



STATE OF ARKANSAS
OFFICE OF STATE PROCUREMENT
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

FINAL TECHNICAL PROPOSAL PACKET

SP-17-0011

NOTE: Updates to this final Technical Proposal Packet are designated by red font.

CAUTION TO VENDOR

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



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PROPOSAL SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran				
AR Minority Certification #: _____			Service Disabled Veteran Certification #: _____		

VENDOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

An official authorized to bind the vendor to a resultant contract must sign below.

The signature below signifies agreement that either of the following **shall** cause the vendor's proposal to be disqualified:

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTIONS 3 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

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

Authorized Signature: _____

Use Ink Only.

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

SECTIONS 4, 5, 6 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

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

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

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

VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.*Type or Print the following information*

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

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

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

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SUBMISSION REQUIREMENTS

- *Per the RFP, the below information/documents **must** be submitted with vendor's proposal submission.*
- *These items will not be scored as part of the bid evaluation; however, failure to provide the required information/documents **shall** result in disqualification of a vendor's bid.*
- *Vendor may expand the space under each item/question as necessary.*
- **Do not** include additional information if not pertinent to the itemized request.

VENDOR EXPERIENCE AND LICENSURE

1. Provide one of the following:
 - A. A copy of your company's current certificate of authority issued by the Arkansas Insurance Department (AID) that shows your business is fully authorized to conduct business in Arkansas. Confirm your company's plans to maintain such certificate.
 - B. Your company's plans to obtain a certificate of authority from AID at least 120 days prior to the Go-Live Date.
2. Confirm your company's ability to meet all criteria required to enroll as a Medicaid provider, as found at 42 C.F.R. Part 455.

FINANCIAL CAPABILITY

1. Provide a guarantee that the Vendor will maintain financial resources sufficient to maintain a 300% or higher Risk Based Capital ratio as defined by the National Association of Insurance Commissioners. In the event that the Vendor has a controlling parent entity, this parent entity must also make a guarantee that it will provide financial resources to the Vendor sufficient to maintain a 300% or higher Risk Based Capital Ratio; and
2. Provide a guarantee that the Vendor will comply with the federal solvency standards for MCOs/PAHPs/PIHPs set forth in 42 CFR 438.116.

These guarantees **must** be signed by an officer of the Vendor (and parent if applicable). The guarantees must run for the term of the Contract and may be contingent on the Vendor being awarded the Contract.

In support of these guarantees, the Vendor **must** submit its most recent statutory annual financial statement and actuarial opinion, most recent quarterly statutory financial statement, independent audit report, and most recent statutory financial examination report. The State reserves the right to request additional information to validate the guarantees.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- “Vendor” in this section is defined as the Vendor or its corporate affiliate.
- **Do not** include additional information if not pertinent to the itemized request.

Evaluation Criteria by Sub-Section	Maximum RAW Score Per Item	Sub-Section WEIGHTED % of Total Score
E.1 VENDOR QUALIFICATIONS		15%
A. Describe your company's past experience with similar projects and services. Include a description of a project where your company has at least five (5) years of experience administering a comprehensive dental managed care program to a population similar in size to the population described in this RFP, or commensurate experience.	10 points	
B. Describe your company's experience with, and ability to establish and maintain, a Network that effectively accommodates a minimum of 650,000 - 700,000 Beneficiaries, with the capacity to add certain Arkansas Works Beneficiaries.	10 points	
C. Disclose any of the following as they are applicable to your company, for the past five (5) years, as related to a Medicaid managed care program. If any of the following conditions are applicable, describe the details of the occurrence. Indicate if none of these conditions are applicable. <ul style="list-style-type: none"> • List and summarize any resolved (including by settlement), pending or threatened litigation, administrative or regulatory proceedings, or similar matters related to the subject matter of the services sought in this RFP. • List any states' department of insurance Market Conduct examinations and findings. • List any contract for services that the vendor has had that was terminated, and indicate the reason for termination, such as, for convenience, nonperformance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the contract provisions. • List any occurrences where the vendor has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to the default or notice of default including the other party's name, address, and telephone number. • List any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by the vendor under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this RFP. Include the estimated cost of that incident to the vendor with the details of the occurrence. 	10 points	

