

ATTACHMENT D
TECHNICAL RESPONSE PACKET
710-23-0081

RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:		State:	
Business Designation:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership </div> <div> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation </div> <div> <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit </div> </div>		
Minority and Women Owned Designation*:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> Asian American </div> <div> <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American </div> <div> <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned </div> </div>		
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation. <input type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* **may cause the Prospective Contractor's response to be rejected.**

Authorized Signature: _____ **Title:** _____

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.
 - o Prospective Contractor **shall** complete and submit the *Proposed Subcontractors Form* included in the *Technical Proposal Packet*.
 - o Additional subcontractor information may be required or requested in following sections of this *RFP Solicitation* or in the *Information for Evaluation* section provided in the *Technical Proposal Packet*. **Do not** attach any additional information to the *Proposed Subcontractors Form*.
 - o The utilization of any proposed subcontractor is subject to approval by the State agency.

PROSPECTIVE CONTRACTOR 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

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

SECTIONS 1 – 4: 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:** _____

SUBMISSION REQUIREMENTS

- Per section 1.9 of the RFP, the below information/documents must be submitted with vendor's proposal submission.
 - Proposal Signature Page.
 - All Agreement and Compliance Pages.
 - Signed Addenda, if applicable.
 - E.O. 98-04 – Contract Grant and Disclosure Form.
 - Equal Opportunity Policy.
 - Proposed Subcontractors Form.
 - Other documents and/or information as may be expressly required in this Bid Solicitation. Please reference RFP section 2.3 and RFP Section 3.1, Table 4. Label documents and/or information to reference the Bid Solicitation's item number.
 - Technical Proposal response to the Information for Evaluation section of the Technical Proposal Packet.
 - The Official Bid Price Sheet and Cost Proposal Template **must be sealed separately** from the Technical Response Packet.

- Not all 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.

- Do not include additional information if not pertinent to the itemized request.

ADHERANCE TO FEDERAL REQUIREMENTS	
Please confirm your ability to adhere to all applicable federal requirements listed in the RFP.	Pass/Fail
RFP SECTION 2.3 VENDOR QUALIFICATIONS	
Items A, B, and C will be validated using the completed and signed Attachment N Client History Form	
A. The Prospective Contractor must be registered to do business in the State of Arkansas and be in good standing by the initial start of any resulting contract.	Pass/Fail
B. The Prospective Contractor must include a copy of all required licensure and certification documents in Contractor's response to this solicitation. See RFP Section 1.8 "Response Documents."	Pass/Fail
C.1. Describe your company's previous 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.	Pass/Fail
C..2. 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.	Pass/Fail
C.3. 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 all states' department of insurance Market Conduct examinations and findings. 	Pass/Fail
C4. Complete and Sign Attachment N- Client History Form	Pass/Fail
D. Describe how at least one of the criteria below are met by your Company and provide the indicated documentation to validate the selected criterion:	Pass/Fail

<ul style="list-style-type: none"> • Criterion 1: The Prospective Contractor currently possesses a certificate of authority issued by the Arkansas Insurance Department (AID), is fully authorized to conduct business in the State, and plans to maintain such certificate. To validate this requirement: <ul style="list-style-type: none"> ○ The Bidder shall provide a copy of the current AID Certificate of Authority and ○ The Bidder shall provide a written statement signed by an authorized signatory stating that the bidder will maintain AID certification through the entirety of the contract period including all extensions. This statement may be contingent on the Bidder being awarded the Contract. • Criterion 2: The Prospective Contractor must maintain a fiscally solvent operation in accordance with federal requirements and Arkansas Insurance Department (AID) requirements for minimum net worth. To validate this requirement: <ul style="list-style-type: none"> ○ The Bidder shall provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Beneficiaries, and the State, will not be liable for the Vendor's debts if the entity becomes insolvent. The State reserves the right to request additional information to validate submitted assurances. ○ Bidder assurances must be signed by an officer of the Prospective Contractor (and parent entity if applicable), must run for the entirety of the contract period including all extensions, and may be contingent on the Vendor being awarded the Contract 	
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INFORMATION FOR EVALUATION

INSTRUCTIONS:

Please reply to the below questions in a separate document, referencing each Section Title (and number), and question number as applicable. In total for the sections below, the Respondent shall provide a summary narrative no longer than 200 pages in length, including graphics and tables, using an 11-point font that describes how they will perform the Dental Managed Care requirements outlined in the RFP. The precise allocation of pages across sections (i.e., the number of pages to spend on each Section) is left to the Respondent.

To the extent that this RFP requests Draft Plans, Resumes, or other artifacts, these may be attached as exhibits and will not count toward the summary narrative 200-page limit; however, the total pages of exhibits shall not exceed 100 pages in length. Please provide a clear reference to where these attached exhibits may be located.

