



May 9, 2019

**Presented to**  
Arkansas Department of Human  
Services  
Attn: Office of Procurement  
700 Main Street, Slot W345  
Little Rock, AR 72201

**Presented by**  
NORC  
55 East Monroe Street, 30th Floor  
Chicago, IL 60603  
(312) 759-4000 Main  
(312) 759-4004 Fax

Number: 710-19-1020  
NORC PD NO. 2019.051

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## Bid Response Packet

# Expanded Medicaid Evaluation

This proposal includes data that shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this proposal. If, however, a contract is awarded to this offeror as a result of – or in connection with the submission of this data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in all sheets of this submission.

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## **A) Bid Response Packet**

***FINAL BID RESPONSE PACKET***  
***710-19-1020***

# **BID SIGNATURE PAGE**

Type or Print the following information.

<b>PROSPECTIVE CONTRACTOR'S INFORMATION</b>					
<b>Company:</b>	National Opinion Research Center				
<b>Address:</b>	55 East Monroe, 20th Floor				
<b>City:</b>	Chicago	<b>State:</b>	IL	<b>Zip Code:</b>	60603
<b>Business Designation:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit				
<b>Minority and Women-Owned Designation*:</b>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>				

<b>PROSPECTIVE CONTRACTOR CONTACT INFORMATION</b>			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
<b>Contact Person:</b>	Adil Moiduddin	<b>Title:</b>	Senior Vice President
<b>Phone:</b>	301-634-9419	<b>Alternate Phone:</b>	
<b>Email:</b>	Moiduddin-Adil@norc.org		

<b>CONFIRMATION OF REDACTED COPY</b>
<input checked="" 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 Bid Solicitation for additional information.</i>
<b>ILLEGAL IMMIGRANT CONFIRMATION</b>
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
<b>ISRAEL BOYCOTT RESTRICTION CONFIRMATION</b>
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.  <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

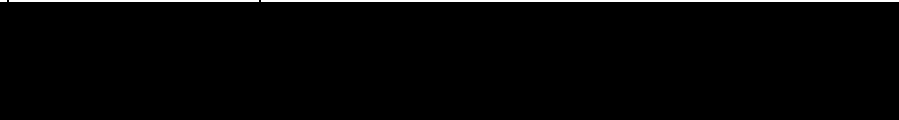
**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's bid to be disqualified:**

## **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.

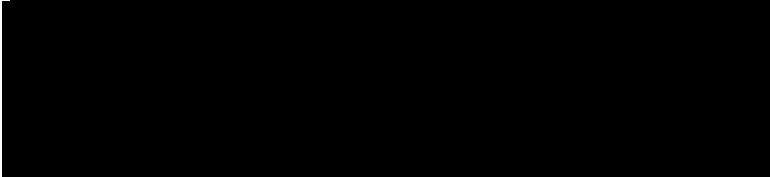
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	National Opinion Research Center	<b>Date:</b>	04/30/2019
		<b>Title:</b>	Senior Vice President

## **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.

<b>Vendor Name:</b>	National Opinion Research Center	<b>Date:</b>	04/30/2019
		<b>Title:</b>	Senior Vice President

## **SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE**

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

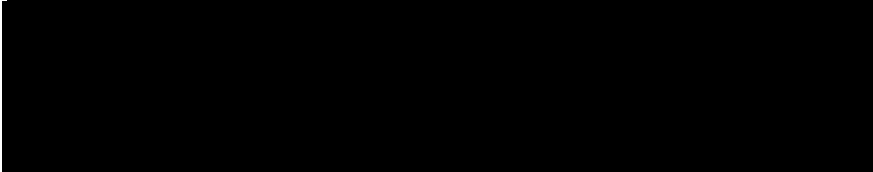
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	National Opinion Research Center	<b>Date:</b>	04/30/2019
		<b>Title:</b>	Senior Vice President

## **SECTION 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.

<b>Vendor Name:</b>	National Opinion Research Center	<b>Date:</b>	04/30/2019
		<b>Title:</b>	Senior Vice President

# 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*

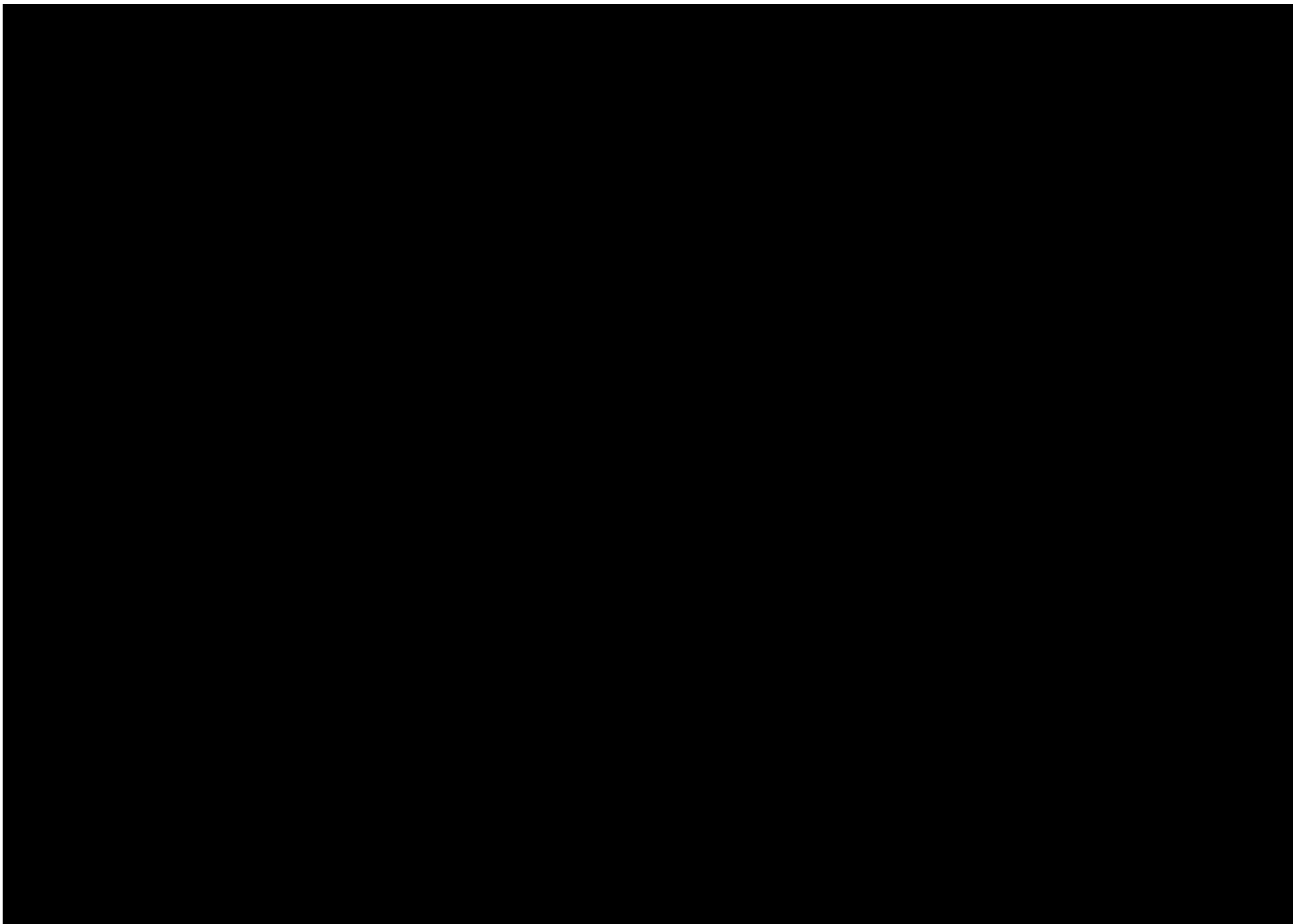
Subcontractor's Company Name	Street Address	City, State, ZIP

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

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

<b>Vendor Name:</b>	National Opinion Research Center	<b>Date:</b>	04/30/2019
		<b>Title:</b>	Senior Vice President

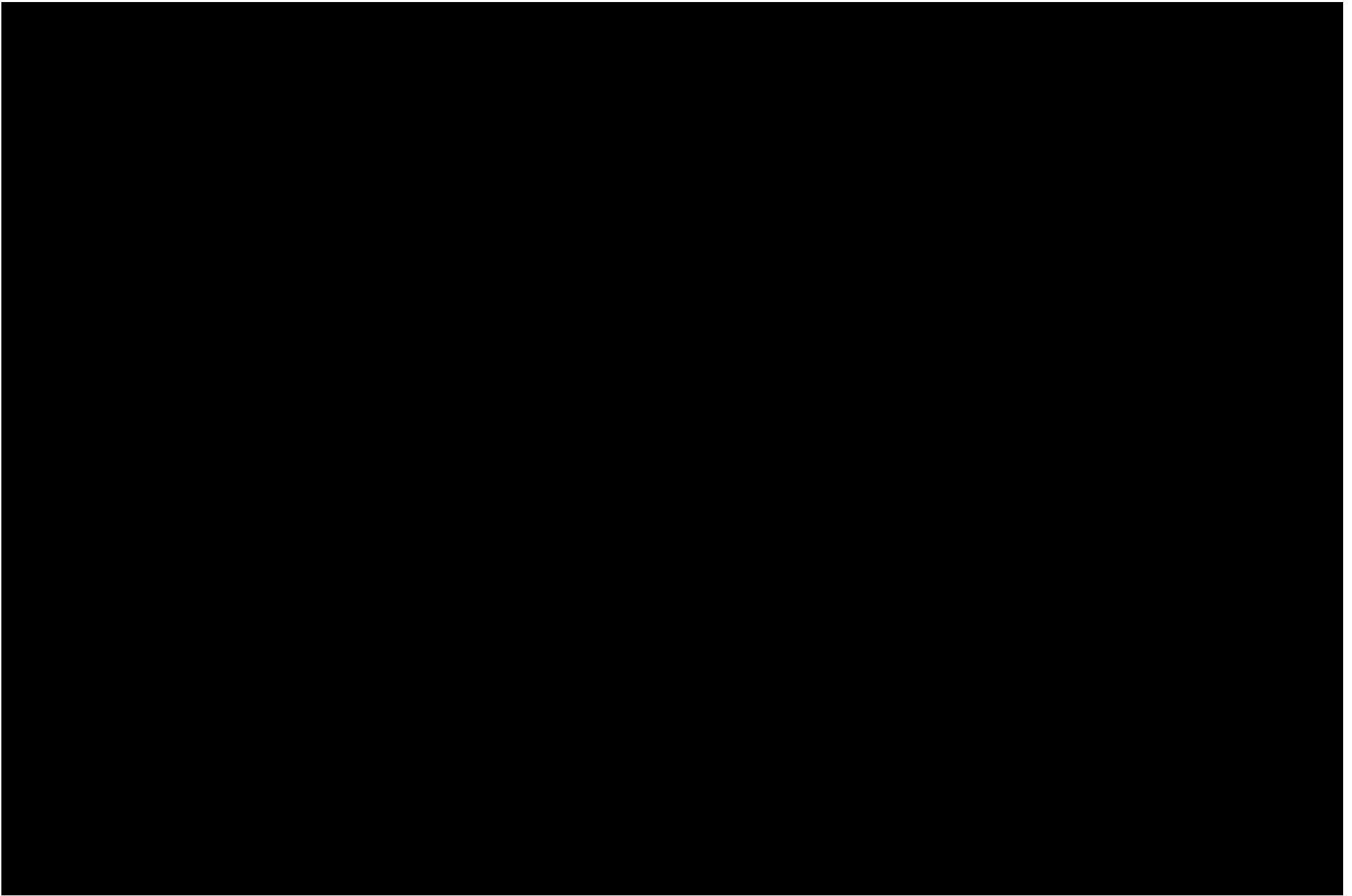
## **B) EOC 98-04 Disclosure Form**



\* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

Use or disclosure of data contained on this page is subject to the restriction on the cover sheet of this proposal or quotation

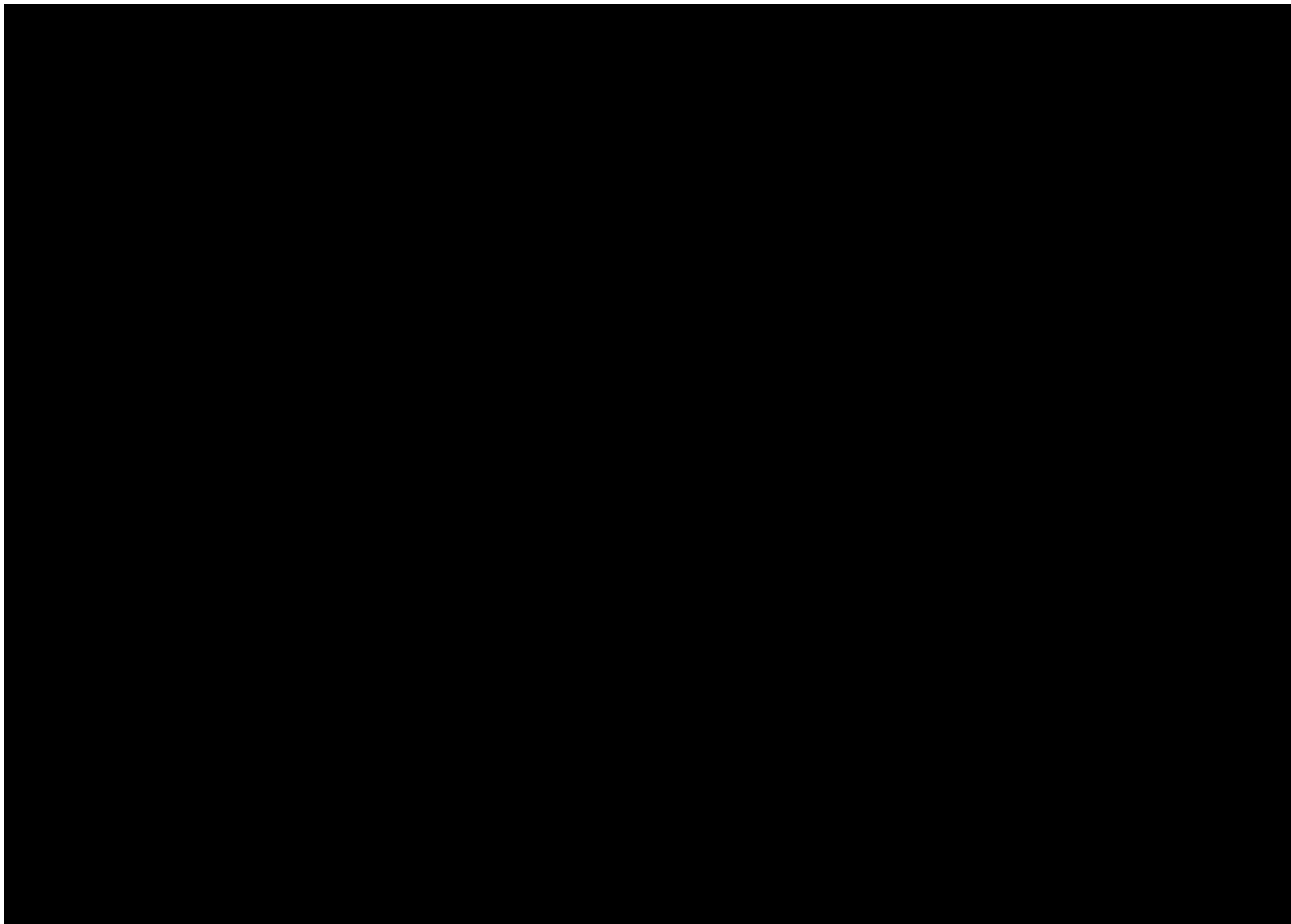
**CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2**



**\* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED**

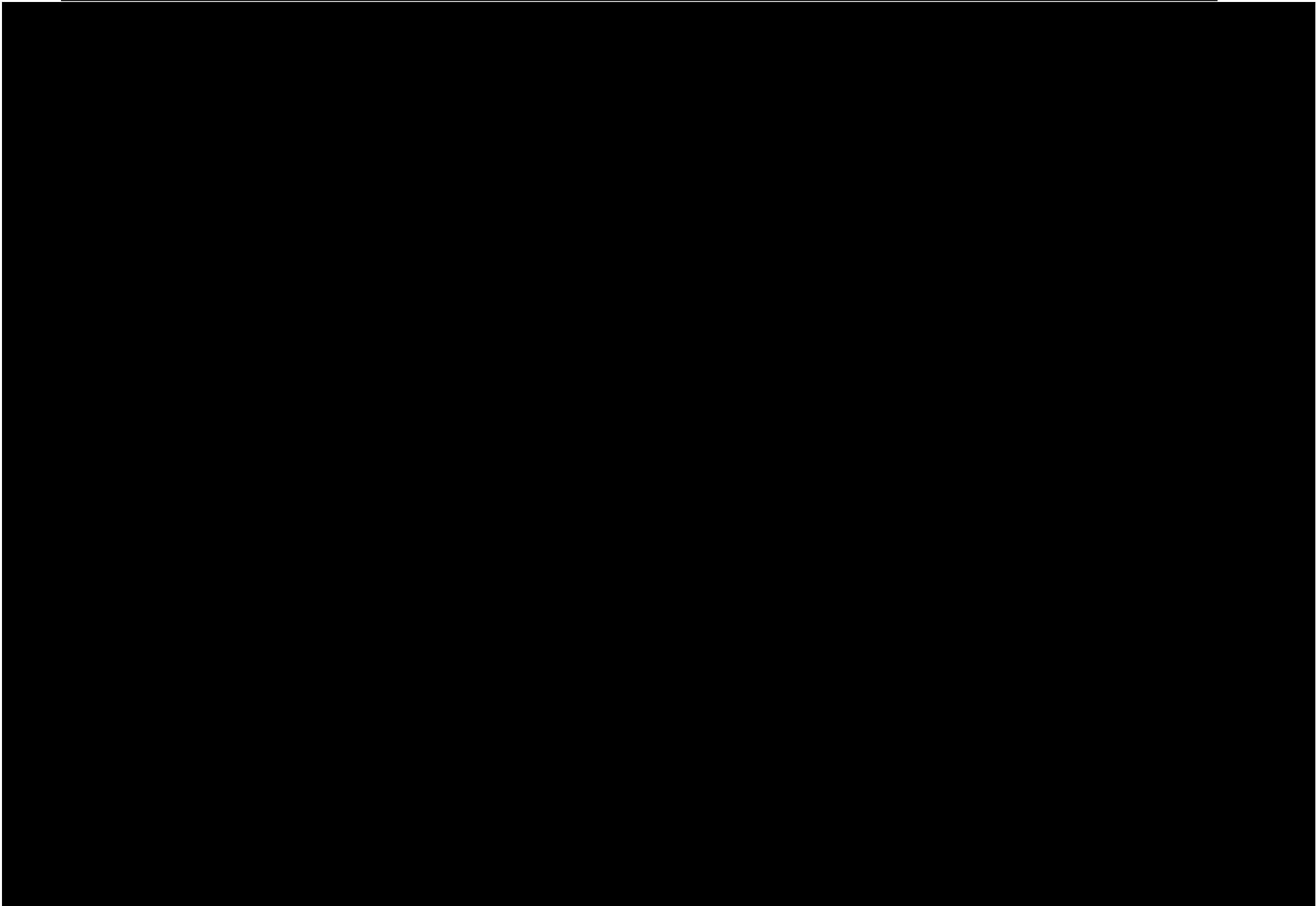
Page 2 of 2

08/20/07



\* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

Use or disclosure of data contained on this page is subject to the restriction on the cover sheet of this proposal or quotation