E.2 PERFORMANCE STANDARDS, CONTRACT SERVICES AND COORDINATION OF NON-CAPITATED SERVICES		9%
A. Describe your company's plan for meeting the Performance Standards in Attachment C and for complying with changes to Performance Standards throughout the life of the contract.	10 points	
B. Describe your company's plan for responding to DHS regarding any cited insufficiencies related to Performance Standards.	10 points	
C. Describe your ability and plan to provide Medically Necessary Covered Services to Beneficiaries as described in Attachment B.	10 points	
D. Describe your policies and plans for ensuring your company does not practice discriminatory selection among eligible Beneficiaries including not excluding, seeking to exclude, or otherwise discriminating against any group or class of individuals.	10 points	
E. Define and describe any Value-Added Services your company intends to provide at no charge. Include: 1. The services covered 2. Any limitations that apply 3. The population of Beneficiaries eligible to receive the Value-Added Services, whether all Beneficiaries or a defined subset of Beneficiaries 4. The type of Providers responsible for providing the Value-Added Services, including any limitations on Provider capacity, if applicable 5. The process by which a Beneficiary accesses the Value-Added Services	10 points	
F. Describe outreach efforts for notifying Providers and Beneficiaries about the availability of the Value-Added Services.	10 points	
G. Describe how your company will identify Value-Added Services in encounter data submitted to DHS.	10 points	
H. Describe how you will identify and forward improperly received claims for services that are not Covered Services to MMIS for payment and processing.	10 points	
I. Describe how you will cooperate with all Providers and healthcare professionals who are delivering non-capitated health care services to Beneficiaries. NOTE: For all eligible beneficiaries assigned to a dental managed care contractor, the beneficiaries may also be entitled to medical and other benefits. This RFP requirement seeks an explanation regarding how the contractor would propose to coordinate care, if necessary, with other Medicaid payer organizations, contractors, and providers.	10 points	
E.3 ACCESS TO CARE AND PROVIDER NETWORK PROVISIONS		15%
A. Describe your company's plan to ensure all Medically Necessary Covered Services are available to Beneficiaries on a timely basis, consistent with appropriate dental guidelines, and within generally accepted practice parameters.	10 points	
B. Describe how you will ensure your Network is responsive to all linguistic and cultural needs of minority or disabled Beneficiaries.	10 points	

C.	Describe how you will maintain a sufficient Network for all Beneficiaries to have a Primary Care Dentist (PCD) and how you will assign a PCD in compliance with all RFP requirements for this process.	10 points
D.	Describe your company's plan and process for making out-of-network referrals and ensuring Medically Necessary Covered Services are provided via the referral.	10 points
E.	Describe your company's plan and strategies for monitoring network access throughout the life of the contract, including your plan for taking action with Providers who are determined to be out of compliance.	10 points
F.	Describe your company's plan for ensuring Network Providers are licensed, credentialed, and eligible to render services under applicable federal and state laws, rules, and regulations.	10 points
G.	Describe your process for enrolling currently credentialed Arkansas Medicaid Providers in to your Plan during the Start-Up Period. Contractors will not be required to credential existing providers. An executed contract will be sufficient.	10 points
H.	After the initial Start-Up Period, describe your company's plan for recruiting, credentialing, and enrolling providers according to the requirements of this RFP.	10 points
I.	Describe your plan for re-credentialing and re-validating Providers, at a minimum of at least every three (3) years and five (5) years, respectively.	10 points
J.	Describe your process for reviewing and authorizing all Network Provider contracts.	10 points
K.	Describe your plans for Provider relations and education.	10 points
L.	Describe your plan for training, deploying, and monitoring Provider relations representatives to visit offices and act as a point of contact for the provider.	10 points
M.	Describe your plan for educating Providers about practice guidelines for preventive oral health services for both adult and pediatric populations.	10 points
N.	Describe your process for developing, distributing, updating, and re-distributing the Provider Manual.	10 points
E.4 BENEFICIARY MATERIALS, OUTREACH, AND EDUCATION		5%
A.	Describe your plan for designing, producing, and distributing outreach and education materials to Beneficiaries that are appropriate to Beneficiaries' ages, languages, cultures, and reading levels.	10 points
B.	Describe your plan for reaching out to Beneficiaries to ensure each Beneficiary has the information needed to receive Medically Necessary Covered Services.	10 points
C.	Describe your plan for conducting regularly scheduled and targeted outreach and education activities as required by the RFP.	10 points

