue a deficiency notice and may require a corrective action plan be filed within fifteen (15) calendar days following the date of the notice. A corrective action plan shall delineate the time and manner in which each deficiency is to be corrected. The corrective action plan shall be subject to approval by the Division, which may accept it as submitted, accept it with specified modifications, or reject it. The Division may extend or reduce the time frame for corrective action depending upon the nature of the deficiency, and shall be entitled to exercise any other right or remedy available to it, whether or not it issues a deficiency notice or provides the Contractor with the opportunity to take corrective action. In appropriate instances, the Division may refer the matter to the State Medicaid Fraud Control Unit for investigation and possible criminal prosecution.

The Division reserves the right to assess actual or liquidated damages, upon the Contractor's failure to provide timely services required pursuant to the Contract. It is agreed by the Division and the Contractor that in the event of the Contractor's failure to meet the requirements provided in the Contract and/or all documents incorporated therein, damage will be sustained by the Division and the actual damages which will be sustained by event of and by reason of such failure are uncertain, and extremely difficult and impractical to ascertain and determine. The parties therefore agree that the Contractor shall pay the Division liquidated damages in the fixed amounts as stated in the Contract, and such liquidated damages are a reasonable estimate of the loss which will be incurred. Unless a different amount is specified, the Division may, at its sole discretion, assess liquidated damages between one dollar (\$1.00) and one million dollars (\$1,000,000.00) for each failure that occurs or remains uncorrected. However, if it is finally determined that the Contractor would have been able to meet the Contract requirements but for the Division's failure to perform as provided in the Contract, the Contractor shall not be liable for damages resulting directly therefrom. The Division may impose liquidated damages upon the Contractor when it fails to timely and accurately submit any reports under the Contract.

The Division's failure to assess liquidated damages in one or more particular instances will in no event waive the right for the Division to assess additional liquidated damages or actual damages. Assessment of any actual or liquidated damages does not waive any other remedies available to the Division pursuant to this Contract or State or Federal law. If liquidated damages are known to be insufficient then the Division has the right to pursue actual damages. Continued violations of the requirements set forth in the Contract may result in termination of the Contract by the Division.

1. Failure by the Contractor to submit by the due date any material required by the Contract, or failure by the Contractor to submit complete and accurate material required by the Contract. (\$750 per instance, per day)
2. Failure to complete corrective action as described in this Contract, the Contractor shall pay liquidated damages in the amount of three thousand dollars (\$3,000.00) per calendar day for each day the corrective action is not completed in accordance with the timeline established in the corrective action plan.
3. Failure of the Contractor to comply with the close out and turnover requirements of this RFQ may result in the assessment of damages of up to \$10,000.00, which, if imposed shall be deducted from the final payment to be made to Contractor.

4. Any other failure of Contractor that the Division determines constitutes a substantial non-compliance with any material term of the Contract and/or RFQ not specifically enumerated herein.

4.3 TERM OF CONTRACT

The Division will award a contract based on qualifications. The contract period begins January 1, 2019 and will terminate December 31, 2021. The Division may have, under the same terms and conditions as the existing contract, an option for two (2) one-year extension periods, provided the Division obtains approval from the PPRB to allow an extension period.

4.3.1 Stop Work Order

1. Order to Stop Work: The Division Contract Administrator may, by written order to the Contractor at any time and without notice to any surety, require the Contractor to stop all or any part of the work called for by this contract. This order shall be for a specified period not exceeding ninety (90) days after the order is delivered to the Contractor, unless the parties agree to any further period. Any such order shall be identified specifically as a stop work order issued pursuant to this clause. Upon receipt of such an order, the Contractor shall forthwith comply with its terms and take all reasonable steps to minimize the occurrence of costs allocable to the work covered by the order during the period of work stoppage. Before the stop work order expires, or within any further period to which the parties shall have agreed, the Division Contract Administrator shall either:

- a. Cancel the stop work order; or
- b. Terminate the work covered by such order as provided in the "Termination for Default by the Contractor" clause or the "Termination for Convenience" clause of this contract.

2. Cancellation or Expiration of the Order: If a stop work order issued under this clause is canceled at any time during the period specified in the order, or if the period of the order or any extension thereof expires, the Contractor shall have the right to resume work. An appropriate adjustment shall be made in the delivery schedule or Contractor price, or both, and the contract shall be modified in writing accordingly, if:

- a. The stop work order results in an increase in the time required for, or in the Contractor's cost properly allocable to, the performance of any part of this contract; and
- b. The Contractor asserts a claim for such an adjustment within thirty (30) days after the end of the period of work stoppage; provided that, if the Division Contract Administrator decides that the facts justify such action, any such claim asserted may be received and acted upon at any time prior to final payment under this Contract.

3. Termination of Stopped Work: If a stop work order or extension is not canceled and the work covered by such order is terminated for default or convenience, the reasonable costs resulting from the stop work order shall be allowed by adjustment or otherwise.

4. Adjustments of Price: Any adjustment in contract price made pursuant to this clause shall be determined in the price adjustment clause of the contract.

4.3.2 Termination of Contract

The contract resulting from this RFQ may be terminated by the Division as follows:

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1. For default by the Contractor;
2. For convenience;
3. For the Contractor's bankruptcy, insolvency, receivership, liquidation; and,
4. For non-availability of funds.

At the Division's option, termination for any reason listed herein may also be considered termination for convenience.

4.3.2.1 Termination for Default by the Contractor

(1) *Default.* If Contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract or any extension thereof, or otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Agency Head or designee may notify Contractor in writing of the delay or nonperformance and if not cured in ten (10) days or any longer time specified in writing by the Agency Head or designee, such officer may terminate Contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform. In the event of termination in whole or in part, the Agency Head or designee may procure similar supplies or services in a manner and upon terms deemed appropriate by the Agency Head or designee. Contractor shall continue performance of the contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services.

(2) *Contractor's Duties.* Notwithstanding termination of the contract and subject to any directions from the Division Contract Administrator, Contractor shall take timely, reasonable, and necessary action to protect and preserve property in the possession of Contractor in which the State has an interest.

(3) *Compensation.* Payment for completed services delivered and accepted by the State shall be at the contract price. The State may withhold from amounts due Contractor such sums as the Agency Head or designee deems to be necessary to protect the State against loss because of outstanding liens or claims of former lien holders and to reimburse the State for the excess costs incurred in procuring similar goods and services.

(4) *Excuse for Nonperformance or Delayed Performance.* Except with respect to defaults of subcontractors, Contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by Contractor to make progress in the prosecution of the work hereunder which endangers such performance) if Contractor has notified the Agency Head or designee within fifteen (15) days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of the public enemy; acts of the State and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather. If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, Contractor shall not be deemed to be in default, unless the services to be furnished by the subcontractor were reasonably obtainable from other sources in sufficient time to permit Contractor to meet the contract requirements. Upon request of Contractor, the Agency Head or designee shall ascertain the facts and extent of such failure, and, if such officer determines that any failure to perform was occasioned by any one or more of the excusable causes, and that, but for the excusable cause, Contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly, subject to the rights of the State under the clause entitled (in fixed-price contracts, "Termination for Convenience," in cost-

reimbursement contracts, "Termination"). (As used in this Paragraph of this clause, the term "subcontractor" means subcontractor at any tier).

(5) *Erroneous Termination for Default.* If, after notice of termination of Contractor's right to proceed under the provisions of this clause, it is determined for any reason that the contract was not in default under the provisions of this clause, or that the delay was excusable under the provisions of Paragraph (4) (Excuse for Nonperformance or Delayed Performance) of this clause, the rights and obligations of the parties shall, if the contract contains a clause providing for termination for convenience of the State, be the same as if the notice of termination had been issued pursuant to such clause.

(6) *Additional Rights and Remedies.* The rights and remedies of the Division provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this contract.

4.3.2.2 Termination for Convenience

(1) *Termination.* The Agency Head or designee may, when the interests of the State so require, terminate this contract in whole or in part, for the convenience of the State. The Agency Head or designee shall give written notice of the termination to Contractor specifying the part of the contract terminated and when termination becomes effective. Termination shall be effective as of the close of business on the date specified in the notice, which shall be at least thirty (30) days from the date of receipt of the notice by the Contractor.

(2) *Contractor's Obligations.* Contractor shall incur no further obligations in connection with the terminated work and on the date set in the notice of termination Contractor will stop work to the extent specified. Contractor shall also terminate outstanding orders and subcontracts as they relate to the terminated work. Contractor shall settle the liabilities and claims arising out of the termination of subcontracts and orders connected with the terminated work. The Agency Head or designee may direct Contractor to assign Contractor's right, title, and interest under terminated orders or subcontracts to the State. Contractor must still complete the work not terminated

4.3.2.3 Termination for the Contractor Bankruptcy

This contract may be terminated in whole or in part by the Division upon written notice to Contractor, if Contractor should become insolvent, become the subject of bankruptcy or receivership proceedings, whether voluntary or involuntary, upon the execution by Contractor of an assignment for the benefit of its creditors, avail itself of, or become subject to, any proceeding under the Bankruptcy Reform Act of 1978 or any other applicable Federal or State statute relating to insolvency or the protection of the rights of creditors.

In the event the Division elects to terminate the contract under this provision, it shall do so by sending Notice of Termination to the Contractor by certified mail, return receipt requested, or delivered in person. The date of termination shall be the close of business on the date specified in such notice to the Contractor. In the event of the filing of a petition in bankruptcy by or against a principal subcontractor, the Contractor shall immediately so advise the Division. The Contractor shall ensure and shall satisfactorily demonstrate to the Division that all tasks related to the subcontract are performed in accordance with the terms of this contract.

In the event of such termination, Contractor shall be entitled to recover just and equitable compensation for satisfactory work performed under this contract, but in no case shall said compensation exceed the total contract price.

4.3.2.4 Availability of Funds

It is expressly understood and agreed that the obligation of the Division to proceed under this contract is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt of State and/or Federal funds. If the funds anticipated for the continuing fulfillment of the contract are, at any time, not forthcoming or insufficient, either through the failure of the Federal government to provide funds or of the State of Mississippi to appropriate funds or the discontinuance or material alteration of the program under which the funds were provided or if funds are not otherwise available to the Division, the Division shall have the right upon ten (10) working days written notice to the Contractor, to terminate this contract without damage, penalty, cost, or expenses to the Division of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

4.3.3 Procedure on Termination

4.3.3.1 Contractor Responsibilities

Upon delivery by certified mail, return receipt requested, or in person to the Contractor a Notice of Termination specifying the nature of the termination, the extent to which performance of work under the contract is terminated, and the date upon which such termination becomes effective, the Contractor shall:

- Stop work under the contract on the date and to the extent specified in the Notice of Termination;
- Place no further orders or subcontracts for materials, services or facilities, except as may be necessary for completion of such portion of the work in progress under the contract until the effective date of termination;
- Terminate all orders and subcontracts to the extent that they relate to the performance of work terminated by the Notice of Termination;
- Deliver to the Division within the time frame as specified by the Division in the Notice of Termination, copies of all data and documentation in the appropriate media and make available all records required to assure continued delivery of services to Members and providers at no cost to the Division;
- Complete the performance of the work not terminated by the Notice of Termination;
- Take such action as may be necessary, or as the Division may direct, for the protection and preservation of the property related to the contract which is in the possession of the Contractor and in which the Division has or may acquire an interest;
- Fully train the Division staff or other individuals at the direction of the Division in the operation and maintenance of the process;
- Promptly transfer all information necessary for the reimbursement of any outstanding claims; and

Complete each portion of the Turnover Phase after receipt of the Notice of Termination. The Contractor shall proceed immediately with the performance of the above obligations notwithstanding any allowable delay in determining or adjusting the amount of any item of reimbursable price under this clause.

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The Contractor has an absolute duty to cooperate and help with the orderly transition of the duties to the Division or its designated Contractor following termination of the contract for any reason.

4.3.3.2 Division Responsibilities

Except for Termination for Contractor Default, the Division will make payment to the Contractor on termination and at contract price for completed deliverables delivered to and accepted by the Division. The Contractor shall be reimbursed for partially completed deliverables, accepted by the Division, at a price commensurate with actual cost of performance.

In the event of the failure of the Contractor and the Division to agree in whole or in part as to the amounts to be paid to the Contractor in connection with any termination described in this RFQ, the Division shall determine on the basis of information available the amount, if any, due to the Contractor by reason of termination and shall pay to the Contractor the amount so determined.

The Contractor shall have the right of appeal, as stated under Disputes (Paragraph 4.9.5) from any such determination made by the Division.

4.3.4 Assignment of the Contract

The Contractor shall not sell, transfer, assign, or otherwise dispose of the contract or any portion thereof or of any right, title, or interest therein without the prior written consent of the Division. Any such purported assignment or transfer shall be void. If approved, any assignee shall be subject to all terms and conditions of this contract and other supplemental contractual documents. No approval by the Division of any assignment may be deemed to obligate the Division beyond the provisions of this contract. This provision includes reassignment of the contract due to change in ownership of the Contractor. The Division shall at all times be entitled to assign or transfer its rights, duties, and/or obligations under this contract to another governmental agency in the State of Mississippi upon giving prior written notice to the Contractor.