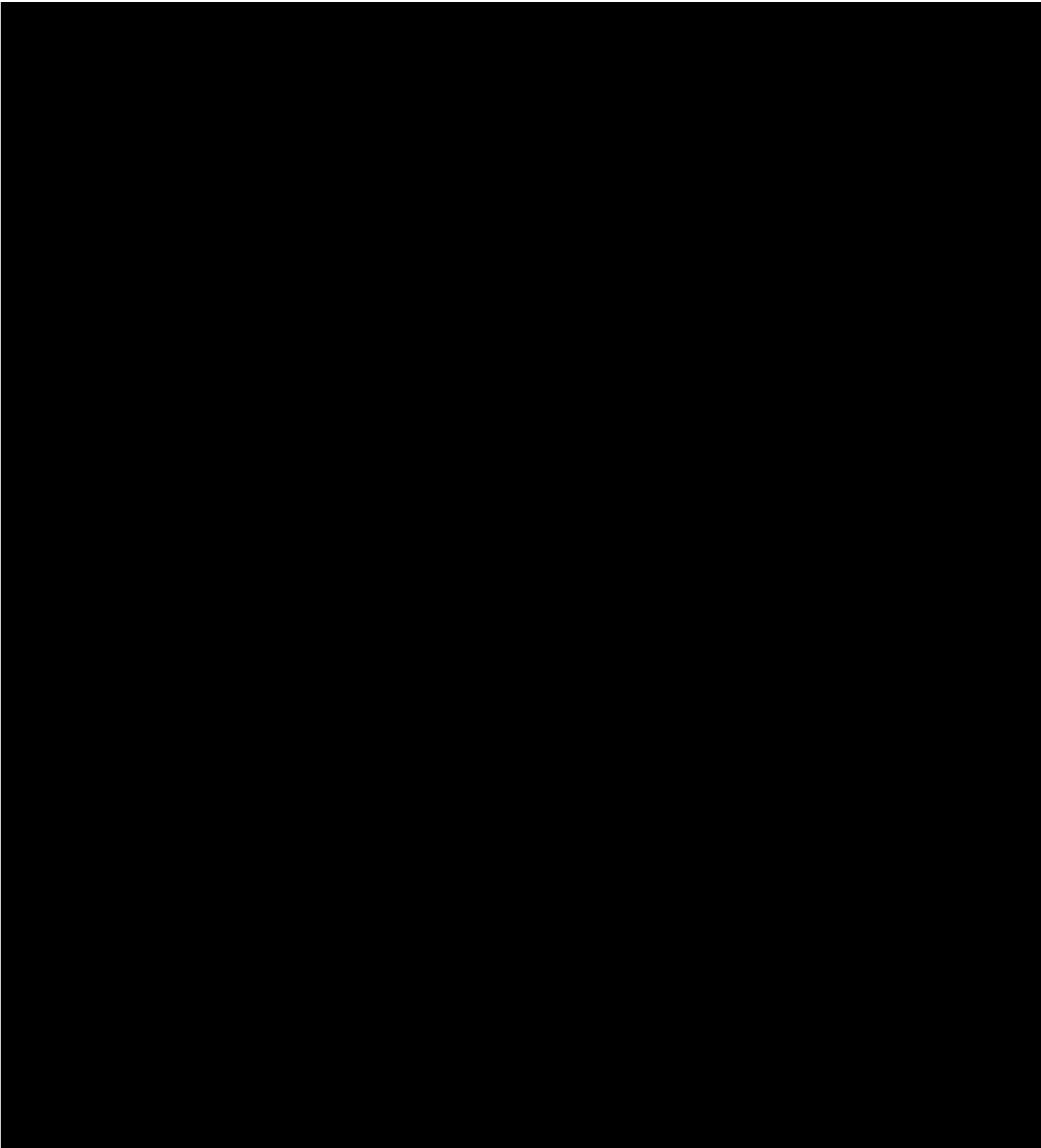


### **C) NORC Equal Opportunity Policy**



*at the* UNIVERSITY *of* CHICAGO

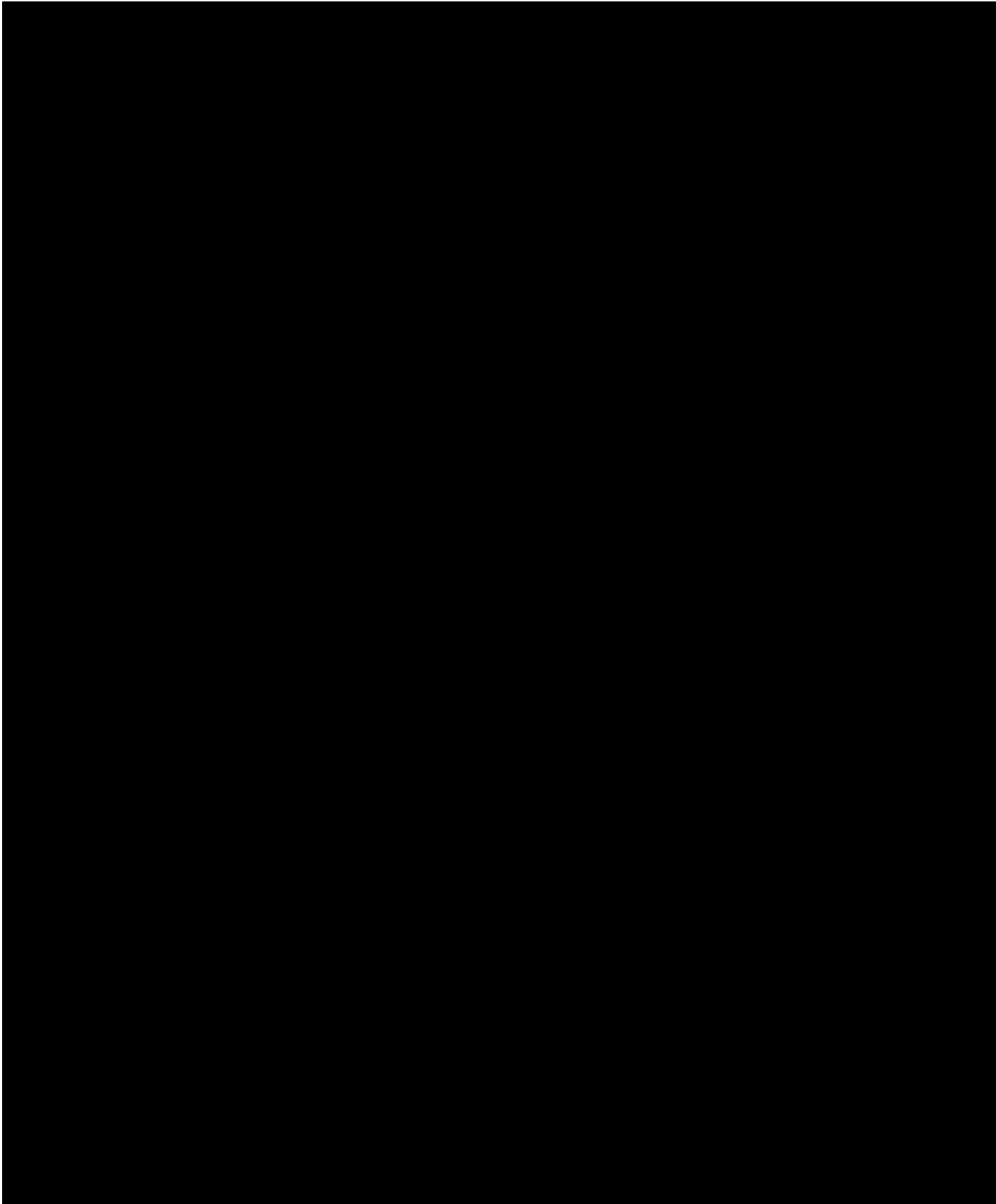
**C2 – EQUAL EMPLOYMENT OPPORTUNITY, AMERICANS WITH  
DISABILITIES ACT AND AFFIRMATIVE ACTION PROGRAM**



**Policy Name:** C2 – Equal Employment Opportunity, Americans with Disabilities Act and Affirmative Action Program

**Version Number:** 002

Page 2 of 4



**Policy Name:** C2 – Equal Employment Opportunity, Americans with Disabilities Act and Affirmative Action Program

**Version Number:** 002



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**Policy Name:** C2 – Equal Employment Opportunity, Americans with Disabilities Act and Affirmative Action Program

**Version Number:** 002

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## **D) Minimum Qualifications**

## MINIMUM QUALIFICATIONS

NORC at the University of Chicago (NORC) is presenting our minimum qualifications to evaluate the ARWorks program. We are well-equipped to execute all components of this scope of work, given our expertise in health care evaluation and our experience leading state Medicaid evaluation initiatives, [REDACTED]

Our team includes NORC senior experts and [REDACTED]

Based on our extensive experience in health care program evaluation [REDACTED] brings to our team, we believe that our qualifications exceed the minimum requirements for this proposal, thus making our team the ideal candidates to evaluate this program. The table below summarizes how we meet the minimum qualifications set forth in the IFB.

Minimum Qualification	Team Qualifications	Section
<i>Vendor Experience.</i> Vendor and Vendor subcontractors must have a combined minimum of three (3) years' experience out of the last five (5) years administering a comprehensive analysis and evaluation of state Medicaid Waiver programs (including but not limited to Medicaid Expansion Programs via Premium Assistance) or state Medicaid State Plan programs of a similar size and complexity as the ARWorks program.	Our team has more than seven years of combined experience administering analysis and evaluation of state Medicaid Waiver programs, [REDACTED]	A. NORC Medicaid Evaluation Projects

Minimum Qualification	Team Qualifications	Section
<i>Vendor References.</i> Bidder and all bidder subcontractors must provide three (3) professional references, including two references from entities other than DHS and an additional reference from any state Medicaid division, which may include the Division of Medical Services (DMS) within DHS.	NORC has included three references in this proposal including [REDACTED]. Our partners' references can also be found in the Vendor References section.	B. Vendor References
<i>Organizational Chart.</i> Vendor must submit to DHS an organizational chart showing all proposed staffing positions, and shall include the education and work experience of key leadership team members.	NORC has included an organizational chart with all proposed staffing positions. The staffing section includes the education and work experience of key team members.	C. Staffing – Organizational Chart and Education and Work Experience of Key Staff
<i>Conflict of Interest/Independence.</i> Bidder and all subcontractors must certify that it has read the Organizational or Personal Conflict of Interest Clause (see Attachment F), and that, without limitation or qualification, Vendor have no actual, apparent, or potential conflicts of interest with, and is independent from DHS and Arkansas Medicaid, Qualified Health Providers (QHP) under the ARWorks program, ... and providers serving Medicaid and ARWorks beneficiaries under any Arkansas Medicaid or ARWorks program.	Our team has provided statements regarding the required statements / certifications.	D. Conflict of Interest/ Independence & Sanctions, Corrective Actions or Adverse Medicaid Program Occurrence
<i>Sanctions, Corrective Actions or Adverse Medicaid Program Occurrence.</i> Bidder and all bidder subcontractors must certify that it has not received any sanctions or corrective actions by a state or Federal government within the last ten years and that it has not been involved with any of the following occurrences regarding any state's Medicaid programs within the past five years.	Our team has provided statements regarding the required statements / certifications.	D. Conflict of Interest/ Independence & Sanctions, Corrective Actions or Adverse Medicaid Program Occurrence

Minimum Qualification	Team Qualifications	Section
<i>Bondability.</i> Vendor must submit a Certification of Bondability from an admitted Surety Insurer with its bid submission. The certification should unconditionally offer to guarantee to the extent of one hundred percent (100%) of the annual contract price the bidder's performance in all respects of the terms and conditions of the IFB and the resultant contract.	[REDACTED]	E. Bondability

This section includes:

- A) Vendor Experience
- B) Vendor References
- C) Staffing – Organizational Chart and Education and Work Experience of Key Staff
- D) Conflict of Interest/Independence & Sanctions, Corrective Actions or Adverse Medicaid Program Occurrence
- E) Bondability

#### **A. VENDOR EXPERIENCE**

This section describes our team's experience conducting analysis and evaluation of state Medicaid Waiver programs [REDACTED]

[REDACTED]), the NORC team has evaluated other state Medicaid programs of a similar size and complexity as the ARWorks program, therefore exceeding the minimum qualification of three years' experience out of the last five years.

#### **NORC**

NORC designs and implements evaluations of state Medicaid programs on behalf of states and the federal government. Below are descriptions of several relevant analysis and evaluation projects that we have conducted for our state and federal clients. [REDACTED]

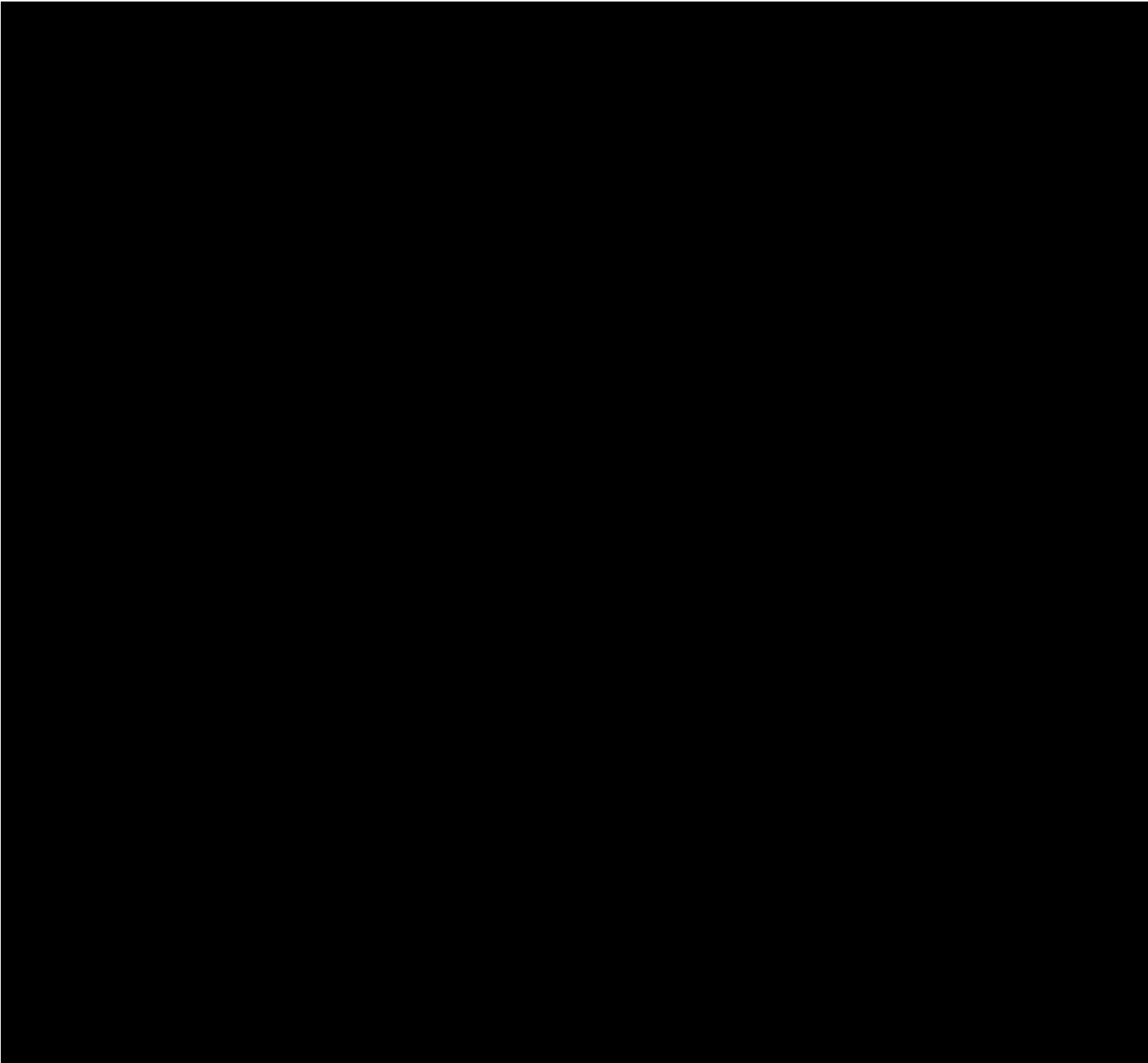
[REDACTED]

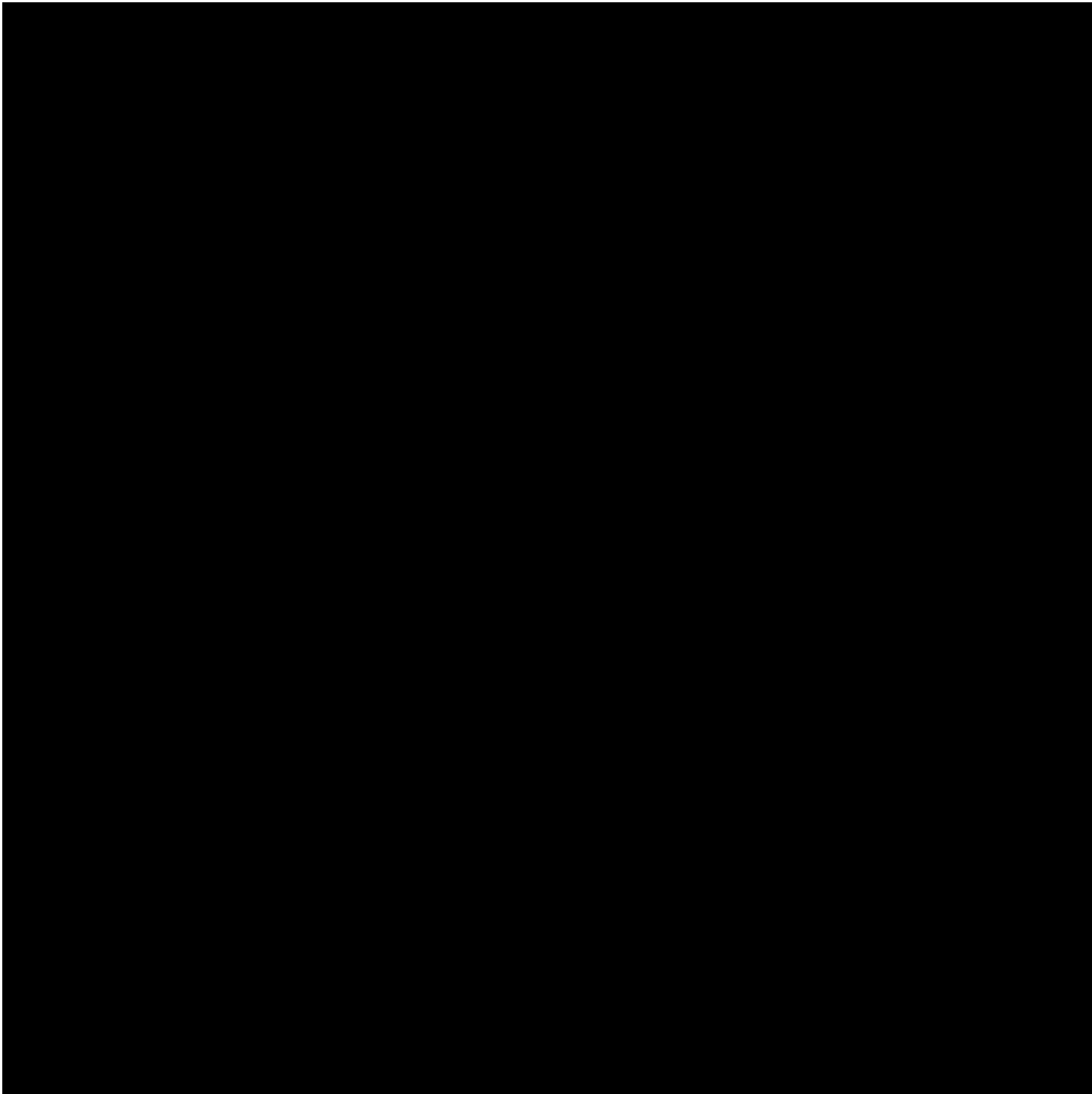
In addition to the experience reflected in the projects summarized in the tables below, NORC has the following specific qualifications and certifications germane to this work:

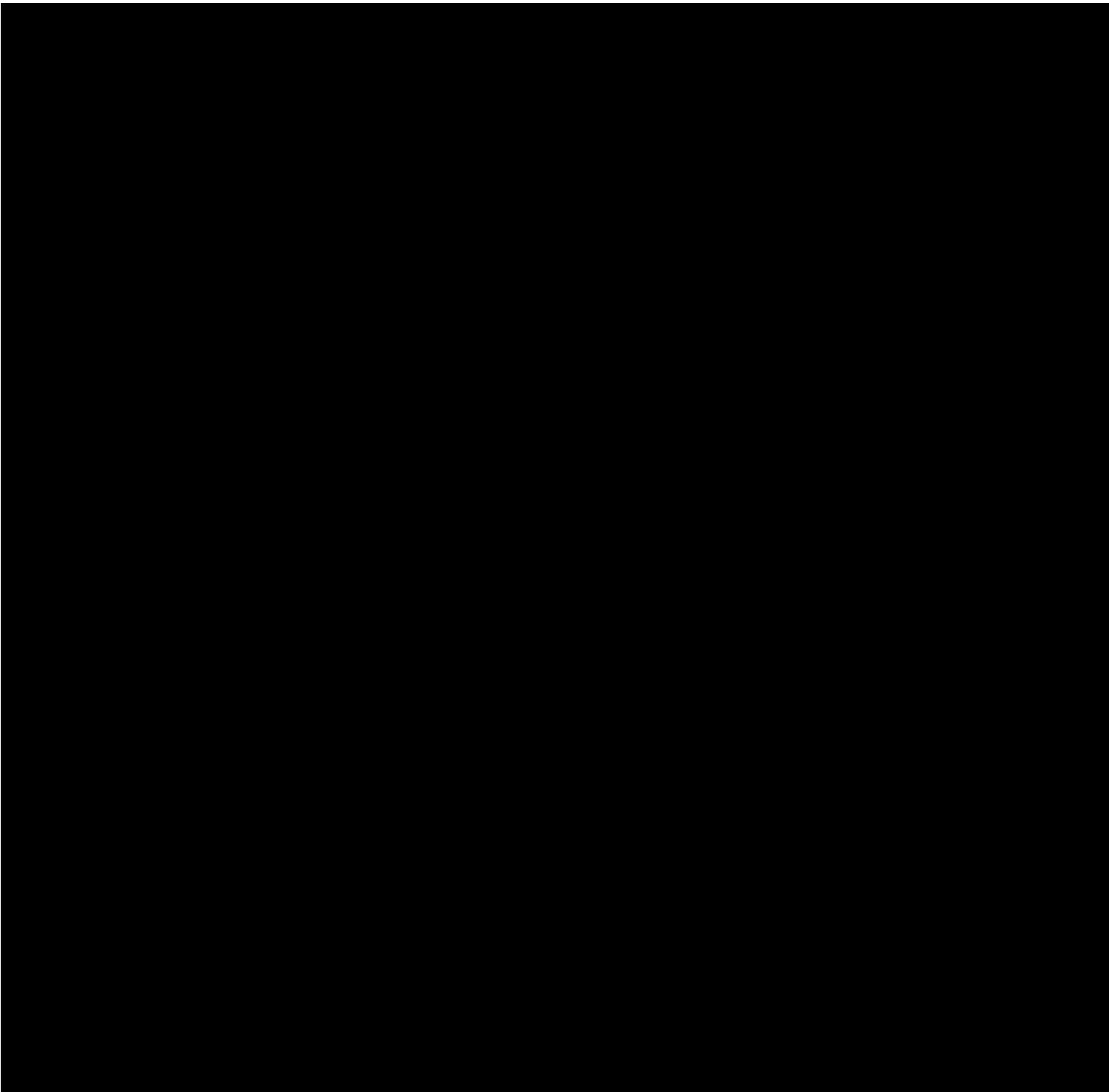
- 
- A horizontal bar chart with two groups of bars. The first group has four bars, and the second group has six bars. The bars are black, and the chart is set against a white background with a light gray grid.
- | Group   | Bar Index | Length (approx. units) |
|---------|-----------|------------------------|
| Group 1 | 1         | 100                    |
|         | 2         | 100                    |
|         | 3         | 95                     |
|         | 4         | 35                     |
| Group 2 | 1         | 100                    |
|         | 2         | 100                    |
|         | 3         | 95                     |
|         | 4         | 100                    |
|         | 5         | 90                     |
|         | 6         | 70                     |

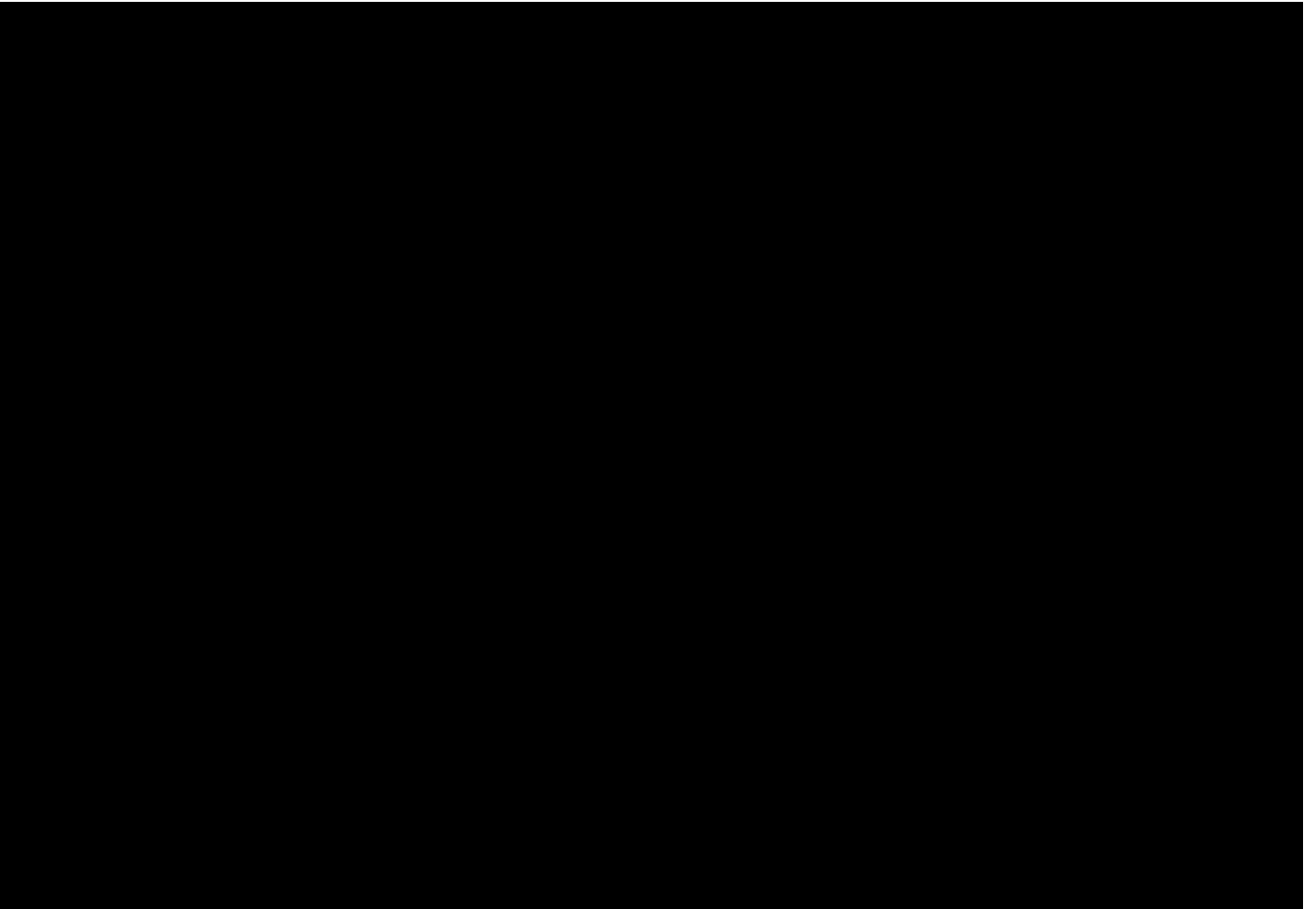
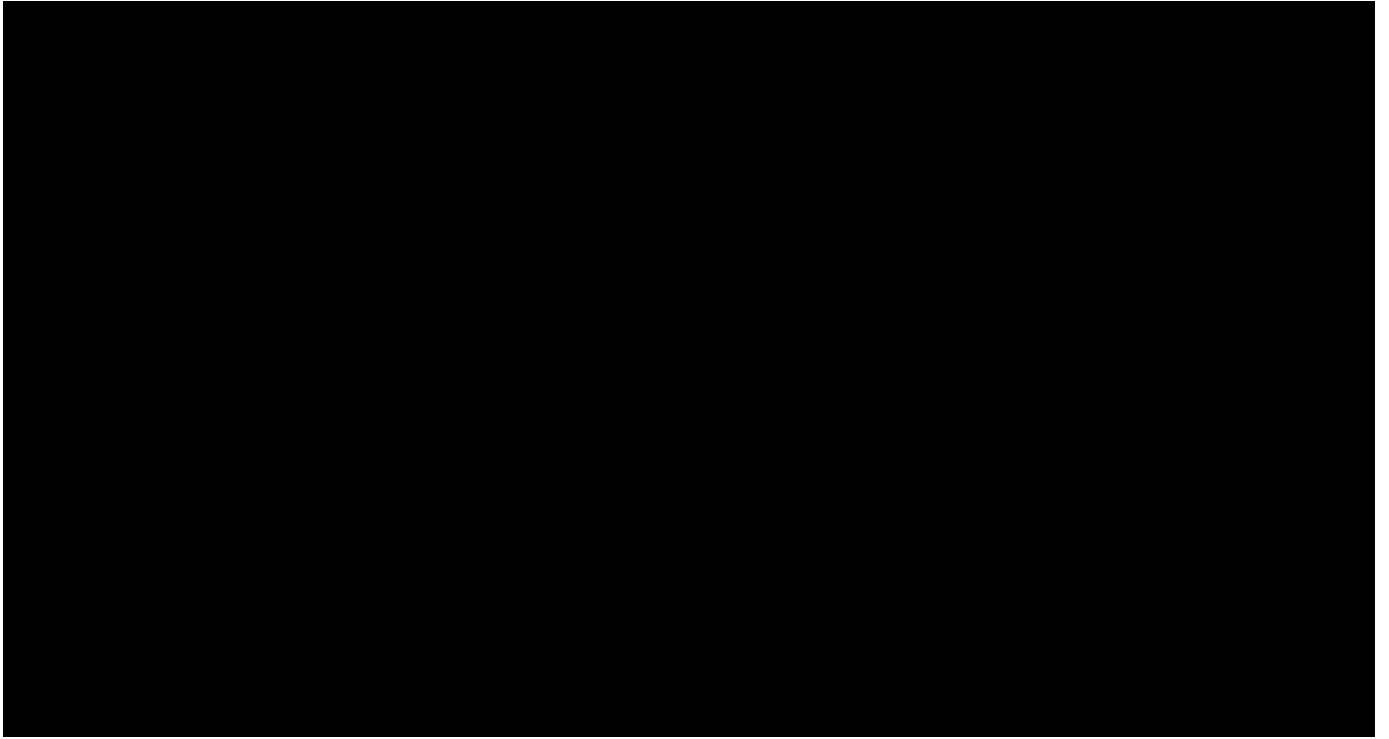
## NORC Medicaid Evaluation Projects

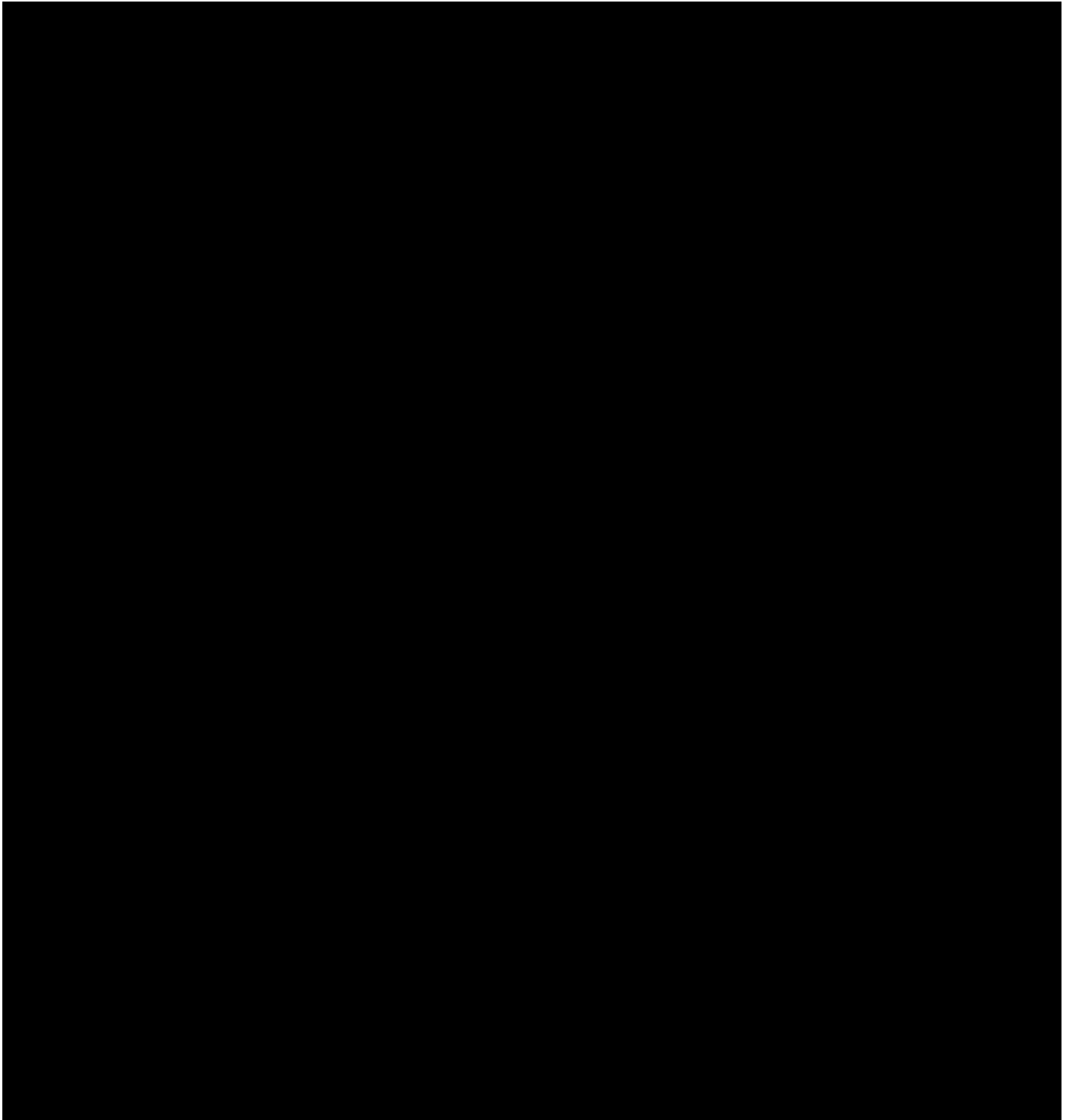
<sup>1</sup> The acronym "CAHPS" is a registered trademark of the U.S. Agency for Healthcare Research and Quality (AHRQ).

