

***RESPONSE PACKET***  
***710-25-001***

# RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'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 and Women Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned			
	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
	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>				
COMBINED CERTIFICATIONS FORM				
Prospective Contractor has included, in this submission packet, the signed Attachment H-Combined Certifications for Contracting with the State of Arkansas.				

**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.

**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: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
<b>E.1 BACKGROUND EXPERIENCE</b>	
Career experience of individual employees who will work on this contract, whether obtained at your firm or during other previous employment, may apply.	<b>45</b>
A. Describe your firm's organization structure and attach an organizational chart. Provide a detailed staffing plan to demonstrate your understanding of the work for key individuals at each level.	5
B. How long has your firm been performing actuarial and financial consulting services?	5
C. How much of that time has your firm been performing actuarial services for Medicaid?	5
D. What is the depth of your Medicaid experience?	5
E. Detail your firm's experience with, and thorough understanding of: <ol style="list-style-type: none"> <li>1. The CMS 1915(b) waiver cost effectiveness requirements, including implementation of directed payments.</li> <li>2. The CMS 1915(c) waiver cost neutrality requirements.</li> <li>3. The CMS 1115(a) waiver budget neutrality requirements.</li> </ol>	5
F. What is your understanding of, and experience with, waiver support in the areas of design, development, and budget?	5
G. What is your firm's understanding of, and experience with, consulting on policy and finance review and recommendations?	5
H. What is your experience with budget tracking and forecasting?	5
I. What is your experience with rate development, such as hospital payment rate redesign, including transition from a per diem rate to a DRG?	5
<b>E.2 STAFFING AND CAPACITY</b>	<b>30</b>
A. If subcontractors will be used for any services provided to DHS, describe the specific services that would be subcontracted and how your firm would control the quality of services provided. If no subcontractors will be used, describe how your firm will ensure that all services will be provided by available staff.	5
B. For each key staffing position to be assigned to DHS including the primary actuary(lead) and all supporting actuaries, please provide the resumes (or biographies) that include the following information: <ol style="list-style-type: none"> <li>1. Name and title.</li> <li>2. Responsibilities within the firm.</li> <li>3. Years of relevant public Medicaid experience.</li> <li>4. Years with the firm.</li> <li>5. Current credentials and experience working with similar public systems with specific reference to Medicaid systems.</li> </ol>	5

C. Describe the internal controls that will be used during the contract duration to ensure that the work is performed timely and up to quality standards, including meeting contract performance standards.	5
D. How long has the proposed team of Primary and Senior Supporting Actuaries worked together as a team?	5
E. How will your firm provide resources to assist in meeting the needs of DHS during periods of peak work demands or concurrent projects?	5
F. What is your firm's transition plan to deal with the possible departure of any key staff? 1. How will your firm ensure that the replacement can meet the same standards as outlined in a potential contract?	5
<b>E.3 APPROACH/STRATEGY/WORK PRODUCT</b>	<b>55</b>
A. Describe Your firm's approach for account management for DHS.	5
B. Describe Your firm's approach to collaborative work with DHS and other DHS vendors.	5
C. Describe Your firm's approach to engaging with DHS personnel.	5
D. Describe Your firm's approach to compliance, including but not limited to existing regulations, future legislation, and industry trends.	5
E. Describe Your firm's approach cost-saving measures and transparency.	5
F. Describe your firm's approach to Medicaid subject-matter expertise and consulting.	5
G. Provide a detailed description of how your firm has successfully addressed client concerns with your work products. 1. Include company practices used to ensure the quality and accuracy of data and work product. 2. Include details about processes, policies, or procedures used to resolve quality control issues. 3. How are these practices and processes monitored and documented?	5
H. Describe how your firm controls costs, quality, and timeliness of its services, specifically the services required by this RFP.	5
I. Provide samples of standard reports, rate studies, and presentations for providers and staff.	5
J. What are your firm's communication policies or practices used to respond to client questions on work projects, billing, and errors in work product or billing? 1. Include policies and practices for responding during normal work hours, outside normal work hours, and for expedited and emergency requests.	5
K. What is your firm's approach to a transition plan, specifically the process for making the transition to another actuary if the contract is not renewed in the future.	5