4.3.5 Excusable Delays/Force Majeure

The Contractor and the Division shall be excused from performance under this contract for any period that they are prevented from performing any services under this contract as a result of an act of God, war, civil disturbance, epidemic, court order, government act or omission, or other cause beyond their reasonable control. When such a cause arises, the Contractor shall notify the Division immediately in writing of the cause of its inability to perform, how it affects its performance, and the anticipated duration of the inability to perform. Delays in delivery or in meeting completion dates due to force majeure events shall automatically extend such dates for a period equal to the duration of the delay caused by such events, unless the Division determines it to be in its best interest to terminate the Contract.

4.3.6 Applicable Law

The contract shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflict of laws, provisions, and any litigation with respect thereto shall be brought in the courts of the State of Mississippi. The Contractor shall comply with applicable Federal, State, and local laws and regulations including, but not limited to, Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972 (regarding education programs and activities); the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990 as amended; section 1557 of the Patient Protection and Affordable Care Act; and all other state and federal laws and regulations referenced in this RFQ.

4.4 NOTICES

Whenever, under this RFQ, one party is required to give notice to the other, except for purposes of Notice of Termination under Section 4.3, such notice shall be deemed given upon delivery, if delivered by hand, or upon the date of receipt or refusal, if sent by registered or certified mail, return receipt requested or by other carriers that require signature upon receipt. Notice may be delivered by facsimile transmission, with original to follow by certified mail, return receipt requested, or by other carriers that require signature upon receipt, and shall be deemed given upon transmission and facsimile confirmation that it has been received. Notices shall be addressed as follows:

In case of notice to the Contractor:

Project Manager
Street Address
City, State Zip Code

In case of notice to the Division:

Executive Director
Division of Medicaid
550 High St., Suite 1000
Jackson, Mississippi 39201

Copy the Division's Contract Administrator

4.5 COST OR PRICING DATA

If the Division determines that any price, including profit or fee, negotiated in connection with this RFQ was increased because the Contractor furnished incomplete or inaccurate cost or pricing data not current as certified in the Contractor's certification of current cost or pricing data, then such price or cost shall be reduced accordingly and this RFQ shall be modified in writing and acknowledged by the Contractor to reflect such reduction.

4.6 SUBCONTRACTING

The Contractor is solely responsible for fulfillment of the contract terms with the Division. The Division will make contract payments only to the Contractor.

The Contractor shall not subcontract any portion of the services to be performed under this contract without the prior written approval of the Division. The Contractor shall notify the Division not less than thirty (30) days in advance of its desire to subcontract and include a copy of the proposed subcontract with the proposed subcontractor.

Approval of any subcontract shall neither obligate the Division nor the State of Mississippi as a party to that subcontract nor create any right, claim, or interest for the subcontractor against the State of Mississippi or the Division, their agents, their employees, their representatives, or successors.

Any subcontract shall be in writing and shall contain provisions such that it is consistent with the Contractor's obligations pursuant to this Contract.

The Contractor shall be solely responsible for the performance of any subcontractor under such subcontract approved by the Division.

The Contractor shall give the Division immediate written notice by certified mail, facsimile, or any other carrier that requires signature upon receipt of any action or suit filed and prompt notice of any claim made against the Contractor or subcontractor which in the opinion of the Contractor may result in litigation related in any way to the contract with the Division.

4.7 PROPRIETARY RIGHTS

4.7.1 Ownership of Documents

Where activities supported by this contract produce original writing, sound recordings, pictorial reproductions, drawings, or other graphic representation and works of any similar nature, the Division shall have the right to use, duplicate, and disclose such materials in whole or in part, in any manner, for any purpose whatsoever and to have others do so. If the material is qualified for copyright, the Contractor may copyright such material, with approval of the Division, but the Division shall reserve a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, and use such materials, in whole or in part, and to authorize others to do so.

4.7.2 Ownership of Information and Data

The Division, CPS, CMS, the State of Mississippi, and/or their agents shall have unlimited rights to use, disclose, or duplicate, for any purpose whatsoever, all information and data developed, derived, documented, or furnished by the Contractor under any contract resulting from this RFQ.

The Contractor agrees to grant in its own behalf and on behalf of its agents, employees, representatives, assignees, and subcontractors to the Division, DHHS, CMS and the State of Mississippi and to their officers, agents, and employees acting in their official capacities a royalty-free, non-exclusive, and irrevocable license throughout the world to publish, reproduce, translate, deliver, and dispose of all such information now covered by copyright of the proposed Contractor.

Excluded from the foregoing provisions in this Section 4.7.2, however, are any pre-existing, proprietary tools owned, developed, or otherwise obtained by Contractor independent of this Contract. Contractor is and shall remain the owner of all rights, title and interest in and to the Proprietary Tools, including all copyright, patent, trademark, trade secret and all other proprietary rights thereto arising under Federal and State law, and no license or other right to the Proprietary Tools is granted or otherwise implied. Any right that the Division may have with respect to the Proprietary Tools shall arise only pursuant to a separate written agreement between the parties.

4.7.3 Public Information

Offerors shall provide an electronic, single document version of qualifications redacting those provisions of the qualification which contain trade secrets or other proprietary data. However, Offerors should be aware that their un-redacted qualifications are considered public record and are subject to release by the Division pursuant to and in accordance with Miss. Code Ann. § 25-61-1 (1972, as amended) absent a court-issued protective order or agreement by the requesting party to receive a redacted version.

4.7.4 Right of Inspection

The Division, the Mississippi Department of Audit, DHHS, CMS, OIG, the General Accounting Office (GAO), or any other auditing agency prior-approved by the Division, or their authorized representative shall, at all reasonable times, have the right to enter onto the Contractor's premises, or such other places where duties under this contract are being performed, to inspect, monitor, or otherwise evaluate (including periodic systems testing) the work being performed. The Contractor shall provide access to all facilities and assistance for the Division and Mississippi Audit Department representatives. All inspections and evaluations shall be performed in such a manner as will not unduly delay work. Refusal by the Contractor to allow access to all documents, papers, letters or other materials, shall constitute a breach of contract. All audits performed by persons other than the Division staff will be coordinated through the Division and its staff.

4.7.5 Licenses, Patents and Royalties

The Division does not tolerate the possession or use of unlicensed copies of proprietary software. The Contractor shall be responsible for any penalties or fines imposed as a result of unlicensed or otherwise defectively titled software.

The Contractor, without exception, shall indemnify, save, and hold harmless the Division and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or non-patented invention, process, or article manufactured by the Contractor. The Division will provide prompt written notification of a claim of copyright or patent infringement.

Further, if such a claim is made or is pending, the Contractor may, at its option and expense, procure for the Division the right to continue use of, replace or modify the article to render it non-infringing. If none of the alternatives are reasonably available, the Contractor agrees to take back the article and refund the total amount the Division has paid the Contractor under this contract for use of the article.

If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the proposed prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.

4.7.6 Records Retention Requirements

The Contractor shall maintain detailed records evidencing all expenses incurred pursuant to the Contract, the provision of services under the Contract, and complaints, for the purpose of audit and evaluation by the Division and other Federal or State personnel. All records, including training records, pertaining to the contract must be readily retrievable within three (3) business days for review at the request of the Division and its authorized representatives. All records shall be maintained and available for review by authorized Federal and State personnel during the entire term of the Contract and for a period of ten (10) years thereafter, unless an audit is in progress or there is pending litigation. The right to audit shall exist for ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

4.8 REPRESENTATION REGARDING CONTINGENT FEES

The Offeror represents that it has not retained a person to solicit or secure a State contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Offeror's qualification.

4.9 INTERPRETATIONS/CHANGES/DISPUTES

The RFQ in its entirety is a part of the Contract. In the event of a dispute or conflict among any of the components of the contract, the contract shall govern. After the Contract, and exhibits thereto (if any), the order of priority is: the Business Qualification or BAFO; Offeror Questions and the Division Responses; the Technical Qualification, the RFQ and any amendments.

All the documents shall be read and construed as far as possible to be one harmonious whole; however, in the event of a conflict or dispute, the above list is the list of priority.

The Division reserves the right to clarify any contractual relationship in writing and such clarification will govern in case of conflict with the requirements of the RFQ. Any ambiguity in the RFQ shall be construed in favor of the Division.

The contract represents the entire agreement between the Contractor and the Division and it supersedes all prior negotiations, representations, or agreements, either written or oral between the parties hereto relating to the subject matter hereof.

4.9.1 Conformance with Federal and State Regulations

The Contractor shall be required to conform to all Federal and State laws, regulations, and policies as they exist or as amended.

In the event that the Contractor requests that the Executive Director of the Division or his/her designee issue policy determinations or operating guidelines required for proper performance of the contract, the Division shall do so in a timely manner. The Contractor shall be entitled to rely upon and act in accordance with such policy determinations and operating guidelines unless the Contractor acts negligently, maliciously, fraudulently, or in bad faith.

The Contractor expressly agrees to all of the provisions and requirements as set forth in the State Plan for Medical Assistance approved by the State of Mississippi and by the Secretary of the United States Department of Health and Human Services, pursuant to Title XIX of the Social Security Act, and understands those provisions and requirements are also incumbent on the Contractor.

4.9.2 Waiver

No assent, expressed or implied, by the parties hereto to the breach of the provisions or conditions of this contract shall be deemed or taken to be a waiver of any succeeding breach of the same or any other provision or condition and shall not be construed to be a modification of the terms of this Contract.

Moreover, no delay or omission by either party to this contract in exercising any right, power, or remedy hereunder or otherwise afforded by contract, at law, or in equity shall constitute an acquiescence therein, impair any other right, power or remedy hereunder or otherwise afforded by any means, or operate as a waiver of such right, power, or remedy. No waiver by either party to this contract shall be valid unless set forth in writing by the party making said waiver. No waiver of or modification to any term or condition of this contract will void, waive, or change any other term or condition. No waiver by one party to this contract of a default by the other party will imply, be construed as or require waiver of future or other defaults.

4.9.3 Severability

If any part, term or provision of the contract (including items incorporated by reference) is held by the courts or other judicial body to be illegal or in conflict with any law of the State of Mississippi or any Federal law, the validity of the remaining portions or provisions shall not be affected and the obligations of the parties shall be construed in full force as if the contract did not contain that particular part, term or provision held to be invalid.

4.9.4 Change Orders and/or Amendments

The Executive Director of the Division or designated representative may, at any time, by written order delivered to the Contractor at least thirty (30) days prior to the commencement date of such change, make administrative changes within the general scope of the contract. If any such change causes an increase or decrease in the cost of the performance of any part of the work under the contract an adjustment commensurate with the costs of performance under this contract shall be made in the contract price or delivery schedule or both. Any claim by the Contractor for equitable adjustment under this clause must be asserted in writing to the Division within thirty (30) days from the date of receipt by the Contractor of the notification of change. Failure to agree to any adjustment shall be a dispute within the meaning of the Disputes Clause of this Contract. Nothing in this clause, however, shall in any manner excuse the Contractor from proceeding diligently with the contract as changed.

If the parties are unable to reach an agreement within thirty (30) days of the Division receipt of the Contractor's cost estimate, the Executive Director of the Division shall make a determination of the revised price, and the Contractor shall proceed with the work according to a schedule approved by the Division subject to the Contractor's right to appeal the Executive Director's determination of the price pursuant to the Disputes clause.

At any time during the term of this contract, the Division may increase the quantity of goods or services purchased under this contract by sending the Contractor a written amendment or modification to that effect which references this contract and is signed by the Executive Director of the Division. The purchase price shall be the lower of the unit cost identified in the Contractor's qualification or the Contractor's then-current, published price. The foregoing shall not apply to services provided to the Division at no charge. The delivery schedule for any items added by exercise of this option shall be set by mutual agreement.

4.9.5 Disputes

Any dispute concerning the contract which is not disposed of by agreement shall be decided by the Executive Director of the Division who shall reduce such decision to writing and mail or otherwise furnish a copy thereof to the Contractor. The decision of the Executive Director shall be final and conclusive. Nothing in this paragraph shall be construed to relieve the Contractor of full and diligent performance of the contract.

4.9.6 Cost of Litigation

In the event that the Division deems it necessary to take legal action to enforce any provision of the contract, the Contractor shall bear the cost of such litigation, as assessed by the court, in which the Division prevails. Neither the State of Mississippi nor the Division shall bear any of the Contractor's cost of litigation for any legal actions initiated by the Contractor against the Division regarding the provisions of the contract. Legal action shall include administrative proceedings.

4.9.7 Attorney Fees

The Contractor agrees to pay reasonable attorney fees incurred by the State and the Division in enforcing this contract or otherwise reasonably related thereto.

4.10 INDEMNIFICATION

The Contractor agrees to indemnify, defend, save, and hold harmless the Division, the State of Mississippi, their officers, agents, employees, representatives, assignees, and Contractors from any and all claims and losses accruing or resulting to any and all the Contractor employees, agents, subcontractors, laborers, and any other person, association, partnership, entity, or corporation furnishing or supplying work, services, materials, or supplies in connection with performance of this contract, and from any and all claims and losses accruing or resulting to any such person, association, partnership, entity, or corporation who may be injured, damaged, or suffer any loss by the Contractor in the performance of the contract.