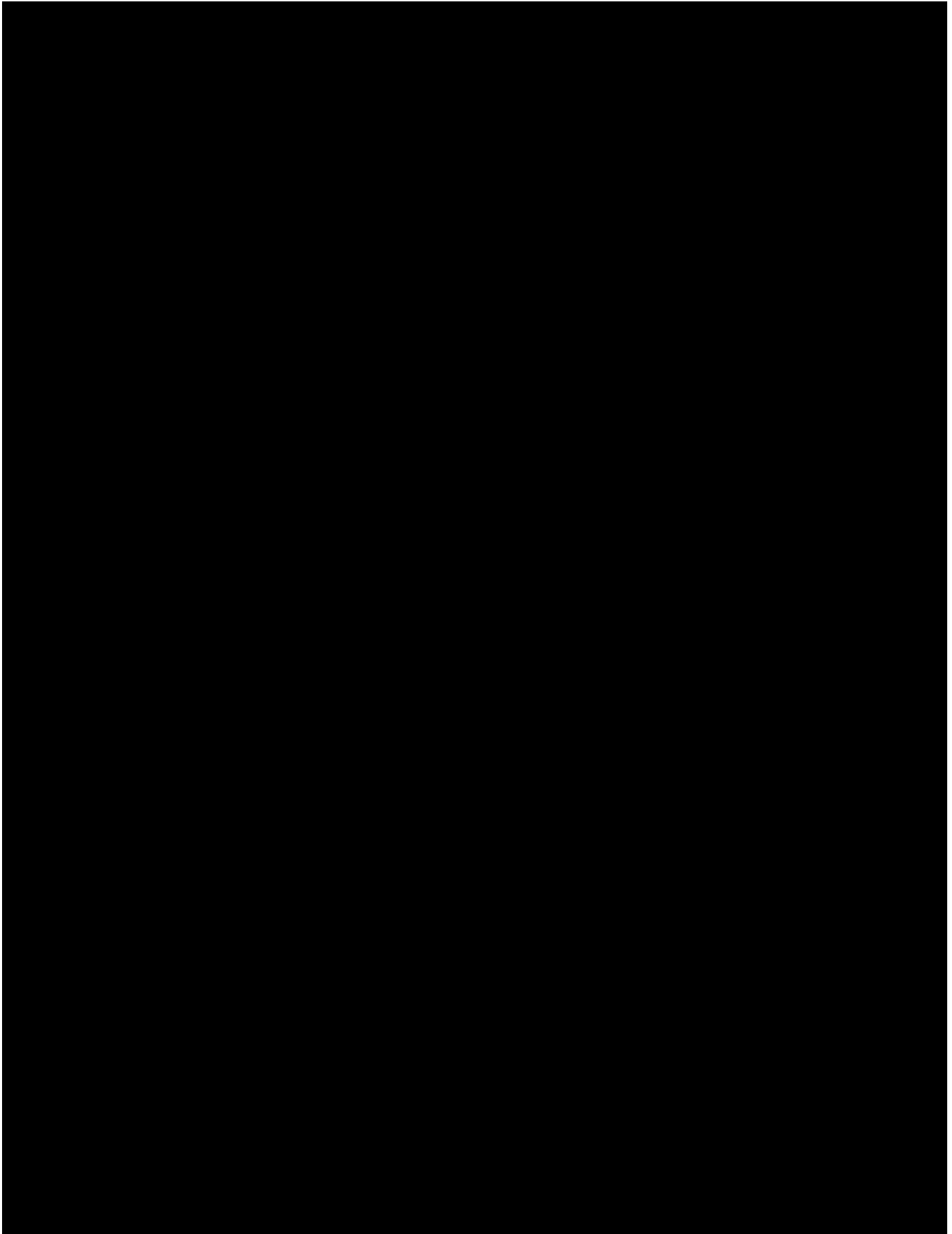


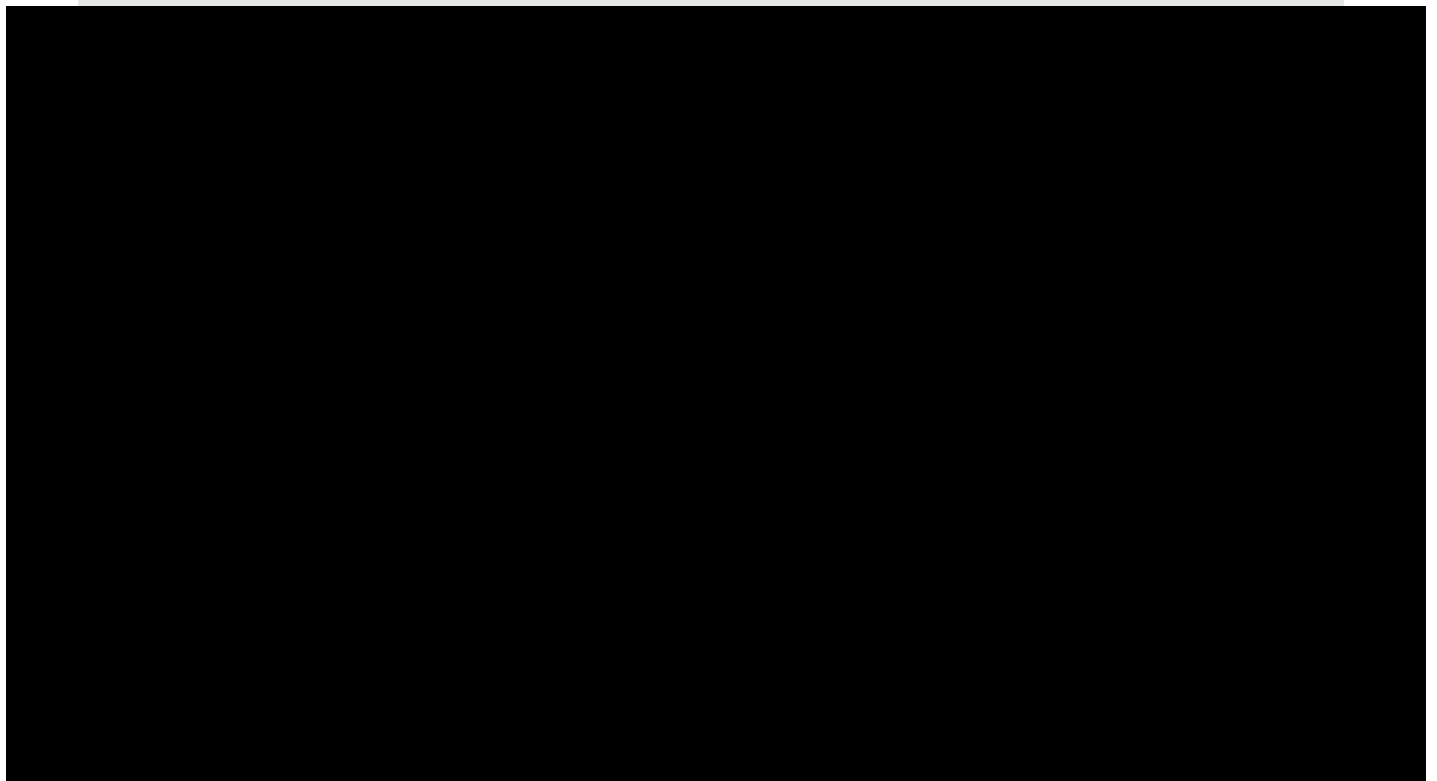
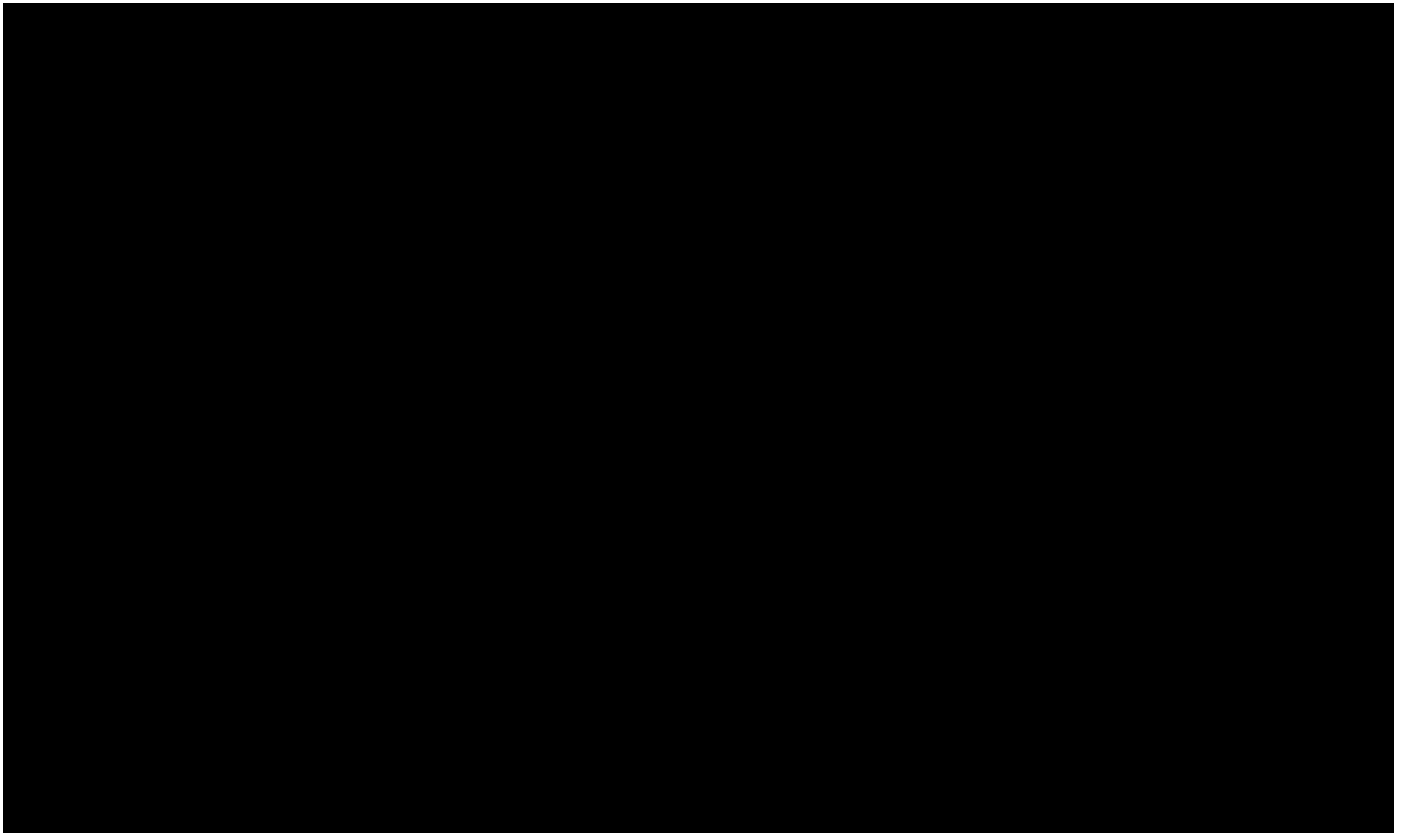


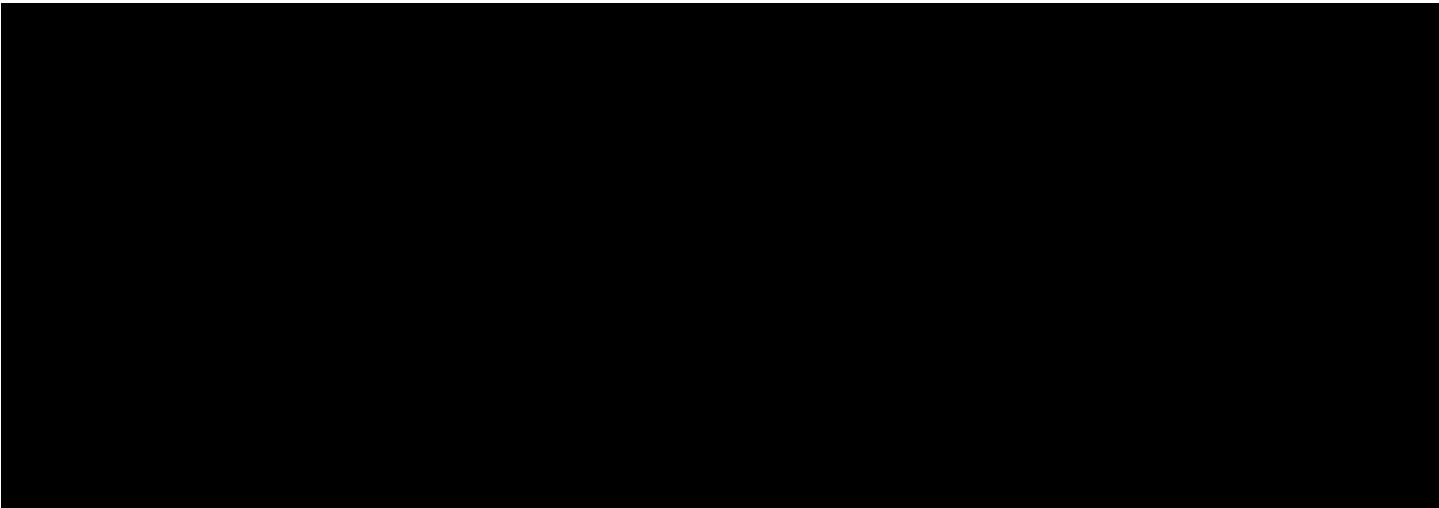
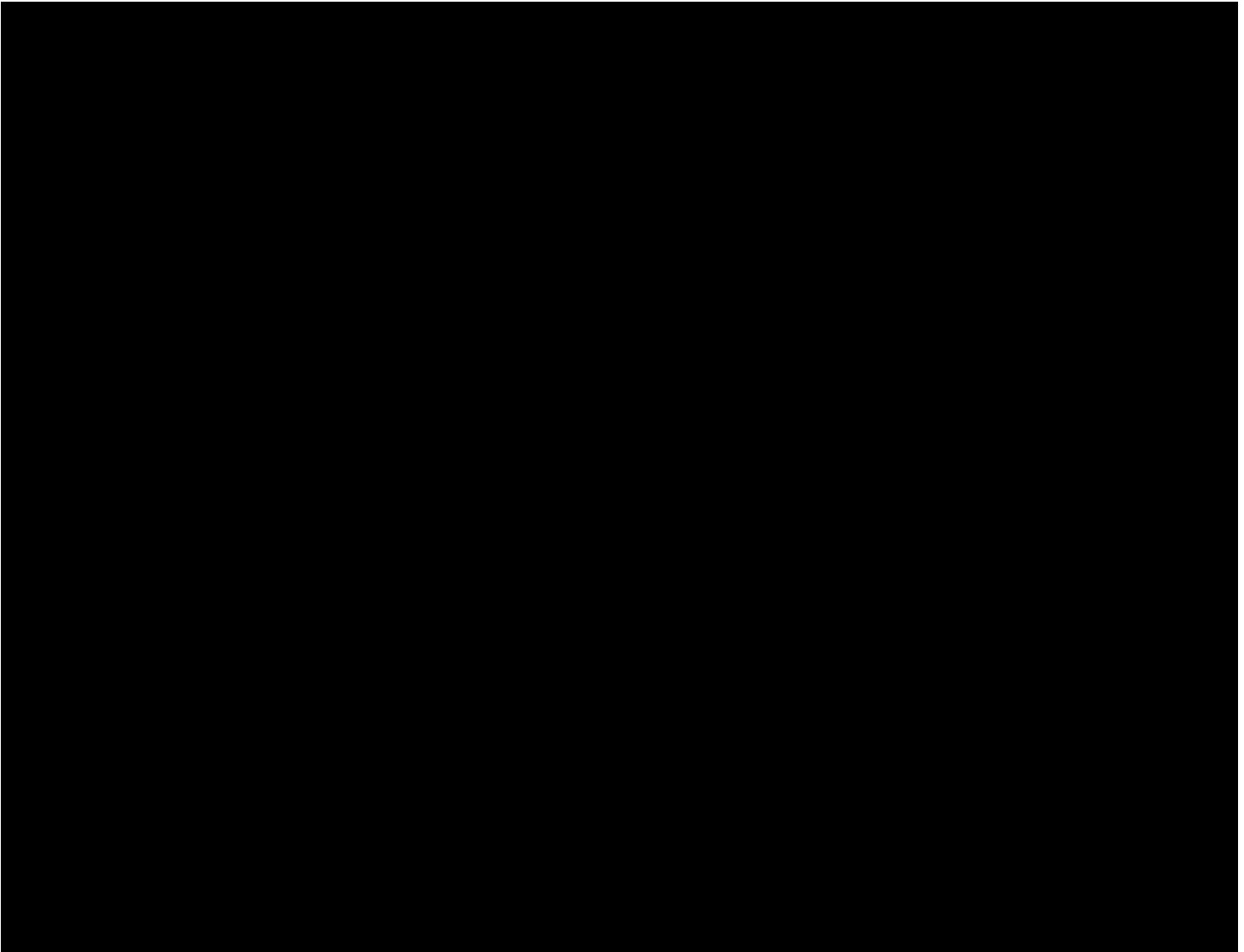


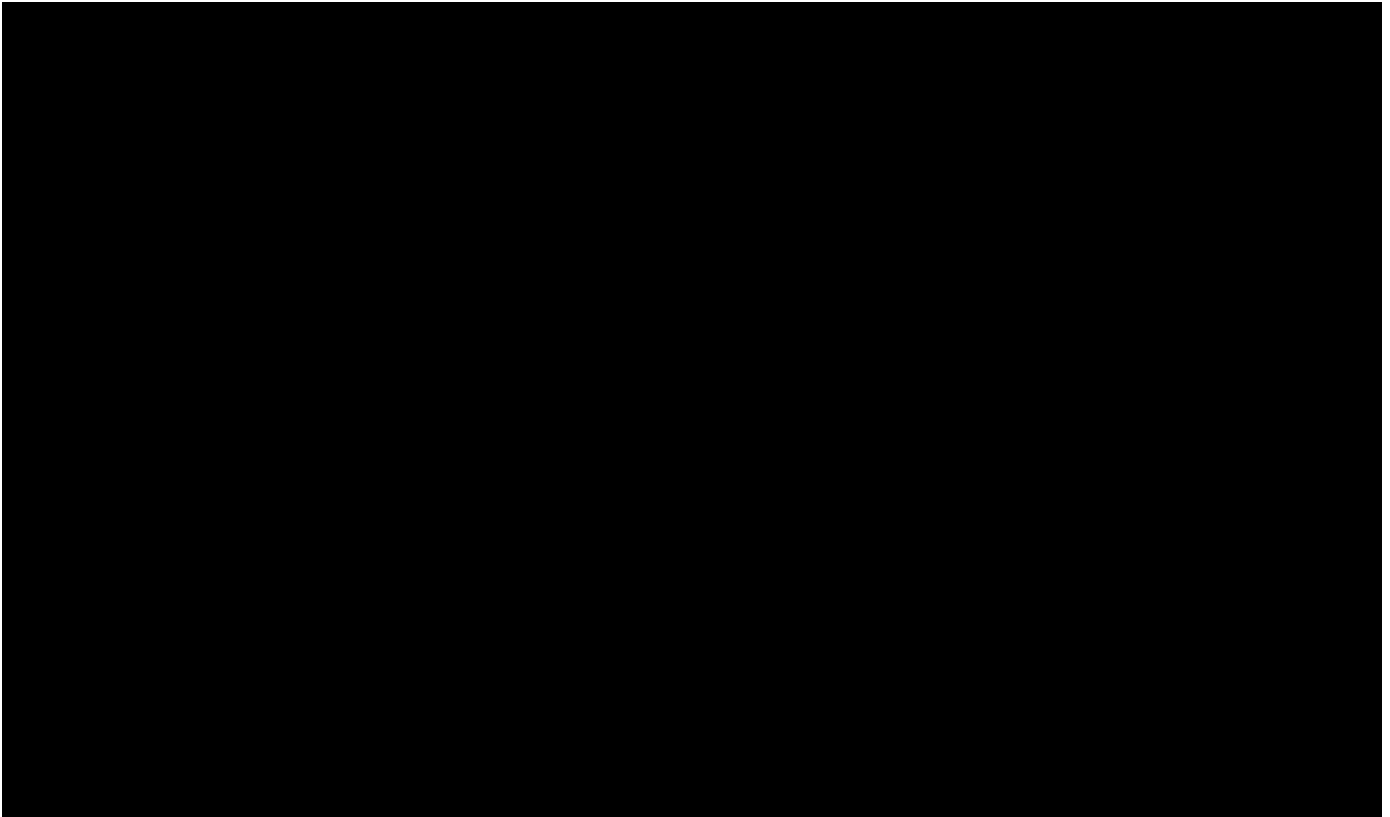
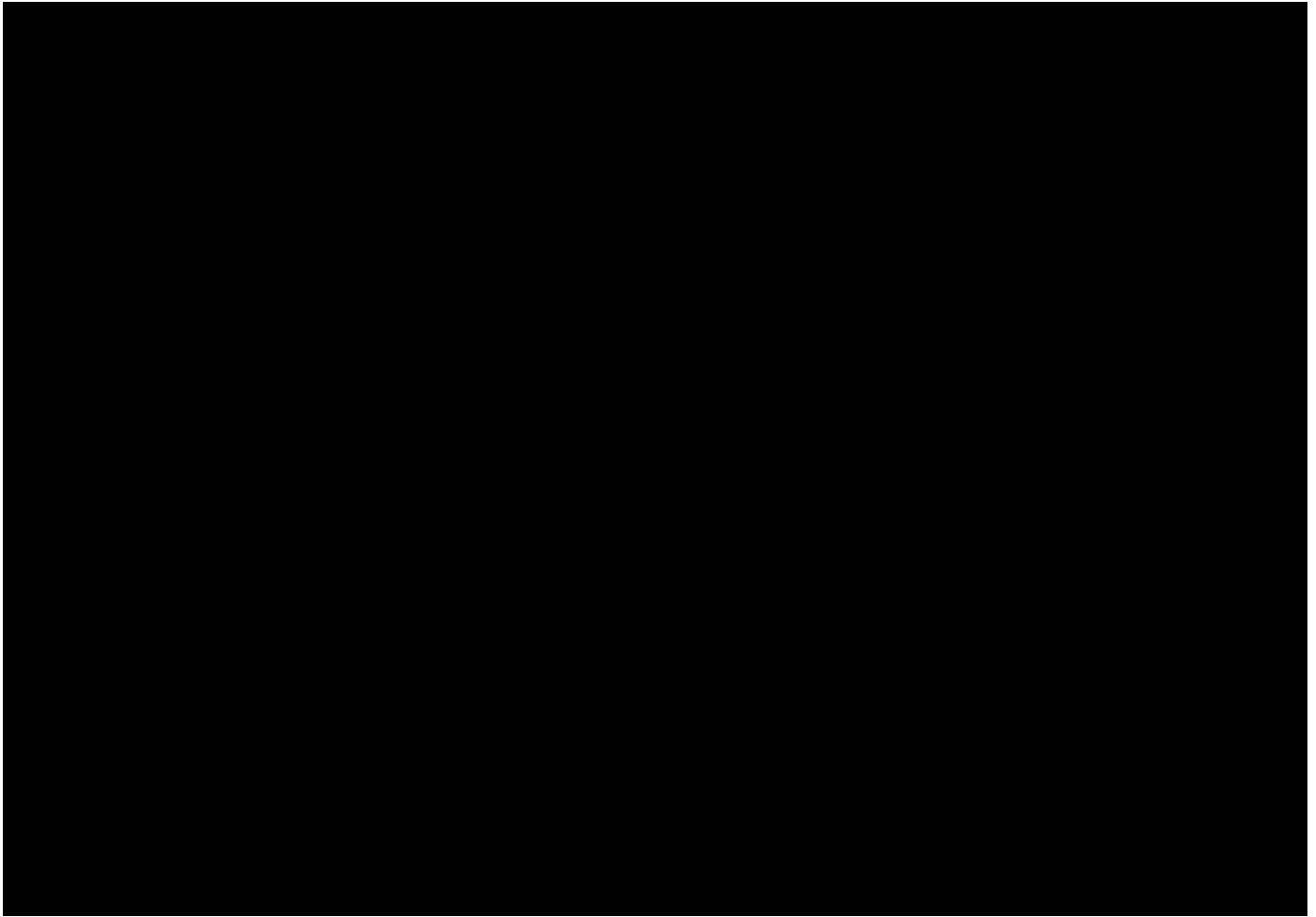


