



REQUEST FOR QUALIFICATIONS

Mississippi Division of Medicaid Coordinated Care

RFQ # 20211210
RFx # 3150003991

Contact:
Mississippi Division of Medicaid
Walter Sillers Building
550 High Street, Suite 1000
Jackson, MS 39201

Dedicated Mississippi Division of Medicaid Coordinated Care Procurement Email:
MSCAN_CHIP@medicaid.ms.gov
Phone: (601) 359-6189

Deadlines

Questions & Mandatory Letter of Intent
E-MAIL ONLY
2:00 PM Central Time Zone, Friday, January 7, 2022

Answers Posted to Internet
<https://medicaid.ms.gov/coordinated-care-procurement/>
No later than 5:00 PM Central Time Zone, Monday, February 7, 2022

Sealed Qualifications
ELECTRONIC ONLY
2:00 PM Central Time Zone, Friday, March 4, 2022

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SECTION 1: SCOPE OF WORK

1.1 Purpose

The State of Mississippi, Office of the Governor, Division of Medicaid (the Division) issues this Request for Qualifications (RFQ) requesting competitive written qualifications from qualified Offerors to provide services for the statewide administration the Mississippi Division of Medicaid Coordinated Care Organization Program, which consists of the Mississippi Coordinated Access Network (MississippiCAN or MSCAN) and the Mississippi Children's Health Insurance Program (CHIP).

1.1.1 Mission and Vision

2021 is the 10th Anniversary of Coordinated Care Organizations (CCOs) in Mississippi, which means the Division has had the opportunity to build an infrastructure for delivery of services, review data, conduct analysis of the CCO framework, and determine the next steps needed for the Division and contracted CCOs to deliver the best possible services to Mississippi's Medicaid population.

This RFQ represents an evolution in the Division's CCO program. The Division seeks vendors who will build on the foundation established over the past decade to improve health outcomes and quality of life for Members, which will in turn make for improved cost outcomes for the state.

Matters central to the Division's RFQ Include:

- **Quality:** The Division is placing an emphasis on numerous quality-based improvements, including approaches to performance improvement projects, value-adds, value-based purchasing, health literacy campaigns, and care management.
- **Collaborative Innovation:** The Division is requiring offerors to propose delivery methods for numerous quality-based initiatives. Winning vendors will be expected to collaborate with the Division, and in some cases, with each other, to create uniform systems that will leverage plans' experience, knowledge, and creativity while providing consistency and ease of administrative burden for both Providers and Members.
- **Access:** The Division seeks vendors that will address all barriers to access, whether those are geographic or based on Social Determinants of Health.
- **Commitment:** Winning vendors will evidence a true commitment to improvement of life for citizens of the state, both through delivery of care, and a testament of their willingness to invest in communities through partnerships with other organizations – private, state, and community-based – throughout the state as well as investment in human capital.

MississippiCAN and CHIP are being jointly procured and administered for the first time. The Division seeks qualifications that find the best ways to serve both populations. Successful offerors will submit a thorough, feasible, novel qualification backed up with clear plans for enacting the qualification and evidence of the resources and ability to do so.

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1.2 Procurement Overview

The Division intends to contract with no fewer than two (2) entities and no more than three (3) through the competitive RFQ process. The final 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 1.1: Procurement Timetable

Date	Process
Friday, December 10, 2021	Public Release of RFQ
Friday, January 7, 2022, 2 p.m.	Deadline for Letter of Intent and RFQ Questions
Friday, January 14, 2022, 1 p.m.	Mandatory Pre-Qualification Conference (to be held via Microsoft Teams; link to be sent to each Offeror that submits a Mandatory Letter of Intent)
Monday, February 7, 2022, 5 p.m.	RFQ Questions and Answers posted
Friday, March 4, 2022, 2 p.m.	Qualification Deadline

Dates displayed after this point are approximate and depend upon the number of offers received.

Date	Process
March 2022 – June 2022	Evaluation of Qualifications
July 2022	Executive Review and Award
August 2022	Division to submit awards to PPRB for approval
September 2022	PPRB Meeting Date

Contracts will be executed after PPRB approval, at which point the Implementation Period will begin. The implementation period is a no-cost period during which winning Contractors will prepare for the operational portion of the Contract. Information about the Contract operationalization date will be provided to winning Contractors.

1.2.1 Mandatory Letter of Intent

To be eligible to submit a Qualification, the Offeror is required to submit Appendix I: Mandatory Letter of Intent. The Mandatory Letter of Intent is due by 2:00 p.m. Central Time Zone, Friday, January 7, 2022, and should be sent via email to MSCAN_CHIP@medicaid.ms.gov in a PDF format.

The Mandatory Letter of Intent must be signed by an individual authorized to commit the Offeror to the work proposed. Submission of the Mandatory Letter of Intent shall not be binding on the prospective Offeror to submit a qualification. However, an Offeror that does not submit a Letter of Intent by 2:00 p.m. Central Time Zone, Friday, January 7, 2022, will not thereafter be eligible for the procurement. It is the responsibility of the Offeror to ensure that the Letter of Intent is delivered timely, and the Offeror bears all risks of delivery.

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For the purposes of accessing the Division's Sharepoint site that will be used for submission of qualifications, the Offeror must include an email address on the Mandatory Letter of Intent for the person responsible for uploading the Offeror's qualification to the Sharepoint site. A field is included on the Mandatory Letter of Intent for that purpose.

1.2.2 RFQ Questions and Answers

1.2.2.1 Question and Answer Submission

Multiple questions may be submitted using Appendix J: Question and Answer Template found at <https://medicaid.ms.gov/coordinated-care-procurement/>. Questions are due no later than Friday, January 7, 2022, 2:00 p.m. Central Time Zone.

Questions must be sent by the deadline via email to MSCAN_CHIP@medicaid.ms.gov. The Offeror bears all risk of delivery and all responsibility of ensuring that delivery is timely. Questions received after the deadline and Questions submitted by Offerors that who do not submit a timely Mandatory Letter of Intent will not be addressed by the Division.

1.2.2.2 Mandatory Pre-Qualification Conference

A mandatory pre-qualification conference will be held at 1:00 p.m., Central Time Zone, on Friday, January 14, 2022, via a Microsoft Teams link that will be disseminated to potential Offerors that submit a Mandatory Letter of Intent. All interested parties are required to attend. Because the Division considers the conference to be critical to understanding the qualification requirements, attendance is mandatory in order to qualify as an offeror. Minutes of the conference will be published. The Division will review questions submitted on January 7, 2022, prior to the Pre-Qualification Conference and address some of those questions at the Pre-Qualification Conference. Should anything said in the Pre-Qualification Conference make a change to the RFQ, a summary will be issued as an Amendment to the RFQ.

Once the pre-qualification conference is over, the chief procurement officer will put the recordings from the conference and the questions and answers from the conference in writing and send them to the offerors that submitted a Mandatory Letter of Intent and post them on the Mississippi procurement portal and the on the Division's Dedicated CCO Procurement website <https://medicaid.ms.gov/coordinated-care-procurement/>.

1.2.2.3 RFQ Questions and Answers

Written answers for all Questions will be available no later than 5:00 p.m. Central Time Zone, Monday, February 7, 2022, via the Division's Dedicated CCO Procurement website <https://medicaid.ms.gov/coordinated-care-procurement/>. RFQ Questions and Answers will become part of the final RFQ and therefore part of the final Contract. Written responses provided by the Division for the questions are binding. All Offerors who have submitted a Letter of Intent will receive notice of the publication of the RFQ Questions and Answers.

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1.2.3 Qualification Submission Requirements

An Offeror must submit its qualification electronically through a Sharepoint site maintained by the Division. It is the responsibility of the Offeror to ensure timely submission of its qualification. Access will be given to the Offeror through one (1) email address, which must included in the Offeror's Mandatory Letter of Intent.

1.2.3.1 Deadline for Submission

All qualification submissions, including all files, must be received by the Division no later than 2:00 p.m. Central Time Zone, on Friday, March 4, 2022.

After the deadline, the Offeror's access to the SharePoint will be expire. No exceptions will be made. Any attempts to submit a Qualification or any modifications thereof after the deadline will be considered late and will not be considered for award.

1.2.3.2 Format of Qualification

Each Offeror must use a uniform format for submissions, defined below. Variation from these specifications may be grounds for disqualification.

Figure 1.2: Format of Qualification

Subject	Specifications
File Type and Page Size	Files submitted must be in a searchable PDF format. Page size must be 8.5" x 11", excluding pages with charts or graphs. Charts and/or graphs may be provided in a document size appropriate for electronic representation of the chart and/or graph.
Font & Margins	Qualifications must be typewritten using black Times New Roman font, font size 12, with standard half-inch margins. Appendices, as well as samples and templates required of the qualification, must comply with font restrictions, but do not have to comply with margin restrictions.
Page Limit	There is no overall page limit for the qualification submission; however, some requirements are limited to a definite number of pages. Those limits are noted herein.
Header, Footer, and Pagination	<u>Header</u> : The header of each page should indicate the corresponding element to which the page is responsive. For instance, if the page is part of the Offeror's response to 4.3.2.3, Member Services and Benefits, the Header on that page should read: "Technical Qualification: 4.2.2.1, Member Services and Benefits." Headers should be aligned with the right-hand margin of the page. <u>Footer and Pagination</u> : Page Numbers should appear in the footer of each page, centered, and pagination should restart at 1 for the beginning of each new Factor (Transmittal Letter, Technical, or Management).
Qualification General Composition	Qualifications shall be divided into three PDF files: <ul style="list-style-type: none">• Section 1: Transmittal Letter (Marked/not blind evaluation)• Section 2: Technical Factors (Unmarked/blind evaluation)• Section 3: Management Factors (Marked/not blind evaluation).

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Non-separation or co-mingling of PDF files may cause a Qualification to be immediately rejected.

At the end of each response to an element by the Offeror, the Offeror should type “[END OF RESPONSE]” and leave the remainder of the page blank, beginning the response to the next element on the next page. For instance, at the end of the Offeror’s response to 4.2.2.1, Member Services and Benefits, the Offeror should type [END OF RESPONSE] at the end of that page, then begin its answer for 4.2.2.2, Provider Network and Services, on the next page.

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.

Refer to Section 1.2.3.3., Identifying Information, of this RFQ for the definition of identifying information.

Contents and Labeling

The cover pages for each PDF File must include the following:

RFQ#

Transmittal Letter
(Name of Offeror)

RFQ#

Technical Qualification (Blind Evaluation)
(Name of Offeror)

RFQ#

Management Qualification
(Name of Offeror)

Titles of files should follow the below naming conventions:

- Transmittal Letter – [Name of Offeror] – [Date] – Marked – Unredacted
- Technical Qualification – [Name of Offeror] – [Date] – Unmarked – Unredacted
- Management Qualification – [Name of Offeror] – [Date] – Marked – Unredacted

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Request for Confidential Treatment and Redacted Copies	<p>If the Offeror requests that portions of its Qualification be treated as confidential, the Offeror must submit a fourth PDF of the entire Qualification from which confidential information has been redacted. This copy shall be clearly labeled on the cover as a “PUBLIC COPY”, and each page upon which confidential information appears shall be conspicuously marked as containing confidential information.</p> <p>The file name of the redacted copy must be “[Name of Offeror] – [RFQ #] – REDACTED COPY – [Date]”</p> <p>The confidential material shall be redacted in such a way as to allow the public to determine the general nature of the material removed. To the extent possible, pages should be redacted sentence by sentence unless all material on a page is clearly confidential under the law.</p> <p>The Offeror shall not identify the entire Qualification as confidential. Redacted copies shall also be used/released for any reason deemed necessary by the Division, including but not limited to, submission to the Public Procurement Review Board (PPRB), posting to the Transparency Mississippi website, Mississippi Public Records Act, etc.</p> <p>See Section 1.4.2, Release of Public Information, of this RFQ for more information.</p>
Registration as State of Mississippi Supplier	<p>Registering as a supplier with the State of Mississippi allows businesses to register for upcoming RFx # opportunity notifications by the products they supply, search the system for upcoming RFxs, respond to a RFx # electronically, and receive purchase orders by email. To register, please go to the following website: http://www.dfa.ms.gov/dfa-offices/mmrs/mississippi-suppliers-vendors/supplier-self-service/.</p>

1.2.3.3 Identifying Information

1.2.3.3.1 No Identifying Information

The Offeror is responsible for ensuring that its Technical Qualification (unmarked, scored blind) shall have no identifying information. If this requirement is not followed, then the Offeror may be immediately rejected as non-responsive. The Division reserves the right to remove identifying information found in the Qualifications if the removal of the information will not affect the substance of the submission. The Division additionally reserves the right to give the Offeror the opportunity to remove identifying information. Decisions by the Division to remove identifying information, give the Offeror the opportunity to remove identifying information, and/or whether a Qualification including identifying information may proceed in the RFQ process will be made at the Division’s discretion.

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 that would affect the blind evaluation of factors not requiring knowledge of the name of the offeror.

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1.2.3.3.2 Definition of Identifying Information

Rule 3-203.12 Receipt, Opening, and Registration of Proposals and Qualifications of the PPRB Rules defines Identifying Information as follows:

“Identifying information includes, but is not limited to, any prior, current and future names or addresses of the offeror, any names of incumbent staff, any prior, current and future logos, watermarks, and company colors, any information, which identifies the Offeror as an incumbent, and any other information, which would affect the blind evaluation of technical or cost factors.”

The Division of Medicaid defines “any other information” as information including but not limited to names of parent or umbrella companies with which the Offeror is currently associated or has been associated with in prior State Medicaid contracts, the names of subsidiaries of the Offeror, the Offeror’s company and parent company initials, initials of any of the Offeror’s subsidiaries, listing(s) of current and past State Medicaid contracts including dates of service, current or past provider lists in the State of Mississippi, and specific details describing the Offeror’s history in working with the State of Mississippi. The Offeror must also not include internet website links in its qualification (including but not limited to written out web addresses that would violate this rule; links that can be hovered over, revealing a URL; and links that can be clicked and lead to a website).

When a response requires reference to a subcontractor, subsidiary, or other related entity, all requirements applicable to the Offeror as discussed in the previous paragraph also apply to that entity. The Offeror may describe its relationship to the other entity (i.e., the business relationship to the other entity), the function of the entity, and the work expected to be done by that entity. If the entity is unique in its function, i.e., the entity is the only or one of the only companies known to perform the function the Offeror is describing, the Offeror may not mention that fact.

When a response requires description of a potential partnership with a community-based organization, the Offeror may name that organization and describe the contemplated partnership. The Offeror must not describe any current or prior relationship with the organization, and the Offeror must not reference any other line of business or any relationship at all that the Offeror or its owner, subcontractors, subsidiaries, or other related entities has had, will have, or desires to have with a named community-based organization, other than the partnership contemplated for this qualification.

Not included in the definition of “any other information” are policies, procedures, processes, standards, guidelines, and other practices that the Offeror uses in the delivery of services. Description of these details are integral to the Division’s ability to assess all qualifications and are expected to make up the bulk of the qualification.

However, if a policy, procedure, process, standard, guideline, or other practice is proprietary, the Offeror may not describe it as such. The Offeror may still exclude that information in the redacted copy of its Qualification, as referenced in Section 1.4.2, Release of Public Information, of this RFQ. The Evaluation

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Committee will not have access to the Offeror's redacted Qualification and therefore will not be able to discern what information is proprietary through comparison of the redacted and unredacted copies.

1.2.4 Separation of Submission Sections

It is the responsibility of the Offeror to separate the information submitted as Transmittal Letter (Marked), Technical (Unmarked), and Management (Marked) for submission to the Division. Non-separation or co-mingling of information may be immediately rejected.

1.2.5 Opening and Register of Qualifications

In accordance with 3-203.12 Receipt, Opening, and Registration of Proposals and Qualifications, at 2:30 p.m. on Friday, March 4, 2022, a person designated by the Chief Procurement Officer will create a Register of Qualifications by accessing submitted Qualifications on the SharePoint submission site. The designated person will assign numbers and/or letters to each Qualification, and the designated person will keep the names of the Offerors and their identifying numbers and/or letters in a secure location, accessible by no other party or person, until factors not requiring knowledge of the names of Offerors (blind factors) have been evaluated and scored.

1.2.6 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.

1.2.7 Amendments

All RFQ amendments, including the RFQ Questions and Answers, will be posted on the Division's procurement website, <https://medicaid.ms.gov/coordinated-care-procurement/>, for the pendency of the procurement. Amendments will also be submitted to all prospective respondents and on the Mississippi Contract/Opportunity Search Portal pursuant to PPRB Rule 3-202-08.2.

Offerors shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with their Qualification. The acknowledgment must be received by the Division through the method of submission for Qualifications.

1.2.8 Representation Regarding Contingent Fees

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

1.2.9 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.

1.2.10 Attachments and Appendices

The attachments and Appendices to this RFQ are incorporated into this RFQ as if copied herein in words and figures.

1.2.11 Required Clauses

There are numerous clauses included in the Appendix A, Draft Contract, that are required by the PPRB to appear in any RFQ. Some of those are also required to appear in the RFQ in exactly the same form. The following chart reflects clauses appearing in Appendix A, Draft Contract, that are also required for the RFQ, and are referenced here for convenience to the Offeror.

Figure 1.3: Required Clauses

Title of Clause	Location in Appendix A, Draft Contract
Applicable Law	Section 1.3
Paymode	Section 15.21
Availability of Funds	Section 14.2.4
Compliance with Laws	Section 15.6
Procurement Regulations	Section 15.22
Stop Work Order	Section 14.1.7
E-Payment	Section 15.20
E-Verification	Section 15.14
Transparency	Section 15.19
Trade Secrets, Commercial and Financial Information	Section 15.18
Representation Regarding Contingent Fees	Section 15.13
Representation Regarding Gratuities	Section 15.17

1.3 Program Overview

1.3.1 History of Program

1.3.1.1 Medicaid Overview

As part of the Social Security Amendments of 1965, Medicaid was created to provide health coverage for certain eligible, low-income populations. In 1969, Mississippi Medicaid was authorized by the State Legislature. The Division of Medicaid in the Office of the Governor (DOM) is the sole agency responsible for administering the Medicaid program and the Children's Health Insurance Program (CHIP). The mission of DOM is to responsibly provide access to quality health coverage for vulnerable Mississippians, and doing so with the stated values of accountability, consistency, and respect.