The Contractor agrees to indemnify, defend, save, and hold harmless the Division, the State of Mississippi, their officers, agents, employees, representatives, assignees, and Contractors against any and all liability, loss, damage, costs or expenses which the Division may sustain, incur or be required to pay: 1.) by reason of any person suffering personal injury, death or property loss or damage of any kind either while participating with or receiving services from the Contractor under this contract, or while on premises owned, leased, or operated by the Contractor or while being transported to or from said premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for or in the control of the Contractor or any officer, agent, or employee thereof; or 2.) by reason of the Contractor or its employee, agent, or person within its scope of authority of this contract causing injury to, or damage to the person or property of a person including but not limited to the Division or the Contractor, their employees or agents, during any time when the Contractor or any officer, agent, employee thereof has undertaken or is furnishing the services called for under this contract.

The Contractor agrees to indemnify, defend, save, and hold harmless the Division, the State of Mississippi, their officers, agents, employees, representatives, assignees, and Contractors against any and all liability, loss, damages, costs or expenses which the Division or the State may incur, sustain or be required to pay by reason of the Contractor, its employees, agents or assigns: 1.) failing to honor copyright, patent or licensing rights to software, programs or technology of any kind in providing services to the Division, or 2.) breaching in any manner the confidentiality required pursuant to Federal and State law and regulations.

The Contractor agrees to indemnify, defend, save, and hold harmless the Division, the State of Mississippi, their officers, agents, employees, representatives, assignees, and Contractors from all claims, demands, liabilities, and suits of any nature whatsoever arising out of the contract because of any breach of the contract by the Contractor, its agents or employees, including but not limited to any occurrence of omission or commission or negligence of the Contractor, its agents or employees.

If in the reasonable judgment of the Division a default by the Contractor is not so substantial as to require termination and reasonable efforts to induce the Contractor to cure the default are unsuccessful and the default is capable of being cured by the Division or by another resource without unduly interfering with the continued performance of the Contractor, the Division may provide or procure such services as are reasonably necessary to correct the default. In such event, the Contractor shall reimburse the Division for the entire cost of those services. The Division may deduct the cost of those services from the Contractor's monthly administrative invoices. The Contractor shall cooperate with the Division or those procured resources in allowing access to facilities, equipment, data or any other Contractor resources to which access

is required to correct the default. The Contractor shall remain liable for ensuring that all operational performance standards remain satisfied.

4.10.1 No Limitation of Liability

Nothing in this contract shall be interpreted as excluding or limiting any liability of the Contractor for harm caused by the intentional or reckless conduct of the Contractor, or for damages incurred in the negligent performance of duties by the Contractor, or for the delivery by the Contractor of products that are defective, or for breach of contract or any other duty by the Contractor. Nothing in the contract shall be interpreted as waiving the liability of the Contractor for consequential, special, indirect, incidental, punitive or exemplary loss, damage, or expense related to the Contractor's conduct or performance under this contract.

4.10.2 Third Party Action Notification

The Contractor shall give the Division immediate written notice by certified mail, facsimile, or any other carrier that requires signature upon receipt of any action or suit filed and prompt notice of any claim made against the Contractor or subcontractor which in the opinion of the Contractor may result in litigation related in any way to the contract with the Division.

4.11 STATUS OF THE CONTRACTOR

4.11.1 Independent Contractor

It is expressly agreed that the Contractor is an Independent Contractor performing professional services for the Division and is not an officer or employee of the State of Mississippi or the Division. It is further expressly agreed that the contract shall not be construed as a partnership or joint venture between the Contractor and the Division.

The Contractor shall be solely responsible for all applicable taxes, insurance, licensing and other costs of doing business. Should the Contractor default on these or other responsibilities jeopardizing the Contractor's ability to perform services effectively, the Division, in its sole discretion, may terminate this contract.

The Contractor shall not purport to bind the Division, its officers or employees nor the State of Mississippi to any obligation not expressly authorized herein unless the Division has expressly given the Contractor the authority to do so in writing.

The Contractor shall give the Division immediate notice in writing of any action or suit filed, or of any claim made by any party which might reasonably be expected to result in litigation related in any manner to this contract or which may impact the Contractor's ability to perform.

No other agreements of any kind may be made by the Contractor with any other party for furnishing any information or data accumulated by the Contractor under this contract or used in the operation of this program without the written approval of the Division. Specifically, the Division reserves the right to review any data released from reports, histories, or data files created pursuant to this Contract.

In no way shall the Contractor represent itself directly or by inference as a representative of the State of Mississippi or the Division except within the confines of its role as an Independent Contractor for the

Division. The Division's approval must be received in all instances in which the Contractor distributes publications, presents seminars or workshops, or performs any other outreach.

The Contractor shall not use the Division's name or refer to the contract and the services provided therein directly or indirectly in any advertisement, news release, professional trade or business presentation without prior written approval from the Division.

4.11.2 Employment of Division Employees

The Contractor shall not knowingly engage on a full-time, part-time, or other basis during the period of the contract, any professional or technical personnel who are or have been at any time during the period of the contract in the employ of the Division, without the written consent of the Division. Further, the Contractor shall not knowingly engage in this project, on a full-time, part-time, or other basis during the period of the contract, any former employee of the Division who has not been separated from the Division for at least one year, without the written consent of the Division.

The Contractor shall give priority consideration to hiring interested and qualified adversely affected State employees at such times as requested by the Division to the extent permitted by this contract or State law.

4.11.3 Conflict of Interest

No official or employee of the Division and no other public official of the State of Mississippi or the Federal Government who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of the project shall, prior to the completion of the project, voluntarily acquire any personal interest, direct or indirect, in the contract or proposed contract. A violation of this provision shall constitute grounds for termination of this contract. In addition, such violation will be reported to the State Ethics Commission, Attorney General, and appropriate Federal law enforcement officers for review.

The Contractor covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. The Contractor further covenants that in the performance of the contract no person having any such known interests shall be employed including subsidiaries or entities that could be misconstrued as having a joint relationship, and no immediate family members of Medicaid providers shall be employed by the Contractor.

4.11.4 Personnel Practices

All employees of the Contractor involved in the Medicaid function will be paid as any other employee of the Contractor who works in another area of their organization in a similar position. The Contractor shall develop any and all methods to encourage longevity in Contractor's staff assigned to this contract.

Employees of the Contractor shall receive all benefits afforded to other similarly situated employees of the Contractor.

The Contractor shall sign the Drug Free Workplace Certificate (Exhibit 1).

4.11.5 No Property Rights

No property rights inure to the Contractor except for compensation for work that has already been performed.

4.12 EMPLOYMENT PRACTICES and COMPLIANCE WITH LAWS

The Contractor understands that the Division is an equal opportunity employer and therefore, maintains a policy which prohibits unlawful discrimination based on race, color, creed, religion, sex, age, national origin, physical handicap, disability, genetic information, political affiliation, ancestry, limited English proficiency, or any other consideration made unlawful by Federal, State, or local laws. All such discrimination is unlawful and the Contractor agrees during the term of the contract that the Contractor shall strictly adhere to this policy in its employment practices and provision of services, including, but not limited to, hiring, termination/discharge, promotion/demotion, or other terms and conditions of employment. The Contractor shall comply with, and all activities under this contract shall be subject to, all applicable Federal, State of Mississippi, and local laws and regulations related to unlawful discrimination, as now existing and as may be amended or modified.

The Contractor agrees to post in conspicuous places, available to employees and applicants for employment notices setting forth the provisions of this clause.

The Contractor shall, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, creed, religion, sex, age, national origin, physical handicap, disability, genetic information, political affiliation, ancestry, limited English proficiency, or any other consideration made unlawful by Federal, State, or local laws, except where it relates to a bona fide occupational qualification or requirement.

The Contractor shall comply with the non-discrimination clause contained in Federal Executive Order 11246, as amended by Federal Executive Order 11375, relative to Equal Employment Opportunity for all persons without regard to race, color, religion, sex, or national origin, and the implementing rules and regulations prescribed by the Secretary of Labor and with Title 41, Code of Federal Regulations, Chapter 60. The Contractor shall comply with related State laws and regulations, if any.

The Contractor shall comply with the Civil Rights Act of 1964, and any amendments thereto, and the rules and regulations thereunder, and Section 504 of Title V of the Rehabilitation Act of 1973, as amended, and related State laws and regulations, if any.

If the Division finds that the Contractor is not in compliance with any of these requirements at any time during the term of this contract, the Division reserves the right to terminate this contract or take such other steps as it deems appropriate, in its sole discretion, considering the interests and welfare of the State.

4.13 OWNERSHIP AND FINANCIAL INFORMATION

This information is to be included in the submission of the RFQ and may be marked with identifying information. Further guidance on the RFQ submission can be found in Section 5 of this RFQ.

4.13.1 Information to Be Disclosed

In accordance with 42 C.F.R. § 455.104(b), the Contractor shall disclose the following:

1. The name and address of any individual or corporation with an ownership or control interest in the disclosing entity, the Division's Fiscal Agent, or managed care entity. The address for corporate entities shall include as applicable primary business, every business location, and P.O. Box address;
2. Date of birth and Social Security Number (in the case of an individual);

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3. Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity (or the Division's Fiscal Agent or managed care entity) or in any subcontractor in which the disclosing entity (or the Division's Fiscal Agent or managed care entity) has a five percent (5%) or more interest;
4. Whether the individual or corporation with an ownership or control interest in the disclosing entity (or the Division's Fiscal Agent or managed care entity) is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or whether the individual or corporation with an ownership or control interest in any subcontractor in which the disclosing entity (or the Division's Fiscal Agent or managed care entity) has a five percent (5%) or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling;
5. The name of any other disclosing entity (or the Division's Fiscal Agent or managed care entity) in which an owner of the disclosing entity (or the Division's Fiscal Agent or managed care entity) has an ownership or control interest; and,
6. The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or the Division's Fiscal Agent or managed care entity).

4.13.2 When Information Will Be Disclosed

In accordance with 42 C.F.R. § 455.104(c), disclosures from the Contractor are due at any of the following times:

1. Upon the Contractor submitting a qualification in accordance with the State's procurement process;
2. Annually, including upon the execution, renewal, and extension of the contract with the State; and,
3. Within thirty-five (35) days after any change in ownership of the Contractor.

4.13.3 To Whom Information Will Be Disclosed

In accordance with 42 C.F.R. § 455.104(d), all disclosures shall be provided to the Division, the State's designated Medicaid agency.

4.13.4 Federal Financial Participation

In accordance with 42 C.F.R. § 455.104(e), Federal Financial Participation (FFP) is not available in payments made to a disclosing entity that fails to disclose ownership or control information as required by said section.

4.13.5 Information Related to Business Transactions

In accordance with 42 C.F.R. § 455.105, the Contractor shall fully disclose all information related to business transactions. The Contractor shall submit, within thirty-five (35) days of the date on a request by the Secretary or the Division, full and complete information about:

1. The ownership of any subcontractor with whom the Contractor has had business transactions totaling more than twenty-five thousand dollars and zero cents (\$25,000.00) during the twelve (12)-month period ending on the date of the request; and,
2. Any significant business transactions between the Contractor and any wholly owned supplier, or between the Contractor and any subcontractor, during the five (5)-year period ending on the date of the request.

4.13.6 Change of Ownership

A change of ownership of the Contractor includes, but is not limited to inter vivo gifts, purchases, transfers, lease arrangements, case and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest (50.1%) of the Contractor. The change of ownership must be an arm's length transaction consummated in the open market between non-related parties in a normal buyer-seller relationship.

The Contractor must comply with all laws of the State of Mississippi and the Mississippi Department of Insurance requirements regarding change of ownership of the Contractor.

Should the Contractor undergo a change of direct ownership, the Contractor must notify the Division in writing prior to the effective date of the sale. The new owner must complete a new Contract with the Division and Members will be notified. Any change of ownership does not relieve the previous owner of liability under the previous Contract.

If the Contractor's parent company is publicly traded, changes in beneficial ownership must be reported to the Division in writing within sixty (60) calendar days of the end of each quarter.

4.13.7 Disclosure of Identity of Any Person Convicted of a Criminal Offense

In accordance with 42 C.F.R. § 455.106(a), the Contractor shall disclose to the Division the identity of any person who:

1. Has ownership or control interest in the Contractor, or is an agent or managing employee of the Contractor; and,
2. Has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.

4.13.8 Disclosure to the Inspector General

In accordance with 42 C.F.R. § 455.106(b), the Division must notify the Inspector General of the Department of any disclosures under § 455.106(a) within twenty (20) working days from the date it receives the information. The Division must also promptly notify the Inspector General of the Department of any action it takes on the Contractor's agreement and participation in the program.

4.13.9 Division's Right of Refusal

In accordance with 42 C.F.R. § 455.106(c), the Division may refuse to enter into or renew an agreement with a Contractor if any person who has an ownership or control interest in the Contractor, or who is an agent or managing employee of the Contractor, has been convicted of a criminal offense related to that person's involvement in any program established under Medicare, Medicaid, or the Title XX Services Program. Further, the Division may refuse to enter into or may terminate a Contractor agreement if it determines that the Contractor did not fully and accurately make any disclosure required under 42 C.F.R. § 455.106(a).

4.13.10 Additional Requirements of the Division and Contractors

In accordance with 42 C.F.R. § 455.436, the State Medicaid agency and all Medicaid Contractors shall do the following:

1. Confirm the identity and determine the exclusion status of Contractors/subcontractors and any person with an ownership or control interest or who is an agent or managing employee of the Contractor/subcontractor through routine checks of Federal databases; and,
2. Consult appropriate databases to confirm identity of the above-mentioned persons and entities by searching the List of Excluded Individuals/Entities (LEIE) and the System for Award Management (SAM) upon enrollment, re-enrollment, credentialing, or re-credentialing, and no less frequently than monthly thereafter, to ensure that the State does not pay Federal funds to excluded persons or entities.