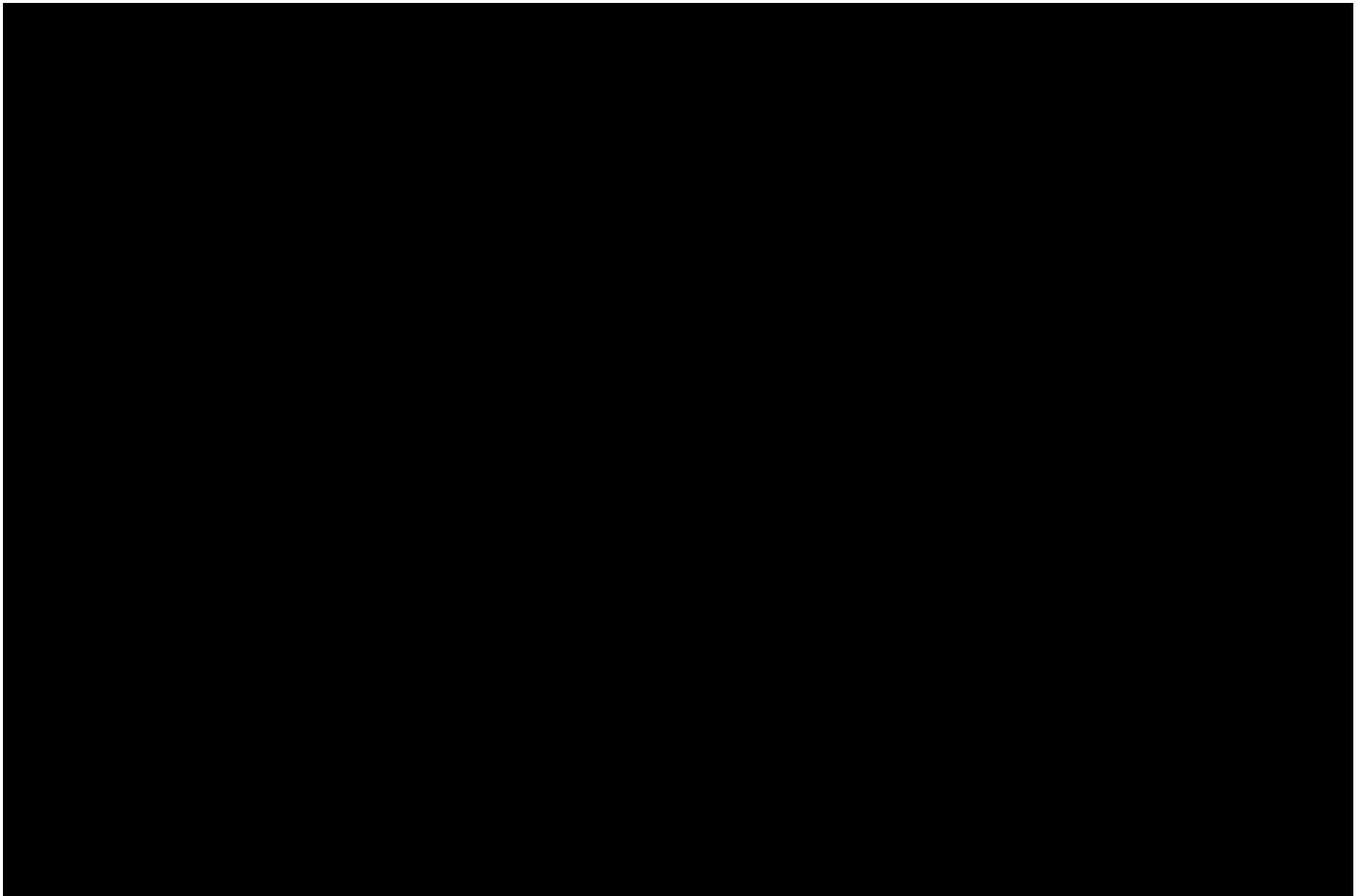


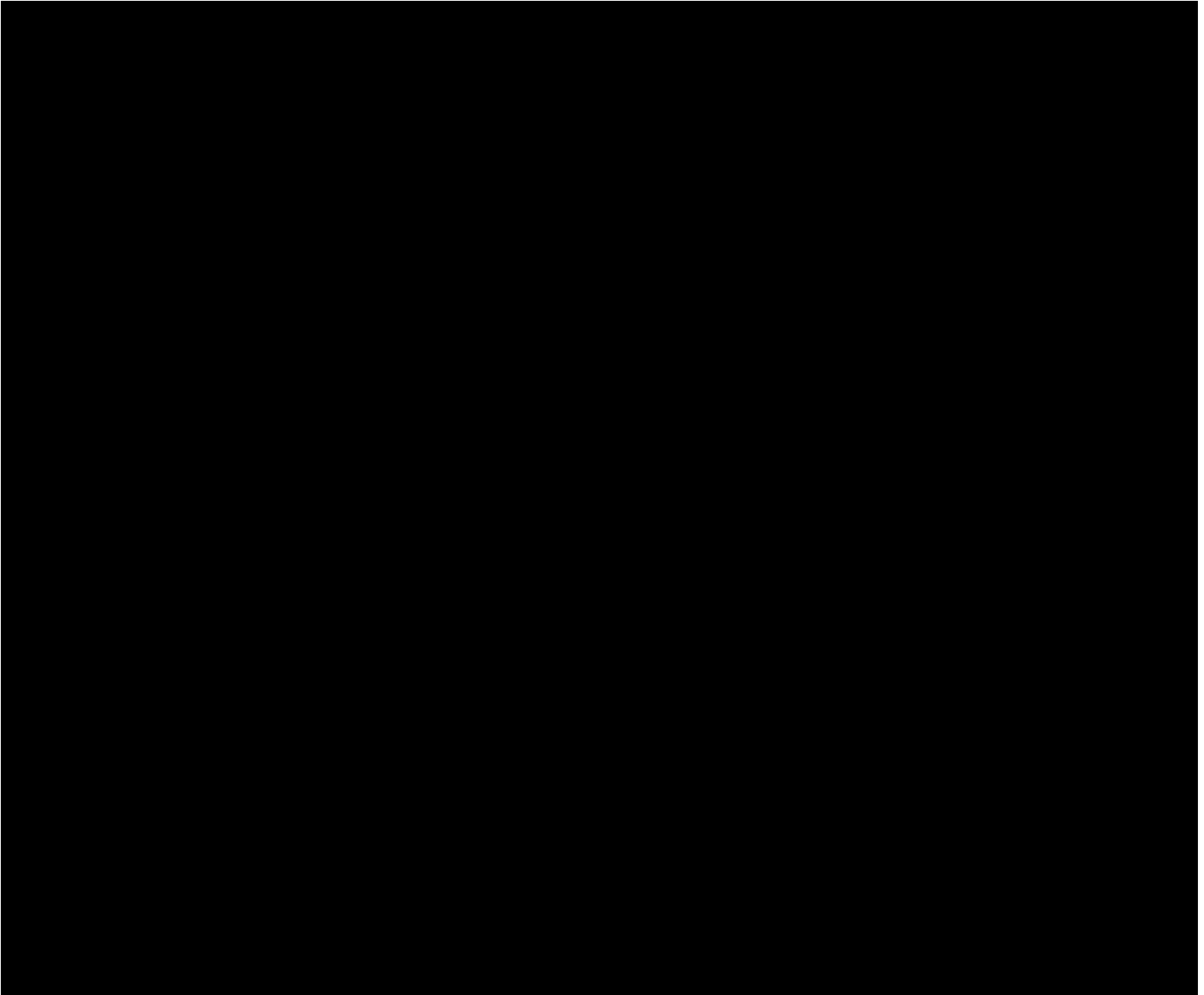






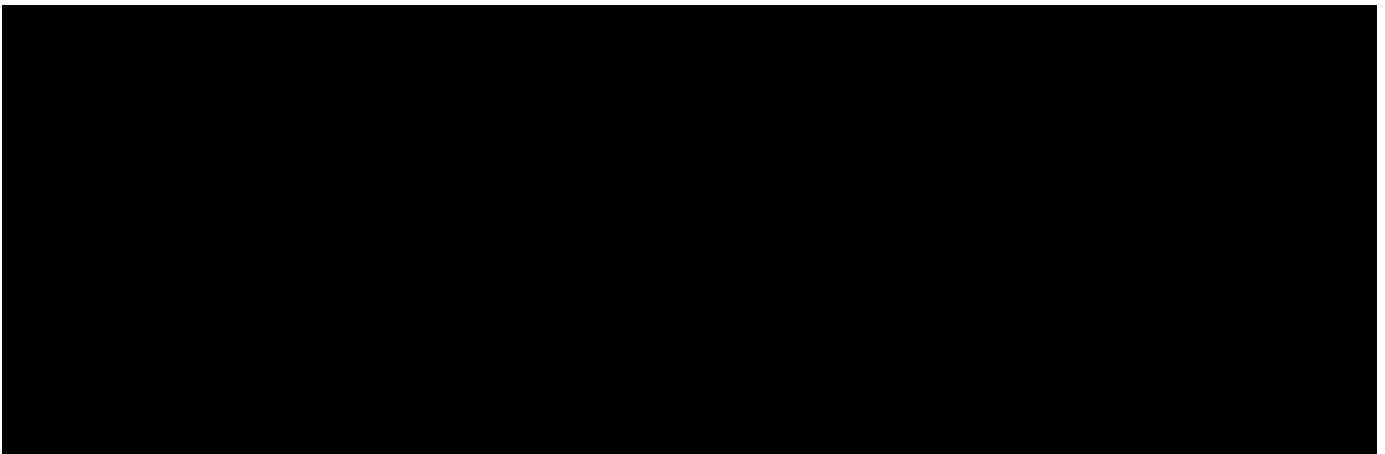


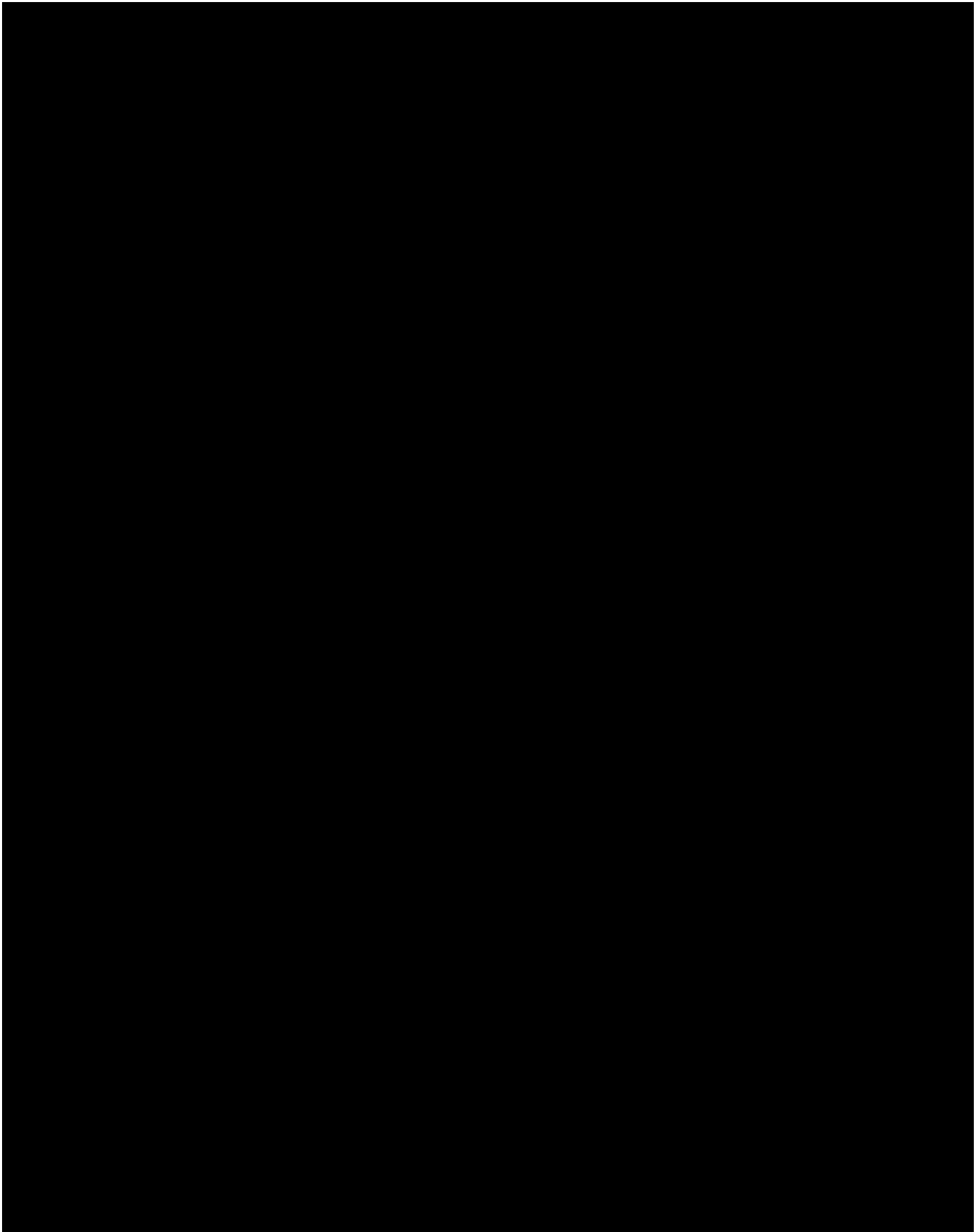




**B. VENDOR REFERENCES**

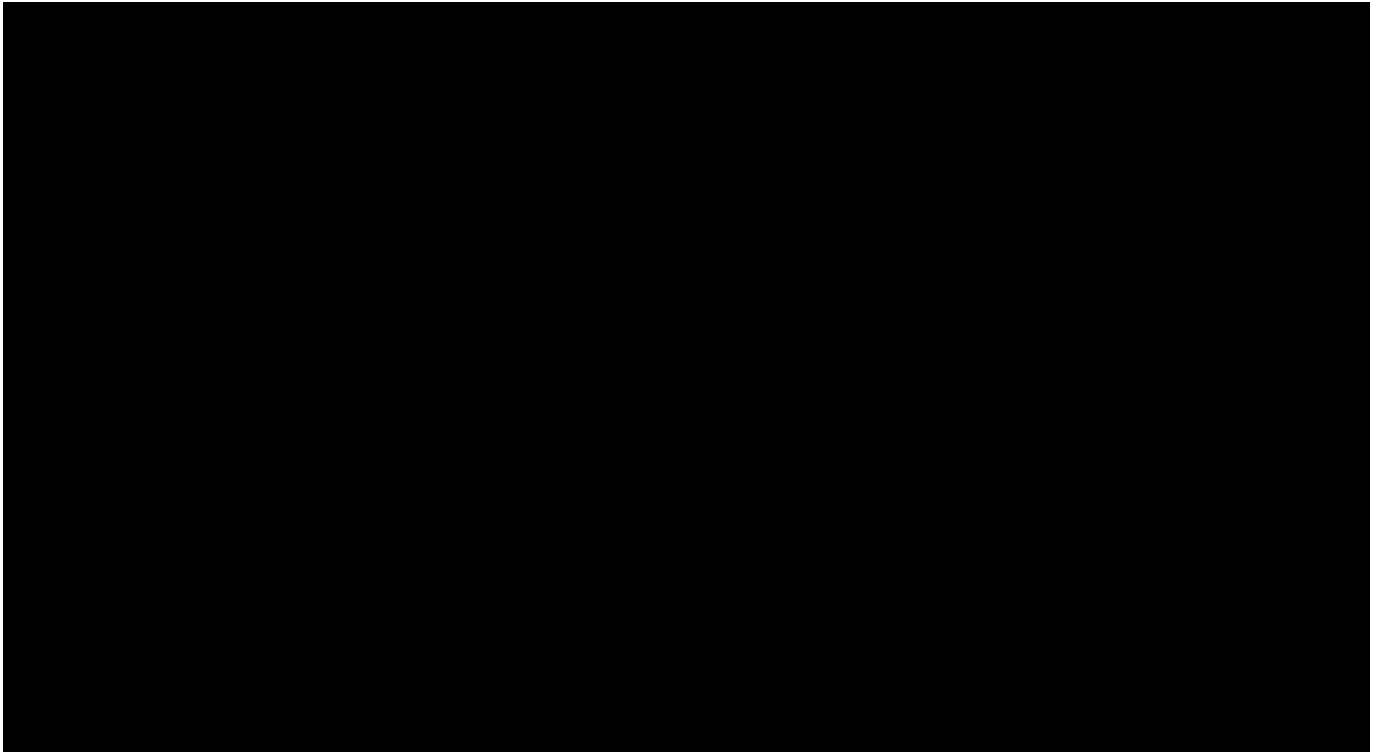
Below are three professional references that may be contacted to demonstrate relevant NORC and subcontractor experience for this contract:



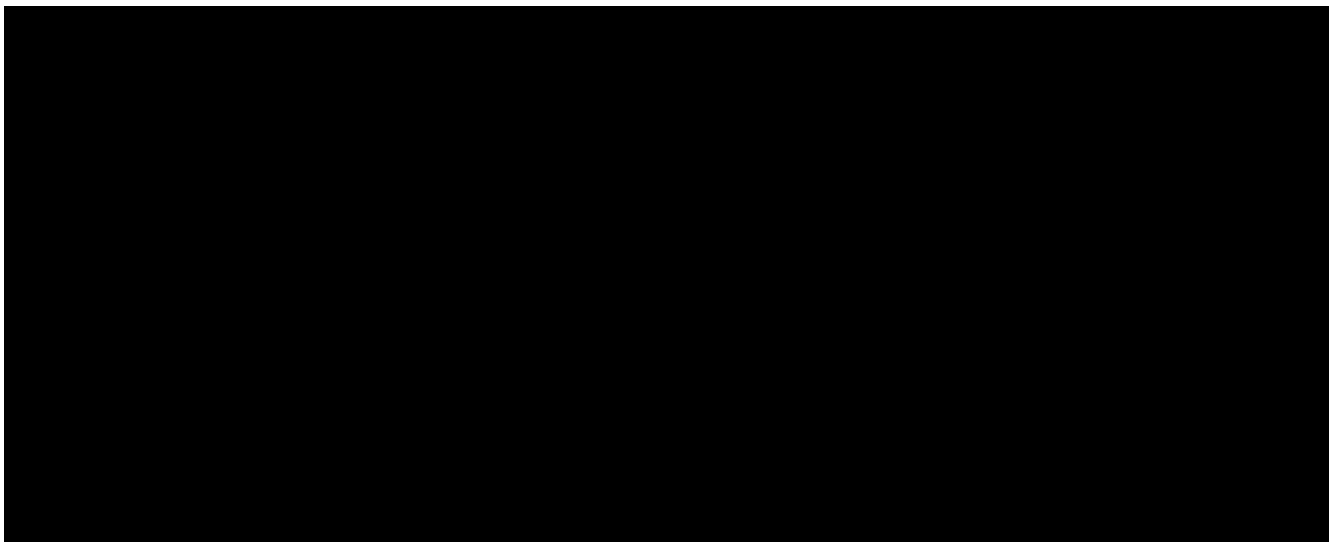


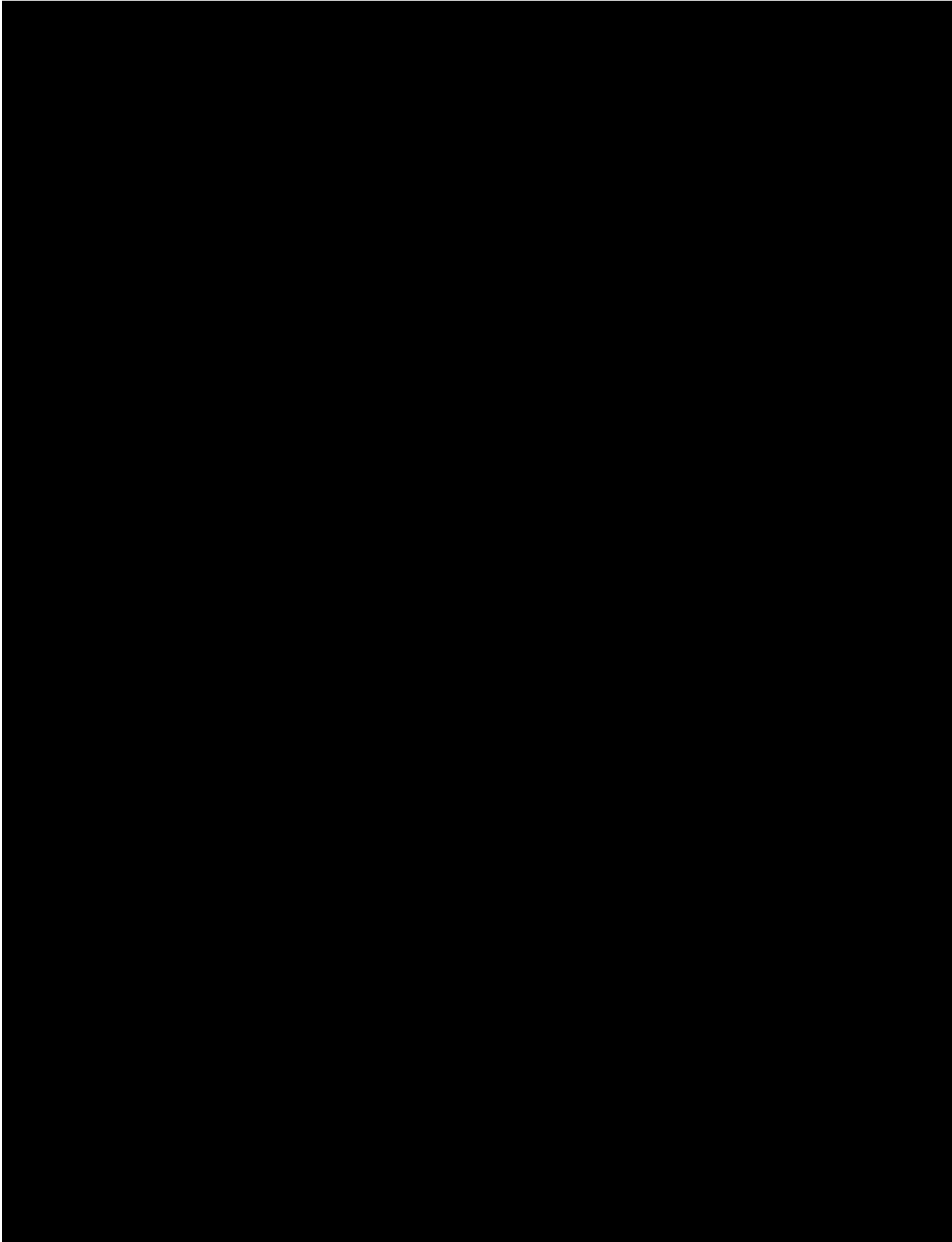
**C. STAFFING – ORGANIZATIONAL CHART AND EDUCATION AND WORK EXPERIENCE OF  
KEY STAFF**