D.	Describe your process for designing, attaining approval of, and utilizing any marketing and advertising materials, if you should decide to utilize these materials. If you do not decide to utilize these materials, describe how you will approach any marketing-type activities?	10 points
E.	Describe your plan for developing and distributing the Beneficiary orientation packet, the Beneficiary handbook, Provider Directory, and identification cards at the time of a Beneficiary's enrollment in your plan. Include your plan for re-distributing these materials when needed.	10 points
F.	Describe your plan for providing all Beneficiaries with access to the Provider Directory on your website, maintaining an updated version of the Provider Directory on your website, and reissuing a written Provider Directory at least quarterly.	10 points
G.	Describe your plan for producing the required oral health outreach and education materials during the Start-Up period.	10 points
H.	Describe your strategy for increasing awareness of dental care, availability of dental benefits, and increasing utilization of preventive dental services as outlined by DHS, including within the specific targeted groups listed in the RFP.	10 points
I.	Describe your strategy for attempting to provide outreach to non-compliant Beneficiaries.	10 points
J.	Describe your plan for coordinating with the public health entities listed in RFP.	10 points
E.5 BENEFICIARY AND PROVIDER CALL CENTER AND WEBSITE		5%
A.	Describe your plan for installing, operating, monitoring, and supporting an Automated Distribution Call (ADC) system and performing the general Call Center requirements listed in the RFP.	10 points
B.	Describe your plan for operating a HIPAA-compliant, toll-free Call Center per the requirements of the RFP, and whether you intend to operate the Call Center for Beneficiaries and Providers separately or combined.	10 points
C.	Describe your process for handling calls received outside of normal business hours.	10 points
D.	Describe your plan for operating the Call Center according to the Performance Standards in the RFP.	10 points
E.	Describe your technological capability for auditing and monitoring calls and your process for implementing and utilizing an electronic system to document calls and use the data for reference, tracking, and analysis.	10 points
F.	Describe your plan for demonstrating, by the time of the Readiness Review, that all Call Center software, hardware, and staff are available and operational.	10 points

G.	Describe your process for keeping an electronic record of all Grievances received by the Call Center.	10 points
H.	Describe your plan for developing and maintaining a website with separate pages for Beneficiaries and Providers that is easy to access, user-friendly, and compliant with the required items in the RFP.	10 points
I.	Describe your plan for implementing and maintaining secure electronic portals for Beneficiaries and for Providers on the website.	10 points
J.	Describe your plan for ensuring information on the website is accurate and for ensuring the information is updated in a timely manner, defined as at least monthly in the RFP and more frequently if needed.	10 points
E.6 GRIEVANCE AND APPEAL SYSTEM AND QUALITY ASSURANCE AND IMPROVEMENT		8%
A.	Describe your process for recording, investigating, resolving, and analyzing Grievances and Appeals.	10 points
B.	Describe your process for maintaining staff capable of identifying, investigating, and resolving Grievances and Appeals within the timeframes set forth in the RFP.	10 points
C.	Describe your process for implementing and maintaining an electronic system that includes Grievance and Appeal issues, investigations, resolutions, and notifications.	10 points
D.	Describe your plan for developing and implementing a quality assurance and improvement program, per the requirements set forth in the RFP.	10 points
E.	Describe how you will look for opportunities for quality improvement and implement corrective action.	10 points
F.	Describe your process for developing the required advisory committees, ensuring and facilitating their regular meetings, and your plan for evaluating and incorporating feedback from these committees.	10 points
E.7 AUTHORIZATION AND PREAUTHORIZATION OF COVERED SERVICES AND UTILIZATION MANAGEMENT		10%
A.	Describe your plan for ensuring all Medically Necessary diagnostic, preventive, restorative, surgical, endodontic, periodontic, emergency, and adjunctive Dental Services are provided to children who are EPSDT eligible, in accordance with the EPSDT federal regulation and in accordance with AAPD standards.	10 points
B.	Describe your plan for making a determination of Medical Necessity on a case-by-case basis for services requiring preauthorization.	10 points
C.	Describe your plan for Provider submission of pre-authorization requests.	10 points
D.	Describe your process for rendering a decision of pre-authorization requests in a timely manner.	10 points
E.	Describe your plan for implementing and maintaining an electronic log of all Adverse Benefit Decisions.	10 points