4.14 RISK MANAGEMENT

The Contractor may insure any portion of the risk under the provision of the contract based upon the Contractor's ability (size and financial reserves included) to survive a series of adverse experiences, including withholding of payment by the Division, or imposition of penalties by the Division.

On or before beginning performance under this Contract, the Contractor shall obtain from an insurance company, duly authorized to do business and doing business in Mississippi, insurance as follows:

4.14.1 Workers' Compensation

The Contractor shall take out and maintain, during the life of this contract, workers' compensation insurance for all employees employed under the contract in Mississippi. Such insurance shall fully comply with the Mississippi Workers' Compensation Law. In case any class of employees engaged in hazardous work under this contract at the site of the project is not protected under the Workers' Compensation Statute, the Contractor shall provide adequate insurance satisfactory for protection of his or her employees not otherwise protected.

4.14.2 Liability

The Contractor shall ensure that professional staff and other decision making staff shall be required to carry professional liability insurance in an amount commensurate with the professional responsibilities and liabilities under the terms of this RFQ and other supplemental contractual documents.

The Contractor shall obtain, pay for and keep in force during the contract period general liability insurance against bodily injury or death in an amount commensurate with the responsibilities and liabilities under the terms of this RFQ; and insurance against property damage and fire insurance including contents coverage for all records maintained pursuant to this contract in an amount commensurate with the responsibilities and liabilities under the terms of this RFQ. On an annual basis, the Contractor shall furnish to the Division certificates evidencing such insurance is in effect on the first working day following contract signing.

4.15 CONFIDENTIALITY OF INFORMATION

4.15.1 Confidentiality of Member Information

All information as to personal facts and circumstances concerning CHIP Members obtained by the Contractor shall be treated as privileged communications, shall be held confidential, and shall not be divulged without the written consent of the Division and the written consent of the enrolled Member, his attorney, or his responsible parent or guardian, except as may be required by the Division.

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The use or disclosure of information concerning Members shall be limited to purposes directly connected with the administration of the contract.

All of the Contractor officers and employees performing any work for or on the contract shall be instructed in writing of this confidentiality requirement and required to sign such a document upon employment and annually thereafter.

The Contractor shall immediately notify the Division of any unauthorized possession, use, knowledge or attempt thereof, of the Division's data files or other confidential information. The Contractor shall immediately furnish the Division full details of the attempted unauthorized possession, use or knowledge, and assist in investigating or preventing the recurrence thereof.

This requirement of confidentiality survives the term of the contract between the Division and Contractor.

4.15.2 Release of Public Information

Offerors must provide an electronic, single document version of qualifications redacting those provisions of the qualification which contain trade secrets or other proprietary data which they believe may remain confidential in accordance with Miss. Code Ann. § 25-61-9 (1972, as amended) and other applicable state and federal laws, if any. Offerors should be aware that the un-redacted version of their qualifications is considered public record and is subject to release by the Division pursuant to and in accordance with Miss. Code Ann. § 25-61-1, *et seq.* (1972, as amended).

In the event that either party to the executed Contract receives notice that a third party requests divulgence of confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of confidential or otherwise protected information, that party shall promptly inform the other party and thereafter respond in conformity with such subpoena to the extent mandated by State law. This provision shall survive termination or completion of the executed Contract. The parties agree that this provision is subject to and superseded by Miss. Code Ann. § 25-61-1, *et seq.* (1972, as amended) regarding Public Access to Public Records.

4.15.3 Trade Secrets, Commercial and Financial Information

It is expressly understood that Mississippi law requires that the provisions of this contract which contain the commodities purchased or the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret or confidential commercial or financial information and shall be available for examination, copying, or reproduction.

4.15.4 Transparency

This contract, including any accompanying exhibits, attachments, and appendices, is subject to the "Mississippi Public Records Act of 1983," and its exceptions. See Miss. Code Ann. §§ 25-61-1 *et seq.*, (1972, as amended) and Miss. Code Ann. § 79-23-1 (1972, as amended). In addition, this contract is subject to the provisions of the Mississippi Accountability and Transparency Act of 2008. Miss. Code Ann. §§ 27-104-151 *et seq.* (1972, as amended). Unless exempted from disclosure due to a court-issued protective order, a copy of this executed contract is required to be posted to the Department of Finance and Administration's independent agency contract website for public access at <http://www.transparency.mississippi.gov>. Information identified by Contractor as trade secrets, or other proprietary information, including confidential vendor information, or any other information which is

required confidential by state or federal law or outside the applicable freedom of information statutes, will be redacted by the contractor.

4.16 THE CONTRACTOR COMPLIANCE ISSUES

The Contractor agrees that all work performed as part of this contract shall comply fully with administrative and other requirements established by Federal and State laws, regulations and guidelines, and assumes responsibility for full compliance with all such laws, regulations and guidelines, and agrees to fully reimburse the Division for any loss of funds, resources, overpayments, duplicate payments or incorrect payments resulting from noncompliance by the Contractor, its staff, or agents, as revealed in any audit. In addition, the Contractor agrees that all work performed shall comply with all CMS guidelines necessary to maintain the enhanced funding provided by CMS for eligibility and enrollment systems development.

4.16.1 Federal, State, and Local Taxes

Unless otherwise provided herein, the contract price shall include all applicable Federal, State, and local taxes.

The Contractor shall pay all taxes lawfully imposed upon it with respect to this contract or any product delivered in accordance herewith. The Division makes no representation whatsoever as to exemption from liability to any tax imposed by any governmental entity on the Contractor.

4.16.2 License Requirements

The Contractor shall have, or obtain, any license/permits that are required prior to and during the performance of work under this contract. Any compliance training, such as HIPAA, which is required of the Contractor or Subcontractors under this contract will be at the cost of the Contractor and not the responsibility of the Division.

4.16.3 Privacy/Security Compliance

The Contractor shall execute the Division's Business Associate Agreement (BAA) and Data Use Agreement (DUA) before contract execution. The BAA and DUA can be found on the Procurement Website at <http://www.medicaid.ms.gov/resources/procurement/>. Moreover, all activities under this contract shall be performed in accordance with all applicable Federal and/or State laws, rules and/or regulations including the Administrative Simplification provisions of HIPAA, as amended by the Genetic Information Nondiscrimination Act (GINA) of 2008 and the Health Information Technology for Economic and Clinical Health Act (HITECH Act), Title XIII of Division A, and Title IV of Division B of the American Recovery and Reinvestment Act (ARRA) of 2009, and their implementing regulations at 45 C.F.R. Parts 160, 162, and 164, involving electronic data interchange, code sets, identifiers, and the security and privacy of protected health information (PHI), as may be applicable to the services under this Contract. Each party to this contract shall treat all data and information to which it has access under this contract as confidential information to the extent that confidential treatment of same is required under Federal and State law and shall not disclose same to a third party without specific written consent of the other party. In the event that either party receives notice that a third party requested divulgence of the confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of the confidential or otherwise protected information, the party shall promptly inform the other party and thereafter respond in conformity with such subpoena as required by applicable State and/or Federal law, rules, and regulations. The provision herein shall survive the termination of the contract

for any reason and shall continue in full force and effect and shall be binding upon both parties and their agents, employees, successors, assigns, subcontractors, or any party claiming an interest in the contract on behalf of, or under, the rights of the parties following termination.

4.16.4 Site Rules and Regulations

The Contractor shall use its best efforts to ensure that its employees and agents, while on the Division premises, shall comply with site rules and regulations.

4.16.5 Environmental Protection

The Contractor shall be in compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. § 7606), Section 508 of the Clean Water Act (33 U.S.C. § 1368), Executive Order 11738, and applicable United States Environmental Protection Agency (EPA) regulations which prohibit the use under non-exempt Federal contracts, grants, or loans of facilities included on the EPA list of Violating Facilities. The Contractor shall report violations to the applicable grantor Federal agency and the United States EPA Assistant Administrator for Enforcement.

4.16.6 Lobbying

The Contractor certifies, to the best of its knowledge and belief, that no Federal appropriated funds have been paid or will be paid, by or on behalf of the Contractor to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Contractor shall complete and submit "Disclosure Form to Report Lobbying," in accordance with its instructions.

This certification is a material representation of fact upon which reliance is placed when entering into this contract. Submission of this certification is a prerequisite for making or entering into this contract imposed under 31 U.S.C. § 1352. Failure to file the required certification shall be subject to civil penalties for such failure.

The Contractor shall abide by lobbying laws of the State of Mississippi.

4.16.7 Bribes, Gratuities, and Kickbacks Prohibited

The receipt or solicitation of bribes, gratuities and kickbacks is strictly prohibited.

No elected or appointed officer or other employee of the Federal Government or of the State of Mississippi shall benefit financially or materially from this contract. No individual employed by the State of Mississippi shall be permitted any share or part of this contract or any benefit that might arise there from.

The Offeror or Contractor represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.

4.16.8 Small and Minority Businesses

The Division encourages the employment of small business and minority business enterprises. Therefore, the Contractor shall report, separately, the involvement in this contract of small businesses and businesses owned by minorities and women. Such information shall be reported on an invoice annually on the contract anniversary and shall specify the actual dollars contracted to-date with such businesses, actual dollars expended to date with such businesses, and the total dollars planned to be contracted for with such businesses on this contract.

4.16.9 Suspension and Debarment

The Contractor certifies that it is not suspended or debarred under Federal law and regulations or any other state's laws and regulations.

4.16.10 E-Verification

If applicable, Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act of 2008, and will register and participate in the status verification system for all newly hired employees. Miss. Code Ann. §§ 71-11-1 *et seq.* (1972, as amended). The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Contractor agrees to maintain records of such compliance. Upon request of the State and after approval of the Social provide a copy of each such verification. Contractor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws. The breach of this agreement may subject Contractor to the following:

- (1) termination of this contract for services and ineligibility for any state or public contract in Mississippi for up to three (3) years with notice of such cancellation/termination being made public;
- (2) The loss of any license, permit, certification or other document granted to Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year; or, both.
- (3) In the event of such cancellations/termination, Contractor would also be liable for any additional costs incurred by the State due to Contract cancellation or loss of license or permit to do business in the State.

4.17 REPRESENTATION REGARDING GRATUITIES

The Offeror, represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.

5. Qualification

5.1 INTRODUCTION

All qualifications shall be typewritten on standard 8 ½ x 11 paper (larger paper is permissible for charts, spreadsheets, etc.) with tabs delineating each section. One copy of the qualification shall be submitted on CD in a single searchable document in Microsoft Word or Adobe Acrobat (PDF) format.

The Qualification must include the following sections:

1. Transmittal Letter (Marked);
2. Executive Summary (Marked);
3. Corporate Background and Experience (including audited financials) (Marked);
4. Ownership and Financial Disclosure Information (Section 4.13 of the RFQ) (Marked);
5. Organization and Staffing (Marked);
6. Methodology (Unmarked);
7. Management and Control (Marked); and,
8. Work Plan and Schedule (Unmarked).

Items to be included under each of these headings are identified in the paragraphs below. Each section within the qualification should include all items listed in the paragraphs below. The evaluation of qualifications will be done on a section-by-section basis. A format that easily follows the requirements and order of the RFQ should be used.

The Technical Qualification shall have no identifying information, logos, watermarks, etc. If this is violated then that Offeror may be immediately rejected as non-responsive. The Management Qualification will be allowed to have company identifying information.

Any qualification that does not adhere to these requirements will be deemed non-responsive and rejected on that basis.

5.2 SEPARATION OF QUALIFICATIONS

Qualifications shall be separated into two (2) separate binders: Technical Qualifications (Unmarked) and Management Qualifications (Marked). The Division request that within each binder the offeror follow the order of each section as identified in Section 5.1 of this qualification. In the Technical Qualification, please include tabs for each section and note that the marked sections may be found in the Management Qualification. In the Management Qualification, the offeror should include tabs for each section and note that the unmarked sections may be found in the Technical Qualification.