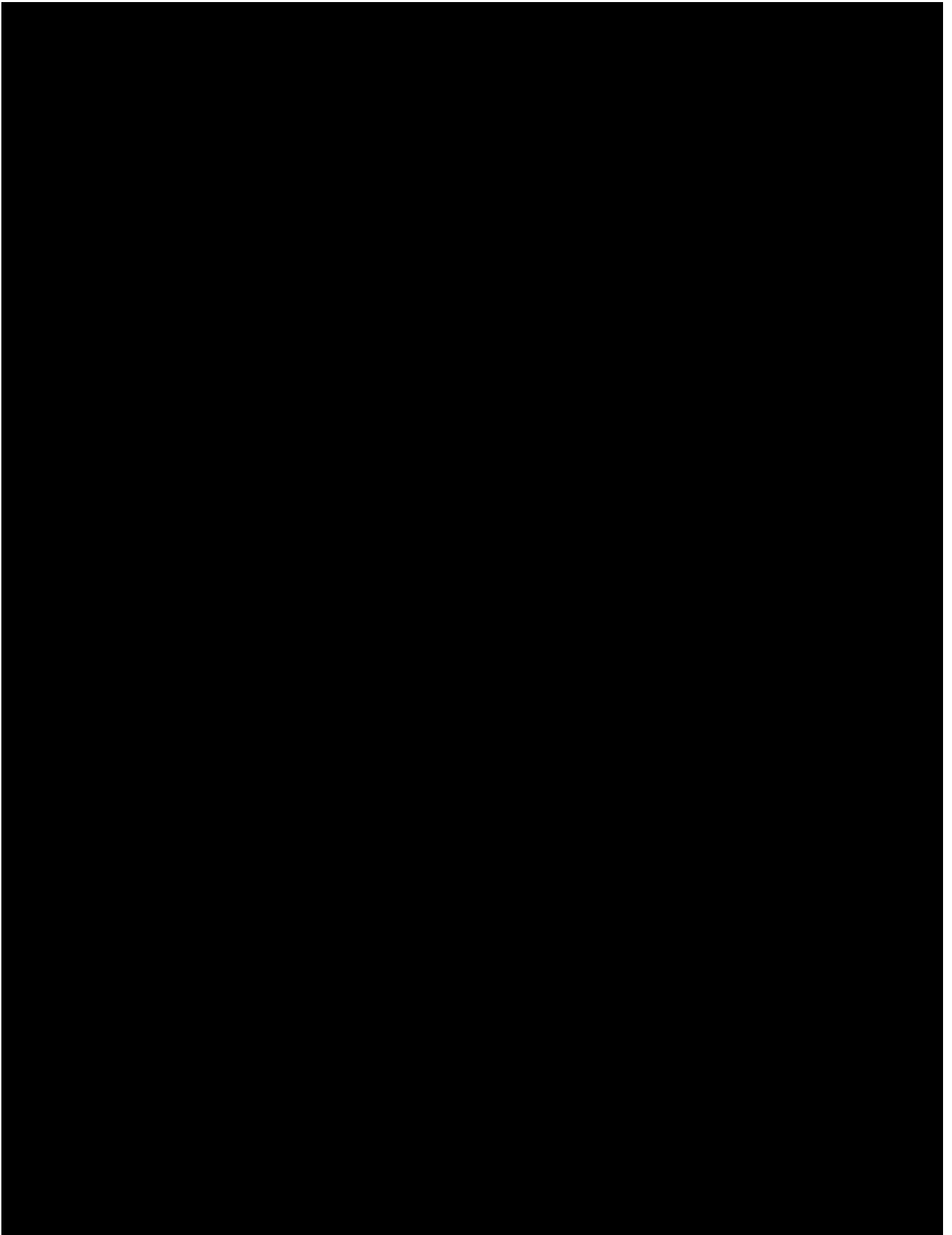
Our greatest strength is our talented staff, partners and consultants. We are offering the Department of Human Services a highly qualified team with extensive and targeted knowledge in the areas critical to the Expanded Medicaid Evaluation. Below is an organizational chart and descriptions of key leadership team members proposed for this project. More detailed CVs are also attached.