1.3.1.2 MississippiCAN

On January 1, 2011, the Division implemented the MississippiCAN Program for selected high-risk beneficiaries. Beneficiaries were enrolled with one of two current Contractors, through which they access covered MississippiCAN Program services.

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After successfully implementing this initial phase of the program and receiving Legislative approval in the Spring of 2012 to enroll up to forty-five percent (45%) of Medicaid beneficiaries in managed care delivery systems, the Division expanded MississippiCAN to include additional populations and services. The program was expanded again in 2014, 2015, and 2018. Additional information can be found at <https://medicaid.ms.gov/programs/managed-care/>.

1.3.1.3 CHIP

The Federal Children's Health Insurance Program (CHIP) was established under Title XXI of the Social Security Act. The CHIP program 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 was established by Miss. Code Ann. § 41-86-1, *et seq.* (1972, as amended). The State and School Employees' Health Insurance Management Board (HIMB) historically administered CHIP; however, effective January 1, 2013, the CHIP program and the contract for insurance services were transferred from the HIMB to DOM through Miss. Code Ann. § 41-86-9 (1972, as amended). DOM is currently responsible for the implementation and administration of CHIP in accordance with Federal and State laws. Additional information about Mississippi's CHIP program can be found at: <http://www.medicaid.ms.gov/programs/childrens-health-insurance-program-chip/>.

1.3.1.4 Joint Administration

These two programs are being procured together for the first time, as authorized under SB2799, 2021 Mississippi Legislative Session, amending Miss. Code Ann. § 41-13-117(H)(2). Jointly procuring and administering the programs relieves administrative burden, both for providers and the state, and it allows oversight to be consolidated for ease and clarity. Winning offerors will be expected to handle all requirements of both programs, including any differences in the regulations and requirements governing each program.

1.3.2 Geographic Coverage

Both MississippiCAN and CHIP operate 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

1.3.3.1 MississippiCAN

As shown in Figures 1.4 and 1.5 below, certain populations have the option to enroll in the MississippiCAN Program while others may not disenroll. Individuals who opt to disenroll from the MississippiCAN Program receive services through Medicaid's Fee-For-Service (FFS) delivery system. Enrollment is voluntary, except in the case of mandatory enrollment populations that meet the conditions set forth in 42 C.F.R. §438.50(a). In accordance with 42 C.F.R. §438.3, CCOs must accept all prospective enrollees up to the Contract limits and must not discriminate.

Figure 1.4: Optional Populations

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Eligible Populations Who Have the Option to Disenroll	Age Categories*
SSI	0-19
Disabled Child Living at Home	0-19
DHS – Foster Care Children	0-19
DHS – Foster Care Children (Adoption Assistance)	0-19
American Indians	0-65
*The hyphen denotes “up to” the age listed.	

Figure 1.5: Mandatory Populations

Populations Who May Not Disenroll	Age Categories*
SSI	19-65
Working Disabled	19-65
Breast and Cervical Cancer	19-65
Pregnant Women	8-65
Parent/Caretakers	19-65
Medical Assistance Children (Populations other than those listed in Figure 1.2)	0-19
*The hyphen denotes “up to” the age listed, and the categories run from birthday to birthday. For instance, for SSI, enrollment in MississippiCAN becomes mandatory on a Member’s 19 th birthday and ends on a Member’s 65 th birthday.	

The MississippiCAN population will also encompass any additional populations as authorized by state law during the life of the contract.

1.3.3.2 CHIP Population

Table 1.6 specifies populations that must enroll in CHIP. The Division will enroll eligible Members within these categories into one of the Contractors participating in CHIP, and Members will have the option to disenroll or change Contractors within ninety (90) days of initial Enrollment. Members who disenroll and do not choose another Contractor under CHIP may enroll in the Division’s Medicaid program if they meet Medicaid eligibility requirements or pursue private insurance.

Figure 1.6: Populations Who Are Eligible for CHIP

Populations*	Income Requirements
Birth Age – One (1) Year	194% FPL to 209% FPL
Ages One (1) – Six (6) Years	133% FPL to 209% FPL
Age Six (6) – Nineteen (19) Years	133% FPL to 209% FPL
*The hyphen denotes “up to” the age listed, and ages run from birthday to birthday. For instance, children in the Age 6 to Age 19 Population are eligible beginning on their 6 th birthday and ending on their 19 th birthday. FPL = Federal Poverty Level	

See Section 3: Eligibility, Enrollment, and Disenrollment of Appendix A, Draft Contract, for more information.

1.3.4 Covered Services

Contractors provide, at a minimum, the comprehensive package of Mississippi Medicaid State Plan and Mississippi CHIP State Health Plan services to all targeted populations, as well as any additional services as required in Appendix A, Draft Contract.

1.3.5 Capitated Coordinated Care Organizations' Rates

The Division contracts with selected Contractors using a full risk arrangement and pays each Contractor the monthly capitation payment on a per member per month (PMPM) basis by Rate Cell to cover all services included in Appendix A, Draft Contract. Each Contractor will be paid based on the distribution of Members they have in each Rate Cell. The capitation rates are developed based on the following criteria:

- **Rate development based on age:** The Division develops PMPM capitation rates that vary by age to reflect the difference in expected cost. At the Division's option, the Division may develop an arrangement to share risk with the Contractors for Neonatal Intensive Care Unit (NICU) babies. The primary driver of this consideration would be materially disproportionate NICU costs among MississippiCAN Contractors. Any risk sharing program would provide clear financial incentives for the Contractors to continue to manage the cost and outcomes of NICU babies.
- **Rate development by Rate Cell:** The Division develops monthly PMPM capitation rates that vary by Rate Cell (e.g., Foster Care, Breast/Cervical Cancer, Non-Newborn SSI Disabled) to reflect the difference in expected cost based on particular diagnoses and historical medical service costs utilization patterns. All CHIP beneficiaries will be included in a separate Rate Cell.
- **Rate development by region:** The Division develops PMPM capitation rates that will vary based on their members' county of residence. The Division assigned each county to one of the following regions: North, Central, or South. The regional adjustment factor is used to better reflect a Contractor's enrollment of a disproportionate number of enrollees from high-cost or low-cost regions of the State.
- **Rate development by risk adjustment:** The Division provides for risk adjustment for the following Rate Cells: The Non-Newborn SSI/Disabled, MA Adult, MA Children and Quasi-CHIP rate cells will be risk adjusted. These four Rate Cells have a Risk Adjustment factor, calculated on a prospective basis using CDPS+RX, applied to each rate re-calculated based on each Contractor's actual risk scores. The Foster Care Rate Cell will also be risk adjusted on a concurrent basis using a members' eligibility for either state or federal financial assistance to assign a risk score. Risk scores are typically developed on a semi-annual basis but may be developed more frequently depending on population changes. The Contractor is not allowed to affect the assignment of risk scores through any post-billing claims review process for the assignment of additional diagnosis codes. Diagnosis codes may only be recorded by the provider at the time of the creation of the medical record and may not be retroactively adjusted except to correct errors.

Capitation rates are prepared annually by the Division's actuaries based on the Rating Period. Once the Division notifies the Contractor that the capitation rates and risk adjustment developed by the Division and its actuary are final and not subject to further negotiation, the Contractor must accept capitation rates and risk adjustment methodology within fifteen (15) business days of such rates being presented to the Contractor by the Division. Acceptance of such capitation rates and risk adjustment methodology shall be

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indicated by execution of an amendment to this Contract incorporating such rates or methodology. Any capitation rates and risk adjustment methodology subsequently disapproved by CMS shall be deemed null and void immediately upon notification by CMS to the Division of the disapproval. The Division shall notify the Contractor of CMS approval or disapproval of any capitation rates or risk adjustment methodology within two (2) business days of receipt of such approval or disapproval. The Division will adjust previously paid funds to reflect the capitation rates and risk adjustment methodology ultimately approved by CMS.

1.3.6 Coordinated Care Organizations

The Division intends to contract with at no fewer than two (2) and no more than three (3) entities through a competitive process. The final number of awards is at the sole discretion of the Division. The Division will implement a sixty (60) day Special Open enrollment period to allow all members the opportunity to choose among all selected Contractors. Following open enrollment, a time-limited auto-assignment methodology will be used to ensure that each selected entity reaches a minimum threshold of twenty (20) percent of the program. Once such thresholds have been reached, the Division will revert to the auto-assignment methodology outlined in Appendix A, Draft Contract, Section 3: Eligibility, Enrollment, and Disenrollment. 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 MississippiCAN and 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.

1.3.7 Major Program Elements

In Figure 1.5, below, Major Program Elements and correlating locations in Appendix A, Draft Contract, are included for quick reference. The table is not meant to be all-inclusive of all requirements of the Draft Contract but is included to serve as a guide to the most prominent and detailed requirements of services sought. The Offeror is expected to read the entirety of the Draft Contract to fully understand the requirements of MississippiCAN and CHIP, as well as the applicable State Plans, and to craft a responsive Qualification. **Offerors should reference Appendix A, Draft Contract when developing qualifications in response to Section 4, Qualification Content, of this RFQ.** The Draft Contract details program design and operational requirements that will be the responsibility of the selected Contractors to follow and execute.

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Figure 1.7: Major Program Elements

Major Program Element	Location in Appendix A, Draft Contract
Eligibility, Enrollment, and Disenrollment	Section 3
Covered Services and Benefits	Section 4
Member Services	Section 5
Provider Network	Section 6
Care Management	Section 7
Quality Management	Section 8 & Appendix F
Claims and Reimbursement	Section 9
Fraud, Waste, and Abuse	Section 10
Financial Requirements	Section 11
Third Party Liability	Section 12
Subcontractual Relationships and Delegation	Section 13
Federal, State, and General Requirements	Section 15
Reporting Requirements	Section 16

The Division will utilize a Pharmacy Benefits Administrator (PBA) for management and payment of pharmacy claims, prior authorization, and management of the pharmacy network for all Mississippi Medicaid, MississippiCAN, and CHIP populations. Contractors will be required to work with the Division and the PBA through any means necessary to ensure that Members have full access to pharmacy benefits and that pharmacy providers are able to receive support and assistance as needed for administration and delivery of pharmacy services. Offerors must not submit any information regarding pharmacy administration and management other than that which is explicitly requested through questions included in this RFQ. More information about how Contractors will be expected to interact with the Division's PBA is located throughout Appendix A, Draft Contract, and additional information and requirements will be provided to winning Contractors.

The Division published its Comprehensive Quality Strategy (CQS) for public comment on September 15, 2021. This document can be accessed at <https://medicaid.ms.gov/public-notice-for-doms-2021-comprehensive-quality-strategy/>. The CQS is a holistic quality strategy for the Division, incorporating the Division's three-year quality vision for fee-for-service, managed care, and waiver populations.

1.4 Terms and Conditions

Any eventual Contractor shall abide by all terms and conditions as enumerated in Appendix A, Draft Contract, and this RFQ. The RFQ and the Draft Contract are to be read harmoniously, and should any conflict occur between or among documents governing the agreement between any eventual Contractor and the Division, that conflict will be resolved as stated in the terms and conditions of Appendix A, Draft Contract.

1.4.1 Term of Contract

Unless otherwise provided by law, the contracts to be awarded are multi-term contracts as defined by PPRB. The Division will award the contracts based on evaluation of responses to the RFQ. The contracts will have an initial term not to exceed four (4) years, starting at the date of execution. The Division may exercise up two (2) optional one (1) year renewals, provided the following circumstances:

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1. Funds are available for the first fiscal period at the time of contracting; and
2. PPRB approves of the extension.

Payment and performance obligations for succeeding fiscal periods shall be subject to the availability and appropriation of funds.

Should no response be found satisfactory, the Division reserves the right to make no award and restart the procurement. Specifics for Rejection of a Qualification are found in Section 2.2.5, Rejection of Qualifications, of this RFQ.

1.4.2 Release of Public Information

Offerors must provide an electronic, single-document version of its qualification redacting those provisions of the qualification that contain trade secrets or other proprietary data that 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 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) and will be published by the Division on its Procurement website after the award of the Contract has been made.

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.

1.4.3 Release of Redacted Qualification After Award

The Offeror agrees that the Division, at its discretion, may post on its website the Offeror's redacted electronic, single-document qualification referenced in 1.4.2, Release of Public Information, after award of the Contract is made.

1.4.4 License Requirements

The Contractor shall have, or obtain, any license/permits that are required prior to and during the performance of work under the 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.

1.4.5 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.

1.4.6 Ownership of Information

The Division, DHHS, 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 a winning Contractor under any contract resulting from this RFQ.

A winning 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 1.4.6, however, are any pre-existing, proprietary tools owned, developed, or otherwise obtained by the winning Contractor independent of the Contract. The Offeror and any eventual 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.

1.4.7 Requirements

1. The contractor will be expected to provide MississippiCAN and CHIP services for four (4) 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. This does not affect either the State's right or the Contractor's rights under any termination clause in Appendix A, Draft Contract.
4. The Executive Director or the Executive Director's designee will 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.

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5. A multi-term contract may be awarded. The Contract will be awarded to most responsive and qualified bidder.

1.5 Eligibility to Submit a Qualification

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

1. The Offeror has the background and knowledge necessary to deliver the services described in the RFQ and described in Appendix A, Draft Contract. All experience provided will be considered;
2. Each Offeror must be licensed as or 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;
3. All information and statements contained in the Offeror's qualification and responses to additional letter inquiries submitted by the Offeror to the Division are true and correct as of the date of this Contract;
4. A copy of the Offeror's qualification as approved by the Division is on file in the Contractor's office in Mississippi and any revisions to the qualification as approved by the Division are posted in the Contractor's copy;
5. There have been no material adverse changes in the financial condition or business operations of the Contractor since the date of submission of the qualification and the closing date of the most recent financial statements of the Contractor submitted to the Division;
6. That the Contractor, its corporate parent, or a subsidiary of its corporate parent performing managed care services in another state has not been sanctioned, as defined by 42 C.F.R. § 438.702, by a State or Federal government within the last ten (10) years;
7. All covered services provided by the Contractor will meet the quality management standards of the Division, and services will be furnished to Members as promptly as necessary to meet each Member's needs.
8. The Contractor shall have, or obtain, any license(s)/permit(s) required to do the work described in this Contract prior to and during the performance of work under this Contract.
9. 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

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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.

1.6 Reservation of Rights

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.

The Division reserves the right to request additional information or clarification of an Offeror's qualification. 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.

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SECTION 2: PROCUREMENT PROCESS

2.1 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 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 provisions of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations, effective date January 18, 2020, 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 to determine point scores for each evaluation factor and determine a final score. The evaluation and selection processes are described in more detail in Section 3 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 4 of this RFQ, and constitutes acknowledgment of the detailed descriptions of MississippiCAN and CHIP.

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.

2.2 Rules of Procurement

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

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Additionally, this procurement is governed by the Mississippi PPRB OPSCR Rules and Regulations, effective date January 18, 2020, located on this website: <https://www.dfa.ms.gov/>, the requirements of Miss. Code Ann. §§ 31-7-401 through -423, and any other applicable law.

All applicable rules, regulations, and legal authorities will be applied as necessary in this procurement, regardless of whether it is specifically stated herein.

2.2.1 Restrictions on Communications with the Division's Staff

From the issue date of this RFQ until Contractors are selected and the Contracts are signed, Offerors and/or their representatives are not allowed to communicate with any Division staff and/or Division contractors regarding this procurement, except for staff in the Office of Procurement and any other staff designated by the Division.

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

2.2.2 Amendments to this Request for Qualifications and Offeror Acknowledgement

The Division reserves the right to amend the RFQ at any time. All amendments will be posted to the Division's website at <https://medicaid.ms.gov/coordinated-care-procurement/>. Amendments will also be posted on the Mississippi Contract/Procurement Opportunity Search Portal and sent to known potential Offerors. After January 7, 2022, Offerors submitting Letters of Intent will be notified when amendments are released.

Offerors shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment(s) with their Qualification submission on Sharepoint. Failure to submit acknowledgment of any amendment(s) may be grounds for disqualification.

2.2.3 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 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.

2.2.4 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

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through the method explained in Section 2.2.5, Rejection of Qualifications, of this RFQ, 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 that does not give one party an advantage or benefit not enjoyed by other parties, or adversely impacts the interest of the Division.

In accordance with PPRB Rule 3-202.12.4.1, the Division may waive Minor Informalities 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 select the Offerors whose qualifications are responsive to the RFQ and are most advantageous to the Division and the State of Mississippi in quality and other factors considered.

2.2.5 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 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. 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 qualification can be rejected for reasons specified in Section 3-301.05 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

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meet the requirements of the specifications or permissible alternates or other acceptability criteria set forth in the RFQ;

10. The Qualification contains identifying information;
11. The Offeror does not comply with the Qualification Submission Requirements as set forth in the RFQ; and
12. The Offeror currently owes the State money.

Any and all rejections by the Division will comply with the requirements of PPRB Rules 3-204.01.3.3 and 3-301, and any other applicable state laws or rules.

2.2.6 Alternate Qualifications

Each Offeror, its subsidiaries, affiliates, or related entities shall be limited to one qualification that 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.

2.2.7 Qualification Modification and Withdrawal

Prior to the qualification submission deadline, 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 submission deadline 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.

If the Offeror submits a modification prior to the submission deadline, the Offeror must maintain any previous submissions on the Division's Sharepoint site in a subfolder designated for the purpose. Previous submissions may not be deleted by the Offeror. If multiple submissions exist from the Offeror in its assigned folder on the Sharepoint site or a modification has not been moved to its designated subfolder, the submission with the most recent time stamp will be treated as the Offeror's final qualification and used for evaluation purposes.