5.3 TRANSMITTAL LETTER (Marked)

The Transmittal Letter shall be in the form of a standard business letter on letterhead of the Offeror and shall be signed by an individual authorized to legally bind the Offeror. The transmittal letter should identify all material and enclosures being submitted in response to the RFQ. Failure to include the statements or

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items listed below may result in rejection of the qualification. The transmittal letter shall include the following:

1. A statement indicating that the Offeror is a corporation or other legal entity;
2. A statement confirming that the Offeror is registered to do business and in "Good Standing" with the State of Mississippi and providing their corporate charter number to work in Mississippi, if applicable;
3. A statement confirming that the Offeror has been licensed by the Mississippi Insurance Department (MID) accompanied by a copy of the license; or evidence that an application for license in Mississippi has been submitted to the Mississippi DOI at the time of qualification submission. (Note: If selected, the Offeror shall be required to provide evidence that a license has been obtained before offering or providing services to Members);
4. A statement identifying the Offeror's Federal tax identification number;
5. A statement confirming that the Offeror has not been sanctioned by a state or federal government within the last ten (10) years;
6. A statement confirming that the Offeror is not suspended or debarred under federal law and regulations or any other state's laws or regulations;
7. A statement confirming that the Offeror has experience in contractual services providing the type of services described in this RFQ;
8. A statement that, if the Offeror is awarded the Contract, the Contractor agrees that any lost or reduced Federal matching money resulting from unacceptable performance of a Contractor task or responsibility, as defined in this RFQ, shall be accompanied by reductions in State payments to the Contractor;
9. A statement identifying any prior project where the Offeror was terminated prior to the end of the Contract period;
10. A statement that no attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit a qualification;
11. A statement that the Contractor has or has not (*use applicable word*) retained any person or agency on a percentage, commission, or other contingent arrangement to secure this Contract;
12. A statement that the Offeror has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set which is guided by the previous provisions of the *Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations*, a copy of which is available at 501 North West Street, Suite 701E, Jackson, Mississippi 39201 for inspection, or downloadable at <http://www.DFA.ms.gov>.
13. A statement of Affirmative Action, that the Offeror does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, disability or genetic information;
14. A statement that the Offeror agrees to the language of the Division's BAA and DUA without expectation of negotiation;
15. A statement identifying by number and date all amendments to this RFQ issued by the Division which have been received by the Offeror. If no amendments have been received, a statement to that

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effect should be included;

16. A statement that the Offeror has read, understands and agrees to all provisions of this RFQ without reservation and without expectation of negotiation;
17. Certification that the Offeror's qualification will be firm and binding for one hundred eighty (180) days from the qualification due date;
18. A statement naming any outside firms responsible for writing the qualification;
19. A statement that the Contractor has included the signed Drug Free Workplace Certificate (Exhibit 1) (Contractor and all Subcontractors);
20. A statement that the Offeror has included the signed DHHS Certification Regarding Debarment, Suspension, and Other Responsibility Matters for Primary Covered Transactions (Exhibit 2) with the Transmittal letter;
21. If the use of Subcontractor(s) is proposed, a statement from each Subcontractor must be appended to the Transmittal Letter signed by an individual authorized to legally bind the Subcontractor and stating the general scope of work to be performed by the Subcontractor(s);
22. All qualifications submitted by corporations must contain certifications by the secretary, or other appropriate corporate official other than the corporate official signing the corporate qualification, that the corporate official signing the corporate qualification has the full authority to obligate and bind the corporation to the terms, conditions, and provisions of the qualification;
23. All qualifications submitted must include a statement that the Offeror presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this Contract, and it shall not employ, in the performance of this Contract, any person having such interest;
24. A statement that no public disclosure or news release pertaining to this procurement shall be made without prior written approval of the Division; and,
25. If the qualification deviates from the detailed specifications and requirements of the RFQ, the transmittal letter shall identify and explain these deviations. The Division reserves the right to reject any qualification containing such deviations or to require modifications before acceptance.

5.4 EXECUTIVE SUMMARY(Unmarked)

The Executive Summary shall condense and highlight the contents of the qualification in such a way as to provide a broad understanding of the entire qualification. The Executive Summary shall include a summary of the proposed approach, the staffing structure, and the task schedule, including a brief overview of:

1. Proposed work plan;
2. Staff organizational structure;
3. Key personnel; and,
4. A brief discussion of the Offeror's understanding of the Mississippi environment and the CHIP program requirements.

The Executive Summary should be no more than ten (10) single-spaced typed pages in length.

5.5 CORPORATE BACKGROUND AND EXPERIENCE (Marked)

The Corporate Background and Experience Section shall include for the Offeror, for the most recent three (3) years, details of the background of the company, its size and resources, details of corporate experience relevant to the proposed Contract, audited financial statements, and a list of all current or recent CHIP or related projects.

5.5.1 Corporate Background

The details of the background of the corporation, its size, and resources, shall cover:

1. Date established;
2. Location of the principal place of business;
3. Location of the place of performance of the proposed Contract;
4. Ownership (e.g.: public company, partnership, subsidiary);
5. Total number of employees;
6. Number of personnel currently engaged in operations;
7. Computer resources;
8. Performance history and reputation;
9. Current products and services; and
10. Professional accreditations pertinent to the services provided by this RFQ.

5.5.2 Audited Financial Statements

Audited financial statements for the contracting entity shall be provided for each of the last three (3) years, including, at a minimum:

1. Statement of income;
2. Balance sheet;
3. Statement of changes in financial position during the last three (3) years;
4. Statement of cash flow;
5. Auditors' reports;
6. Notes to financial statements; and,
7. Summary of significant accounting policies.

If the information requested above is not available, the Offeror must provide an explanation. Offerors must submit appropriate documentation to support the explanation. Acceptance of the explanation provided is at the discretion of the Division.

The Offeror must also submit the following:

1. Documentation of available lines of credit, including maximum credit amount and amount available thirty (30) business days prior to the submission of the qualification; and,
2. Three (3) year financial pro forma. Appendix D provides the pro forma template to be completed by the Offeror.

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The Division reserves the right to request any additional information to assure itself of an Offeror's financial status.

5.5.3 Corporate Experience

The Corporate Experience Section must present the details of the Offeror's experience with the type of service to be provided by this RFQ and Medicaid experience. A minimum of three (3) corporate references are required for this type of experience, the template can be found in Appendix E. At its discretion, the Division may check references during the evaluation process at its option. Each reference shall include the client's name and address and the current telephone number of the client's responsible project administrator or of a senior official of the client who is familiar with the Offeror's performance and who may be contacted by the Division during the evaluation process. The Division reserves the right to contact officials of the client other than those indicated by the Offeror. Overlapping responsibilities on the same client's contract should be depicted so that they are easily recognized.

The Offeror shall provide for each experience:

1. The client's name;
2. Client references (including phone numbers);
3. Description of the work performed;
4. Number of covered lives;
5. Time period of contract;
6. Total number of staff hours expended during time period of contract;
7. Personnel requirements;
8. Geographic and population coverage requirements;
9. Publicly funded contract cost;
10. Any contractual termination within the past five (5) years; and,
11. Direct Contract for client (see Appendix A).

Offeror may submit as many references as desired by submitting as many additional copies of Appendix E, References, as deemed necessary. References will be contacted in the order listed until three (3) references have been interviewed and Reference Score Sheets completed for each of the three (3) references. No further references will be contacted; however, Offerors are encouraged to submit additional references to ensure that at least three references are available for interview. The Division staff must be able to contact three (3) references within three (3) business days of qualification due date for scoring purposes.

If the information requested above is not available, the Offeror must provide an explanation. Offerors must submit appropriate documentation to support information provided. Acceptance of the explanation provided is at the discretion of the Division.

5.6 ORGANIZATION AND STAFFING (Marked)

The Organization and Staffing Section shall include team organization, charts of proposed personnel and positions, number of FTEs associated with each position for key staff, and job descriptions of key management personnel and care managers listed in Section 1.L, Administration, Management, Facilities and Resources of Appendix A, Draft Contract, and résumés of all management and key professional personnel as required in this RFQ.

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The Offeror shall:

1. Provide experience and qualifications of each staff person proposed to work on this program;
2. Describe how the Offeror will train, educate, and supervise staff regarding this program;
3. Describe how the Offeror will ensure inter-rater reliability among its staff for this program; and,
4. Discuss the Offeror's relationship with any proposed Subcontractors, including how it will monitor these Subcontractors; and its experience working with any proposed Subcontractors. The Offeror shall provide references and qualifications of proposed Subcontractors, and biographies of any Subcontractor staff proposed to work on this program.

5.6.1 Organization

The organization charts shall show:

1. Organization and staffing during each phase as described in the RFQ;
2. Full-time, part-time, and temporary status of all employees; and
3. Indication if staff shall be wholly dedicated to the associated contract or if the staff member is shared.

5.6.2 Résumés

Offerors shall submit résumés of all proposed key staff persons - Project Manager, and other key management staff. Experience narratives shall be attached to the résumés describing specific experience with the type service to be provided by this RFQ, a Medicaid program, and professional credentials, including any degrees, licenses, and recent and relevant continuing education.

The résumés of proposed personnel shall include:

1. Duration and experience as an employee with the Offeror;
2. All experience in working with Medicaid programs;
3. Experience working with Medicaid managed care;
4. Relevant education and training, including college degrees, dates of completion, and institution name and address; and,
5. Names, positions, current addresses, and current phone numbers of a minimum of three (3) persons who can give information on the individual's experience and competence. Current Division staff shall not be submitted for any reference for the above requirements.

The résumés of proposed managers shall also include:

1. Experience in managing large-scale contractual services projects;
2. Other management experience; and,
3. Supervisory experience including details and number of people supervised.

If management responsibilities will be assigned to more than one individual during the program (i.e., management may be changed following implementation), résumés shall be provided for all persons concerned.

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Each project referenced in a résumé should include the client name, the time period of the project, and the time period the person performed, as well as a brief description of the project and the person's responsibilities.

5.6.3 Responsibilities

This Section should discuss the anticipated roles of personnel during the Contract. All proposed key leaders, including definitions of their responsibilities should be included.

5.6.4 Backup Personnel Plan

If additional staff is required to perform the functions of the Contract, the Offeror should outline specifically its plans and resources for adapting to these situations. The Offeror should also address plans to ensure the longevity of staff in order to allow for effective Division support.

5.7 Methodology/ Work Statement (Unmarked)

Please respond to the questions contained in the chart below in this section of the RFQ. These statements and questions relate directly to the Major Program Elements described in Section 1.4 of this RFQ and related requirements set forth in Appendix A, Draft Contract. The Offeror should repeat each statement/question and then follow with the response. Please respond completely but succinctly. When specified, page limits indicate the maximum length of a response. Offerors are encouraged to respond in fewer pages if that is possible. Answer "not applicable" to any item that is not relevant to the entity's qualification. Required documentation for specific answers will not be included as part of page limits and should be included in the body of the response, not as an attachment.

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Figure 6. Work Statement Questionnaire

#	Questions
Administrative Requirements	
1.	Describe the entity's plans to establish an Administrative Office within fifteen (15) miles of Jackson, Mississippi as required by the RFQ. Describe the office within that space that the entity will make available to Division staff. (Limit to one (1) page)
2.	Describe how and where administrative records and data will be maintained and the process and time frame for retrieving records requested by the Division or other State or external review representatives. (Limit to two (2) pages)
Qualifications and Staffing	
3.	If the entity proposes to use Subcontractors or subsidiaries of the corporate entity to provide any of the services in this RFQ, provide a listing of those Subcontractors with their experience in providing care to CHIP Members and a brief description of the services they will provide. (Limit to one (1) page per Subcontractor or subsidiary)
4.	Describe the entity's staffing ratios per enrolled Member, including the number of Member services call center employees and nurse advice line employees, as well as supervisor to staff ratios. Describe the job qualifications for Provider services call center employees. (Limit to one (1) page)
5.	Describe the entity's staffing ratios per enrolled Provider, including the number of Provider services call center employees, as well as supervisor to staff ratios. Describe the job qualifications for Provider services call center employees. (Limit to one (1) page)
6.	Describe staff who will be assigned to the quality management program and their qualifications. (Limit to one (1) page)
7.	Describe the role of the Care Manager and Care Management Team. Describe the minimum level of education, training, and experience required for care managers. Describe the entity's approach to ensure that care managers are culturally competent and understand the unique needs of Members, including how a Member's initial risk level and needs may factor into care manager assignment. Include the entity's proposed ratio of care managers to Members. (Limit to two (2) pages)
8.	Describe the entity's process to work towards managed care organization (MCO) accreditation status from the NCQA. Include whether the entity has successfully received accreditation for other state CHIP programs, met required time frames to achieve accreditation, and any unsuccessful attempts. (Limit to one (1) page)
9.	Describe staff who will be responsible for the entity's Fraud, Waste and Abuse program and their qualifications.