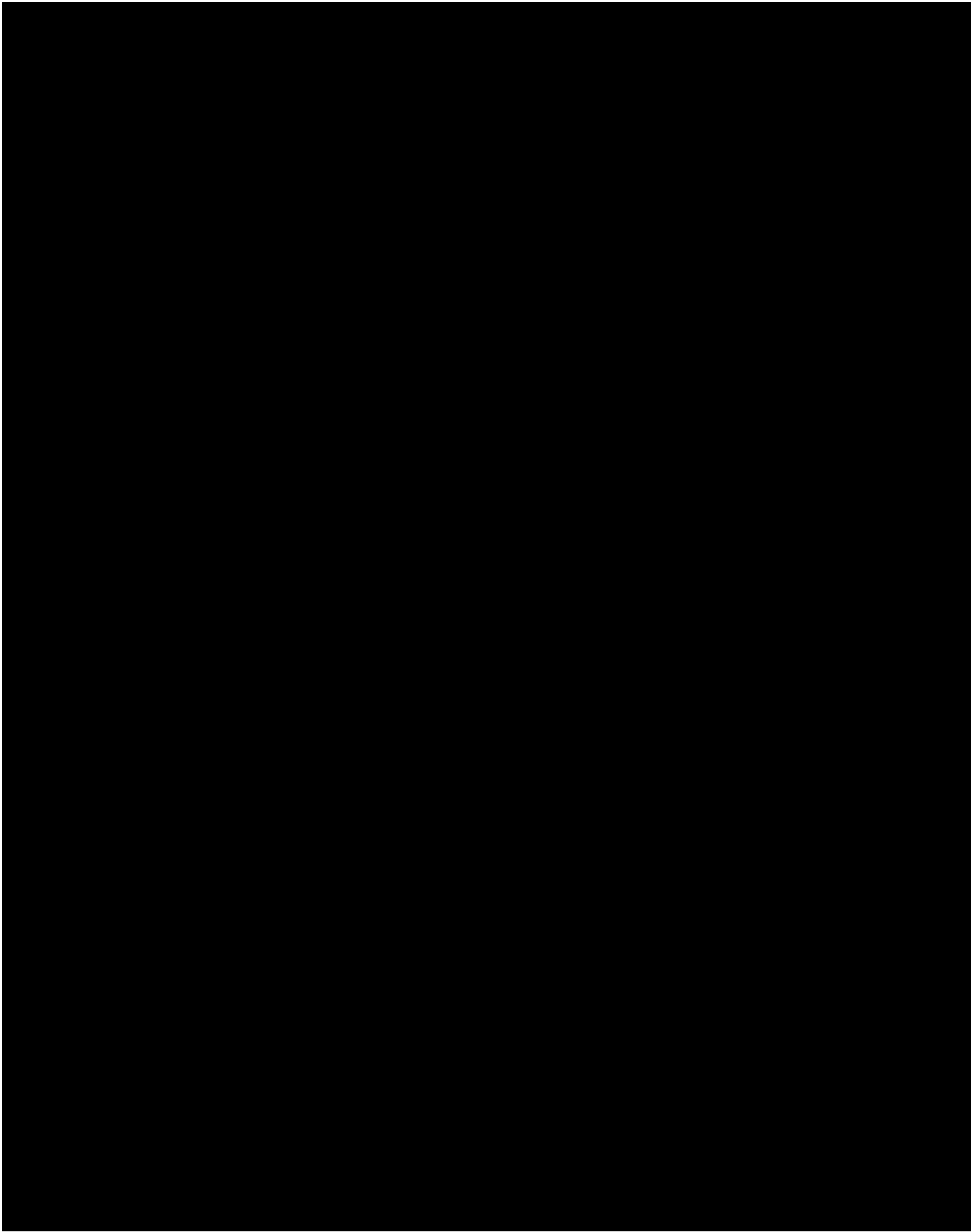


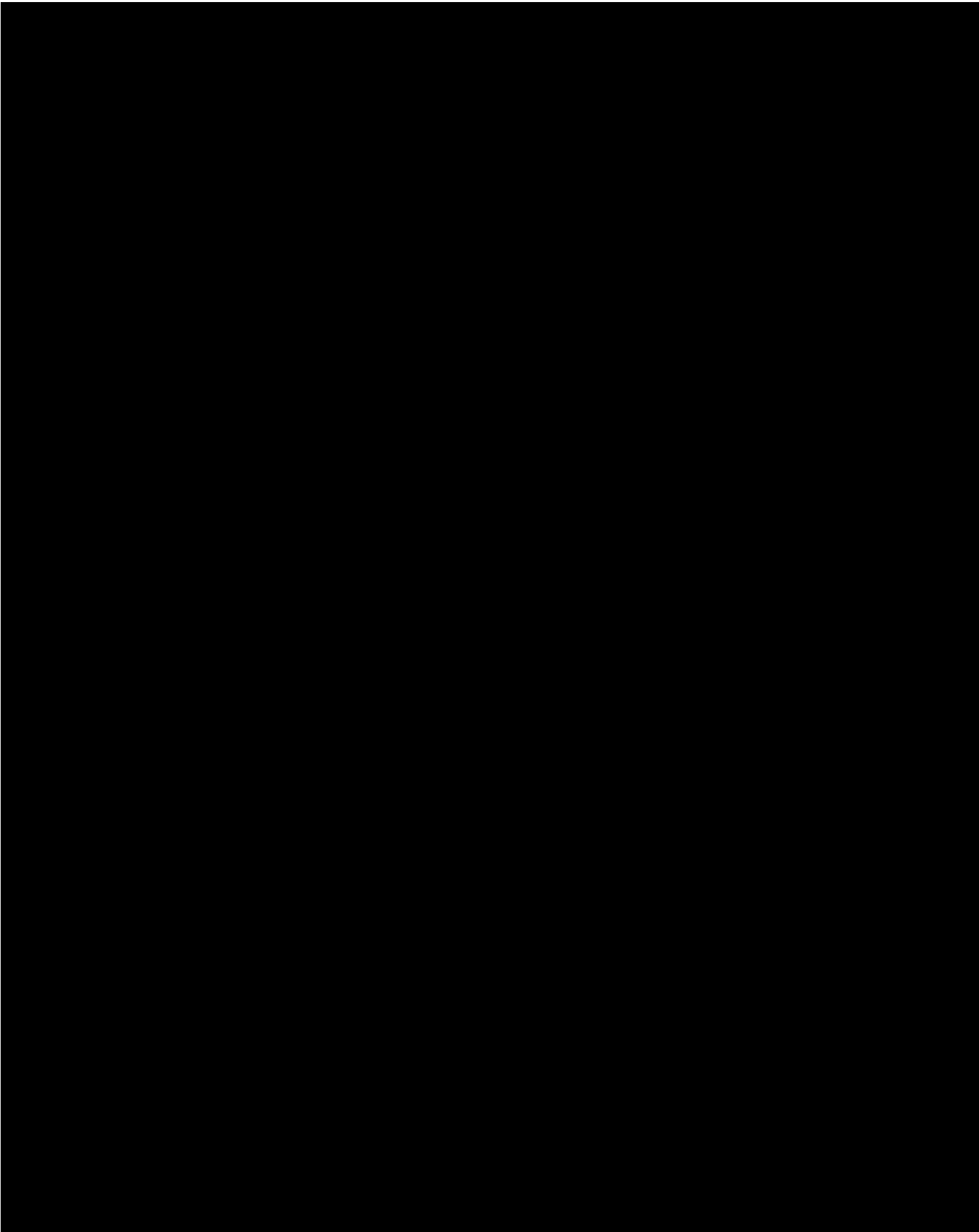
**NORC Staff**

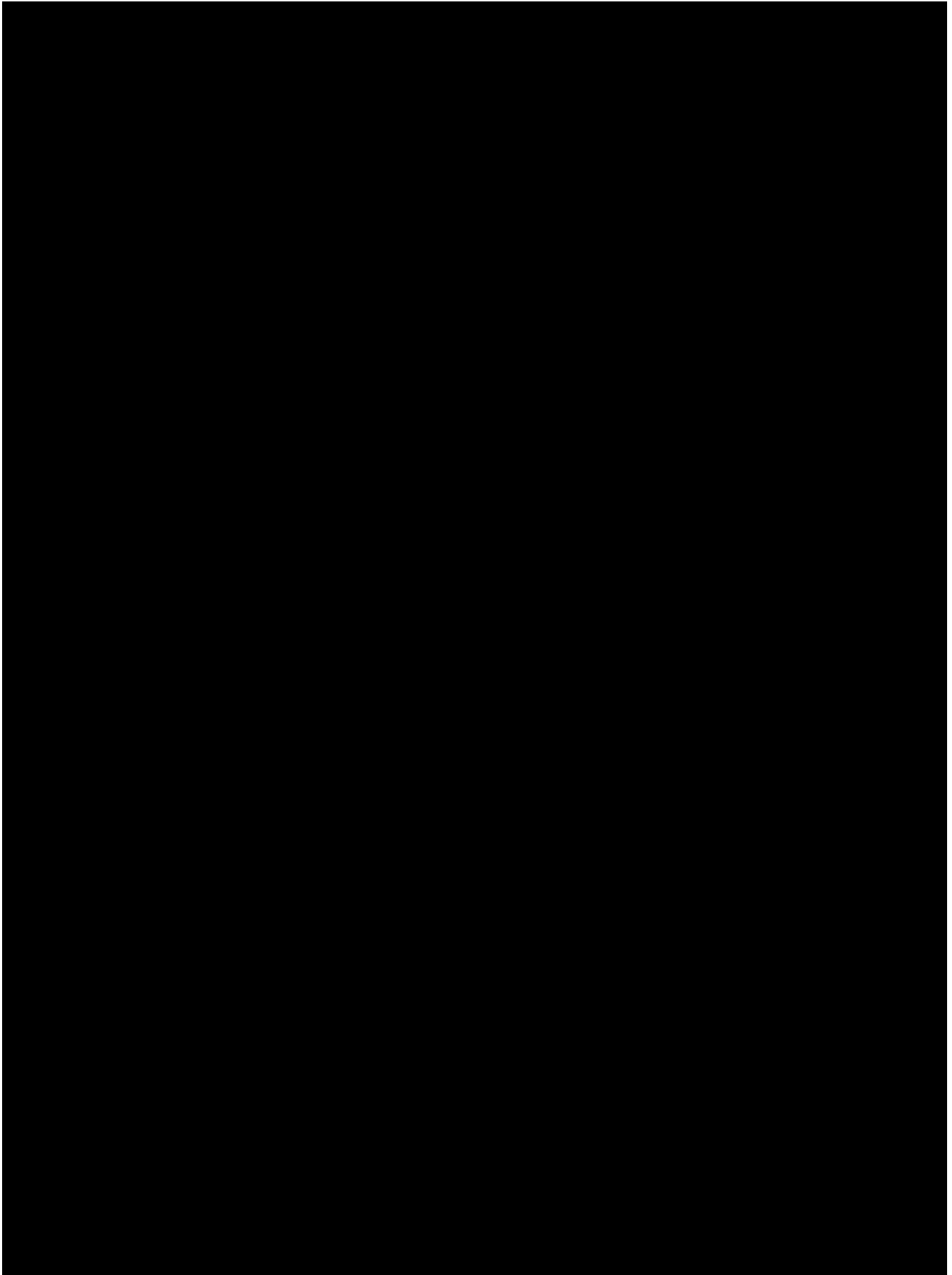


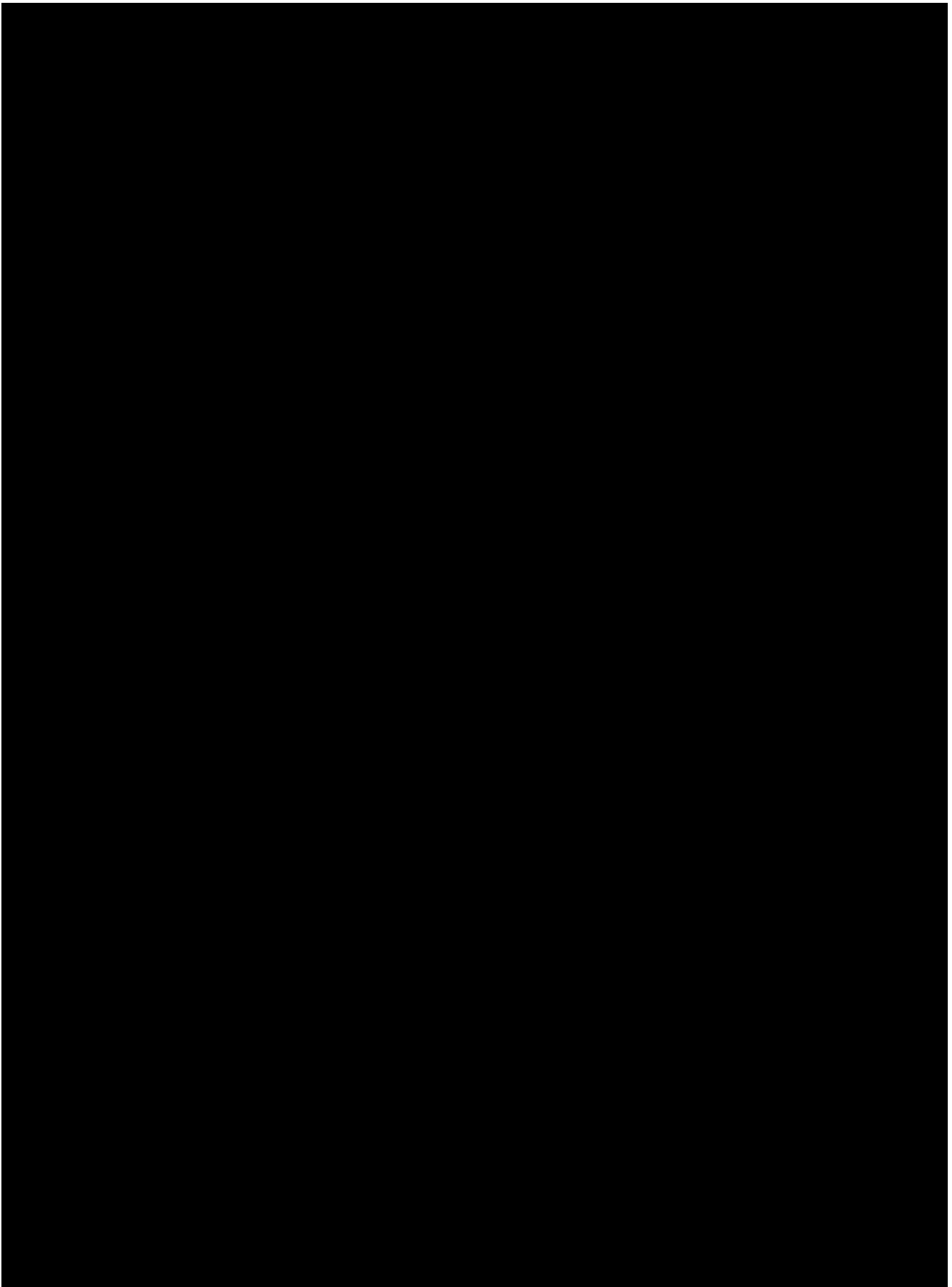


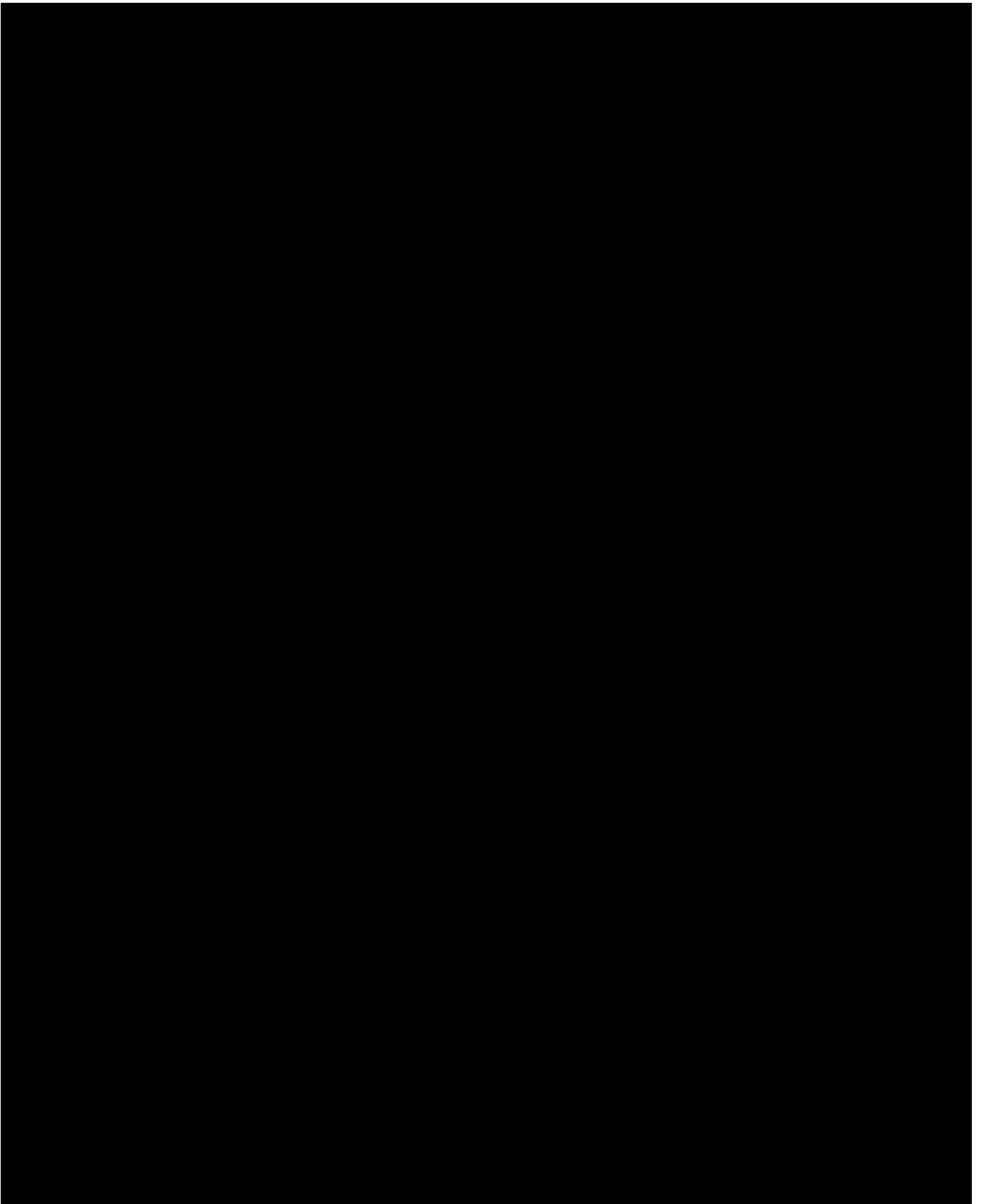




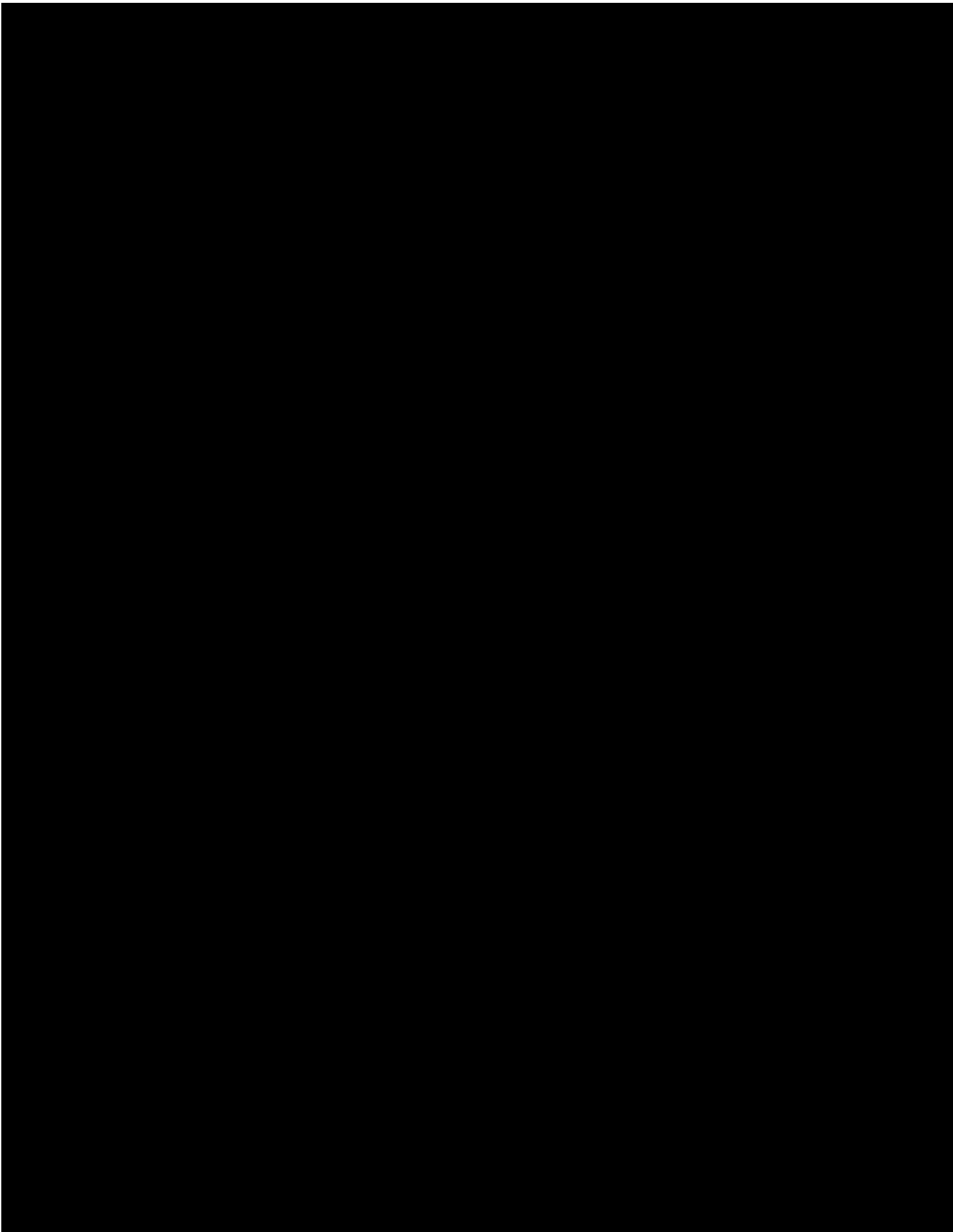


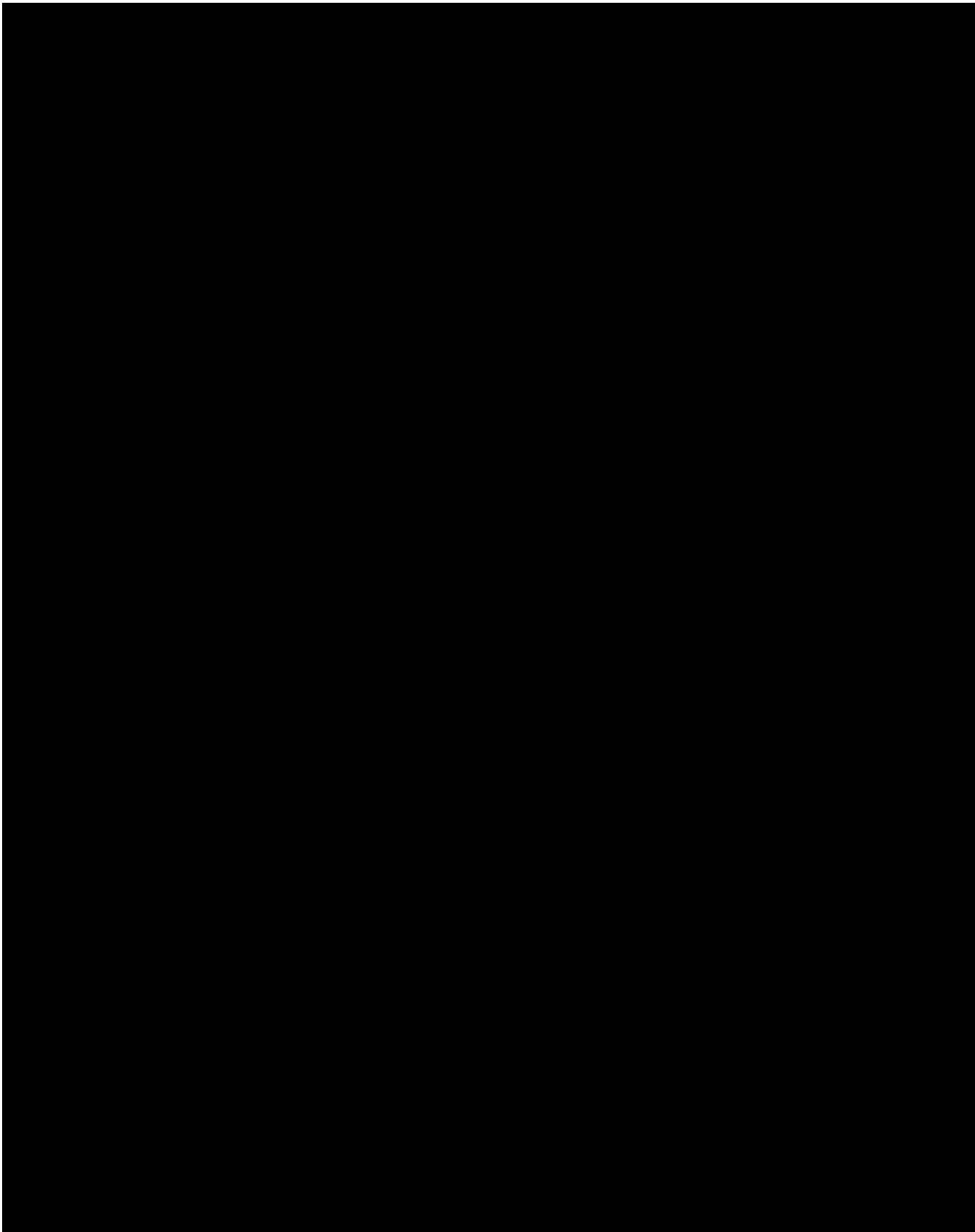




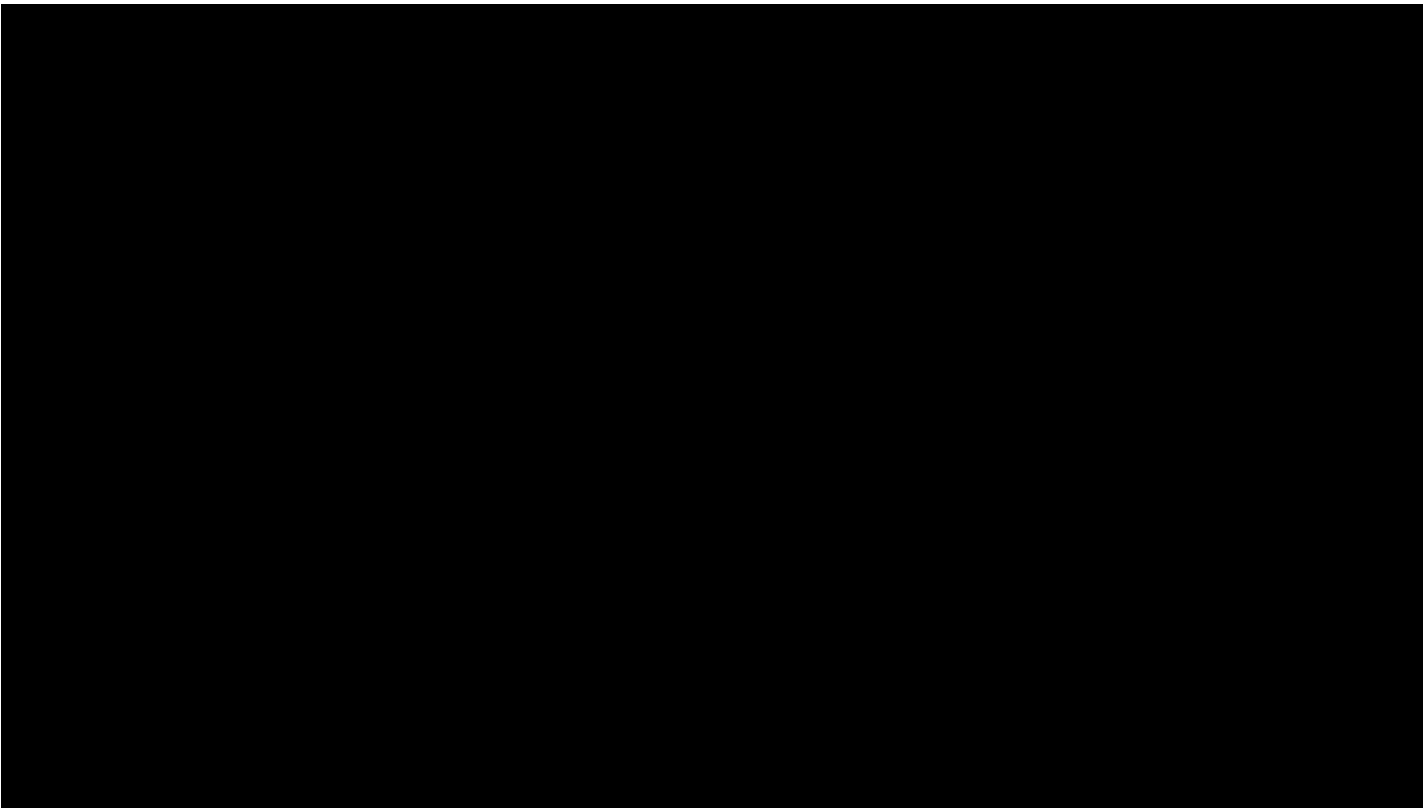


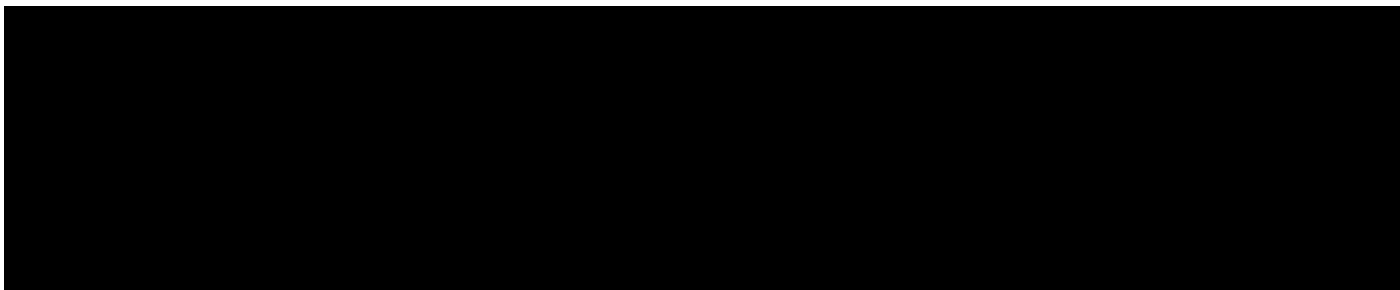
**E) Conflict of Interest/Independence & Sanctions, Corrective  
Actions or Adverse Medicaid Program Occurrence**