Unless requested by the Division, no modifications, revisions, or alterations to qualifications will be accepted after the qualification submission deadline.

Any submitted qualification shall remain a valid qualification for three hundred sixty-five (365) days from the qualification due date.

2.2.8 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.

2.2.9 Responsible Contractor

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

2.3 Clarifications of Qualifications

2.3.1 Oral Presentations

Oral presentations will not be held for this procurement.

2.3.2 Written Qualification Clarifications

During the evaluation process, the Evaluation Committee will produce written questions that the Chief Procurement Officer or their designee will communicate to the Offerors. Answers for these questions will be required quickly, often in fewer than 24 hours. Offerors should be prepared to render answers as quickly as possible. Offerors must also provide answers that comply with 1.2.3.3, Identifying Information, of this RFQ. If this requirement is not followed, then the Offeror may be immediately rejected as non-responsive. The Division reserves the right to remove identifying information found in the Offeror's answer if the removal of the information will not affect the substance of the submission. The Division additionally reserves the right to give the Offeror the opportunity to remove identifying information. Decisions by the Division to remove identifying information, give the Offeror the opportunity to remove identifying information, and/or whether a Qualification including identifying information may proceed in the RFQ process will be made at the Division's discretion.

If there is a need for any substantial clarification of or change in the qualification, the documents shall be amended to incorporate such clarification or change in accordance with Section 3-203.09 of the Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations. If an Offeror's qualification requires amendment, all Offerors will be provided a reasonable opportunity to amend their qualification accordingly.

Any and all discussions regarding this RFQ will be conducted in writing as described under this section. The Division may conduct discussions with Offerors that submit qualifications determined to be reasonably susceptible of being selected for award, but qualifications may be accepted without such discussions.

2.4 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 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.

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.

2.5 Protest of Solicitations or Awards

1. **Interested Party** means an actual or prospective Offeror that may be aggrieved by the solicitation or award of a contract, or by the protest.
2. **Protestor** means any actual or prospective Offeror that is aggrieved in connection with the solicitation or the award of a contract and who files a protest.

The Division shall submit to the PPRB, with its contract approval request, documentation signed by the Executive Director or the Executive Director's 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 Division shall resolve the protest prior to the scheduled PPRB Board meeting. In the contract submission packet, the Division shall include a Protest Memo that discloses the subject matter of the protest, states whether the protest has been resolved, and explains the Division's internal procedure for reviewing protests and describes how the Division plans to or made the final determination concerning the protest.

2.5.1 Procedure for Filing Protests

An aggrieved party has the right to file a protest with the Division of Medicaid or directly to the Public Procurement Review Board. It is recommended that Protestors seek resolution of their complaints initially with the Division of Medicaid.

Any actual or prospective Offeror that is aggrieved in connection with the solicitation or award of a contract may protest to the Chief Procurement Officer of the Division 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 following the issuance of the Notice of Intent to Award or within seven (7) calendar days of the solicitation posting if the protest is based on the solicitation.

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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 aggrieved party assumes all risks of delivery. It is the responsibility of the aggrieved party to ensure timely delivery of its protest.

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 for the Mississippi Department of Finance and Administration.

An aggrieved party who chooses to file a protest directly to the PPRB shall file a protest with the Director of 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 issuance of the Notice of Intent to Award.

2.5.2 Content of Protest

To expedite handling of protests, the envelope containing the protest 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.

2.5.3 Protest Decision

If the protest is not resolved by mutual agreement, the Division's Executive Director 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 by the Public Procurement Review Board. 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 Executive Director, or by PPRB when the protest is filed directly with the 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, of the Office of Personal Service Contract Review Rules and Regulations.

A decision of the Executive Director shall be final and conclusive, unless fraudulent, or any person adversely affected by the decision appeals administratively to the Public Procurement Review Board.

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The Executive Director will refuse to decide any protest when a matter involved is the subject of a proceeding before the Public Procurement Review Board or has been decided on the merits by the Board. If an action concerning the protest has commenced in court, the Executive Director 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 Executive Director or PPRB.

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.

2.5.4 Stay of Solicitation or Award

In the event of a timely protest, the Division shall not proceed further with the solicitation or with the award of the Contract until the PPRB approves the determination that continuation of the solicitation or award of the Contract without delay is necessary to protect substantial interests of the State.

2.5.5 Right to Appeal

Any person adversely affected by the protest decision of the Executive Director 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.

The appeal should be submitted to the Director of the Office of Personal Service Contract Review at the Mississippi Department of Finance and Administration. The aggrieved party assumes all risk regarding timely delivery of the appeal.

Any proceeding on administrative appeal shall be *de novo*. Any prior determinations by agency officials shall not be final or conclusive once appealed to the PPRB. A determination of an issue of fact by the PPRB shall be final and conclusive unless arbitrary, capricious, fraudulent, or clearly erroneous.

2.5.6 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, with PPRB or through a court of competent jurisdiction.

2.6 Post-Award Vendor Debriefing

Agencies are encouraged to exchange information with vendors to build and strengthen business relationships and improve the procurement process between vendors and the State. To further this effort, the Division 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. The Division shall submit with the contract approval request, documentation signed by the Executive or the Executive Director's 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, of the Office of Personal Service Contract Review Rules and Regulations.

2.6.1 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 Division within three (3) business days following issuance of the Notice of Intent to 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 Division and identify its attorney. The Division 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.

2.6.2 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 Division. The Chief Procurement Officer or designee should chair the meeting, and where practicable, include other staff with direct knowledge of the procurement.

2.6.3 Information to Be Provided

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

1. The Division'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, if any ranking was developed by the Division during the selection process;
4. A summary of the rationale for award; and

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5. Reasonable responses to relevant questions about selection procedures contained in the solicitation, applicable regulations, and other applicable authorities that were followed.

2.6.4 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.

2.6.5 Summary

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

2.7 Required Contract Terms and Conditions

Any contract entered into between the Division and an Offeror shall include the required clauses noted in Section 1.2.11, Required Clauses, and those required by the Public Procurement Review Board's Office of Personal Service Contract Review Rules and Regulations as updated.

2.8 Mississippi Contract/Procurement Opportunity Search Portal

This RFQ any amendments thereto (including but not limited to the RFQ Questions and Answers) are posted on the Contract/Procurement Opportunity Search Portal.

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SECTION 3: QUALIFICATION OVERVIEW AND PROCESS

3.1 General

An Evaluation Committee comprised of the Division staff and/or Division contractors 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.

3.2 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 Contractors. Any deviation(s) will be applied equally to all Offerors.

A maximum of 1000 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 three (3) stages. The Office of Procurement and its designee(s) will complete Stage One. The Evaluation Committee will complete Stage Two. In Stage Three, the Office of Procurement and its designee(s) 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, and the award decision will be made by the Executive Director.

3.2.1 Stage 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 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 will determine if an incomplete qualification is sufficiently responsive to continue to Stage Two. If necessary, the Office of Procurement may request clarifications from the Offeror(s).

3.2.2 Stage 2: Evaluation of Qualification

Only an Offeror whose qualifications meet the requirements of the RFQ and is determined responsive in Stage One will be considered in Stage Two.

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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 qualifications. In addition, the Division reserves the right to request clarifications of any Offeror.

The Evaluation Committee will review each Offeror's qualification 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.

3.2.2.1 Evaluation Rounds and Consensus Scoring

The Evaluation Committee will evaluate the Technical (Unmarked) and Management (Marked) Factors in two distinct Rounds. During Round 1, the Evaluation Committee will review the Technical Factors, and the Management Factors will be reviewed in Round Two. This ensures that Technical Factors are reviewed "blind," meaning the Evaluation Committee will not be informed of the identity of the Offeror/author of each qualification's Technical Factors. During Round 2, the Evaluation Committee is informed of the identity of the Offeror/author of each qualification's Management Factors.

The Evaluation Committee will use a Consensus Scoring method to award points in both the Evaluation Rounds. The Evaluation Committee will evaluate the Technical (Unmarked) and Management (Marked) Factors in two distinct Consensus Scoring sessions, with one session occurring after each Round's evaluation period is complete.

During Round 1, the Evaluation Committee will review the Technical Factors. Each member will independently evaluate each Offeror's Technical Factors qualification, making his or her own notes about the strengths and weaknesses of the Offeror's proposal. At the end of the Round 1 Evaluation Period, the Evaluation Committee will convene to assign consensus scores to each Offeror's Technical Factors qualification. An independent facilitator will be used to conduct the consensus scoring. After the Round 1 Consensus Scoring is completed, the Technical Factor qualification scores are locked and can no longer be changed by the Evaluation Committee.

During Round 2, the Evaluation Committee will review the Management Factors. Each member will independently evaluate each Offeror's Management Factors qualification, making his or her own notes about the strengths and weaknesses of the Offeror's proposal. At the end of the Round 2 Evaluation Period, the Evaluation Committee will convene to assign consensus scores to each Offeror's Management Factors qualification. An independent facilitator will be used to conduct the consensus scoring. After the Round 2 Consensus Scoring is completed, the Management Factor qualification scores are locked and can no longer be changed by the Evaluation Committee.

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Figure 3.1: RFQ Scoring Guide

QUALIFICATION SECTION	MAXIMUM SCORE
Factors Not Reviewed by the Evaluation Committee	
Transmittal Letter*	Pass/Fail
Price**	350
Evaluation Round 1: Technical Factors – Blind Scoring	
Executive Summary	Pass/Fail
Methodology Work Questionnaire (including Work Plan and Schedule)	340
Innovation and Commitment	110
Round 1 Total	450
Evaluation Round 2: Management Factors – Unblind/Informed Scoring	
Corporate Background and Experience	100
Ownership and Financial Disclosure Information	Pass/Fail
Organization and Staffing	100
Management and Control	Pass/Fail
Round 2 Total	200
Total Points Available	1000

*Evaluated by the Office of Procurement prior to the technical evaluation.

**State statute requires that Price be included as a scored factor in any RFQ, with a value of at least 35% of the score. Because the subject contract is paid through a capitated payment, Offerors will not submit any information regarding Price with their qualifications. Every qualification that advances to Stage 2 will be awarded 350 points for Price, without exception, leaving 650 points for competitive evaluation scoring.

3.2.2.1.1 Evaluation Round 1: Technical Factors – Unmarked - 450 Points Available

All responses to Technical Factors sections must be unmarked, meaning all identifying information has been removed. For more information about what is defined as “identifying information,” consult Section 1.2.3.3, Identifying Information, of this RFQ.

Scoring will be blind for this Evaluation Stage.

3.2.2.1.1.1 Executive Summary (Unmarked) – Pass/Fail

The Evaluation Committee will review the Executive Summary to determine if it provides all information required in Section 4.2.1 of this RFQ and is ten (10) pages or fewer in length.

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3.2.2.1.1.2 Methodology/Work Statement (Unmarked) – 340 Points Available

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 4 of this RFQ, the evaluation criteria will address at a minimum the following:

1. Processes and requirements for completion of the project;
2. Processes for ensuring adequate service delivery;
3. Ability to improve quality and address access issues;
4. Understanding of the needs of the covered populations;
5. Cultural competency, health equity strategies, and ability to provide support to the covered populations;
6. Data management plan, including hardware, software, communications links, and data needs and proposed coordination plan;
7. Processes for maintaining confidentiality of PHI;
8. Processes for development and submission of required deliverables;
9. Scope of services provided through partnerships or subcontractors; and
10. Quality Assurance processes.

Figure 3.2: Methodology Work Questionnaire Scoring Guide

RFQ Question Set Topic	Scoring	Related Contract Section(s)
Member Services and Benefits	50 points	Covered Services and Benefits
Provider Services and Network	50 points	Provider Services
Care Management	50 points	Care Management
Quality Management	50 points	Quality Management
Utilization Management	50 points	Quality Management, Throughout the Draft Contract
Information Technology	20 points	Throughout the Draft Contract
Subcontractual Relationships and Delegation	20 points	Subcontractual Relationships and Delegation
Financial and Data Reporting	15 points	Throughout the Draft Contract
Program Integrity	15 points	Fraud, Waste, and Abuse, Throughout the Draft Contract
Subrogation and Third-Party Liability	10 points	Third Party Liability
Eligibility, Enrollment, and Disenrollment	10 points	Eligibility, Enrollment, and Disenrollment
TOTAL	340 points	

3.2.2.1.1.3 Innovation and Commitment (Unmarked) – 110 Points Available

The Evaluation Committee will assess several new and/or improved additions to the CCO contract for the next cycle. After award, winning plans will have to collaborate with the Division, and in some cases, with each other, to have a final plan for each of the following aspects of the Contract.

The **innovation** aspect asks Offerors submit to overviews of their plans for the following new and/or improved aspects of the Contract; the **commitment** aspect assesses the details of how the Offeror will deliver on its plan, including financial and human capital investment.

Figure 3.3: Innovation and Commitment Scoring Guide

RFQ Question Set Topic	Scoring	Related Contract Section(s)
Value-Based Purchasing	20 points	Quality Management
Patient-Centered Medical Homes	10 points	Provider Services
Social Determinants of Health	20 points	Throughout the Contract
Value-adds	10 points	
Performance Improvement Projects	10 points	Quality Management
Health Literacy Campaigns	10 points	Quality Management
Telehealth	10 points	Covered Services and Benefits
Use of Technology	10 points	Member Services, throughout contract
Potential Partnerships	10 points	Throughout the Contract
TOTAL	110 points	

3.2.1.1.2 Management Factors – Marked - 200 Points Available

All responses to Management Factors sections must be marked, meaning identifying information is contained in the submission. For more information about what is defined as “identifying information,” consult Section 1.2.3.3, Identifying Information, of this RFQ.

Scoring will not be blind for this Evaluation Stage. The Evaluation Committee will assess the Offeror’s ability and resources to deliver on requirements of this RFQ, Appendix A: Draft Contract, and the proposals made by the Offeror in its Technical Factors qualification, as well as the Offeror’s depth of experience and track record in services contemplated in this RFQ, Appendix A: Draft Contract, and the Offeror’s proposals made by the Offeror in its Technical Factors qualification.

3.2.1.1.2.1 Corporate Background and Experience (Marked) – 100 Points Available

Scoring for this section will assess the Offeror’s biographical information, resources, proven track record of delivery of coordinated care services, and the overall history of the Offeror.

Figure 3.4: Corporate Background and Experience

RFQ Questions Set Topics	Scoring
Corporate Background: Biographical Information	20 points
Corporate Background: Corporate Resources	50 points
Corporate Experience	30 points
TOTAL	100 points

3.2.1.1.2.2 Ownership and Financial Disclosure Information (Marked) – Pass/Fail

The Offeror must pass on each component of this subpart to pass for the entire section. Full disclosure of requested information is necessary to “pass” for the component. Failure to fully disclose on one component results in failure for this section as a whole. The Evaluation Committee will also assess the following in assigning a “pass” or “fail” to the component: whether the information disclosed evidences the Offeror as an organization is stable, reputable, financially solvent, well-capitalized, and in a financial position to perform services required by this RFQ and Appendix A: Draft Contract; and whether the Offeror is ethically sound.

Figure 3.5: Ownership and Financial Disclosure Information

RFQ Questions Set Topics	Scoring
Information to be Disclosed	Pass/Fail
When and to Whom Information Will Be Disclosed	Pass/Fail
Information Related to Business Transactions	Pass/Fail
Change of Ownership	Pass/Fail
Disclosure of Identity of Any Person Convicted of a Criminal Offense	Pass/Fail
Audited Financial Statements	Pass/Fail
TOTAL	Pass/Fail

3.2.1.1.2.3 Organization and Staffing (Marked) – 100 Points Available

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 Evaluation Committee will assess the Offeror’s capacity to perform the work, with an emphasis on the Offeror’s human capital resources, as well as the impact the Offeror could have on the Mississippi economy.

Figure 3.6: Organization and Staffing

RFQ Questions Set Topics	Scoring
Organization	10 points
Job Descriptions and Responsibilities	20 points
Administrative Requirements	10 points
Staffing	20 points
Subcontractors	20 points
Economic Impact	20 points
TOTAL	100 points

3.2.1.1.2.4 Management and Control (Marked) – Pass/Fail

The Offeror must pass on each component of this subpart to pass for the entire section. Full disclosure of requested information is necessary to “pass” for the component. Failure to fully disclose on one component results in failure for this section as a whole. The Evaluation Committee will also assess the Offeror’s proposed methods for management of the programs, problem solving, and ability to deal with unexpected situations in assigning a “pass” or “fail” for the subpart.

Figure 3.7: Management and Control

RFQ Questions Set Topics	Scoring
Day-to-Day Management	Pass/Fail
Problem Management	Pass/Fail
Backup Personnel Plan	Pass/Fail
Emergency Preparedness Plan	Pass/Fail
TOTAL	Pass/Fail

3.2.3 Stage 3: 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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SECTION 4: QUALIFICATION CONTENT

To respond to the RFQ, the Offeror must supply all materials named in this section and by this section and be responsive to all requirements and questions contained herein. Failure to respond sufficiently to the requirements of this section, or other requirements named in this RFQ, may result in disqualification from the procurement.

Items to be included under each of the following headings are identified below. Each section within the qualification should include all items listed. Evaluation of qualifications will be conducted as described in Section 3, Qualification Overview and Process, of this RFQ.

All requirements regarding format and method of submission of the Qualification are included in Section 1.2.3, Qualification Submission Requirements, of this RFQ.

The Offeror must follow all rules regarding the procurement as stated in this document and under the PPRB rules.

Any qualification that does not adhere to these requirements may be deemed non-responsive and rejected on that basis. The Division has sole discretion in determining the responsiveness of any Offeror's submission.