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Qualifications and Staffing	
	(Limit to one (1) page)
10.	Describe how staff will respond to requests from the Division regarding complaints, ad hoc reports, etc. as required in Section 1.J, Responsiveness to Division Requests, of Appendix A, Draft Contract. (Limit to one (1) page)
11.	Describe staff who will be responsible for subrogation and Third Party Liability activities, including staffing levels and qualifications. (Limit to one (1) page)
12.	Describe staff who will be responsible for the entity's encounter reconciliation policies and process, including staffing levels and qualifications. (Limit to one (1) page)
13.	Describe staff who will be wholly dedicated to the associated contract and those staff members which are shared. (Limit to one (1) page)

Eligibility and Enrollment	
14.	Describe how the entity will use the Division's eligibility and enrollment files to manage membership. Include the process for resolving discrepancies between these files and the entity's internal membership records, such as differences in Member addresses. (Limit to two (2) pages)
15.	Describe the entity's process for engaging Members who request to disenroll from the CHIP Program to stay enrolled, including: a. Process for outreach and engagement of Members; and, b. Conducting Disenrollment surveys with Members to determine the reason for Disenrollment. Include how the entity will use results from the survey to improve the program. (Limit to three (3) pages)
16.	Describe the entity's proposed process to assign Members to a Primary Care Provider (PCP)/Medical Home within sixty (60) calendar days of Enrollment. Include a discussion of the entity's approach to: a. Assist Members when selecting a PCP/Medical Home and Auto Enroll Members who do not make a selection; b. Track data to confirm that every Member is assigned; c. Inform PCPs/Medical Homes of new Members within the required time frames; and d. Confirm that PCPs/Medical Homes received the list of assigned Members. Provide a sample of the report the entity will use to notify PCPs/Medical Homes of their assigned Members. (Limit to three (3) pages, excluding the sample report)

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Eligibility and Enrollment	
17.	<p>Describe the entity's proposed process to ensure that any new Member has an appointment scheduled with the selected PCP/Medical Home within at least ninety (90) calendar days of Enrollment.</p> <p>(Limit to two (2) pages)</p>
18.	<p>Describe the entity's proposed policies and procedures for designating a PCP/Medical Home as a specialist for Members with disabling conditions, chronic illnesses, or child(ren) with special health care needs.</p> <p>(Limit to two (2) pages)</p>
19.	<p>Describe the entity's proposed process for communicating with Members about their PCP/Medical Home assignment and encouraging Members to use their assigned PCP/Medical Home and keep scheduled appointments. Include how the entity will identify and resolve Member barriers to keeping appointments.</p> <p>(Limit to two (2) pages)</p>
20.	<p>Describe the entity's proposed process for providing Members with information packets, including identification cards, within fourteen (14) calendar days of Enrollment. Include the following:</p> <ul style="list-style-type: none">a. Language alternatives that will be available;b. How the entity will comply with information requirements listed in Section 4.D, Contractor Member Information Packet of Appendix A, Draft Contract;c. The entity's proposed methods and creative approaches for obtaining correct Member addresses; and,d. Process for following up with Members whose information packets or identification cards are returned. <p>(Limit to three (3) pages, excluding any samples of member materials that the Offeror chooses to provide.)</p>

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Benefits	
21.	Describe the entity's proposed approach to inform Members about covered health services including: behavioral health/substance use disorder; maternity; autism and other developmental disabilities; well baby and well child; and, pharmacy services. (Limit to two (2) pages)
22.	Describe the timely process by which media release, public announcement or public disclosure of any change affecting pharmacy services will be organized, sent and reviewed for approval by the Division. (Limit to one (1) page)
23.	Describe any enhanced benefits that the entity proposes to provide to Members. (Limit to three (3) pages)
24.	Describe your proposed approach to ensure children receive timely services, periodic health screenings and appropriate and up-to-date immunizations using the ACIP Recommended Immunization Schedule and AAP Bright Futures for all CHIP Members including periodic examinations for vision, dental, and hearing and all medically necessary services. Include the following: <ul style="list-style-type: none"> a. An overview of related policies, procedures, and processes b. An overview of how you will encourage Members to obtain services c. How you anticipate the approach will improve health outcomes d. Your process for reminders, follow-ups, and outreach to Members e. How you plan to communicate to Member that Cost sharing in any form is not allowable on benefits for preventive services or pregnancy-related assistance. (Limit to three (3) pages)
25.	Describe the entity's direct experience in service delivery and payment for behavioral health/substance use disorder services for Pediatric and adolescent behavioral health/substance use disorder. (Limit to two (2) pages)

Pharmacy	
26.	Describe the policies, procedures and processes the entity will implement specific to provision of the pharmacy benefit, including a discussion of how the entity would propose interacting with the Division's P&T Committee, comply with the provisions of 42 C.F.R. § 438.3 regarding drug utilization and prior authorization, and promote medication adherence to maintain continuity of care. In developing this response, note that the Contractors are required to observe P&T Committee meetings and must adhere to the Universal Preferred Drug List. (Limit to four (4) pages)
27.	Describe the policies and procedures for: <ul style="list-style-type: none"> (a) Targeting all prospective and retrospective interventions and/or auditing processes aimed at Network Provider's and/or drugs dispensed; (b) Routinely updating formulary data;

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Pharmacy	
	<ul style="list-style-type: none"> (c) Prior authorization (PA) processes of all drugs (PDL and Non- PDL covered drugs) including development of both manual and electronic PA criteria and associated edits; (d) Call center operations; (e) Monitoring the PBM as well as the PBM's subcontractor(s) , including , but not limited to, ensuring no conflicts of interest exist and the confidentiality of member/provider information; (f) Obtaining a unique BIN/PCN combination and a unique Network Reimbursement Identification. The unique BIN/PCN combination must differ from a PBM's other lines of business. The National Council for Prescription Drug Program (NCPDP) filed associated with the Network Reimbursement ID is 545-2F. The Network Reimbursement IDs must be displayed and used to identify and separate the PBM's lines of business on the same electronic remittance advice statements as well as paper remittance advice statements; (g) Displaying the format of remittance advice statements and establishing the frequency of payment to providers; (h) Providing the Division's Office of Pharmacy viewing access rights to the PBM's live claims system and testing rights to the PBM's pharmacy claims testing environment (i) Submission and time table of the PBM's unadulterated pharmacy claims data to the Division; (j) Source, process and time line of updating NADAC and WAC prices in PBM system; (k) Pharmacy lock-in program; (l) Pharmacy Rebate program; and, (m) Mail order and delivery process should the Member choose this option. <p>(Limit to five (5) pages)</p>
28.	<p>Describe the entity's proposed exception process if a Provider or Member requests use of a non-preferred drug including, but not limited to:</p> <ul style="list-style-type: none"> a. Overriding standard drug utilization review criteria and clinical edits when Medically Necessary based on the individual member's circumstances; b. Prior Authorization reconsideration process/appeal process; and, c. Prior Authorizations time table such as a prescriber's office to request a Prior Authorization as a condition of coverage or pharmacy payment if the Prior Authorization request is approved or denied within 24 hours of receipt and when to dispense a 72-hour emergency supply of the medication. <p>(Limit to two (2) pages)</p>

Member Services	
29.	<p>Describe the entity's Member services call center operations, including:</p> <ul style="list-style-type: none"> a. Location of proposed operations within Hinds, Madison or Rankin County; b. Specific standards for rates of response (e.g., live answer, incomplete calls, speed of answer, average length of call) and measures to ensure standards are met (the Division retains the right to approve all call center standards); c. Accommodations for non-English speaking, hearing impaired, and visually impaired callers; d. The process to ensure that Member calls pertaining to immediate medical needs are properly handled;

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Member Services	
	<p>e. Training program for call center employees including cultural competency and Care Management; and</p> <p>f. For behavioral health/substance use disorder, how the entity will provide crisis intervention and other telephone access twenty-four (24) hours per day, seven (7) days per week.</p> <p>(Limit to five (5) pages)</p>
30.	<p>Describe the entity's proposed automatic call distribution (ACD) system and its capabilities and capacities.</p> <p>(Limit to two (2) pages)</p>
31.	<p>Describe how the entity's Member Handbook will inform Members about the process for accessing physical and behavioral health/substance use disorder services.</p> <p>(Limit to three (3) pages)</p>
32.	<p>Describe how the entity will develop and maintain a comprehensive, evidence-based health education program for Members, including:</p> <ul style="list-style-type: none"> a. An overview of the program, including accountabilities and proposed activities; b. The entity's rationale for selecting areas of focus; c. How the entity will ensure that materials are at a sixth (6th) grade reading level; d. The language alternatives available to non-English speakers/readers; and, e. How Members who are visually and/or hearing impaired will be accommodated. <p>Describe how the entity will employ creative solutions to encourage participation in Member outreach and education activities.</p> <p>(Limit to four (4) pages)</p>
33.	<p>Describe the entity's proposed process for maintaining a Provider directory that includes names, locations, telephone numbers, and non-English languages spoken by contracted Providers located near the Member and identifies PCPs/Medical Homes and specialists that are not accepting new patients.</p> <p>(Limit to two (2) pages)</p>
34.	<p>Describe the entity's proposed policies, procedures, and processes regarding the Member's rights specified in Section 6.I, Member Rights and Responsibilities of Appendix A, Draft Contract.</p> <p>(Limit to one (1) page)</p>
35.	<p>Describe the entity's proposed policies, procedures, and processes to ensure Marketing requirements are met in accordance with 42 C.F.R. § 438.104, except § 438.104(c) of this chapter related to state agency review does not apply. Include a description of Marketing materials the entity proposes to send to Members. Provide samples of Marketing materials the entity has used for other Medicaid programs (e.g. materials included in the Member Information Packet and other educational materials sent to members after enrollment) as available.</p> <p>(Limit to three (3) pages and two (2) samples)</p>
36.	<p>Describe the entity's proposed Member Complaint, Grievance, and Appeal process specifically addressing:</p>

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Member Services	
	<p>a. Compliance with State requirements as described on the Division's Website and, Section 6.J, Member Complaint, Grievance, and Independent External Review Process of Appendix A, Draft Contract;</p> <p>b. Process for expedited review;</p> <p>c. Involvement of Members and their families in the Complaint, Grievance, and Appeal process;</p> <p>d. How Complaints and Grievances are tracked and trended and how the entity uses data to make program improvements; and,</p> <p>e. Process to review decisions overturned in external reviews and the entity's approach to address any needed changes based on this review.</p> <p>(Limit to four (4) pages)</p>
37.	<p>Describe the entity's proposed approach to assess Member satisfaction including tools the entity plans to use, frequency of assessment, and responsible parties.</p> <p>(Limit to two (2) pages)</p>
38.	<p>Describe any Member incentive programs the entity plans to implement and address the following:</p> <p>a. Description of incentives the entity will provide to Members and the criteria for providing the incentives;</p> <p>b. How the entity will employ creative solutions to educate Members about the incentives;</p> <p>c. How the entity will confirm Members can access the incentives; and,</p> <p>d. How the entity will measure the impact of the incentives and adjust the incentives when they are not successful.</p> <p>(Limit to three (3) pages)</p>

Provider Network	
39.	<p>Explain the entity's plan to develop a comprehensive Provider Network to ensure it meets the Division access and availability requirements for all covered benefits. Specifically include:</p> <p>a. The entity's recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, timely application process for providers being added to network and carrying out recruitment efforts;</p> <p>b. The entity's strategy for retaining specialists and how the entity will provide access to specialists if not in the network;</p> <p>c. If Subcontractors will be used for certain service areas (e.g., dental, transportation, behavioral health/substance use disorder), how their network development efforts will be coordinated with the overall recruitment strategy and how the entity will provide oversight and monitoring of network development activities;</p> <p>d. Proposed method to assess and ensure the network standards outlined in Appendix A, Draft Contract are maintained for all Provider types, including using GeoAccess to ensure network adequacy;</p> <p>e. The entity's process for continuous network improvement, including the approach for monitoring and evaluating PCP/Medical Homes compliance with availability and scheduling appointment requirements and ensuring Members have access to care if the entity lacks an agreement with a key Provider type in a given geographic area; and,</p>

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Provider Network	
	<p>f. How the entity will ensure appointment access standards are met when Members cannot access care within the entity's Provider Network.</p> <p>(Limit to eight (8) pages)</p>
40.	<p>Describe how the entity will develop and maintain collaborative relationships with low, medium and high intensity residential treatment facilities and medically monitored inpatient treatment facilities.</p> <p>(Limit to two (2) pages)</p>
41.	<p>Describe the entity's proposed credentialing and re-credentialing process including:</p> <p>a. Oversight of Subcontractor credentialing and re-credentialing processes.</p> <p>(Limit to three (3) pages)</p>
42.	<p>Submit copies of the entity's standard Provider contracts.</p>
43.	<p>Describe the entity's proposed policies and procedures for addressing the loss of a large Provider group or health system, including:</p> <p>a. System used to identify and notify Members affected by Provider loss;</p> <p>b. Automated systems and membership supports used to assist affected Members with Provider transitions;</p> <p>c. Systems and policies used to maintain continuity of care of Members experiencing Provider transition; and,</p> <p>d. Approach to cover membership needs with existing network resources following terminations.</p> <p>(Limit to two (2) pages)</p>
44.	<p>Describe any Provider incentive programs the entity plans to implement to improve access and the quality of care.</p> <p>(Limit to two (2) pages)</p>
45.	<p>If the entity is currently contracting with Providers in Mississippi, provide a list of currently contracted Providers by county and specialty.</p>
46.	<p>If the entity is not currently contracting with Providers in Mississippi, provide a work plan for how the entity plans to contract with Mississippi Providers, with accountabilities and timelines.</p> <p>(Limit to five (5) pages)</p>

Provider Services	
47.	<p>Describe the entity's Provider services call center operations including:</p> <p>a. Hours of operation;</p> <p>b. Location of operations (If out of state, describe how it will accommodate services for Mississippi);</p>