Respondents are encouraged to review the related sections of the RFP and Attachment A – Key Personnel and take the DHS business needs and corresponding functions into consideration.

Do not include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 COMPANY INFORMATION AND EXPERIENCE	
<p>A. Provide a list of accreditations obtained through a private independent accrediting entity. If the DMO has any accreditations, please authorize the accrediting entity to provide DHS a copy of its most recent accreditation review, including:</p> <ol style="list-style-type: none"> 1. The accreditation status, survey type and level, as applicable; 2. Accreditation results, including recommended actions or improvements, corrective action plans (CAPs), and summaries of findings; and 3. The expiration of the accreditation <p>DHS will make the accreditation status of the Contractor available to the public on the Arkansas Medicaid website for Healthy Smiles.</p> <p>B. Describe your company and all subcontractors and their roles on this Project. Please explain why you would be a stable and dependable Contractor for the State. Please confirm whether your subcontractors have, or do not have, signed agreements or letters of intent. Please explain the role of each subcontractor and the anticipated extent of their involvement.</p> <p>Please note, as this section is holistic, the State may consider information provided elsewhere in a Respondent's proposal, including without limitation Attachment N Client History Form when scoring this Section.</p>	5 points
E.2 PERFORMANCE STANDARDS, CONTRACT SERVICES AND COORDINATION OF NON-CAPITATED SERVICES	
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.	5 points
b. Describe your company's plan for responding to DHS regarding any cited insufficiencies related to Performance Standards.	5 points
c. Describe your ability and plan to provide Medically Necessary Covered Services to Beneficiaries.	5 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.	5 points
<p>e. Define and describe any Value-Added Services your company intends to provide at no charge. Include:</p> <ol style="list-style-type: none"> 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 	5 points

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	
f. Describe outreach efforts for notifying Providers and Beneficiaries about the availability of the Value-Added Services.	5 points
g. Describe how your company will identify Value-Added Services in encounter data submitted to DHS.	5 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.	5 points
i. Describe how you will cooperate with all Providers and healthcare professionals who are delivering non-capitated health care services to Beneficiaries. Additionally, please describe your proposed coordination of dental surgeries with the medical coverage and the hospital. 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.	5 points
E.3 RFP SECTION 2.7 ELIGIBILITY, ENROLLMENT AND DISENROLLMENT	
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.	5 points
b. Describe how you will determine a person requesting assistance or prior authorization is eligible for the requested service.	5 points
c. Describe how you will verify during Claims adjudication that the Beneficiary was eligible for Dental Services on the date of service.	5 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.	5 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.	5 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.	5 points
g. How would you leverage your local knowledge and expertise to design and implement effective outreach and education program for beneficiaries, including those in underserved or hard-to-reach populations? Describe partnerships you have with local organizations, dental clinics, or other stakeholders that help support local oral health initiatives.	5 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.	5 points
i. Provide examples of how time-sensitive information/requests will be provided to beneficiaries regarding care requirements, coverage information or non-compliance. Describe your strategy for attempting to provide outreach to non-compliant Beneficiaries. How will direct messaging (i.e., text, social media, etc.) be incorporate into your outreach strategy?	5 points
j. Describe your plan for coordinating with the public health entities listed in RFP.	5 points
E.4 RFP SECTION 2.8.4 GRIEVANCE AND APPEAL SYSTEM AND QUALITY ASSURANCE AND IMPROVEMENT	
a. Describe your process for recording, investigating, resolving, and analyzing Grievances and Appeals.	5 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.	5 points