4.1 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 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

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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. All experience provided will be considered;
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 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>.
12. 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;
13. A statement that the Offeror agrees to the language of the Division's BAA and DUA without expectation of negotiation;
14. 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 effect should be included;
15. A statement that the Offeror has read, understands and agrees to all provisions of this RFQ without reservation and without expectation of negotiation;
16. Certification that the Offeror's qualification will be firm and binding for three hundred sixty-five (365) days from the qualification due date;
17. A statement naming any outside firms responsible for writing the qualification;
18. 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);
19. 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

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bind the corporation to the terms, conditions, and provisions of the qualification;

20. 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;
21. A statement that no public disclosure or news release pertaining to this procurement shall be made without prior written approval of the Division; and
22. A statement that the Offeror's redacted electronic, single-document qualification referenced in 1.4.2, Release of Public Information, does not contain trade secrets or other proprietary information.
23. A statement that the Offeror has executed and included with the Transmittal Letter the following Certifications, located in Appendix D:
 - a. Certifications and Assurances Regarding Contingent Fees and Gratuities;
 - b. DHHS Certification Regarding Drug-Free Workplace Requirements: Grantees Other than Individuals (This document must be executed by the Offeror as well as any expected Subcontractors and submitted with the Offeror's qualification); and
 - c. DHHS Certification Regarding Debarment, Suspension, and Other Responsibility Matters
24. Additionally, 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.

4.2 Technical Factors (Unmarked)

Technical Factors are worth a total of 450 points. Points available for each Factor are indicated in the title of the subsection corresponding to that element.

The Offeror is reminded of the prohibition against including identifying information in any Technical Factor response. Where model documents are requested, the Offeror must remove all identifying information. Failure to comply with this rule may be basis for disqualification. See Section 1.2.3.3, Identifying Information, for more information. It is the Offeror's responsibility to comply fully with the standards set forth in that section.

4.2.1 Executive Summary (Unmarked): Pass/Fail

Response Limit: 10 pages

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:

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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 MississippiCAN and CHIP requirements.

The Executive Summary should be no more than ten (10) single-spaced typed pages in length. Staff organizational structure and key personnel responses should not include any names or other identifying information about individual(s) previously employed by, currently employed by, or expected to be employed by the Offeror. These answers should instead include information such as titles of positions, expected qualifications required for positions, location in organizational structure, and/or other general information about the position itself that the Offeror deems appropriate that does not pertain to or describe any individual(s) previously employed by, currently employed by, or expected to be employed by the Offeror.

4.2.2 Methodology/Work Statement (Unmarked): 340 total points available

Please respond to the questions. These statements and questions relate directly to the Major Program Elements described in Section 1.3.7 of this RFQ and related requirements set forth in Appendix A, Draft Contract. 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. Indicate "not applicable" to any item that is not relevant to the Offeror'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, unless otherwise indicated.

Unless specified, questions apply to both MississippiCAN and CHIP. If the Offeror's processes and procedures will differ by program for any requested item, make that distinction in the answer.

The Offeror should not construe a Contract section's listing as "related," to denote that the section listed is the only section in which the Question Set Topic is mentioned. The Offeror is responsible to reading and understanding all parts of the Appendix A, Draft Contract, and using that information to be responsive to the Question Sets.

The Offeror is reminded of the prohibition against including identifying information in any of answers. Where model documents are requested, the Offeror must remove all identifying information. Failure to comply with this rule may be basis for disqualification.

Unless specified, questions apply to both MississippiCAN and CHIP. If the processes for both are the same, note that. If the processes are different, make the distinction.

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As noted above, the total number of points available for responses to this subsection is 340 points. Points available per element of this subsection are included in the element's title.

For each of the subsections below, responses to Work Plan and Schedule are not subject to the page response limits listed for that section. Work Plans and Schedule response are limited to 15 additional pages for each section.

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4.2.2.1: Member Services and Benefits (Unmarked): 50 points available
Response Limit: 55 pages, plus two (2) marketing samples

A. Delivery of Covered Services

1. Children

- a. The Division has a special interest in ensuring timely and robust developmental screening and early intervention for children. The Offeror should keep that in mind in answering the following:
 - i. MississippiCAN Services: Describe the Offeror's 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 MississippiCAN Members including periodic examinations for vision, dental, and hearing and all medically necessary services. Include the following:
 1. An overview of related policies, procedures, and processes
 2. An overview of how the Offeror will encourage Members to obtain services
 3. How the Offeror anticipates the approach will improve health outcomes
 4. The Offeror's process for reminders, follow-ups, and outreach to Members
 5. How the Offeror plans to communicate to the Member that Cost sharing in any form is not allowable on benefits for family-planning or pregnancy-related assistance
 6. Any innovative methods that Offeror will use to augment its approach
 - ii. CHIP Services: Describe the Offeror's proposed approach to ensure CHIP Members receive timely services, Immunizations, Well-Child visits, and any other services described in the CHIP State Health Plan. Include the following:
 1. An overview of related policies, procedures, and processes
 2. An overview of how the Offeror will encourage Members to obtain services
 3. How the Offeror anticipates the approach will improve health outcomes
 4. The Offeror's process for reminders, follow-ups, and outreach to Members
 5. How the Offeror plans to communicate to the Member that Cost sharing in any form is not allowable on benefits for family-planning or pregnancy-related assistance
 6. Any innovative methods that Offeror will use to augment its approach
- b. How will the Offeror address racial, ethnic, and geographic disparities in delivery of services to and outcomes for children?

2. Behavioral Health Services

- a. Describe the Offeror's direct experience in service delivery and payment and/or capacity to manage service delivery and payment for behavioral health/substance use disorder services for Pediatric and adolescent behavioral health/substance use disorder, including compliance with the SUPPORT Act.
- b. Describe the Offeror's direct experience in service delivery and payment and/or capacity to manage service delivery and payment for behavioral health/substance use disorder services for adult behavioral health/substance use disorder, including compliance with the SUPPORT Act.

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- c. Describe the Offeror's approach to delivery and payment for behavioral health/substance use disorder services.
 - d. Describe any innovative methods that Offeror will use to augment its approach.
 - e. How will the Offeror address racial, ethnic, and geographic disparities in delivery of and outcomes regarding behavioral health services?
3. Perinatal and Neonatal
- a. Describe the Offeror's direct experience in service delivery and payment and/or capacity to manage service delivery and payment for perinatal and neonatal services.
 - b. Describe the Offeror's approach to delivery and payment for perinatal and neonatal services.
 - c. Describe any innovative methods that Offeror will use to augment its approach.
 - d. How will the Offeror address racial, ethnic, and geographic disparities in delivery of and outcomes regarding perinatal and neonatal services?
4. Chronic Conditions
- a. Describe how the Offeror will implement innovative programs to improve the health and well-being of Members diagnosed with diabetes and pre-diabetes.
 - b. Describe the Offeror's direct experience in service delivery and payment and/or capacity to manage service delivery and payment for services for Members with chronic health conditions generally.
 - c. Describe the Offeror's approach to delivery and payment for chronic health conditions services generally.
 - d. Describe any innovative methods that Offeror will use to augment its approach.
 - e. How will the Offeror address racial, ethnic, and geographic disparities in delivery of and outcomes regarding Members with chronic conditions?
 - f.
5. Foster Children
- a. Describe the Offeror's experience or capacity to manage the care of foster children, and your ability to develop a continuum of care responsive to their needs.
 - b. Describe how you would work collaboratively with the State of Mississippi through the MS Department of Child Protection Services to determine medical necessity and provide documentation of medical services for foster children in a manner that considers the unique medical and mental health needs of the population.
 - c. Describe your capacity to provide MDCPS access to all data and documentation (withstanding proprietary technology) to support the State in its efforts to accurately identify and subsequently serve the medical needs of foster children and youth.
 - d. Describe any innovative methods that Offeror will use to augment its approach.
 - e. How will the Offeror address racial, ethnic, and geographic disparities in delivery of and outcomes regarding services for Foster Children?
6. Dental Services
- a. Describe the Offeror's direct experience in service delivery and payment and/or capacity to manage service delivery and payment for dental services as a medical service
 - b. Describe any innovative methods that Offeror will use to augment its approach.
 - c. How will the Offeror address racial, ethnic, and geographic disparities in delivery of and outcomes regarding dental services?

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7. Vision Services

- a. Describe the Offeror's direct experience in service delivery and payment and/or capacity to manage service delivery and payment for vision services.
- b. Describe any innovative methods that Offeror will use to augment its approach.
- c. How will the Offeror address racial, ethnic, and geographic disparities in delivery of and outcomes regarding vision services?

8. Additional Items

- a. State whether the Offeror will require any cost-sharing or copayments from MississippiCAN and/or CHIP Members.
 - i. If yes, please describe what these cost-sharing/copayment requirements will be.
- b. Describe practices and policies the Offeror would plan to use to ensure that rural MississippiCAN Members would have adequate access to Non-Emergency Transportation (NET) and any innovations that the Offeror may bring to MississippiCAN in this area (Note: NET is not a covered service under CHIP).
- c. Describe any additional proposed innovations for delivery of Member services or benefits that the Offeror would bring to MississippiCAN and/or CHIP that are not otherwise covered in this section.
- d. Describe any additional practices the Offeror will use to address racial, ethnic, and geographic disparities in delivery services.

B. Member Services Call Center

1. Describe the Offeror's Member services call center operations, including:
 - a. Confirming that the location of the proposed operations will be within Hinds, Madison or Rankin Counties (provide a yes or no answer; do not include address);
 - 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, including what languages will be available;
 - d. The process to ensure that Member calls pertaining to immediate medical needs are properly handled;
 - e. Training program for call center employees including cultural competency and Care Management;
 - f. How the Offeror will address service interruption through fail-over to an alternative site, redundant connectivity, and/or other options to mitigate downtime;
 - g. For behavioral health/substance use disorder, how the Offeror will provide crisis intervention and other telephone access twenty-four (24) hours per day, seven (7) days per week;
2. Describe the Offeror's proposed automatic call distribution (ACD) system and its capabilities and capacities.

C. Member Handbook

1. Describe how the Offeror's Member Handbook will inform Members about the process for accessing physical and behavioral health/substance use disorder services.
2. Describe how the Offeror's Member Handbook will inform Members about the Offeror's Care Management System?

D. Website and Mobile Application

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1. Describe how the Offeror will ensure that Members are well-informed about the existence and functions of its Member Web Portal and Mobile Application.
2. Describe any functions beyond those required in Appendix A, Draft Contract, that the Offeror will make available to Members through its website and Mobile Application (if any).

E. Member Education and Communication

1. Describe what methods the Offeror will use to inform Members of the functions of the Member services call center and encourage use.
2. Describe what methods the Offeror will use to inform Member of the functions of Care Management (including the ability to self-refer) and encourage use.
3. Describe how the Offeror will develop and maintain a comprehensive, evidence-based health education program for Members, including:
 - a. An overview of the program, including accountabilities and proposed activities;
 - b. The Offeror's rationale for selecting areas of focus;
 - c. How the Offeror will ensure that materials are at a third (3rd) 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.
4. Describe how the Offeror will employ creative solutions to encourage participation in Member outreach and education activities.
5. Describe the Offeror's proposed process for maintaining both online and print Provider Directories that include names, locations, telephone numbers, and non-English languages spoken by contracted Providers located near the Member and identifies PCPs/PCMHs and specialists that are and are not accepting new patients, as well as how the Offeror will update and notify Members of changes to the Provider directory in the required timeframe.
6. Describe the Offeror's proposed policies, procedures, and processes regarding the Member's rights specified in Section 5.10, Member Rights and Responsibilities of Appendix A, Draft Contract.
7. Describe the Offeror's proposed policies, procedures, and processes to ensure Marketing requirements are met in accordance with 42 C.F.R. § 438.104. Include a description of Marketing materials the Offeror proposes to send to Members. Provide samples of Marketing materials the Offeror 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.
8. Describe the Offeror's proposed approach to inform Members about covered health services including: behavioral health/substance use disorder, perinatal, neonatal, Care Management, autism and other developmental disabilities, well baby and well child, EPSDT screening, chronic health conditions, and pharmacy services.
9. Describe the timely process by which media release, public announcement or public disclosure of any change affecting benefits and services will be organized, sent, and reviewed for approval by the Division.

F. Member Satisfaction

1. Describe the Offeror's proposed approach to assess Member satisfaction including tools the Offeror plans to use, frequency of assessment, and responsible parties.

G. Member Appeals

1. Describe the Offeror's proposed Member Grievance and Appeal process specifically addressing:
 - a. Compliance with State requirements as described on the Division's Website and, Section 5.11, Member Grievance and Appeal Process of Appendix A, Draft Contract;
 - b. Process for expedited review;

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- c. Involvement of Members and their families in the Grievance and Appeal process;
- d. How Grievances are tracked and trended and how the Offeror uses data to make program improvements;
- e. How Grievances are addressed prior to the filing of a Member appeal; and
- f. Process to review decisions overturned in external reviews and State Fair Hearings and the Offeror's approach to address any needed changes based on this review.

H. Work Plan and Schedule

The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Member Services and Benefits, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

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4.2.2.2: Provider Network and Services (Unmarked): 50 points available

Response Limit: 45 pages plus model provider contracts

A. Provider Network

1. Explain the Offeror's plan to develop a comprehensive Provider Network to ensure it meets the Division's access and availability requirements for all covered benefits. Specifically include:
 - a. The Offeror's recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, contract processing and execution, and carrying out recruitment efforts;
 - b. The Offeror's strategy for retaining specialists and how the Offeror will provide access to specialists if not in the network;
 - c. If Subcontractors will be used for certain service areas (e.g., dental, behavioral health/substance use disorder), how their network development efforts will be coordinated with the overall recruitment strategy and how the Offeror will provide oversight and monitoring of network development activities;
 - 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;
 - e. The Offeror's process for continuous network improvement, including the approach for monitoring and evaluating PCPs'/PMHCs' compliance with availability and scheduling appointment requirements and ensuring Members have access to care if the Offeror lacks an agreement with a key Provider type in a given geographic area; and,
 - f. How the Offeror will ensure appointment access standards are met when Members cannot access care within the Offeror's Provider Network.
 - g. Describe the role of the Contractor's Provider Representatives, how the Offeror will recruit and maintain these individuals, and how the Offeror will ensure that representatives stay current on Medicaid policy.
2. Describe how the Offeror will develop and maintain collaborative relationships with low, medium, and high intensity residential treatment facilities and medically monitored inpatient treatment facilities.
3. Describe the Offeror's process for working with Providers and the Credentialing Verification Organization (CVO) to educate and assist Providers in completing the credentialing and recredentialing process with the CVO.
4. Describe the Offeror's approach for timely contracting of Providers upon receipt of information from the CVO that a Provider's credentialing is complete.
5. Submit templates of the Offeror's standard Provider contracts.
6. Describe the Offeror's proposed policies and procedures for addressing the loss of a large Provider group or health system, including:
 - a. System used to identify and notify Members affected by Provider loss;
 - b. Automated systems and membership supports used to assist affected Members with Provider transitions;
 - c. Systems and policies used to maintain continuity of care of Members experiencing Provider transition; and,
 - d. Approach to cover membership needs with existing network resources following terminations.
7. Describe any Provider incentive programs the Offeror plans to implement to improve access and the quality of care.
8. Explain the Offeror's proposed process to maintain the Offeror's Provider file with information about each Provider sufficient to support Provider payment including the ability to:

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- a. Issue IRS 1099 forms,
- b. Meet all federal and Division reporting requirements, and
- c. Cross-reference to state and federal identification numbers to identify and report excluded Providers.

B. Provider Services Call Center

1. Describe the Offeror's Provider services call center operations including:
 - a. Hours of operation;
 - b. Describe how the Offeror will ensure call center employees will have cultural competency;
 - c. Specific standards for rates of response (e.g., live answer, incomplete calls, speed of answer, average length of call, abandonment rate, call monitoring requirements) and measures to ensure standards are met (the Division retains the right to approve all call center standards);
 - d. Training program for call center employees including local and statewide cultural competency; and,
 - e. A description of any plans to use electronic communication to respond to Provider inquiries.
2. Describe how the Offeror will assess the quality and efficiency of the Call Center.

C. Provider Education and Communication

1. Describe how the Offeror will educate network PCPs/PCMHs about Care Management services, how to connect with Care Management, and how the Offeror will encourage PCPs/PCMHs to utilize Care Management. Include information about measurement of Care Management engagement of providers and how the Offeror will address providers who appear to be underutilizing the system.
2. Describe how the Offeror will educate network PCPs/PCMHs 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.
3. Describe how the Offeror will develop the Provider Manual, including brief descriptions of major sections.
4. Describe how the Offeror will develop Provider trainings and workshops, including brief descriptions of six (6) possible topics.
5. Describe how the Offeror will provide education to Providers concerning cultural competency, health equity, and implicit bias, and how the Offeror will ensure that Providers apply this training.
6. Describe the Offeror's proposed approach to assess Provider satisfaction, including tools the Offeror plans to use, frequency of assessment, and responsible parties.
7. Describe the Offeror's proposed approach to educating Providers concerning EPSDT services and Well-Baby and Well-Child Services, including but not limited to screening instruments, practices, and schedules; identification and referral of children with developmental delays; use of Care Management to facilitate care of children; and required documentation for reimbursement of EPSDT services.
8. Describe the Offeror's proposed approach to educating Providers regarding the needs of Members with the following conditions or circumstances:
 - a. Perinatal;
 - b. Behavioral Health;
 - c. Substance Use Disorder;
 - d. Chronic Conditions; and
 - e. Foster Children.

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D. Collaboration with Providers

1. Describe how the Offeror will collaborate with PCPs/PCMHs regarding the care of Members with chronic illnesses, including but not limited to diabetes, asthma, and obesity.
2. Describe how the Offeror will collaborate with PCPs/PCMHs to reduce pre-term births and improve perinatal care.
3. Describe any other conditions for which the Offeror anticipates collaboration with providers to develop improved care for Members.

F. Provider Payment

1. Describe the Offeror's proposed process for ensuring that non-participating Providers who provide emergency services to Members are paid on a timely basis.
2. Discuss the Offeror's willingness to pay claims with dates of services on and after the date of credentialing irrespective of the date the credentialed Provider is loaded into the Offeror's claims processing system.
3. To the extent that any subcontractor(s) will be processing and/or paying claims, include a systems diagram explaining this process, as well as an explanation of the Offeror's business relationship with any such subcontractor(s).

