



# STATE OF ARKANSAS

Department of Human Services

Office of Procurement

For

Division of Medical Services (DMS)

West 7th and Main Street

Little Rock, Arkansas 72201

## **FINAL TECHNICAL PROPOSAL PACKET**

**0710-19-1002**

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

**CAUTION TO VENDOR**



**STATE OF ARKANSAS**  
**Department of Human Services**  
**Office of Procurement**

For  
**Division of Medical Services**

West 7<sup>th</sup> and Main Street  
 Little Rock, Arkansas 72201

## IFB for Prior Authorization and Retrospective Reviews

*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), <b>shall</b> 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, 4 - 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: \_\_\_\_\_

## **OFFICIAL PROPOSAL PRICE SHEET**

### **IFB for Prior Authorization and Retrospective Reviews**

**NOTE:** The Official Proposal Price Sheet **must** be submitted in a separate envelope and not part of the technical proposal. Any mention of pricing in the technical proposal shall be cause for disqualification from further considerations for award. Any cost not identified on the schedule but subsequently incurred will be the responsibility of the Vendor.

Do not amend or alter any item(s) on the Official Proposal Price Sheet. See Attachment H for an overview of each prior authorization, retrospective review and medical review/consult and for SFY 2017 Estimated volume of the various services.

<b>Description</b>	<b>Estimated Cases Per Year</b>	<b>Firm Fixed Pricing Per Year</b>
<b>Prior Authorization Review</b>		
Inpatient and Outpatient Services	66,219 cases 3,374 reconsiderations	\$
Durable Medical Equipment (DME)	25,767 cases 1,057 reconsiderations	\$
Personal Care (Under 21)	927 cases 203 reconsiderations	\$
Targeted Case Management (TCM)	36 cases 0 reconsiderations	\$
Physician-Administered Drugs	1,890 cases 0 reconsiderations	\$
<b>Retrospective Review</b>		
Arkansas Works (fka Private Option) Mid-Year Transition Requests	99 cases 1 reconsideration	\$
Emergency Room/Emergency Department (ER/ED) Retrospective Review	42,724 cases 373 reconsiderations	\$
Hospital Admissions/Inpatient Services Retrospective Review	33,575 cases 465 reconsiderations	\$
Neonatal Intensive Care Unit (NICU) Retrospective Review	1,140 cases 7 reconsiderations	\$
<b>Medical Review/Consult</b>		
Out of State Referrals	27 cases 0 reconsiderations	\$
Suspended Claims	1,029 cases 0 reconsiderations	\$
Emergency Transportation	10 cases 0 reconsiderations	\$
Transplants	66 cases 8 reconsiderations	\$
EPSDT (Early and Periodic Screening, Diagnostic and Treatment) Extension of Benefits	36 cases 0 reconsiderations	\$
Application Denial Reviews	1,117 cases 0 reconsiderations	\$
Emergency Medicaid Eligibility	173 cases 0 reconsiderations	\$
Ad Hoc Review: DMS Internal PA Review Procedure	654 cases 0 reconsiderations	\$
Ad Hoc Review: Code Set Reviews See 1 below		\$
<b>Total</b>		\$

**OFFICIAL PROPOSAL PRICE SHEET****IFB for Prior Authorization and Retrospective Reviews**

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			

1)

**Ad Hoc Review: Code Set Reviews**

-DHS consults with Vendor when code sets are updated, including but not limited to ICD (International Classification of Diseases), CPT (Current Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System)

\* A detailed budget will be required per year for all contractual services.