F.	Describe your plan for ensuring care for newly enrolled Beneficiaries is not disrupted or interrupted for those Beneficiaries whose health conditions have been treated by Specialty Care Providers or whose health could be in jeopardy if services are disrupted or interrupted.	10 points
G.	Describe your process for ensuring continuation of Covered Services when a newly enrolled Beneficiary has a prior authorization or when Beneficiary is completing services commenced before enrolling in the plan.	10 points
H.	Describe your plan to establish and maintain a system to monitor access to care to ensure DHS utilization goals are met.	10 points
I.	Describe your plan developing, implementing, and utilizing tools to routinely assess your progress toward improving annual utilization of preventive and restorative services.	10 points
E.8 CONTRACTOR OFFICE, STAFFING, AND SUBCONTRACTING AND PROBLEM ESCALATION PROCEDURE		5%
A.	Describe your proposed staffing plan and your process for maintaining a staffing level of your proposed staffing plan.	10 points
B.	Describe your plan for recruiting and training staff to meet the minimum staff requirements as set forth in the RFP, and your plan for retaining these staff members.	10 points
C.	Describe in detail how the proposed Key Personnel's experience and qualifications relate to their specific responsibilities. Include individual resumes for the key personnel to be assigned to the project if the Vendor is awarded the Contract. Or, if the Vendor plans to determine specific staff at a later date, describe the qualifications and number of years of experience your company will require for each Key Personnel position. Confirm resumes for Key Personnel will be provided to the Contract Monitor by time of Readiness Review and your understanding that the Contract Monitor will have the right to approve or request alternatives for all Key Personnel.	10 points
D.	Describe your plan for substitution or replacement of Key Personnel.	10 points
E.	Describe your plan for developing and implementing training materials for all staff, including subcontractors.	10 points
F.	Describe any and all subcontractors listed on your Proposed Subcontractors Form, the tasks for which they will be responsible, and your plan for supervision and corrective action, if needed.	10 points
G.	Explain how problems with work under the Contract will be escalated in order to resolve any issues in a timely manner.	10 points

E.9 ELIGIBILITY AND ENROLLMENT		9%
A.	Describe your process for developing, maintaining, and utilizing an enrollment system to accept and process daily eligibility files and full replacement files from DHS MMIS.	10 points
B.	Describe how you will determine a person requesting assistance or prior authorization is eligible for the requested service.	10 points
C.	Describe how you will verify during Claims adjudication that the Beneficiary was eligible for Dental Services on the date of service.	10 points
E.10 CLAIMS PROCESSING & COORDINATION OF BENEFITS & THIRD PARTY LIABILITY		10%
A.	Describe how you will develop and maintain an accurate and efficient claims processing system to receive and adjudicate Claims for Medically Necessary Covered Services in accordance with state and Federal requirements including the Arkansas Medicaid Fairness Act.	10 points
B.	Describe how you will maintain an automated Claims system according to the requirements in the RFP and offer Providers an electronic Claims portal for automated processing, adjudication, and correction of Claims.	10 points
C.	Describe your processes for Claims submission and adjudication, paper and electronic, including receipt of Claims, verification of Beneficiary and Provider eligibility, verification of any needed prior authorization, verification of Third Party Liability, and process for denial or approval and submission of payment.	10 points
D.	Describe your plan for completing and maintaining accurate Encounter Data for all services.	10 points
E.	Describe how you will ensure Medicaid is the payer of last resort.	10 points
F.	Describe your plans for coordinating benefits in order to maximize cost avoidance through the utilization of third-party liability (TPL).	10 points
G.	Describe your process for identifying, collecting, and reporting TPL.	10 points
E.11 SYSTEMS AND SECURITY AND PROGRAM INTEGRITY		4%
A.	Describe your plans for developing and maintaining your management information system.	10 points
B.	Describe your plan for interfacing with DHS' systems including MMIS.	10 points
C.	Describe your Disaster Recovery Plan for the claims processing system.	10 points

D.	Describe your plan and processes for creating, accessing, transmitting, and storing health information data files and records in accordance with the Health Insurance Portability and Accountability Act's mandates.	10 points
E.	Describe your plan to meet on-site security requirements.	10 points
F.	Describe your plan for screening for excluded or disbarred entities.	10 points
G.	Describe your plan for ensuring adequate Program Integrity staff and resources to investigate unusual incidents and develop corrective action plans.	10 points
H.	Describe how you will develop an administrative procedure for detecting fraud and abuse.	10 points
I.	Describe your plan for developing, implementing, and maintaining surveillance and utilization control policies and procedures.	10 points
J.	Describe your process for performing preliminary investigations of suspected or confirmed waste, fraud, or abuse.	10 points
K.	Describe your internal controls for claims payments and your methods for verifying whether services reimbursed were actually furnished to member as billed by Providers.	10 points
E.12 READINESS REVIEW, TRANSITION AT END OF CONTRACT AND AUDITS AND ACCESS TO RECORDS		5%
A.	Describe your plan for developing the items required for the Readiness Review, Attachment I.	10 points
B.	Describe how you will participate in the Readiness Review, per CMS requirements?	10 points
C.	Describe your plan to complete all the duties required for transition at end-of-contract.	10 points
D.	Provide a general end-of-contract transition plan which addresses the key components outlined in the RFP.	10 points
E.	Describe your plan for completing the required annual audit.	10 points