F. Provider Grievances and Appeals

1. Describe the Offeror's proposed Provider Grievance and Appeal process specifically addressing:
 - a. Compliance with State requirements as described in Section 6.10, Provider Grievance, Appeal, and State Administrative Hearing Process of Appendix A, Draft Contract;
 - b. Process for elevating Provider Grievances; and,
 - c. Process for identifying, tracking, and trending Grievances, using data to make program improvements, and sharing data with the Division.

G. Work Plan and Schedule

The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Provider Network and Services, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

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4.2.2.3: Care Management (Unmarked): 50 points available

Response Limit: 45 Pages

A. Care Management Proposal

1. Describe the Offeror's overview of its proposed Care Management Strategy, including the process and criteria used for Care Management for the Members. Include relevant Performance Measures that will be used to assess the achievement of quality outcomes obtained through the Offeror's process. Address the following issues in the response:
 - a. The challenges unique to the MississippiCAN and CHIP populations that the Offeror perceives and will target in its Care Management approach;
 - b. How the Offeror plans to ensure that closed-loop referrals and warm handoffs are executed and sufficiently tracked, including details on the community-based referral platform it plans to use to monitor or close the loop on referrals and/or monitor community-based partnership development activities;
 - c. How the Offeror will ensure that Care Management is a tool to address health equity concerns;
 - d. Creative methods to engage difficult to reach populations or Members who are unresponsive to outreach efforts and/or participation in Care Management; and,
 - e. The Care Management services the Offeror expects to provide by risk level (e.g., low, medium, high).

B. Stratification and Assignment

1. Describe the Offeror's proposed initial Health Risk Screening (HRS) for new Members, including questions, methods of seeking answers, and how answers will be used for stratification of Members based on acuity levels and Care Management.
2. Describe the Offeror's proposed method(s) for the Comprehensive Health Assessment (CHA) of Members requiring a CHA after the initial Health Risk Screening, including questions, methods for seeking answers, and how answers will be used for stratification of members based on acuity levels and Care Management.
3. Describe the Offeror's proposed method(s) for reassessment of Members during the life of their enrollment with the Offeror in order to accurately assess that Members are assigned to the correct acuity level. In addition to an overview of the proposed method(s), the Offeror should include how often Members are reassessed; whether reassessment is ad hoc, systematic, or both; and why the Offeror would utilize this timeframe for reassessment.
4. Describe any other methods the Offeror uses to identify Member acuity levels for assignment and Care Management, including the use of software or other tools.
5. Describe how the Offeror will integrate Social Determinants of Health, health equity evaluations, and other non-medical risk factors into the HRS and CHA.

C. Care Management Services

1. Describe the Offeror's proposed policies, procedures, and processes to conduct outreach to ensure that Members receive all recommended preventive and medically necessary follow-up treatment and medications. Describe how the Offeror's will notify Members and/or Providers when follow-up is due. Address the following issues in the response:
 - a. Facilitation and monitoring of Member compliance with treatment plans;
 - b. Partnerships of community-based partnerships and other state agencies; and
 - c. Coordination with other Providers.
2. For Members with special needs, describe how the Offeror will ensure coordination of care across the care continuum and with state agencies. Describe how the Offeror will assist Members with

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special needs in identifying and gaining access to community resources that may provide services not covered.

3. Describe the Offeror's proposed process to ensure appropriate communication with the Provider, follow-up communication with the Members' PCP/PCMH, and follow-up care for the Member.

Address the following in the response:

- a. The Offeror's role and the PCP's/PCMH's role in this process;
- b. Examples of information that the Offeror will provide to Providers;
- c. Interaction between Care Manager and Members, Members' PCP/PCMH, family, other physicians, and other relevant parties; and,
- d. Transition planning for Members receiving Covered Services from Out-of-Network Providers at the time of Contract implementation.
- e. The Offeror's Care Management processes and specific communication steps with hospital inpatient Providers to ensure post-discharge care is provided to Members. The Offeror's response should address review of potential Member inpatient readmission by diagnosis and the Offeror's plans for readmission reduction through coordination with hospital providers and other relevant parties.

D. Transition of Care

1. Describe the Offeror's overall approach to Transition of Care, including the process and criteria used for Transition of Care for Members. Include relevant Performance Measures that will be used to assess this process.
2. Describe how the Offeror will provide Transition of Care to Members after discharge from an institutional clinic or inpatient facility, including:
 - a. Scheduling outpatient follow-up and/or continuing treatment prior to discharge for Members receiving inpatient services;
 - b. Coordinating with hospital discharge planners, PCPs/PCMHs, and Behavioral Health staff;
 - 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/PCMH, Behavioral Health provider, and network pharmacist to assure continuation of needed therapy.
3. Describe the Offeror's proposed transition plan and policies for ensuring continuity of care for members who are currently receiving covered services from Non-Contracted Out-of-Network Providers at the time of Contract implementation.

E. Staff

1. During the next contracting cycle, it is required that Care Managers be located in the state. Describe the Offeror's requirements for Care Managers, including but not limited to the following:
 - a. Education and training required for Care Managers;
 - b. The Offeror's Care Manager hiring process, including how the Offeror plans to recruit and retain Care Managers;
 - c. How the Offeror will ensure that Care Managers are culturally competent and aware of implicit biases;
 - d. And overview of the Offeror's continuing education and training plan for its Care Managers; and
 - e. Expected wages to be paid to Care Managers (hourly/salary and what amounts).

F. Hypotheticals

1. Describe the Offeror's approach to providing Care Management in the following scenarios:

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- a. Member who had been stratified as low risk has had four (4) emergency department 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 face-to-face, and mail has been returned as undeliverable;
- c. The Offeror's 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 assist with coordinating discharge and Transition of Care activities for a Member.

G. Work Plan and Schedule

The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Care Management, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

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4.2.2.4: Quality Management (Unmarked): 50 points available

Response Limit: 40 pages, plus a 10-page appendix

A. Quality Management Program

1. Describe the Offeror's proposed quality management program, including:
 - 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 Offeror 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;
 - g. Assurance of separation of responsibilities between utilization management and quality assurance staff; and
 - h. How the Offeror will address health access and equity in its quality management program
2. Provide models of the following documents: Annual Program Evaluation and Annual Program Description/Work Plan that meet the requirements of Section 8, Quality Management, of Appendix A, Draft Contract (no more than 10 pages).

B. Clinical Guidelines and Compliance

1. Describe the Offeror's proposed process to notify Providers of new practice guidelines and to monitor implementation of those guidelines.
2. Provide a list of the behavioral health/substance use disorder clinical guidelines that the Offeror intends to promote and discuss how the Offeror will monitor Provider adherence to these guidelines.
3. Describe the Offeror's proposed process for compliance with the SUPPORT Act.
4. Provide a list of the physical health clinical guidelines that the Offeror intends to promote and discuss how the Offeror will monitor Provider adherence to these guidelines.
5. Describe the Offeror's proposed policies, procedures, and processes to conduct Provider profiling to assess the quality of care delivered.
6. Describe methods the Offeror will use to ensure the quality of care delivered by Non-Contracted Providers.
7. Describe the Offeror's proposed policies and procedures for reducing Provider Preventable Conditions, including Never Events. Describe the Offeror's process for precluding payment to Providers and reporting to the Division via encounter data in accordance with 42 C.F.R. § 438.3.
8. Describe how the Offeror will encourage Providers to use electronic health records and e-prescribing functions.

C. Quality Measurement

1. Describe the Offeror's data analytics and data informatics capabilities and how the Offeror 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 Offeror proposes to use for this Contract.
 - a. Describe the type of build necessary to create these types of reports.
2. Describe any innovative approaches the Offeror plans to use to ensure that Quality Measurement is both accurate and evidences efficacy of programs.

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D. Work Plan and Schedule

The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Quality Management, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

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4.2.2.5: Utilization Management (Unmarked): 50 points available

Response Limit: 30 pages

A. Approach

1. Describe the Offeror's proposed approach to utilization management, including:
 - 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;
 - e. Expected Prior Authorization clinical criteria by program area;
 - f. Process for regularly reviewing Prior Authorization requirements for their effectiveness and potential need for updates;
 - g. Prior authorization processes for Members requiring services from non-participating Providers or expedited Prior Authorization;
 - h. The Offeror's approach to reducing the number of Prior Authorizations required;
 - i. How the Offeror will ensure that Prior Authorization does not delay treatment in an emergency; and
 - j. Processes to ensure consistent application of criteria by individual clinical reviewers.

B. Methods

1. Describe the methods the Offeror will use to manage unnecessary emergency room utilization, avoidable hospitalization, and readmissions. Include information regarding how the Offeror will use its telehealth policy in this response, as well as how the Offeror will utilize PCP visits and PCP assignments in its strategy.
2. Describe how the Offeror will cooperate with hospital providers regarding post-discharge efforts in relation to the QIPP PPHR program.
3. Describe how the Offeror will identify and address trends in over- and under-utilization.
4. Describe how the Offeror will analyze pharmacy utilization patterns to improve care and reduce costs. In answering this question, assume that a winning Contractor will have access to pharmacy claim information for all of its Members.
5. Describe the process for ensuring medication continuity of care upon Enrollment and ongoing. In answering this question, assume that a winning Contractor will have access to pharmacy claim information for all of its Members.

C. Work Plan and Schedule

The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Utilization Management, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.

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2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

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4.2.2.6: Information Technology (Unmarked): 20 points available

Response Limit: 25 pages

A. Claims Processing

1. Describe the Offeror's claims processing system including:
 - 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
 - b. How each component will support major functional areas of the Mississippi Medicaid Coordinated Care program.
2. Describe modifications or updates to the Offeror's claims processing system that will be necessary to meet the requirements of this program and the plan for completion.
3. Describe the Offeror's claims processing operations including:
 - a. The claims processing systems that will support this program;
 - b. Standards for speed and accuracy of processing and measures to ensure standards are no less than the Medicaid Fee-For-Service program;
 - c. The Offeror's process for dealing with discovered compliance issues through an expedited process;
 - d. The Offeror's process for and timeframe to correct programming errors and timeline for correcting any claims that were misprocessed as a result; and
 - e. The process of identifying and addressing deficiencies or contract variances from claims processing standards, and an example of how the Offeror has addressed these deficiencies or variances.

B. Technological Systems

1. Describe how the Offeror will leverage its technology to ensure it produces a consistently effective Care Management System.
2. Describe how the Offeror will leverage its technology to measure the success of Quality Management strategies.
3. Describe how the Offeror will leverage its technology to effectively analyze utilization and create strategies to ensure that utilization is appropriate.
4. Describe how the Offeror will leverage its technology to measure the efficacy of Population Health Initiatives and adjust Population Health strategies.

C. Innovation

1. Describe what innovative technological methods, if any, the Offeror will utilize in the delivery of services to members.
2. Describe what innovative technological methods, if any, the Offeror will utilize in development and maintenance of its provider network.
2. Describe any other innovative technological methods, if any, the Offeror will utilize to render services to the Division.

D. Continuity of Operations

1. Describe the Offeror's proposed emergency response continuity of operations plan. Attach a copy of the Offeror's plan or summarize how the Offeror's plan addresses the following aspects of pandemic preparedness and natural disaster recovery, including:
 - 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;

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- d. Communication with staff and suppliers when normal systems are unavailable;
- e. Plans to ensure continuity of services to Providers and Members, including the Recovery Time Objective for major components;
- f. Security and privacy requirements; and
- g. Testing plan, which should be provided to the Division on an annual basis within 30 days of the request.

E. Work Plan and Schedule

The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Information Technology, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

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4.2.2.7: Subcontractual Relationships and Delegation (Unmarked): 20 points available

Response Limit: 10 pages

A. Services to be Subcontracted

1. Describe what services the Offeror will plan to subcontract if chosen as a Contractor.
2. Describe the Offeror's relationship to any potential subcontractors for each service the Offeror plans to subcontract. In describing this relationship, include the business relationship the Offeror has with each subcontractor and the length of experience the Offeror has with each subcontractor.

B. Subcontractor Oversight

1. Describe the Offeror's Subcontractor oversight program. Specifically describe how the Offeror will:
 - a. Provide ongoing oversight of the Offeror'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 and reconciliation 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 Grievance policies and procedures; and,
 - f. Address deficiencies or contractual variances with the Offeror's Subcontractors, including an example of how the Offeror has addressed a deficiency or contractual variance with a Subcontractor.
 - g. Also include acknowledgement of the requirement to perform annual quality review of Subcontractors, which should be included in the Annual Quality Management Program report to the Division.
 - h. Describe how the Offeror will ensure the proper classification of all subcontractor expenses between administrative and medical in accordance with the Division's policies.

C. Work Plan and Schedule

The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Subcontractual Relationships and Delegation, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

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4.2.2.8: Financial and Data Reporting (Unmarked): 15 points available

Response Limit: 20 pages

A. Financial Reporting

1. Describe the Offeror's approach for supplying data as determined by the state to satisfy the requirements for base data needed to develop actuarially sound capitation rates, as described in 42 C.F.R. § 438.5 (c).
2. Describe the Offeror'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. § 438.8 and 438.74), to include the Offeror's computation of medical claims cost and non-claims cost (administrative expenses) to include the costs associated with any subcontractors utilized.

B. Data Reporting

1. Encounter Data
 - a. Describe the Offeror'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 Offeror proposes to monitor data completeness and manage non-submission of encounter data by a Provider or a Subcontractor. Provide the key components of the Offeror's encounter completeness plan.
2. Health Information System Data
 - a. Describe the Contractor's approach to maintaining a health information system that collects, analyzes, integrates, validates, and reports data including but not limited to the following areas:
 - i. Utilization,
 - ii. Claims, Grievances and Appeals,
 - iii. Disenrollment (for other than loss of Medicaid eligibility),
 - iv. Member Characteristics,
 - v. Provider Characteristics,
 - vi. Care Management Utilization,
 - vii. Clinical Data, and
 - viii. Population Health.

C. Work Plan and Schedule

The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Financial Data and Reporting, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.

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5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

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4.2.2.9: Program Integrity (Unmarked): 15 points available

Response Limit: 20 pages

A. Fraud, Waste, and Abuse

1. Describe the Fraud, Waste, and Abuse program that the Offeror will implement, including:
 - 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 Offeror's fraud, waste, and abuse program.

B. Claim Denials

1. Describe the Offeror's proposed Denials Review and Reporting program, including:
 - a. A description of the Offeror's Denials Management program;
 - b. A summary/listing of the Offeror's denials criteria/protocol;
 - c. The Offeror's process for identifying claims and/or claims lines that meet the Offeror's denial criteria;
 - d. The Offeror's reconsideration process as it relates to claims denials; and
 - e. The Offeror's process for notifying and educating providers of claims denials.

C. National Correct Coding Initiative (MississippiCAN)

1. Describe the Offeror's process to comply with Medicaid National Correct Coding Initiative (NCCI) for MississippiCAN, to include Offeror's timeline for pulling Medicaid NCCI files, testing, and implementation.

D. Work Plan and Schedule

The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Program Integrity, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

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4.2.2.10: Subrogation and Third-Party Liability (Unmarked): 10 points available

Response Limit: 10 pages

A. Approach

1. Describe the Offeror's proposed approach to conducting subrogation and Third-Party Liability activities, including:
 - a. Process for capturing Third Party Resource and payment information from the Offeror'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 Offeror's attorneys and insurers about MississippiCAN and CHIP;
 - f. Data analytics and informatics used to support the process; and,
 - g. Process for providing supplemental third-party data and files to the Division.
 - h. Process for reconciling third-party liability payments received on an annual basis for submission to the Division's actuaries for rate setting purposes.
2. Does the Offeror have an internal process in place to benchmark their TPL collections against "best practices" to ensure that they are optimizing the TPL recoveries on behalf of the Division?
 - a. If yes, describe the Offeror's process.

B. Effectiveness

1. Describe any innovative approaches the Offeror will take to ensure that its Third-Party Liability program is effective.
2. Describe any additional measurements the Offeror will use to measure the efficacy of its Third-Party Liability program.

C. Work Plan and Schedule

The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Subrogation and Third Party Liability, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

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4.2.2.11: Eligibility, Enrollment, and Disenrollment (Unmarked): 10 points available

Response Limit: 15 pages, plus sample Member materials (if Offeror chooses to include)

A. File Management

1. Describe how the Offeror will use the Division's eligibility and enrollment files to manage membership. Include the process for resolving discrepancies between these files and the Offeror's internal membership records, such as differences in Member addresses.
2. Describe the Offeror's process for engaging Members who request to disenroll stay enrolled, including:
 - a. Process for outreach and engagement of Members;
 - b. Conducting Disenrollment surveys with Members to determine the reason for Disenrollment. Include how the Offeror will use results from the survey to improve the program; and
 - c. The Offeror's draft disenrollment survey.

B. Assignment of Members to a Primary Care Physician

1. Describe the Offeror's proposed process to assign Members to a Primary Care Provider (PCP) within sixty (60) calendar days of Enrollment. Include a discussion of the Offeror's approach to:
 - a. Assist Members when selecting a PCP and selection of a PCP for Members who do not make a selection;
 - b. Track data to confirm that every Member is assigned;
 - c. Inform PCPs/PCMHs of new Members within the required time frames; and
 - d. Confirm that PCPs/PCMHs received the list of assigned Members.
2. Provide a sample of the report the Offeror will use to notify PCPs of their assigned Members.
3. Describe the Offeror's proposed process to ensure that any new Member has an appointment scheduled with the selected PCP within at least ninety (90) calendar days of Enrollment.
4. Describe the Offeror's proposed policies and procedures for designating a Specialist as a PCP/PCMH for Members with disabling conditions, chronic illnesses, or child(ren) with special health care needs.
5. Describe the Offeror's proposed process for communicating with Members about their PCP/PCMH assignment and encouraging Members to use their assigned PCP/PCMH and keep scheduled appointments.
6. Describe the Offeror's proposed process for communicating with Members about PCP/PCMH assignments and assigned PCP/PCMH utilization. Include how the Offeror will monitor, identify, and resolve Member barriers to using assigned PCP/PCMH and keeping appointments.