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Provider Services	
	<p>c. Specific standards for rates of response (e.g., live answer, incomplete calls, speed of answer, average length of call) and measures to ensure standards are met (the Division retains the right to approve all call center standards);</p> <p>d. Training program for call center employees including cultural competency; and,</p> <p>e. A description of any plans to use electronic communication to respond to Provider inquiries.</p> <p>(Limit to three (3) pages)</p>
48.	<p>Describe how the entity will educate network PCPs/Medical Homes regarding how and when to refer a Member for behavioral health/substance use disorder treatment, and how to collaborate with behavioral health/substance use disorder Providers and systems.</p> <p>(Limit to two (2) pages)</p>
49.	<p>Describe the entity's proposed approach to assess Provider satisfaction, including tools the entity plans to use, frequency of assessment, and responsible parties.</p> <p>(Limit to two (2) pages)</p>
50.	<p>Describe the entity's proposed process for ensuring that non-participating Providers who provide emergency services to Members are paid on a timely basis.</p> <p>(Limit to two (2) pages)</p>
51.	<p>Describe the entity's proposed Provider Complaint, Grievance, and Appeal process specifically addressing:</p> <p>a. Compliance with State requirements as described in Section 7.I, Provider Complaint, Grievance, Appeal and Independent External Review Process of Appendix A, Draft Contract;</p> <p>b. Process for elevating Provider Complaints and Grievances; and,</p> <p>c. Process for identifying, tracking, and trending Complaints and Grievances, using data to make program improvements, and sharing data with the Division.</p> <p>(Limit to three (3) pages)</p>
Care Management	
52.	<p>Describe your overall approach to Care Management, including the process and criteria used for Care Management for the CHIP population. Address the following issues in the response:</p> <p>a. Identification of Members in need of Care Management for Members, including the use of software or tools;</p> <p>b. Creative methods to engage difficult to reach populations or Members who are unresponsive to outreach efforts and/or participation in Care Management; and,</p> <p>c. Identification of the level of Care Management needed for each Member, and the services provided by risk level (e.g., low, medium, high).</p> <p>Specifically address programs for high-risk populations, including neonates, Members with behavioral health needs (e.g., co-occurring behavioral health and physical health disorders), and Members with chronic conditions. Include relevant Performance Measures that will be used to assess progress.</p> <p>(Limit to six (6) pages)</p>

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Care Management	
53.	<p>Describe your proposed policies, procedures, and processes to conduct outreach to ensure that Members receive all recommended preventive and medically necessary follow-up treatment. Describe how you will notify Members and/or Providers when follow-up is due. Address the following issues in the response:</p> <ul style="list-style-type: none"> a. Access for Members requiring Care Management; b. Facilitation and monitoring of Member compliance with treatment plans; and, c. Coordination with other Providers. <p>(Limit to three (3) pages)</p>
54.	<p>Describe your proposed process to ensure appropriate communication with the Provider, follow-up communication with the Members' PCP/Medical Home, and follow-up care for the Member. Address the following in the response:</p> <ul style="list-style-type: none"> a. Your role and the PCP's/Medical Homes role in this process; b. Examples of information that you will provide to Providers; c. Interaction between case managers and Members, Members' PCP/Medical Home, family, and other physicians; and, d. Transition planning for Members receiving Covered Services from Non-Contracted Providers at the time of Contract implementation. <p>(Limit to four (4) pages)</p>
55.	<p>Describe your approach to providing Care Management in the following scenarios:</p> <ul style="list-style-type: none"> a. Member who had been stratified as low risk has had four (4) emergency room visits in the previous five (5) months; b. Member with diabetes and attention deficit hyperactivity disorder has been identified as high risk, but the care manager has been unable to reach the Member by phone and mail has been returned as undeliverable; c. Your Care Management system identifies that a fourteen (14) year old Member with behavioral health needs was admitted last night to a local inpatient facility after presenting with an asthma attack; d. Member with behavioral health needs is taking multiple psychotropic medications and will be discharged from an acute psychiatric hospital and returning to his home next week; and, e. Hospital staff are resistant to having you provide assistance with coordinating discharge and Transition of Care activities for a Member. <p>(Limit to seven (7) pages)</p>
56.	<p>Describe how you will provide Transition of Care to Members after discharge from an institutional clinic or inpatient facility, including:</p> <ul style="list-style-type: none"> a. Scheduling outpatient follow-up and/or continuing treatment prior to discharge for Members receiving inpatient services; b. Coordinating with hospital discharge planners, PCPs/Medical Homes, and Behavioral Health staff;

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Care Management	
	<ul style="list-style-type: none"> c. Arranging for the delivery of appropriate home-based support and services in a timely manner; and, d. Implementing medication reconciliation in concert with the PCP/Medical Home, Behavioral Health provider, and network pharmacist to assure continuation of needed therapy. <p>(Limit to three (3) pages)</p>
57.	<p>Describe your proposed transition plan and policies for ensuring continuity of care for members who are currently receiving covered services from Non-Contracted Providers at the time of Contract implementation.</p> <p>(Limit to two (2) pages)</p>
58.	<p>For Members with special needs, describe how you will ensure coordination of care across the care continuum and with state agencies. Describe how you will assist Members with special needs in identifying and gaining access to community resources that may provide services not covered.</p> <p>(Limit to three (3) pages)</p>

Quality Management	
59.	<p>Describe the entity's proposed quality management program, including:</p> <ul style="list-style-type: none"> a. The program's infrastructure, including coordination with Subcontractors/corporate entities, if applicable; b. The program's lines of accountability; c. Process for selecting areas of focus; d. Process for using evidence based practices; e. How the entity will comply with and support the Mississippi Managed Care Quality Strategy; f. Use of data to design, implement and evaluate the effectiveness of the program; and, g. Assurance of separation of responsibilities between utilization management and quality assurance staff. <p>(Limit to six (6) pages)</p>
60.	<p>Describe the entity's proposed process to notify Providers of new practice guidelines and to monitor implementation of those guidelines.</p> <p>(Limit to two (2) pages)</p>
61.	<p>Provide a list of the behavioral health/substance use disorder clinical guidelines that the entity intends to promote, and discuss how the entity will monitor Provider adherence to these guidelines.</p> <p>(Limit to two (2) pages)</p>
62.	<p>Describe the entity's proposed policies, procedures, and processes to conduct Provider profiling to assess the quality of care delivered.</p>

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Quality Management	
	(Limited to two (2) pages)
63.	Describe methods the entity will use to ensure the quality of care delivered by Non-Contracted Providers. (Limit to two (2) pages)
64.	Describe the entity's proposed policies and procedures for reducing Provider Preventable Conditions, including Never Events. Describe the entity's process for precluding payment to Providers and reporting to the Division via encounter data in accordance with 42 C.F.R. § 438.3. (Limit to two (2) pages)
65.	Describe how the entity will encourage Providers to use electronic health records and e-prescribing functions. (Limit to two (2) pages)
66.	Describe the entity's proposed methodology to identify, design, implement, and evaluate Performance Improvement Projects. Describe the entity's proposed methodology for a Performance Improvement Project for a population with a high level of emergency department utilization. (Limit to four (4) pages)
67.	Provide samples (redacted if actual) of the following documents: Annual Program Evaluation, Annual Program Description/Work Plan, and Performance Improvement Project summary reports that meet the requirements of Section 9, Quality Management, of Appendix A, Draft Contract.
68.	Describe the entity's proposed methodology to assess and correct disparities in treatment across races and ethnic groups. (Limit to four (4) pages)
69.	Describe the entity's data analytics and data informatics capabilities and how the entity will use those capabilities to drive performance improvement and quality management activities. Provide up to ten (10) pages as appendix to this response of excerpts from or full sample reports that the entity proposes to use for this Contract. Describe the type of build necessary to create these types of reports. (Limit to two (2) pages, excluding sample reports)

Utilization Management	
70.	Describe the entity's proposed approach to utilization management, including: <ul style="list-style-type: none"> a. A description of the utilization management program; b. Accountability for developing, implementing, and monitoring compliance with utilization policies and procedures; c. Data sources and processes to determine which services require Prior Authorization and how often these requirements will be re-evaluated; d. Process and resources used to develop utilization review criteria;

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Utilization Management	
	<p>e. Process for regularly reviewing Prior Authorization requirements for their effectiveness and potential need for updates;</p> <p>f. Prior authorization processes for Members requiring services from non-participating Providers or expedited Prior Authorization; and,</p> <p>g. Processes to ensure consistent application of criteria by individual clinical reviewers.</p> <p>(Limit to ten (10) pages)</p>
71.	<p>Describe the methods the entity will use to manage unnecessary emergency room utilization, avoidable hospitalization, and readmissions.</p> <p>(Limit to two (2) pages)</p>
72.	<p>Describe how the entity will identify and address trends in over- and under-utilization.</p> <p>(Limit to two (2) pages)</p>
73.	<p>Describe how the entity will analyze pharmacy utilization patterns to improve care and reduce costs.</p> <p>(Limit to two (2) pages)</p>
74.	<p>Describe the process for ensuring medication continuity of care upon Enrollment and ongoing.</p> <p>(Limit to two (2) pages)</p>
75.	<p>Describe how CHIP drug utilization review program (DUR) will conduct prospective and retrospective utilization review of prescriptions in compliance with 42 U.S.C. § 1396r-8 and 42 CFR part 456, subpart K and reporting in compliance with 42 CFR § 438.3. Retrospective reviews should determine whether services were delivered as prescribed and consistent with the the Division's payment policies and procedures.</p> <p>(Limit to X pages)</p>

Information Technology	
76.	<p>Describe the entity's claims processing system including:</p> <p>a. A systems diagram that describes each component of the claims processing system and the interfacing or supporting systems used to ensure compliance with Contract requirements; and,</p> <p>b. How each component will support major functional areas of the CHIP Program.</p> <p>(Limit to 10 pages, including diagram)</p>
77.	<p>Describe modifications or updates to the entity's claims processing system that will be necessary to meet the requirements of this program and the plan for completion.</p> <p>(Limit to four (4) pages)</p>
78.	<p>Describe the entity's claims processing operations including:</p> <p>a. The claims processing systems that will support this program;</p> <p>b. Standards for speed and accuracy of processing and measures to ensure standards are no less than Medicaid Fee-For-Service program; and,</p>

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Information Technology	
	<p>c. The process of identifying and addressing deficiencies or contract variances from claims processing standards, and an example of how the entity has addressed these deficiencies or variances.</p> <p>(Limit to five (5) pages)</p>
79.	<p>Describe the entity's approach for collecting, validating, and submitting complete and accurate encounter data in a timely manner to the Division consistent with required formats. Include how the entity proposes to monitor data completeness and manage non-submission of encounter data by a Provider or a Subcontractor.</p> <p>(Limit to four (4) pages)</p>
80.	<p>Explain the entity's proposed process to maintain the entity's Provider file with information about each Provider sufficient to support Provider payment including the ability to:</p> <ul style="list-style-type: none"> a. Issue IRS 1099 forms; b. Meet all federal and the Division reporting requirements; and, c. Cross reference to state and federal identification numbers to identify and report excluded Providers. <p>(Limit to three (3) pages)</p>
81.	<p>Describe the entity's proposed emergency response continuity of operations plan. Attach a copy of the entity's plan or summarize how the entity's plan addresses the following aspects of pandemic preparedness and natural disaster recovery, including:</p> <ul style="list-style-type: none"> a. Employee training; b. Essential business functions and responsible key employees; c. Contingency plans for covering essential business functions in the event key employees are incapacitated or the primary workplace is unavailable; d. Communication with staff and suppliers when normal systems are unavailable; e. Plans to ensure continuity of services to Providers and Members; and, f. Testing plan, which should be provided to the Division on an annual basis within 30 days of the request. <p>(Limit to five (5) pages)</p>

Subrogation and Third Party Liability	
82.	<p>Describe the entity's proposed approach to conducting subrogation and Third Party Liability activities, including:</p> <ul style="list-style-type: none"> a. Process for capturing Third Party Resource and payment information from the entity's claims system for use in reporting cost-avoided dollars and Provider-reported savings to the Division; b. Process for retrospective post payment recoveries of health-related insurance; c. Process for adjudicating claims involving third party coverage; d. Process for identifying, recouping, and releasing claims; e. Process for conducting education for the entity's attorneys and insurers about the CHIP Program; f. Data analytics and informatics used to support the process; and,

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Subrogation and Third Party Liability	
	<p>g. Process for providing supplemental third party data and files to the Division.</p> <p>(Limit to four (4) pages)</p>
Fraud, Waste and Abuse	
83.	<p>Describe the Fraud, Waste and Abuse program that the entity will implement, including:</p> <ul style="list-style-type: none"> a. Proactive and reactive Fraud, Waste and Abuse detection methods that will be used, including dollar amount thresholds used for initiating a review, if applicable; b. Process for acting upon suspected cases of Fraud, Waste and Abuse; c. Process for complying with federal regulations related to disclosures and exclusion of debarred or suspended Providers; d. Process for interacting with the Division, including the Office of Program Integrity; and, e. Other components of the entity's Fraud, Waste, and Abuse program. <p>(Limit to three (3) pages)</p>
Subcontractors	
84.	<p>Describe the entity's Subcontractor oversight program. Specifically describe how the entity will:</p> <ul style="list-style-type: none"> a. Provide ongoing oversight of the entity's Subcontractors, including a summary of oversight activities, organizational infrastructure that supports Subcontractor oversight, and the types of reports required from each Subcontractor; b. Ensure receipt of all required data including encounter data; c. Ensure appropriate utilization of health care services; d. Ensure delivery of administrative and health care services meets all standards required by this RFQ; e. Ensure adherence to required Complaint and Grievance policies and procedures; and, f. Address deficiencies or contractual variances with the entity's Subcontractors, including an example of how the entity has addressed a deficiency or contractual variance with a Subcontractor. <p>(Limit to five (5) pages)</p>
Denials Review and Reporting	
85.	<p>Describe the entity's proposed Denials Review and Reporting program, including:</p> <ul style="list-style-type: none"> a. A description of the entity's Denials Management program; b. A summary/listing of the entity's denials criteria/protocol; c. The entity's process for identifying claims and/or claims lines that meet the entity's denial criteria; and, d. The entity's process for notifying and educating providers of claims denials. <p>(Limit to two (2) pages)</p>
Medical Loss Ratio (MLR)	
86.	<p>Describe the entity's approach for the timely completion and reporting of the Medical Loss Ratio (MLR) reporting requirements, as described in the Contract (in accordance with 42 C.F.R. §</p>

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Medical Loss Ratio (MLR)	
	438.8 and 438.74), to include the entity's computation of medical claims cost and non-claims cost (administrative expenses). (Limit to one (1) page)
87.	Describe the entity's process to comply with Medicaid National Correct Coding Initiative (NCCI), to include entity's timeline for pulling Medicaid NCCI files, testing, and implementation. (Limit to one (1) pages)

5.8 MANAGEMENT AND CONTROL (Marked)

The Management and Control Section shall include details of the methodology to be used in management and control of the program, program activities, and progress reports. This Section will also provide processes for identification and correction of problems. Specific explanation must be provided if solutions vary from one phase to another. This Section covers:

1. Program management approach;
2. Program control approach;
3. Manpower and time estimating methods;
4. Sign-off procedures for completion of all deliverables and major activities (Note: The level of final sign-off on deliverables at the Division level will depend on the specific Deliverable).
5. Management of performance standards, milestones, and/or deliverables;
6. Assessment of program risks and approach to managing them;
7. Anticipated problem areas and the approach to management of these areas, including loss of key personnel and loss of other personnel;
8. Internal quality control monitoring;
9. Approach to problem identification and resolution;
10. Program status reporting, including examples of types of reports; and,
11. Approach to the Division's interaction with contract management staff.