c. Describe your process for implementing and maintaining an electronic system that includes Grievance and Appeal issues, investigations, resolutions, and notifications.	5 points
d. Describe your plan for developing and implementing a quality assurance improvement program, per the requirements set forth in the RFP.	5 points
e. Describe how you will look for opportunities for quality improvement and implement corrective action.	5 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. Additionally, elaborate on how you will increase methods for soliciting member feedback in an appropriate and cost-effective manner.	5 points
E.5 RFP SECTION 2.9 SERVICES	
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.	5 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.	5 points
c. Describe your process for handling calls received outside of normal business hours.	5 points
d. Describe your plan for operating the Call Center according to the Performance Standards in the RFP.	5 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.	5 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.	5 points
g. Describe your process for keeping an electronic record of all Grievances received by the Call Center.	5 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.	5 points
i. Describe your plan for implementing and maintaining secure electronic portals for Beneficiaries and for Providers on the website.	5 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.	5 points
E.6 RFP SECTION 2.10 NETWORK AND PROVIDER REQUIREMENTS	
a. Describe your plan for expanding the Medicaid provider network to include greater enrollment and participation by specialty dental care providers, particularly in areas with identified gaps in access to care and low utilization of services. How will you ensure network participation in consistent throughout the contract to avoid access to care issues for Medicaid beneficiaries? What methods will you employ to ensure access points within your network are actively treating Medicaid patients? Cite examples of where your network will exceed access to care requirements as stated by DHS.	5 points
b. Describe how you will ensure your Network is responsive to all linguistic and cultural needs of minority or disabled Beneficiaries.	5 points
c. 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. 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.	5 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.	5 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.	5 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.	5 points
g. Describe your process for enrolling currently credentialed Arkansas Medicaid Providers into your Plan during the Start-Up Period. Contractors will not be required to credential existing providers. An executed contract will be sufficient.	5 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.	5 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.	5 points
j. Describe your process for reviewing and authorizing all Network Provider contracts.	5 points
k. Describe your plans for Provider relations and education.	5 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. Elaborate on how you would directly engage with providers to gather needed information for DHS. If you were to act as agents for the providers, with provider approval, how would you ensure information is sourced correctly and provided to DHS as prescribed by state regulation.	5 points
m. Describe your plan for educating Providers about practice guidelines for preventive oral health services for both adult and pediatric populations.	5 points
n. Describe your process for developing, distributing, updating, and re-distributing the Provider Manual.	5 points
E.7 RFP SECTION 2.11 PAYMENT TO PROVIDERS	
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.	5 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.	5 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.	5 points
d. Describe your plan for completing and maintaining accurate Encounter Data for all services.	5 points
e. Describe how you will ensure Medicaid is the payer of last resort.	5 points
f. Describe your plans for coordinating benefits in order to maximize cost avoidance through the utilization of third-party liability (TPL).	5 points
g. Describe your process for identifying, collecting, and reporting TPL.	5 points
E.8 RFP SECTION 2.12 STRATEGIC PLAN AND UTILIZATION MANAGEMENT	
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.	5 points
b. Describe your plan for making a determination of Medical Necessity on a case-by- case basis for services requiring preauthorization.	5 points
c. Describe your plan for Provider submission of pre-authorization requests.	5 points

d. Describe your process for rendering a decision of pre-authorization requests in a timely manner.	5 points
e. Describe your plan for implementing and maintaining an electronic log of all Adverse Benefit Decisions.	5 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.	5 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.	5 points
h. Describe your plan to establish and maintain a system to monitor access to care to ensure DHS utilization goals are met.	5 points
i. Describe your plan developing, implementing, and utilizing tools to routinely assess your progress toward improving annual utilization of preventive and restorative services.	5 points
j. Describe your plan to use prospective or real-time data sources to ensure evolving utilization trends are captured in future rate sets.	5 points
E.9 RFP SECTION 2.13 ADMINISTRATION AND MANAGEMENT	
a. Describe your proposed staffing plan and your process for maintaining a staffing level of your proposed staffing plan.	5 points
b. Provide a list and description of key personnel that will be performing the services rendered by this Contract. Please refer to Attachment A. For each Key Person proposed in Attachment A, please furnish a Key Personnel Profile Summary as outlined in Attachment A.	5 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.	5 points
d. Describe your plan for substitution or replacement of Key Personnel.	5 points
e. Describe your plan for developing and implementing training materials for all staff, including subcontractors.	5 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.	5 points
g. Explain how problems with work under the Contract will be escalated in order to resolve any issues in a timely manner.	5 points
E.10 RFP SECTION 2.13.3 SYSTEMS AND SECURITY	
a. Describe your plans for developing and maintaining your management information system.	5 points
b. Describe your plan for interfacing with DHS' systems including MMIS.	5 points
c. Describe your Disaster Recovery Plan for the claims processing system.	5 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.	5 points
e. Describe your plan to meet on-site security requirements.	5 points
f. Describe your plan for screening for excluded or disbarred entities.	5 points
E.11 RFP SECTION 2.13.6 READINESS REVIEW	
a. Describe your plan for developing the items required for the Readiness Review.	5 points

b. Describe how you will participate in the Readiness Review, per CMS requirements.	5 points
E.12 RFP SECTION 2.13.8 TRANSITION AT END OF CONTRACT	
a. Describe your plan to complete all the duties required for transition at end-of- contract.	5 points
b. Provide a general end-of-contract transition plan which addresses the key components outlined in the RFP.	5 points
c. Describe your plan for completing the required annual audit.	5 points
E.13 RFP SECTION 2.14 PROGRAM INTEGRITY	
a. Describe your plan for ensuring adequate Program Integrity staff and resources to investigate unusual incidents and develop corrective action plans.	5 points
b. Describe how you will develop an administrative procedure for detecting fraud and abuse.	5 points
c. Describe your plan for developing, implementing, and maintaining surveillance and utilization control policies and procedures.	5 points
d. Describe your process for performing preliminary investigations of suspected or confirmed waste, fraud, or abuse.	5 points
e. Describe your internal controls for claims payments and your methods for verifying whether services reimbursed were actually furnished to member as billed by Providers.	5 points