C. Member Information

1. Describe the Offeror's proposed process for providing Members with information packets, including identification cards, by fourteen days after the Contractor has received notice of the Member's enrollment. Include the following:
 - a. Language alternatives that will be available;
 - b. How the Offeror will comply with information requirements listed in Section 3.2.6, Member Information Packet of Appendix A, Draft Contract;
 - c. The Offeror'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.
 - e. Offeror may choose to include sample member materials in excess of the page limit.

D. Work Plan and Schedule

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The Offeror must create a detailed work plan broken down by tasks and subtasks of the duties required by Appendix A, Draft Contract, regarding Eligibility, Enrollment, and Disenrollment, and a schedule for the performance of each task included in each Contract year. 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 or in Appendix A, Draft Contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined in Appendix A, Draft Contract, and this RFQ.

The Offeror's response must include the following subsections:

1. Assumptions and Constraints: Any assumptions or constraints identified by the Offeror, both in developing the work plan and in completing the work plan.
2. Effort Needed: Resource-weeks of effort for each task or subtask, showing the Offeror's resource and the Division's resource efforts separately.
3. Diagram: 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. Gantt Chart: A Gantt chart, showing the planned start and end dates of all tasks and subtasks.
5. Troubleshooting: A discussion of how the work plan provides for handling of potential and actual problems.
6. Schedule: A schedule for all deliverables.

4.2.3 Innovation and Commitment (Unmarked): 110 total points available

Central to the Division's strategy for the next contract cycle are a number of new and/or improved initiatives it plans to implement. In this section, the Offeror is asked to make short proposals, giving high-level details about how the Offeror would approach design and delivery of the named program elements. The Division expects the Offeror's proposals to be **innovative**, drawing on the Offeror's knowledge of advancements in the Medicaid industry that prioritize improved health outcomes, equity, and care; the needs of the MississippiCAN and CHIP populations; and the Offeror's creativity. The Division also expects the Offeror to demonstrate its expected **commitment** to its proposals by including estimated workforce needs and financial investment where prompted (and of its own volition if the Offeror's wishes to include such details in its plans). The Offeror should also be attentive to standards and expectations described in Appendix A, Draft Contract, in designing its proposals.

After award, winning plans will have to collaborate with the Division, and in some cases, with each other, to have a final plan for each of the following aspects of the Contract.

As noted above, the total number of points available for responses to this subsection is 110 points. Points available per element of this subsection are included in the element's title.

4.2.3.1: Value-Based Purchasing (Unmarked): 20 points available

Response Limit: 10 pages

The Division intends to develop a Value-Based Purchasing program to improve health outcomes during the next contract cycle. This program will be developed collaboratively, with input from winning offerors, Division subject matter experts, providers, members, and other stakeholders. The result will be the Mississippi Division of Medicaid Value-Based Purchasing Work Plan, which will be updated as needed to reflect the needs of the Division. More information about this initiative is in Section 8, Quality Management, of Appendix A, Draft Contract.

The Offeror must produce a Value-Based Purchasing proposal for the Division, taking into account the Offeror's knowledge of the needs of the Division, its Members, providers, the state, and the requirements included in Appendix A, Draft Contract. The proposal is meant to be an overview of the Offeror's plan, which the Offeror will have the opportunity to expand upon should the Offeror be chosen as a Contractor.

4.2.3.2: Patient-Centered Medical Home (PCMH) (Unmarked): 10 points available

Response Limit: 10 Pages

The Division has placed an emphasis on Patient-Centered Medical Homes for its next contracting cycle. PCMHs should be made available to all medium- and high-risk Members. The system is discussed more in Section 6.2.5, Patient-Centered Medical Homes, of Appendix A, Draft Contract.

The Offeror must produce a PCMH proposal for the Division, including how it will have PCMHs interact with other elements of its programs to Members' benefit, with an emphasis on the mechanisms through which PCMHs will be able to coordinate with Care Management, any incentive programs used to recruit and retain PCMHs, and methods for measuring success of PCMHs both individually and as a system. The proposal is meant to be an overview of the Offeror's plan, which the Offeror will have the opportunity to expand upon should the Offeror be chosen as a Contractor.

4.2.3.3: Social Determinants of Health (SDOH) (Unmarked): 20 points available

Response Limit: 10 pages

The Division requires Contractors to devote at least 0.5% of its Capitation Payment to efforts to improve Social Determinants of Health during the next contract cycle. The Offeror must produce a proposed SDOH Strategy that addresses the following questions:

1. Describe the Offeror's approach to and experience with collecting data on non-medical risk factors for targeted Medicaid populations, the types of domains and metrics collected, standardized screening tools that are utilized, and methods used to analyze and act on the data.
2. In the Offeror's view, what are the greatest SDOH challenges facing the MississippiCAN and CHIP populations?
3. What approaches will the Offeror take to address these challenges?
4. How will the Offeror address Health Equity through its SDOH programs?
5. How will the Offeror integrate SDOH evaluation into other programs (i.e., Care Management, Quality Management)?

Additionally, use the Social Determinants of Health: Staffing table in Appendix E, Innovation and Commitment Tables, to provide staffing information for the Offeror's proposed SDOH approaches. **The Social Determinants of Health: Staffing table does not count against the Offeror's response limit to this question.**

4.2.3.4: Value Added Benefits (Value-Adds) (Unmarked): 10 points available

The Division will assess any proposed Value-Adds as part of the Innovation and Commitment score. A list of Division-curated Value-Adds are included in Appendix E. The Offeror may choose from the Division's list of value-adds, describe some of their own, both, or elect not to include value-adds in its proposal.

If no Value-Adds are included, the Offeror will receive a score of zero for this section.

If offering any Value-Add in its response, the Offeror should make summary proposals of any and all Value- utilizing the following charts provided in Appendix E:

- Value-Added Benefit: Summary Chart
- Value-Added Benefit: Staffing (if applicable)

If the Offeror is not including Value-Adds with its proposal, the Offeror should use the form provided in Appendix E as its answer to this request.

4.2.3.5: Performance Improvement Projects (Unmarked): 10 points available

Response Limit: 4 PIP Proposals pages

The Division is seeking to standardize Performance Improvement Projects in its next contracting cycle, both for the purposes of scalability and measurement. This is discussed more in Section 8, Quality Management, of Appendix A, Draft Contract. After selection, Contractors will submit their PIPs to the Division for standardization, and Contractors will be required to cross-collaborate on at least one PIP. The

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Offeror should include with its proposal summaries of its first year of proposed Performance Improvement Projects for MississippiCAN and CHIP.

To respond to this requirement, the Offeror should make summary proposals of four (4) potential PIPs utilizing the following charts provided in Appendix E:

- Performance Improvement Project: Summary Chart
- Performance Improvement Project: Staffing (if applicable)

4.2.3.6: Health Literacy Campaigns (Unmarked): 10 points available

Response Limit: 5 pages

The Division is implementing a new Health Literacy Campaign strategy for the next contracting cycle. The Division plans to coordinate a common strategy among Contractors in order to best amplify important health education to Members. More details can be found in Section 8.10.8, Health Literacy Campaigns, of Appendix A, Draft Contract.

To respond to this requirement, the Offeror should make summary proposals of four (4) potential campaigns utilizing the following charts provided in Appendix E:

- Health Literacy Campaign: Summary Chart
- Health Literacy Campaign: Staffing (if applicable)

4.2.3.7: Telehealth (Unmarked): 10 points available

Response Limit: 8 pages

Telehealth has grown immensely during the COVID-19 pandemic. The Division is seeking innovative proposals from Offerors about their ability to support and ensure the most efficient use of telehealth for Members and Providers, especially considering the rural nature of much of the MississippiCAN and CHIP populations. The Offeror should be specific about methods of technical assistance it plans to provide to Members and Providers. For more information, see Section 4, Covered Services and Benefits, of Appendix A, Draft Contract.

4.2.3.8: Use of Technology (Unmarked): 10 points available

Response Limit: 10 pages

The Division is aware that Offerors have access to numerous technologies that could be used to the benefit of the Division. The Offeror is asked to describe how it can leverage its technology to give the Division more insight in the following areas and any other areas the Offeror has technology that may normally be underutilized by state Medicaid programs:

1. Data gathering and analysis
2. Efficacy of initiatives and programs
3. Transparency

4.2.3.9: Potential Partnerships (Unmarked): 10 points available

Response Limit: 4 Partnership, 4 Care Management Partnerships

The Division is requiring consistent, deeply developed partnerships between contractors and local organizations during the next contracting cycle, especially in addressing health equity and Social Determinants of Health. This requirement is discussed through Appendix A, Draft Contract. The Offeror

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must use the Potential Partnership: Summary Chart, included in Appendix E, to name four (4) potential partners.

The Offeror should also include potential partnerships to be utilized for Care Management closed-loop referrals and warm hand offs. This requirement is discussed in detail in Section 7, Care Management, of Appendix E. The Offeror must use the Care Management Potential Partnership: Summary Chart, included in Appendix D, to name four (4) potential referral partners.

The Offeror may not duplicate potential partners in answering either part of this request. The Offeror should not include in its answer any information regarding any current or prior relationship with a proposed partner. The Offeror's explanation for choosing the Offeror should describe how work with the proposed partner directly connects to requirements of Appendix A, Draft Contract, and this RFQ, with no reference to any other contract or lines of business of the Offeror.

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4.3 Management Factors (Marked)

4.3.1 Corporate Background and Experience (Marked): 100 points available

The Corporate Background and Experience Section shall include for the Offeror details of the background of the company, its size and resources, and details of corporate experience relevant to the proposed Contract including all current or recent MississippiCAN, CHIP, or related projects.

4.3.1.1 Corporate Background (Marked) – 70 points available

4.3.1.1.1 Biographical Information – 20 points

Use the form included in Appendix F to respond to this section.

4.3.1.1.2 Corporate Resources – 50 points

Limit: 40 Pages

The Offeror may answer the following questions using narratives, charts, and lists as appropriate.

- Describe the Offeror's Computer and Technological Resources
- Describe the Offeror's Current Products and Services
- Describe the Offeror's Intangible Assets
- Describe any unique and/or innovative resources in which the Offeror specializes
- Describe additional resources of the Offeror

4.3.1.2 Corporate Experience (Marked) – 30 points available

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. Using the provided form in Appendix F, provide information about states the Offeror is currently or has been under contract with to provide managed care services since January 1, 2018, for any market of beneficiaries totaling or exceeding 400,000.

If the information requested above is not available, the Offeror must provide an explanation. Acceptance of the explanation provided is at the discretion of the Division.

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4.3.2 Ownership and Financial Disclosure Information (Marked): Pass/Fail

For many of the requirements of this section, the Offeror should utilize forms provided in Appendix G: Ownership and Financial Disclosure Information. If a form has been provided in this RFQ to respond to a requirement, no other response will be accepted.

4.3.2.1 Information to Be Disclosed (Marked) – Pass/Fail

In accordance with 42 C.F.R. § 455.104(b), the Offeror shall make certain disclosures. Use the form provided in Appendix G to provide this information.

4.3.2.2 When and to Whom Information Will Be Disclosed (Marked) – Pass/Fail

In accordance with 42 C.F.R. § 455.104(c), disclosures from the Offeror/winning 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.

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

The Offeror must use the appropriate form in Appendix G as its response to this section.

4.3.2.3 Information Related to Business Transactions (Marked) – Pass/Fail

In accordance with 42 C.F.R. § 455.105, the Offeror shall fully disclose all information related to business transactions. The Contractor shall submit 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.

The Offeror must use the appropriate form in Appendix G to respond to this section.

4.3.2.4 Change of Ownership (Marked) – Pass/Fail

A change of ownership of the Offeror 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 Offeror. 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.

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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.

If the Offeror has a disclosure to make that is responsive to this section, the Offeror must include an explanation of the circumstances surrounding the Change of Ownership. The Offeror must also include in its response an attestation that, should the Offeror be a winning Contractor, it will comply with the duty to disclose any Change(s) of Ownership during the life of the Contract.

If the Offeror does not have a disclosure to make regarding the above, the Offeror must complete the appropriate attestation included in Appendix G as its response to this section.

4.3.2.5 Disclosure of Identity of Any Person Convicted of a Criminal Offense (Marked) – Pass/Fail

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 Titles XIX or XXI services program since the inception of those programs.

If the Offeror does have a disclosure to make that is responsive to this section, the Offeror must use the appropriate form in Appendix G to make that disclosure and respond to this section.

If the Offeror does not have a disclosure to make regarding the above, the Offeror must complete the attestation included in Appendix G as its response to this section.

4.3.2.6 Audited Financial Statements and Pro Forma Financial Template (Marked) – Pass/Fail

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,

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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 G provides a link to the pro forma template to be completed by the Offeror.

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

[REST OF PAGE INTENTIONALLY LEFT BLANK]

4.3.3 Organization and Staffing (Marked): 100 points available

The Organization and Staffing Section shall include team organization, charts of proposed positions, number of FTEs associated with each position for key staff, and job descriptions of key management personnel and care managers listed in Section 1.13, Administration, Management, Facilities, and Resources of Appendix A, Draft Contract, as well as the Offeror's plan for hiring and management of any subcontractors the Offeror plans to execute the Contract and what economic impact the execution of the Offeror might have on the state.

4.3.3.1 Organization (Marked) – 10 points

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.

For the purposes of this RFQ, "full-time" employment is considered at least forty (40) work hours per week and/or 2,080 work hours per year. Anything less is considered "part-time."

4.3.3.2 Job Descriptions and Responsibilities of Key Positions (Marked) – 20 points

The Offeror must submit detailed job descriptions for each position included in Section 1.13, Administration Management, Facilities, and Resources, Appendix A, Draft Contract.

The Offeror must use the appropriate form provided in Appendix H to respond to this request. The Offeror may not submit resumes or other information identifying current or prospective employees who are expected to fill the subject positions if the Offeror wins the contract.

4.3.3.3 Administrative Requirements (Marked) – 5 points

The Offeror will verify and answer the following:

1. The Offeror will have an Administrative Office within fifteen (15) miles of the Mississippi Division of Medicaid's Central Office at the Walter Sillers Building, Jackson, Mississippi 39201-1399, as required by the RFQ.
2. The Offeror will 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.

The Offeror must complete the appropriate attestation in Appendix H.

4.3.3.4 Staffing (Marked) – 25 points

Response Limit: 30 pages

The Offeror will describe the following:

1. 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

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ratios. Describe the job qualifications for Member services call center employees, as well as training and education that the Offeror will provide to these employees.

2. 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, as well as training and education that the Offeror will provide to these employees.
3. Describe staff who will be assigned to the quality management program and their qualifications.
4. 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. A ratio of care managers to Members is described in Appendix A: Draft Contract: Section 7: Care Management. Describe the Offeror's ability to reach this ratio. Also provide an overview of the training and education the Offeror will provide to Care Managers.
5. 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 managed care programs, met required time frames to achieve accreditation, and any unsuccessful attempts.
6. Describe staff who will be responsible for the entity's Fraud, Waste and Abuse program and their qualifications.
7. Describe how staff will respond to requests from the Division regarding complaints, ad hoc reports, etc., as required in Section 1.10, Responsiveness to the Division, of Appendix A, Draft Contract.
8. Describe staff who will be responsible for subrogation and Third Party Liability activities, including staffing levels and qualifications.
9. Describe staff who will be responsible for the entity's encounter reconciliation policies and process, including staffing levels and qualifications.
10. Describe staff who will be wholly dedicated to the associated Contract and those staff members that are shared.

4.3.3.5 Subcontractors (Marked) – 20 points

Use the forms provided in Appendix H to describe Subcontractors the Offeror expects to utilize for this Contract. If a subcontractor has provided services for the Offeror for a managed care contract in the past three (3) years, use the appropriate form in Appendix H to detail those services.

4.3.3.6 Economic Impact – 20 points

There are numerous positions listed in Appendix A: Draft Contract that require that the individual filling the position be located in Mississippi. Use the form provided in Appendix H to detail expected wages for those positions as well as any other positions the Offeror will locate in Mississippi.

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Additionally, include a narrative explanation of other investments, if any, that the Offeror plans to make in Mississippi.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

4.3.4 Management and Control (Marked): Pass/Fail

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.

4.3.4.1 Day-to-Day Management (Marked) – Pass/Fail

Response Limit: 20 pages

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. Internal quality control monitoring;
7. Program status reporting, including examples of types of reports; and,
8. Approach to the Division's interaction with contract management staff.

4.3.4.2 Problem Management (Marked) – Pass/Fail

Response Limit: 10 pages

1. Assessment of program risks and approach to managing them;
2. Anticipated problem areas and the approach to management of these areas, including loss of key personnel and loss of other personnel; and
3. Approach to problem identification and resolution.

4.3.4.3 Backup Personnel Plan (Marked) – Pass/Fail

Response Limit: 5 pages

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.

4.3.4.4 Emergency Preparedness Plan (Marked) – Pass/Fail

Response Limit: 5 pages

The Offeror should discuss its services and staffing continuity plans should an emergency, including but not limited to a natural disaster, pandemic, or act of public enemy, occur during the life of the Contract.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

SECTION 5: AUTHORITY, REFERENCES, AND DISCLAIMERS

This RFQ is issued under the authority of Titles XIX and 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 that fails to meet any published requirement of the cited authorities may, at the option of and in the sole discretion of the Division, be rejected without further consideration.

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 comply 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.

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>

5.1 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’s 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.

5.2 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 and all amendments, including the RFQ Questions and Answers (following official written release), will be posted on the Division's dedicated Coordinated Care Procurement website at <https://medicaid.ms.gov/coordinated-care-procurement/>. Amendment will also be promulgated to potential offerors and posted on the Mississippi Contract/Procurement Opportunity Search Portal as required by PPRB Rule 3-202.08.2.