5.9 WORK PLAN AND SCHEDULE (Unmarked)

The Work Plan and Schedule must include a detailed work plan broken down by tasks and subtasks and a schedule for the performance of each task included in each year of the Contract. The schedule should allow fifteen (15) working days for the Division approval of each submission or re-submission of each individual deliverable, unless another timeframe has been specified for a particular deliverable in other sections of this RFQ. Electronic approval is acceptable unless the Division specifies differently to the selected Offeror. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined previously in this RFQ. This Section shall cover:

1. Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.

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3. A network diagram, showing the planned start and end dates for all tasks and subtasks, indicating the interrelationships of all tasks and subtasks, and identifying the critical path.
4. A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. A discussion of how the work plan provides for handling of potential and actual problems.
6. A schedule for all deliverables. A minimum of fifteen (15) business days of review time by the Division.

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6. QUALIFICATION EVALUATION

6.1 GENERAL

An Evaluation Committee comprised of the Division staff will be established to evaluate the merits of eligible qualifications. The committee will be approved by the Executive Director of the Division of Medicaid and will include members who have relevant experience in the Medicaid program. The Committee will be responsible for the evaluation of all qualifications.

6.2 EVALUATION OF QUALIFICATIONS

A standard evaluation form will be utilized by the Evaluation Committee to ensure consistency in evaluation criteria. However, the Division retains the right to deviate from the standard form, if necessary to maintain the integrity of the procurement; and to ensure selection of the best qualified Contractor.

A maximum of 100 points will be available for each qualification. The points awarded per phase by the evaluation committee will be totaled to determine the points awarded per qualification.

Evaluation of eligible qualifications will be conducted in four (4) phases. The designee for the Office of Procurement will complete Phase One. The Qualification Evaluation Committee will complete Phase Two. In Phase Three, the Office of Procurement will compile the results of the evaluations and make a recommendation to the Executive Director of the Division based on the results of the evaluation. In Phase Four the award decision will be reviewed and approved by the Executive Director.

At its option, the State may request an interview from Offerors in a competitive range in the evaluation. Offerors must be prepared to meet with the Division staff within five (5) calendar days of notification. All costs associated with the interview will be the responsibility of the Offeror.

6.2.1. Phase 1 - Evaluation of Offerors' Response to RFQ

In this phase, the Office of Procurement reviews each qualification to determine if it is responsive. Each qualification will be evaluated to determine if it is complete and whether it complies with the instructions to Offerors in the RFQ. Each qualification that is incomplete will be declared non-responsive and may be rejected with no further evaluation.

The Office of Procurement shall review all Technical qualification binders to ensure that no company identifying marks are located in the Technical Qualification binders.

Each qualification that is determined incomplete may be declared non-responsive and may be rejected with no further evaluation. The Office of Procurement will determine if an incomplete qualification is sufficiently responsive to continue to Phase Two. If necessary, the Office of Procurement may request clarifications from the Offeror(s) in order to determine if they may advance to Phase 2.

6.2.2. Phase 2 - Evaluation of Qualification

Only those qualifications which meet the requirements of the RFQ and are determined responsive in Phase One will be considered in Phase Two.

Any qualification that is incomplete or in which there are significant inconsistencies or inaccuracies may be rejected by the Division. The Division reserves the right to waive minor variances or reject any or all

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qualifications. In addition, the Division reserves the right to request clarifications or enter into discussions with all Offerors.

The Evaluation Committee will review each Offeror's qualification in order to determine if the Offeror sufficiently addresses all of the RFQ requirements and that the Offeror has developed a specific approach to meeting each requirement.

The Evaluation Committee will evaluate the Technical (Unmarked) and Management (Marked) qualifications independent and separate of each. Contrary to the chart below, Price will NOT be an evaluation factor. However, Price will be part of the total score make-up and each Offeror will receive 35 points despite there not being pricing information included within the Offeror's qualification.

QUALIFICATION SECTION	MAXIMUM SCORE	HB1109 REQ. CLAUSES
Transmittal Letter	Pass/Fail	Office of Procurement
Executive Summary/Understanding of Project	2	Management Factors (Phase 2 blind)
Corporate Background and Experience	8	Management factors (Phase 2 blind)
Ownership and Financial Disclosures	Pass/Fail	Management factors (Phase 2)
Organization and Staffing	8	Management factors (Phase 2)
Methodology and Work Statement	31	Technical Factors (Phase 1 blind)
Management and Control	8	Management factors (Phase 2)
Work Plan and Schedule	8	Technical Factors (Phase 1 blind)
Price	35	(Not Evaluated)
TOTAL	100	

6.2.2.1 Executive Summary (Marked)

The Evaluation Committee will review the Executive Summary to determine if it provides all information required in Section 5.4 of this RFQ and is ten (10) pages or less in length.

6.2.2.2 Corporate Background and Experience (Marked)

The Evaluation Committee will evaluate the experience, performance on similar contracts, resources, and qualifications of the Offeror to provide the services required by the RFQ. The evaluation criteria will address:

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1. Experience of Offeror in providing the requested services.
2. Corporate experience providing similar services.
3. Amount and level of resources proposed by the Offeror.
4. Specific qualifications that evidence the Offeror's ability to provide the services requested.
5. Current financial position and cash flow of the Offeror and evidence that the Offeror has a history of financial solvency.
6. Any contract terminations or non-renewals within the past ten (10) years.
7. Relevant experience that indicates the Offeror's organizational qualifications for the performance of the potential contract.

6.2.2.3 Methodology/Work Statement (Unmarked)

The Evaluation Committee will evaluate the approach and process offered to provide services as required by this RFQ. In addition to the information required in Section 5 of this RFQ, the evaluation criteria will address at a minimum the following (if applicable):

1. Processes and requirements for completion of the project.
2. Data management plan, including hardware, software, communications links, and data needs and proposed coordination plan.
3. Processes for maintaining confidentiality of PHI.
4. Processes for development and submission of required deliverables.
5. Scope of services provided through partnerships or subcontractors.
6. Quality Assurance processes.

6.2.2.4 Organization and Staffing (Marked)

The Evaluation Committee will review this Section of the Offeror's qualification to determine if the proposed organizational structure and staffing level are sufficient to accomplish the requirements of the RFQ. The committee will review the organizational chart(s), time lines, the job descriptions including job qualifications, the resumes of staff and their qualifications for the positions they will hold, and the relationship of their past experience to their proposed responsibilities under this Contract.

6.2.2.5 Management and Control (Marked)

The Evaluation Committee will evaluate the Offeror's qualification to determine if all of the elements required by Section 5.8 of the RFQ are addressed. Specifically, the committee will evaluate:

1. Offeror's approach to the management of the program and ability to keep the program on target and to ensure that the requested services are provided;
2. Offeror's control of the program to ensure that all requests are being met and that the Offeror is able to identify and resolve problems which occur;
3. Offeror's methods for estimating and documenting personnel hours spent by staff on program activities to be sure they are sound and fair;

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4. Offeror's plans to comply with the reporting requirements of the Contract, including the provision of status reports to the Division, and whether the reports are appropriate and sufficient to keep the Division informed of all aspects of the implementation and operation of the program; and
5. Offeror's understanding of the importance of interacting with the Division management staff and presenting a plan to do so appropriately.

6.2.2.6 Work Plan and Schedule (Unmarked)

The Evaluation Committee will review and evaluate the work plan and schedule to determine if all tasks are included and if, for each task, a timeline and an identification of personnel positions (no individual names) responsible for the task's accomplishment are indicated. The work plan must provide a logical sequence of tasks and a sufficient amount of time for their accomplishment.

6.3 Phase 3 and 4 - Selection

After the Evaluation Committee has completed the evaluation of the qualifications, a summary report including all evaluations will be submitted to the Executive Director of the Division. The Executive Director will make the final decision regarding the winning qualifications.

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APPENDIX A: Draft Contract

The Draft Contract is located on the Division's Procurement Website:

<http://www.medicaid.ms.gov/resources/procurement/>

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APPENDIX B: FAC Standard File Layouts

Appendix B represents the standard file layouts of the information available from the Division's FAC. It is provided only as context for the data fields that are available for a file transfer or interface. Technical specifics will be provided during the implementation phase of the Contract.

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APPENDIX C: CHIP Capitation Rate Development Report

The CHIP Capitation Rate Development Report is located on the Division's Procurement Website:
<http://www.medicaid.ms.gov/resources/procurement/>.

APPENDIX D: Pro Forma Financial Template

The Offeror must complete the designated fields of the Excel workbook provided as appendix to this RFQ and submit as attachment to the Offeror's Qualification. Appendix D is located on the Division's Procurement website: <http://www.medicaid.ms.gov/resources/procurement/>.

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APPENDIX E: References

REFERENCE 1

Name of Company: _____

Dates of Service: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

REFERENCE 2

Name of Company: _____

Dates of Service: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

REFERENCE 3

Name of Company: _____

Dates of Service: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

Offeror may submit as many references as desired by submitting as many additional copies of Appendix E, References, as deemed necessary. References will be contacted in order listed until three references have been interviewed and Reference Score Sheets completed for each of the three references. No further references will be contacted; however, Offerors are encouraged to submit additional references to ensure that at least three references are available for interview. Division staff must be able to contact three references within three business days of qualification due date to be considered.

APPENDIX F: Certifications and Assurances

I/We make the following certifications and assurances as a required element of the qualification to which it is attached, of the understanding that the truthfulness of the facts affirmed here and the continued compliance with these requirements are conditions precedent to the award or continuation of the related contract(s) by circling the applicable word or words in each paragraph below:

1. REPRESENTATION REGARDING CONTINGENT FEES

Contractor represents that it **has/has not** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's qualification.

2. REPRESENTATION REGARDING GRATUITIES

The offeror or Contractor represents that it **has/has not** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Rules and Regulations.

3. PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING CONTINGENT FEES

The prospective Contractor represents as a part of such Contractor's qualification that such Contractor **has/has not** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

Name/Title:

Signature/Date:

Note:** Please be sure to **circle the applicable word or words** provided above. Failure to circle the applicable word or words and/or to sign the qualification form may result in the qualification being rejected as nonresponsive. **Modifications or additions to any portion of this qualification document may be cause for rejection of the qualification.

EXHIBIT 1

DHHS CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS:

GRANTEES OTHER THAN INDIVIDUALS

Instructions for Certification

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

1) This certification is required by regulations implementing the Drug-Free Act of 1988, 45 C.F.R. Part 76, Subpart F. The regulations, published in the May 25, 1990, Federal Register, require certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the Department of Health and Human Services (HHS) determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HHS, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

2) Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

3) Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

4) If the workplace identified to the Division changes during the performance of the grant, the grantee shall inform the Division of the change(s), if it previously identified the workplaces in question (see above).

5) Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 C.F.R. § 1308.11 through § 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

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"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including (i) all direct charge employees; (ii) all indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

The grantee certifies that it will or will continue to provide a drug-free workplace by

a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

b) Establishing an ongoing drug-free awareness program to inform employees about

1) The dangers of drug abuse in the workplace; 2) the grantee's policy of maintaining a drug-free workplace; 3) any available drug counseling, rehabilitation, and employee assistance programs; and 4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will

1) Abide by the terms of the statement; and 2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e) Notifying the Division in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted:

1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or 2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

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The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (use attachments if needed):

Place of Performance (street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

---->NOTE: Sections 76.630(c) and (d)(2) and 76.635(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For HHS, the central receipt point is Division of Grants Management and Oversight, Office of Management and Acquisition, HHS, Room 517-D, 200 Independence Ave, S.W., Washington, D.C. 20201

Signature

Date

Title

Organization

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EXHIBIT 2

DHHS Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions
45 CFR Part 76,

(1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- b. Have not within a three-year period preceding this qualification been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- d. Have not within a three-year period preceding this qualification had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this qualification.

Signature

Date

Title

Organization