Information concerning services covered by MississippiCAN and 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/> (eff. Date January 18, 2020).

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>.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

APPENDIX A: Draft Contract

The Draft Contract is located on the Division's dedicated Coordinated Care Procurement Website:
<https://medicaid.ms.gov/coordinated-care-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. Layouts are provided on the dedicated procurement website at <https://medicaid.ms.gov/coordinated-care-procurement/>.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

APPENDIX C: MississippiCAN and CHIP Capitation Rate Development Report

The MississippiCAN Capitation Rate Development Report is located on the Division's dedicated CCO Procurement Website: <https://medicaid.ms.gov/coordinated-care-procurement/>.

The CHIP Capitation Rate Development Report is located on the Division's dedicated CCO Procurement Website: <https://medicaid.ms.gov/coordinated-care-procurement/>.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

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APPENDIX D: Certifications

The forms in this Appendix must be used by the Offeror to provide the following Certifications. The Offeror must also include a statement in its Transmittal Letter stating that each have been executed. These Certifications should be included after the last page of the Offeror's Transmittal Letter.

- Certifications and Assurances Regarding Contingent Fees and Gratuities
 - Representation Regarding Contingent Fees
 - Representation Regarding Gratuities
 - Prospective Contractor's Representation Regarding Contingent Fees
- DHHS Certification Regarding Drug-Free Workplace Requirements: Grantees Other than Individuals
- DHHS Certification Regarding Debarment, Suspension, and Other Responsibility Matters

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Certifications and Assurances Regarding Contingency Fees and Gratuities

Instructions: Mark the applicable word for each certification provided below. Failure to mark 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.

Certifications:

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

The Offeror 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 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 (Offeror) 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 of Offeror

Printed name of person attesting for Offeror

Title of person attesting for Offeror

Signature of person attesting for Offeror

Date

[END OF RESPONSE]

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

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. If attachments are needed, use the table provided below):

Place of Performance					
Name of Location:					
Line 1 (Street Name and Number):					
Address Line 2 (Suite, Room, etc.):					
City:		State:	Zip Code:	County:	
Mailing Address (P.O. Box):	City:	State:	Zip Code:	County:	

[] 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

Name of Offeror

Printed name of person attesting for Offeror

Title of person attesting for Offeror

Signature of person attesting for Offeror

Date

[END OF RESPONSE]

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.

Name of Offeror

Printed name of person attesting for Offeror

Title of person attesting for Offeror

Signature of person attesting for Offeror

Date

[END OF RESPONSE]

APPENDIX E: Innovation and Commitment

The forms in this Appendix must be used by the Offeror to respond (either in whole or in part, depending on the instructions in the RFQ) to the following:

- 4.2.3.3: Social Determinants of Health (SDOH) (Unmarked): 20 points available
- 4.2.3.4: Value Added Benefits (Value-Adds) (Unmarked): 10 points available
- 4.2.3.5: Performance Improvement Projects (Unmarked): 10 points available
- 4.2.3.6: Health Literacy Campaigns (Unmarked): 10 points available
- 4.3.2.9: Potential Partnerships (Unmarked): 10 points available

The Offeror must respond to all other portions of the Innovation and Commitment section of the RFQ in the manner and format stated therein. Answers should be presented in the Offeror's qualification in the order and format indicated within the RFQ.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

4.2.3.3: Social Determinants of Health (SDOH) (Unmarked): 20 points available

If additional and/or dedicated staff will be required to execute the Offeror's SDOH proposal, use the chart on the following page to provide that information.

If no additional/dedicated staff will be required to execute the Offeror's SDOH proposal, indicate that by marking the below and submitting this page at the end of the Offeror's SDOH proposal. **This page will not count against the Offeror's SDOH proposal page limit.**

☐ The Offeror does not expect to require additional and/or dedicated staff to execute its SDOH proposal.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Social Determinants of Health: Staffing	
Title of Position:	
SDOH Component to which Position will be Linked:	
Description of Position:	
Number of Staff Expected to Fill this Position/Staffing Need:	
Employee(s) filling this position would be: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	Employee(s) filling this position would be: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Expected Wage of Position (Hourly rate or salary):	Expected Location of Employee: <input type="checkbox"/> Mississippi <input type="checkbox"/> Out-of-State
Title of Position:	
SDOH Component to which Position will be Linked:	
Description of Position:	
Number of Staff Expected to Fill this Position/Staffing Need:	
Employee(s) filling this position would be: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	Employee(s) filling this position would be: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Expected Wage of Position (Hourly rate or salary):	Expected Location of Employee: <input type="checkbox"/> Mississippi <input type="checkbox"/> Out-of-State
Title of Position:	
SDOH Component to which Position will be Linked:	
Description of Position:	
Number of Staff Expected to Fill this Position/Staffing Need:	
Employee(s) filling this position would be: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	Employee(s) filling this position would be: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Expected Wage of Position (Hourly rate or salary):	Expected Location of Employee: <input type="checkbox"/> Mississippi <input type="checkbox"/> Out-of-State

4.2.3.4: Value-Added Benefits (Value-Adds) (Unmarked): 10 points available

The Division has provided on the following page a curated set of Value-Added Benefits in which it is interested for the Offeror to review. The Offeror may choose to use any of these Value-Adds as part of its proposal or choose to use none.

Use the Proposed Value-Added Benefit: Summary Chart for each Value-Add the Offeror is including in its response to this section.

If additional and/or dedicated staff will be required to execute a Value-Add, use the Value-Added Benefit: Staffing Chart to provide that information.

If no additional/dedicated staff will be required to execute any of the Offeror's Value-Adds, indicate that by marking the below and submitting this page at the end of the Offeror's Value-Adds proposal.

☐ The Offeror does not expect to require additional and/or dedicated staff to execute any of its proposed Value-Adds.

If the Offeror has chosen not to offer any Value-Adds in its qualification, indicate that below, and submit this page as the Offeror's response to this request.

☐ The Offeror is not including Value-Adds as part of its qualification response.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Division-Curated Value-Adds for CCO Contract

The Division has compiled a list of desired Value-Adds for this procurement. If an Offeror chooses to include value-added services in its qualification, the Offeror may choose from this list, propose their own original value-added services, or include a combination of both. To the extent that some or all of the desired value-added services may be covered through the offeror's Care Management strategy, that should be made evident in the Offeror's Care Management answers in its qualification.

Perinatal

1. Full sponsorship, including any materials, fees, transportation, and childcare for Members, and support for providers, of the Centering Pregnancy Model and/or prenatal classes for pregnant members.
2. CPR and Parenting classes for parents/caregivers
3. Dental preventative care during pregnancy and postpartum
4. Wound care management or home health nursing in postpartum for cesarean sections and slow-healing vaginal lacerations

Expanded Services

1. Hearing aids for members over 21
2. Vision benefits for members over 21
3. In-home respite services
4. Home modifications and/or environmental adaptations
5. Over-the-counter (OTC) monthly allowance for non-prescription/commonly used OTC and hygiene items
6. Enhanced dental services

Social Determinants of Health

1. Nutrition Assistance, including but not limited to additional nutrition resources for Members (even those who receive SNAP and/or WIC benefits) and education and training for Members regarding nutritious foods and food preparation
2. Utility payment assistance
3. Pest Control/Bed Bug home treatment
4. Education and employment supports, including but not limited to paying for GED classes, supporting pregnant minors in pursuit of high school diploma, paying for skills training, and supplying Members with a computer and internet in the home

Children

1. A monthly supply of diapers and baby wipes for children until they are potty trained
2. Car seats and booster seats for children, including ensuring that parents/caregivers receive proper installation training
3. Childcare of a Member's sibling(s) during a Well Child or EPSDT visit

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Technical Qualification: 4.2.3.4: Value-Added Benefits (Value-Adds) (Unmarked)

Proposed Value-Added Benefit: Summary Chart	
Benefit Name:	
Target Beneficiary Population(s):	
Benefit description, including any limitations and prior authorization requirements:	
Projected utilization in year one (total units):	Price per unit:
Gross value:	Offsetting costs (provide amount and basis for estimate):
Net Value (gross value minus offsetting costs):	Will a staffing investment be made for this Value-Add? [] Yes [] If yes, use the Proposed Value-Added Benefit: Staffing Chart to provide details.

Technical Qualification: 4.2.3.4: Value-Added Benefits (Value-Adds) (Unmarked)

Proposed Value-Added Benefit: Staffing	
Title of Position:	
Value-Add to which Position will be Linked:	
Description of Position:	
Number of Staff Expected to Fill this Position/Staffing Need:	
Employee(s) filling this position would be: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	Employee(s) filling this position would be: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Expected Wage of Position (Hourly rate or salary):	Expected Location of Employee: <input type="checkbox"/> Mississippi <input type="checkbox"/> Out-of-State

4.2.3.5: Performance Improvement Projects (Unmarked): 10 points available

Use the Performance Improvement Project (PIP): Summary Chart on the following page for each PIP the Offeror is including in its response to this section. The Offeror must include four (4) PIP proposals in its response.

If additional and/or dedicated staff will be required to execute a PIP, use the Performance Improvement Project (PIP): Staffing Chart to provide that information.

If no additional/dedicated staff will be required to execute any of the Offeror's PIPs, indicate that by marking the below and submitting this page at the end of the Offeror's PIP proposal.

☐ The Offeror does not expect to require additional and/or dedicated staff to execute any of its proposed PIPs.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Performance Improvement Project (PIP): Summary Chart
PIP Title:
Target Beneficiary Population(s):
Overview of PIP Strategy and Goals:
Reason for choosing this PIP:
Tools for measuring impact:
Will a staffing investment be made for this PIP? [] Yes [] No
If yes, use the Performance Improvement Project (PIP): Staffing Chart to provide details.

Performance Improvement Project: Staffing	
Title of Position:	
PIP to which Position will be Linked:	
Description of Position:	
Number of Staff Expected to Fill this Position/Staffing Need:	
Employee(s) filling this position would be: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	Employee(s) filling this position would be: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Expected Wage of Position (Hourly rate or salary):	Expected Location of Employee: <input type="checkbox"/> Mississippi <input type="checkbox"/> Out-of-State

4.2.3.6: Health Literacy Campaigns (Unmarked): 10 points available

Use the Health Literacy Campaign: Summary Chart on the following page for each PIP the Offeror is including in its response to this section. The Offeror must include four (4) Health Literacy Campaigns in its response.

If additional and/or dedicated staff will be required to execute a Health Literacy Campaign, use the Health Literacy Campaign: Staffing Chart to provide that information.

If no additional/dedicated staff will be required to execute any of the Offeror's proposed Health Literacy Campaigns, indicate that by marking the below and submitting this page at the end of the Offeror's Health Literacy Campaign proposal.

[] The Offeror does not expect to require additional and/or dedicated staff to execute any of its proposed Health Literacy Campaigns.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Health Literacy Campaign: Summary Chart
Campaign Title:
Target Beneficiary Population(s):
Overview of Campaign Strategy and Goals:
Reason for choosing this Campaign:
Information Delivery Channel(s) (mailings, social media, traditional media, email, etc.):
Tools for measuring engagement:
Tools for measuring impact:
Will a staffing investment be made for this Campaign? [] Yes [] No
If yes, use the Health Literacy Campaign: Staffing Chart to provide details.

Health Literacy Campaign: Staffing	
Title of Position:	
Campaign to which Position will be Linked:	
Description of Position:	
Number of Staff Expected to Fill this Position/Staffing Need:	
Employee(s) filling this position would be: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	Employee(s) filling this position would be: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Expected Wage of Position (Hourly rate or salary):	Expected Location of Employee: <input type="checkbox"/> Mississippi <input type="checkbox"/> Out-of-State

4.2.3.9: Potential Partnerships (Unmarked): 10 points available

Use the Potential Partnerships: Summary Chart on the following page for each Potential Partnership the Offeror is including in its response to this section. The Offeror must include four (4) potential partnerships its response.

Additionally, use the Care Management Potential Partnership: Summary Chart for each Care Management Potential Partnership the Offeror is including in its response to this section. The Offeror must include four (4) potential partnerships its response.

The Offeror may not duplicate potential partners in answering either part of the section.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Potential Partnership: Summary Chart	
Name of Organization:	Type of Organization (community-based organization or government):
Goal of partnership:	
Expected financial commitment to project/partnership:	
Scale of project (local, statewide):	Population(s) targeted by the partnership:

Care Management Potential Partnerships: Summary Chart	
Name of Organization:	Type of Organization (community-based organization or government):
Type of Referral(s) to be sent to this partner:	
Population target(s) for referral to this partner:	

APPENDIX F: Corporate Background and Experience

The forms in this Appendix must be used by the Offeror to respond (either in whole or in part, depending on the instructions in the RFQ) to the following:

- 4.3.1.1 Corporate Background
- 4.3.1.2 Corporate Experience

[REST OF PAGE INTENTIONALLY LEFT BLANK]

4.3.1.1: Corporate Background

The Offeror must use the form provided on the next page to detail its corporate background, as required by 4.3.1.2.2, Corporate Background.

Responses to 4.3.1.1.2, Corporate Resources must be provided as described in the RFQ.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Biographical Information					
General Background Information					
Date Business was Established:					
Legal Business Name as Reported to the Internal Revenue Service:					
Doing Business As Name (if applicable):			Tax Identification Number (required):		
Ownership Type (public company, partnership, subsidiary, etc.):					
Number of Personnel Currently Engaged in Operations:			Total Number of Employees:		
Professional accreditations pertinent to the services provided by this RFQ:					
Location of the Principal Place of Business					
Address Line 1 (Street Name and Number):					
Address Line 2 (Suite, Room, etc.):					
City:		State:	Zip Code:		County:
Mailing Address (P.O. Box):	City:		State:	Zip Code:	County:
Location of place of performance of the proposed Contract					
Address Line 1:					
Address Line 2:					
City:		State:	Zip Code:		County:
Contractual Termination					
Has the Offeror been a party to any contractual termination within the past five (5) years? [] Yes [] No					
If yes, attach a narrative explanation for each termination including date, market, population covered, circumstances of termination, and contact information for the state entity that was party to the contract.					

[REST OF PAGE INTENTIONALLY LEFT BLANK]

4.3.1.2: Corporate Experience

Use the following form to provide information for any states that the Offeror is currently or has been under contract with to provide managed care services since January 1, 2018, for any market of beneficiaries totaling or exceeding 400,000.

If the Offeror has no current or recent clients, 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.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Corporate Experience: Current and/or Recent Client				
Client's Name:				
Client Location				
Address Line 1:				
Address Line 2:				
City:	State:	Zip Code:	County:	
Mailing Address (P.O. Box):	City:	State:	Zip Code:	County:
Direct Contact for Client				
Name:				
Title:				
Phone Number:		Email Address:		
Work Details				
Number of covered lives:				
Time period of contract:				
Total number of staff hours expended during time period of contract:				
Personnel requirements:				
Geographic and population coverage requirements:				
Geographic and population coverage requirements:				
Publicly funded contract cost:				
Description of work performed under this contract				

APPENDIX G: Ownership and Financial Disclosure Information

The forms in this Appendix must be used by the Offeror to respond to the listed RFQ sections:

- 4.3.2.1 Information to Be Disclosed
- 4.3.2.2 When and to Whom Information Will Be Disclosed
- 4.3.2.3 Information Related to Business Transactions
- 4.3.2.4 Change of Ownership
- 4.3.2.5 Disclosure of Identity of Any Person Convicted of a Criminal Offense

For 4.3.2.6 Audited Financial Statements and Pro Forma Financial Template:

- The Offeror must respond in the manner and format stated within that section of the RFQ.
- The pro forma financial template may be found at the Division's dedicated Coordinated Care Procurement website: <https://medicaid.ms.gov/coordinated-care-procurement/>. The Offeror must complete the designated fields of the Excel workbook and submit as attachment to the Offeror's Qualification.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Response to 4.3.2.1 Information to Be Disclosed (Marked) – Pass/Fail

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

1. The name and address of any individual or corporation with an ownership or control interest in the Offeror. 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);
3. Other tax identification number (in the case of a corporation) with an ownership or control interest in the Offeror or in any subcontractor in which the Offeror has a five percent (5%) or more interest;
4. Whether the individual or corporation with an ownership or control interest in the Offeror is related to another person with ownership or control interest in the Offeror 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 Offeror 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 managed care entity in which an owner of the Offeror has an ownership or control interest; and,
6. The name, address, date of birth, and Social Security Number of any managing employee of the Offeror.

Full disclosure through use of the following forms meets the requirements of completion of this section.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Section 1: Ownership Interest and/or Managing Control Identification Information

Section 1(a): Legal Entities with Ownership Interest and/or Managing Control Identification									
This response applies to an entity with: <div style="display: flex; justify-content: space-around;"> [] Managing Control [] 5% or More Ownership Interest (percentage owned: _____ %) </div>									
Effective Date of Ownership:									
Legal Business Name as Reported to the Internal Revenue Service:									
Doing Business As Name (if applicable):					Tax Identification Number (required):				
Primary Business Address									
Line 1 (Street Name and Number):									
Address Line 2 (Suite, Room, etc.):									
City:			State:	Zip Code:		County:			
Mailing Address (P.O. Box):		City:		State:	Zip Code:		County:		
Business Location									
Address Line 1:									
Address Line 2:									
City:			State:	Zip Code:		County:			
Business Location									
Address Line 1:									
Address Line 2:									
City:			State:	Zip Code:		County:			
Business Location									
Address Line 1:									
Address Line 2:									
City:			State:	Zip Code:		County:			
Business Location									
Address Line 1:									
Address Line 2:									
City:			State:	Zip Code:		County:			

Section 1(b): Individuals with Ownership Interest and/or Agents/Managing Control**The following individuals must be reported on this form:**

- All individual owners with 5% or more direct/indirect ownership
- All officers and directors of the disclosing Offeror
- All managing employees of the disclosing Offeror
- All authorized and delegated officials

If there is more than one individual with ownership/control interest that should be reported, copy and complete this page for each individual.

Last Name		First Name		MI	Suffix
Title	Social Security Number (required)		Date of Birth (MM/DD/YYYY)	Gender (M/F)	
Home Address Line 1					
Address Line 2					
City		State	Zip Code	County	
If the above noted individual is an owner, please select one of the following options and give the effective date:					
<input type="checkbox"/> Direct/Indirect Owner _____			<input type="checkbox"/> Partner		
Effective Date (MM/DD/YYYY):					
Ownership Percentage _____ %					
If the above noted individual is a managing employee, please select all that apply and give the effective date:					
Title	Effective Date (MM/DD/YYYY)		Effective Date (MM/DD/YYYY)		
<input type="checkbox"/> Director/Officer			<input type="checkbox"/> Managing Employee (W-2)		
<input type="checkbox"/> Contracted Managing Employee			<input type="checkbox"/> Agent		
If the above noted individual is an authorized or delegated official, please select one of the following options and give the effective date:					
<input type="checkbox"/> Authorized Official			<input type="checkbox"/> Delegated Official		
Effective Date (MM/DD/YYYY):					

[REST OF PAGE INTENTIONALLY LEFT BLANK]

Section 1(c): Familial Relationships

Are any individuals listed in Section 1 related to each other as a spouse, parent, child, or sibling?

☐ Yes ☐ No

If yes, provide additional information below. Duplicate this page as necessary to provide a complete disclosure.

Names of related individuals:

Relationship (e.g., sibling):

Names of related individuals:

Relationship (e.g., sibling):

Names of related individuals:

Relationship (e.g., sibling):

Names of related individuals:

Relationship (e.g., sibling):

Names of related individuals:

Relationship (e.g., sibling):

Names of related individuals:

Relationship (e.g., sibling):

Names of related individuals:

Relationship (e.g., sibling):

Section 2: Disclosure of Subcontractor Information

Disclosure of Subcontractor Information				
Include information about subcontractors of the Offeror in which the Offeror or owner of the Offeror has a more than 5% ownership interest and/or a management control interest. Use a new form for each subcontractor and/or ownership interest. Use a copy of this page for each subcontractor subject to disclosure.				
This response applies to: <input type="checkbox"/> The Offeror <input type="checkbox"/> An Owner of the Offeror				
If this applies to an owner of the offeror, name that owner (as already disclosed in Section 1, above):				
The person or entity named as an: <input type="checkbox"/> Ownership Interest <input type="checkbox"/> Management Control Interest				
If there is an ownership interest, what is the ownership percentage? _____%				
If there is a management control interest, describe that interest:				
Effective Date of Ownership and/or Management Control:				
Legal Business Name of Subcontractor as Reported to the Internal Revenue Service:				
Doing Business As Name (if applicable):			Tax Identification Number (required):	
Primary Business Address				
Line 1 (Street Name and Number):				
Address Line 2 (Suite, Room, etc.):				
City:		State:	Zip Code:	County:
Mailing Address (P.O. Box):	City:	State:	Zip Code:	County:
Additional Business Location(s): Duplicate this page to provide all locations if necessary.				
Address Line 1:				
Address Line 2:				
City:		State:	Zip Code:	County:
Business Location				
Address Line 1:				
Address Line 2:				
City:		State:	Zip Code:	County:
Business Location				
Address Line 1:				
Address Line 2:				
City:		State:	Zip Code:	County:

Management Qualification: 4.3.2.1 Information to Be Disclosed

Disclosure of Subcontractor Information (cont.)

Are any individuals disclosed in Section 1 or 2 related to the subcontractor or an owner of the subcontractor as a spouse, parent, child, or sibling? [] Yes [] No

If yes, provide the following information for each.

[illegible]

Section 3: Other Disclosing Entities

Ownership Interests in the Division's Fiscal Agent, Another Managed Care Entity, or other Disclosing Entity under 42 C.F.R § 104(b)

Do any of the entities or individuals named in Sections 1.a or 1.b have an ownership and/or management control interest in the Division's Fiscal Agent? ☐ Yes ☐ No

Do any of the entities or individuals named in Sections 1.a or 1.b have an ownership and/or management control interest in Another Managed Care Entity? ☐ Yes ☐ No

Do any of the entities or individuals named in Section 1.a or 1.b have an ownership and/or management control interest in any other Disclosing Entity under 42 C.F.R. § 104(b)? ☐ Yes ☐ No

If yes to any question above, provide additional information below:

[illegible]

Response to 4.3.2.2 When and to Whom Information Will Be Disclosed (Marked) – Pass/Fail

The Offeror attests to and affirms the following:

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

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

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

The Offeror attests that the disclosures made as part of this application are true and correct, and the Offeror will make required disclosures as necessary for this RFQ. If the Offeror is chosen as a Contractor, the Offeror will comply with all disclosure requirements.

Name of Offeror

Printed name of person attesting for Offeror

Title of person attesting for Offeror

Signature of person attesting for Offeror

Date

[END OF RESPONSE]

Response to 4.3.2.3 Information Related to Business Transactions (Marked) – Pass/Fail

In accordance with 42 C.F.R. § 455.105, the Offeror shall fully disclose all information related to business transactions. The Contractor shall submit full and complete information about:

2. The ownership of any subcontractor with whom the Offeror 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 Offeror 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.

The date of the request is the issue date of the RFQ.

If the Offeror has information responsive to this request, use the forms in the following pages of this Attachment to respond to this request.

If the Offeror does not have information responsive to one or both of these requests, attest to that by signing below and submitting this page as the response to this request. If the Offeror has information responsive to one of these requests and not the other, use the following attestation as applicable as well as the applicable form to respond.

The Offeror does not have:

- ☐ The ownership of any subcontractor with whom the Offeror 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.
- ☐ Any significant business transactions between the Offeror 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.

Name of Offeror

Printed name of person attesting for Offeror

Title of person attesting for Offeror

Signature of person attesting for Offeror

Date

Management Qualification: 4.3.2.3 Information Related to Business Transactions

Business Transactions with Subcontractors	
Disclose 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. Use additional pages as necessary.	
Name of Subcontractor:	TIN/SSN (as applicable):
Address of Subcontractor:	
Date of Transaction:	Amount of Transaction:
Name of Subcontractor:	TIN/SSN (as applicable):
Address of Subcontractor:	
Date of Transaction:	Amount of Transaction:
Name of Subcontractor:	TIN/SSN (as applicable):
Address of Subcontractor:	
Date of Transaction:	Amount of Transaction:
Name of Subcontractor:	TIN/SSN (as applicable):
Address of Subcontractor:	
Date of Transaction:	Amount of Transaction:
Name of Subcontractor:	TIN/SSN (as applicable):
Address of Subcontractor:	
Date of Transaction:	Amount of Transaction:

Significant Business Transactions	
Significant business transaction means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of a provider's total operating expenses.	
Name of Entity with Whom the Transaction Took Place:	
TIN/SSN (as applicable):	The entity is a: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Wholly-Owned Subsidiary
Address of Subcontractor:	
Date of Transaction:	Amount of Transaction:
Name of Entity with Whom the Transaction Took Place:	
TIN/SSN (as applicable):	The entity is a: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Wholly-Owned Subsidiary
Address of Subcontractor:	
Date of Transaction:	Amount of Transaction:
Name of Entity with Whom the Transaction Took Place:	
TIN/SSN (as applicable):	The entity is a: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Wholly-Owned Subsidiary
Address of Subcontractor:	
Date of Transaction:	Amount of Transaction:
Name of Entity with Whom the Transaction Took Place:	
TIN/SSN (as applicable):	The entity is a: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Wholly-Owned Subsidiary
Address of Subcontractor:	
Date of Transaction:	Amount of Transaction:
Name of Entity with Whom the Transaction Took Place:	
TIN/SSN (as applicable):	The entity is a: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Wholly-Owned Subsidiary
Address of Subcontractor:	
Date of Transaction:	Amount of Transaction:

Response to 4.3.2.4 Change of Ownership (Marked) – Pass/Fail

If the Offeror has a disclosure to make that is responsive to this section, the Offeror must include an explanation of the circumstances surrounding the Change of Ownership. The Offeror must also include in its response an attestation that, should the Offeror be a winning Contractor, it will comply with the duty to disclose any Change(s) of Ownership during the life of the Contract.

If the Offeror does not have a disclosure to make that is responsive to this request, the offeror must sign below, attesting to the following:

- The Offeror does not have a disclosure that is responsive to this request.
- Should the Offeror be chosen as a winning Contractor, the Offeror will comply with the requirement to disclose any and all changes of ownership in the time and manner required by the C.F.R. and the Division.

Name of Offeror

Printed name of person attesting for Offeror

Title of person attesting for Offeror

Signature of person attesting for Offeror

Date

[END OF RESPONSE]

**Response to 4.3.2.5 Disclosure of Identity of Any Person Convicted of a Criminal Offense (Marked)
– Pass/Fail**

If the Offeror has information responsive to this request, provide that information using the form on the following page. The Offeror must also include in its response an attestation that, should the Offeror be a winning Contractor, it will comply with the duty to disclose make disclosures regarding this issue during the life of the Contract.

If the Offeror does not have a disclosure to make that is responsive to this request, the offeror must sign below, attesting to the following:

- The Offeror does not have a disclosure that is responsive to this request.
- Should the Offeror be chosen as a winning Contractor, the Offeror will comply with the requirement to make disclosures regarding this issue in the time and manner required by the C.F.R. and the Division.

Name of Offeror

Printed name of person attesting for Offeror

Title of person attesting for Offeror

Signature of person attesting for Offeror

Date

Management Qualification: 4.3.2.5 Disclosure of Identity of Any Person Convicted of a Criminal Offense
(Marked) – Pass/Fail

Criminal Convictions and Other Sanctions		
Provide the requested information in this section for any person who: (1) Has an ownership or control interest in the Offeror OR is an agent or managing employee of the Offeror AND (2) Has been convicted of a criminal offense related to any program under Medicare, Medicaid, or Titles XIX or XXI services since the inception of those programs, OR (3) Has been convicted of a crime referenced in Miss. Code Ann. § 43-13-121(7)(c) – (h), (4) Has been convicted of a felony under state or federal law that is not otherwise referenced in Miss. Code Ann. § 43-13-121(7)(c-h), (5) Has been subject to a previous or current exclusion, suspension, termination from or the involuntary withdrawing from participation in the Medicaid program, any other state's Medicaid program, Medicare or any other public or private health or health insurance program, (6) Has been sanctioned for violation of federal or state laws or rules relative to the Medicaid program, any other state's Medicaid program, Medicare or any other public health care or health insurance program, (7) Has had his/her/its license or certification revoked, or (8) Has failed to pay recovery properly assessed or pursuant to an approved repayment schedule under the Medicaid program.		
Identify the person and each conviction/sanction, when it occurred, the Federal or State agency or the court/administrative body that imposed the action, and the resolution, if any. Provide a copy of any documentation. Include additional copies of this page as necessary.		
Name	Criminal/Sanction Information	Date
Agency/Court/Administrative Body	Resolution	
Name	Criminal/Sanction Information	Date
Agency/Court/Administrative Body	Resolution	
Name	Criminal/Sanction Information	Date
Agency/Court/Administrative Body	Resolution	
Name	Criminal/Sanction Information	Date
Agency/Court/Administrative Body	Resolution	
Name	Criminal/Sanction Information	Date
Agency/Court/Administrative Body	Resolution	

APPENDIX H: Organization and Staffing

The forms in this Appendix must be used by the Offeror to respond (either in whole or in part, depending on the instructions in the RFQ) to the following:

- 4.3.3.2 Job Descriptions and Responsibilities of Key Positions (Marked) – 20 points
- 4.3.3.3 Administrative Requirements (Marked) – 10 points
- 4.3.3.5 Subcontractors – 20 points
- 4.3.3.6 Economic Impact – 20 points

The Offeror must respond to all other portions of the Organization and Staffing portion of the RFQ in the manner and format stated therein. Answers should be presented in the Offeror's qualification in the order and format indicated within the RFQ.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

4.3.3.2 Job Descriptions and Responsibilities of Key Positions (Marked) – 20 points

4.3.3.2 Job Descriptions and Responsibilities of Key Positions (Marked) – 20 points

Use the following form to provide job descriptions and responsibilities for each position included in Section 1.13, Administration Management, Facilities, and Resources, Appendix A, Draft Contract.

[REST OF PAGE INTENTIONALLY LEFT BLANK]

4.3.3.2 Job Descriptions and Responsibilities of Key Positions (Marked) – 20 points

Key Position: Job Description
Title of Position:
Description of Position:
Description of Responsibilities of Position:
Minimum Experience Required:
Skills Required:
Are there any educational requirements for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below:
Are any professional licenses or certifications required for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below:
Are there any continuing education requirements for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below:
Any additional information relevant to this position:

4.3.3.3 Administrative Requirements (Marked) – 10 points

4.3.3.3 Administrative Requirements (Marked) – 10 points

Offeror attests to the following:

1. The Offeror will have an Administrative Office within fifteen (15) miles of the Mississippi Division of Medicaid's Central Office at the Walter Sillers Building, Jackson, Mississippi 39201-1399, as required by the RFQ.
2. The Offeror will 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.

Name of Offeror

Printed name of person attesting for Offeror

Title of person attesting for Offeror

Signature of person attesting for Offeror

Date

4.3.3.5 Subcontractors – 20 points

Use the first provided form entitled “Subcontractor” to describe the any subcontractor the Offeror plans to use if chosen as a winning Contractor through this RFQ.

If the Offeror has worked with the subcontractor in the past three (3) years on a managed care contract, use the second form, “Prior Experience with Subcontractor” to give details about that experience.

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4.3.3.5 Subcontractors (Marked) – 20 points

Subcontractor				
Name of Subcontractor:				
TIN/SSN (as applicable):		The entity is a: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Wholly-Owned Subsidiary		
Address Line 1:				
Address Line 2:				
City:	State:	Zip Code:		County:
Mailing Address (P.O. Box):	City:	State:	Zip Code:	County:
Description of Services to be Rendered by Subcontractor for this Contract:				
How will the Offeror monitor and manage this Subcontractor?				
Has the Offeror worked with the subcontractor on a managed care contract in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out Prior Experience with Subcontractor for each applicable instance.				

4.3.3.5 Subcontractors (Marked) – 20 points

Prior Experiences with Subcontractor				
Client's Name:				
Client Location				
Address Line 1:				
Address Line 2:				
City:	State:	Zip Code:	County:	
Mailing Address (P.O. Box):	City:	State:	Zip Code:	County:
Direct Contact for Client				
Name:				
Title:				
Phone Number:		Email Address:		
Work Details				
Number of covered lives:				
Time period of contract:				
Total number of staff hours expended during time period of contract:				
Personnel requirements:				
Geographic and population coverage requirements:				
Geographic and population coverage requirements:				
Publicly funded contract cost:				
Description of work performed under this contract				

4.3.3.6 Economic Impact – 20 points

There are numerous positions listed in Appendix A: Draft Contract that require that the individual filling the position be located in Mississippi. Please provide the Offeror's expected wages for each of those positions.

Additionally, include a list of any other positions the Offeror will locate in Mississippi and include expected wages for each of those positions, as well as any other investment that the Offeror plans to make inside the state.

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Economic Impact: Wage Chart	
Title of Position:	
If Position is not a Key Position, provide description:	
Number of Staff Expected to Fill this Position/Staffing Need:	Expected Wage of Position (Hourly rate or salary):
Employee(s) filling this position would be: [] Hourly [] Salaried	Employee(s) filling this position would be: [] Full-Time [] Part-Time
Title of Position:	
If Position is not a Key Position, provide description:	
Number of Staff Expected to Fill this Position/Staffing Need:	Expected Wage of Position (Hourly rate or salary):
Employee(s) filling this position would be: [] Hourly [] Salaried	Employee(s) filling this position would be: [] Full-Time [] Part-Time
Title of Position:	
If Position is not a Key Position, provide description:	
Number of Staff Expected to Fill this Position/Staffing Need:	Expected Wage of Position (Hourly rate or salary):
Employee(s) filling this position would be: [] Hourly [] Salaried	Employee(s) filling this position would be: [] Full-Time [] Part-Time

Mississippi Coordinated Care
RFQ # 20211210
Office of the Governor-Division of Medicaid

APPENDIX I: Mandatory Letter of Intent

The Offeror must submit this document, via email in PDF format, no later than 2:00 p.m. Central Time Zone, Friday, January 7, 2022, to this email address: MSCAN_CHIP@medicaid.ms.gov. The Offeror bears all risk of delivery and all responsibility for submitting the Letter of Intent timely. Failure to timely submit the Letter of Intent will disqualify the Offeror from participating in the Mississippi Division of Medicaid Coordinated Care Procurement.

Name of Offeror:

Address of Offeror:

Primary Contact for Offeror (Name, title, phone number, and email address):

Email to be used by the Offeror for submission of Offer to Sharepoint site:

By submitting this Letter of Intent, the Offeror acknowledges the following:

- The Offeror must abide by PPRB rules, the rules stated in the RFQ, and any other federal or state rules applying to this procurement.
- The Offeror understands that submitting this Letter of Intent does not obligate it to submit a Qualification.
- If the Offeror does submit a Qualification, the Offeror will follow the format required within the RFQ.
- The Offeror understand that the Qualification must be submitted via Sharepoint no later than Friday, March 4, 2022, at 2:00 p.m. Central Time Zone. The Offeror understands that it bears all risks of timely delivery. The Offeror understands that failure to timely submit its Qualification will disqualify the Offeror from participating in the Mississippi Medicaid Coordinated Care Procurement.

Printed Name and Title of person submitting Letter of Intent for Offeror

Signature

Date

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APPENDIX J: Question and Answer Template

The Question and Answer Template is located on the Division's dedicated Coordinated Care Procurement Website: <https://medicaid.ms.gov/coordinated-care-procurement/>.

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