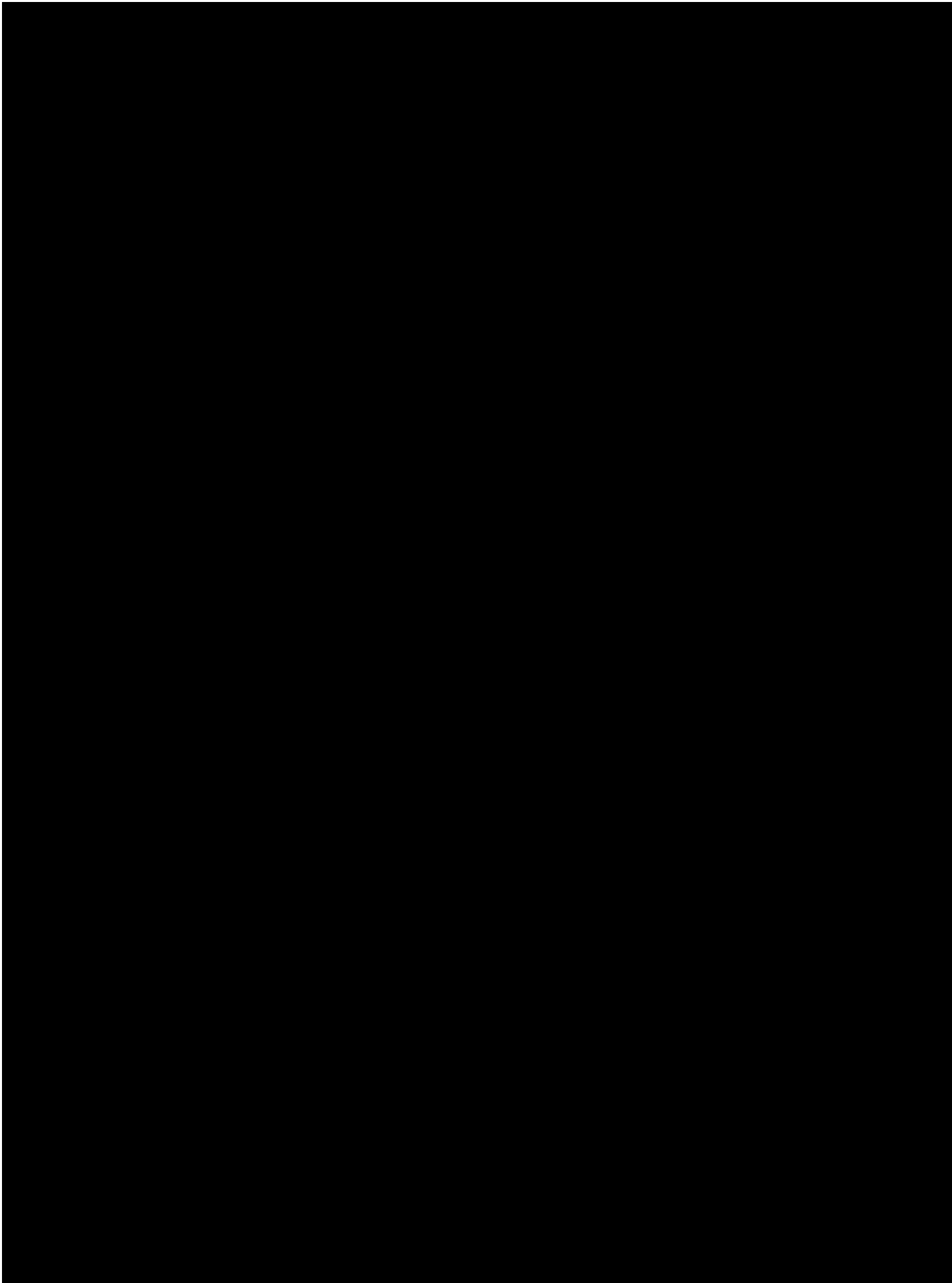


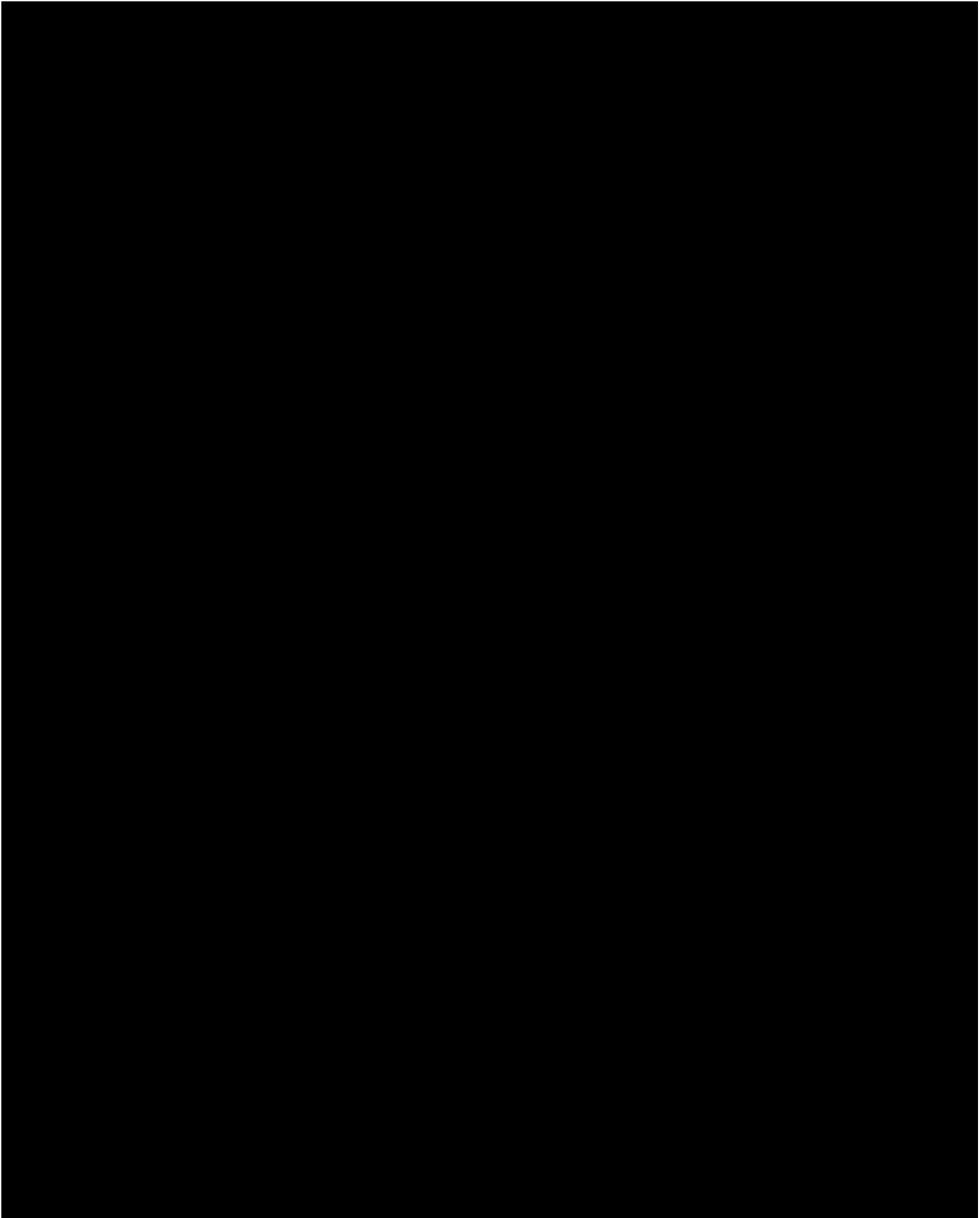


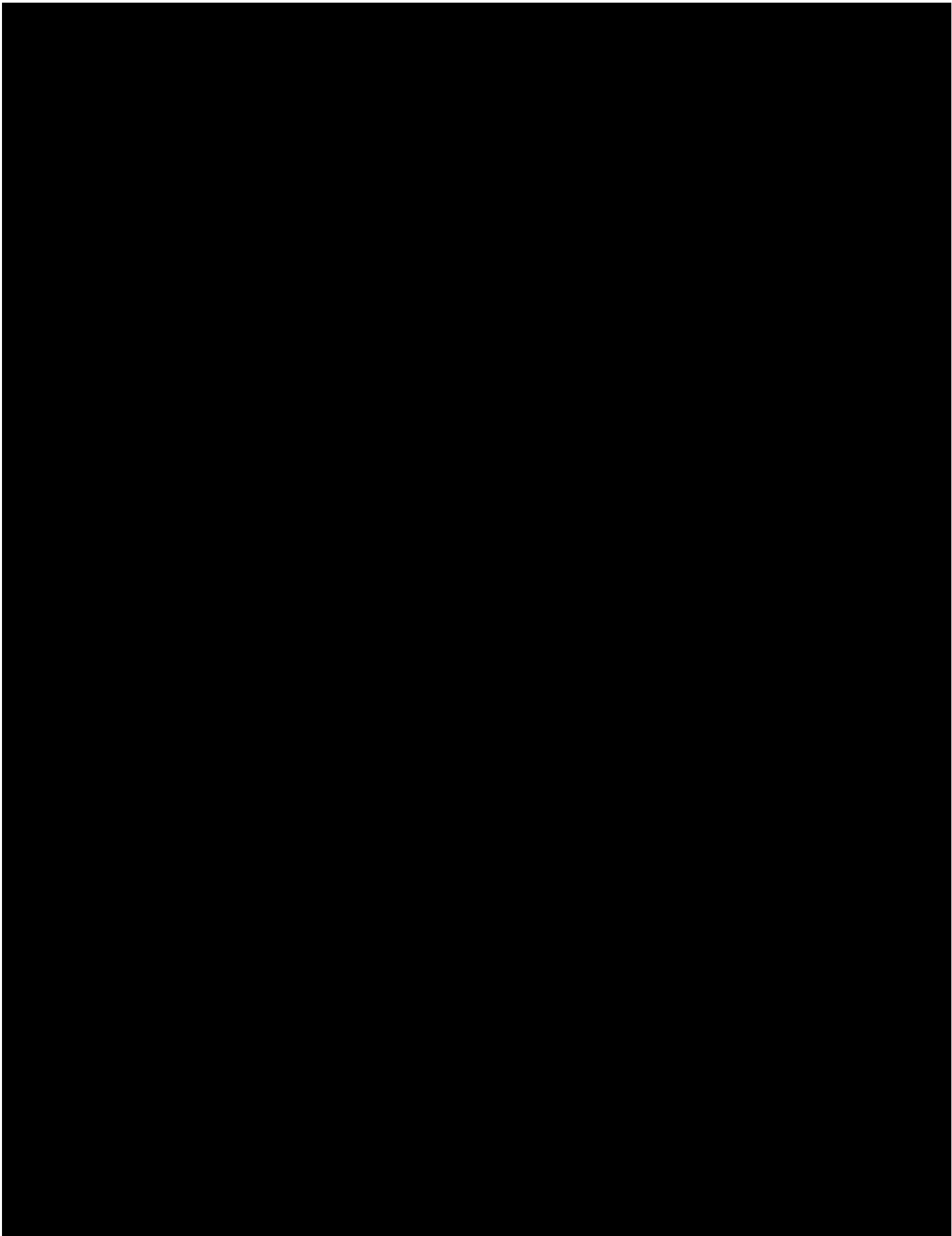


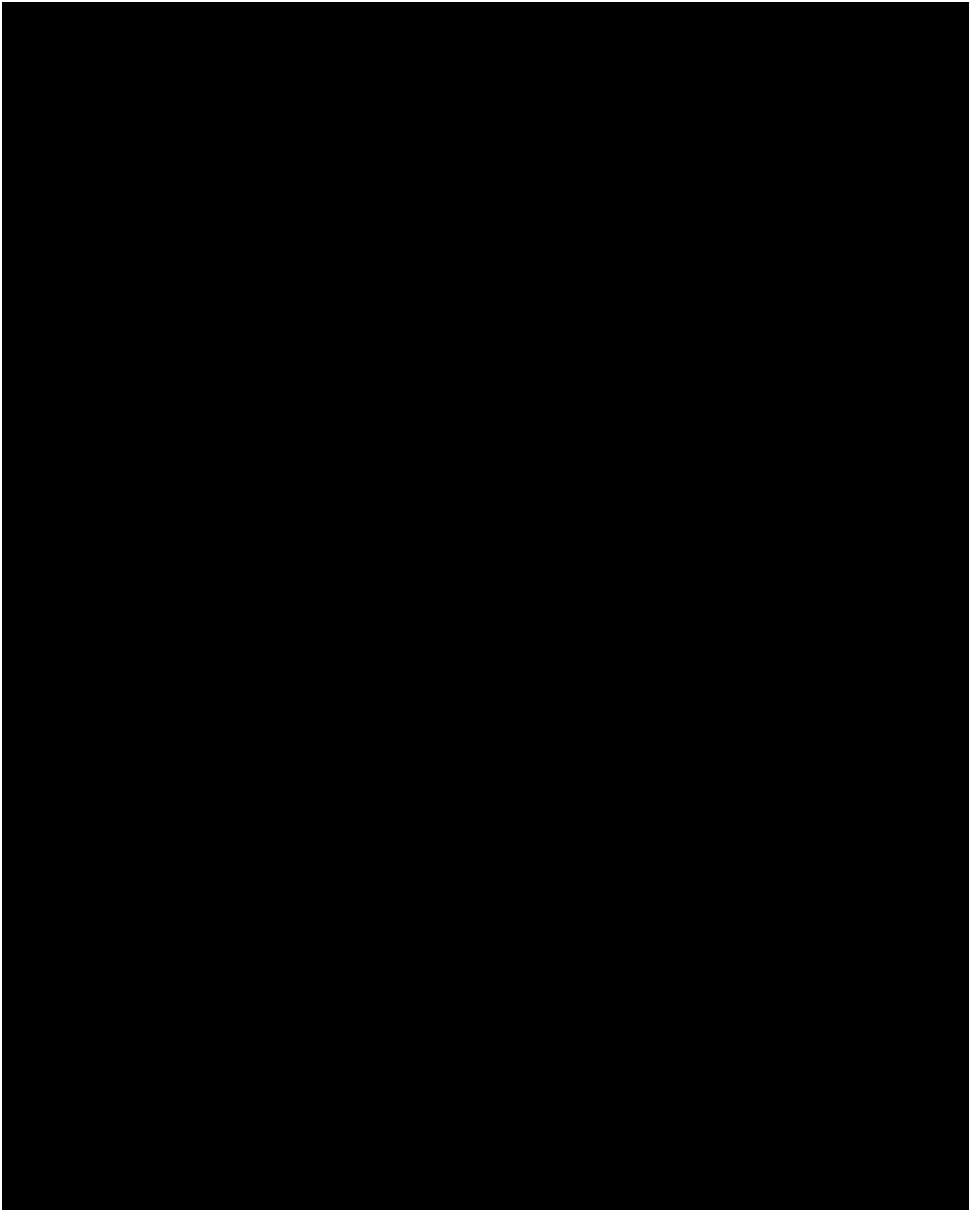


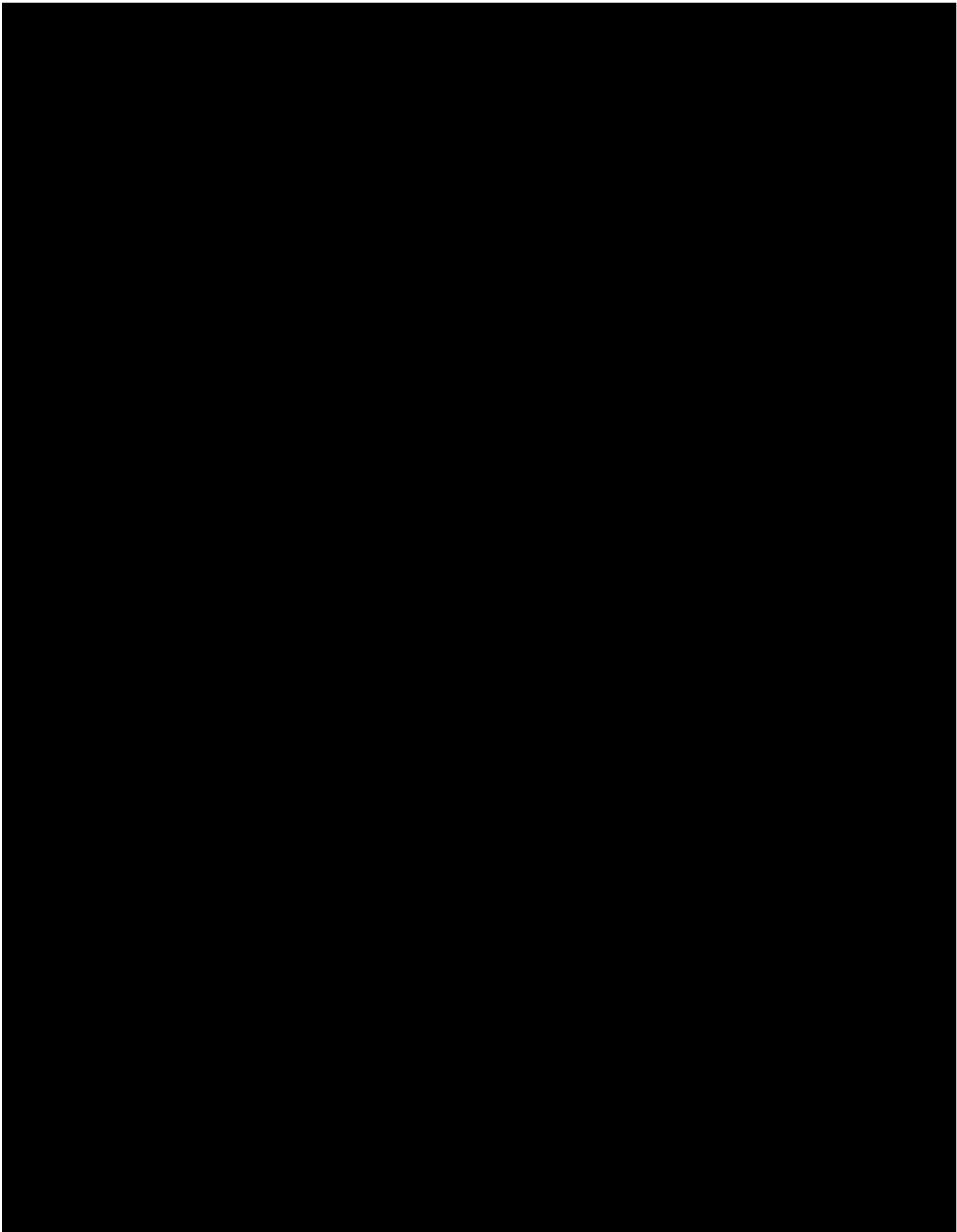


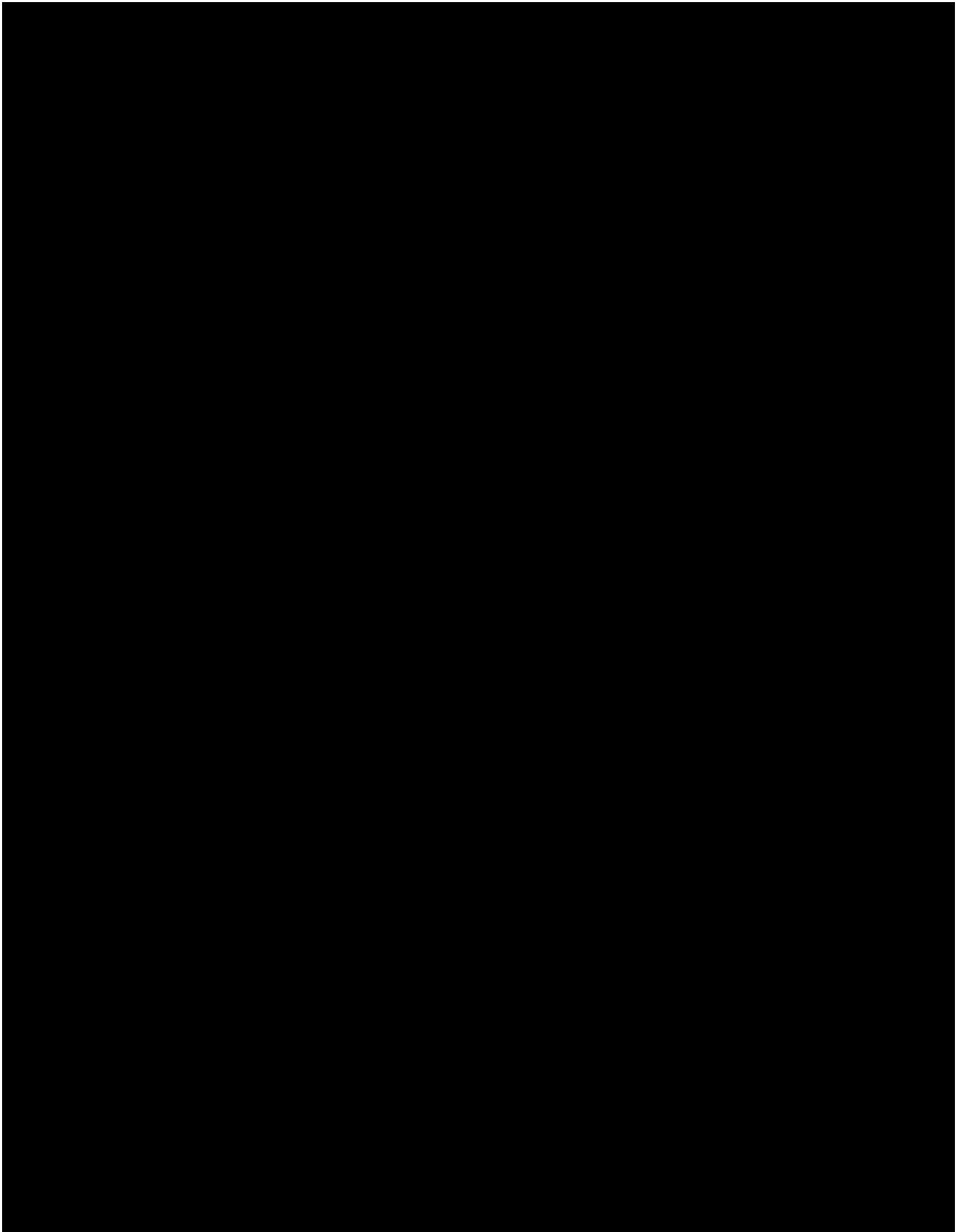


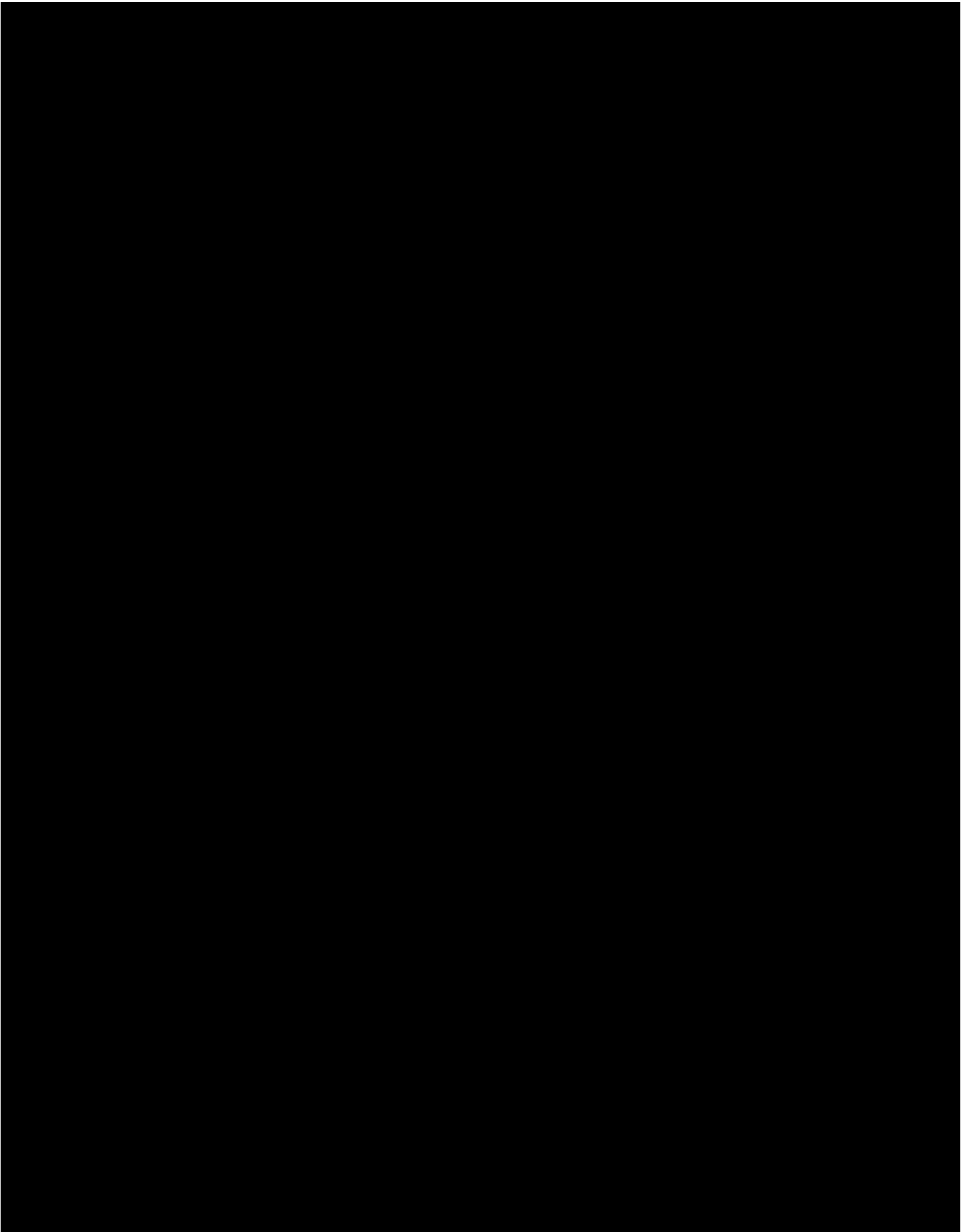


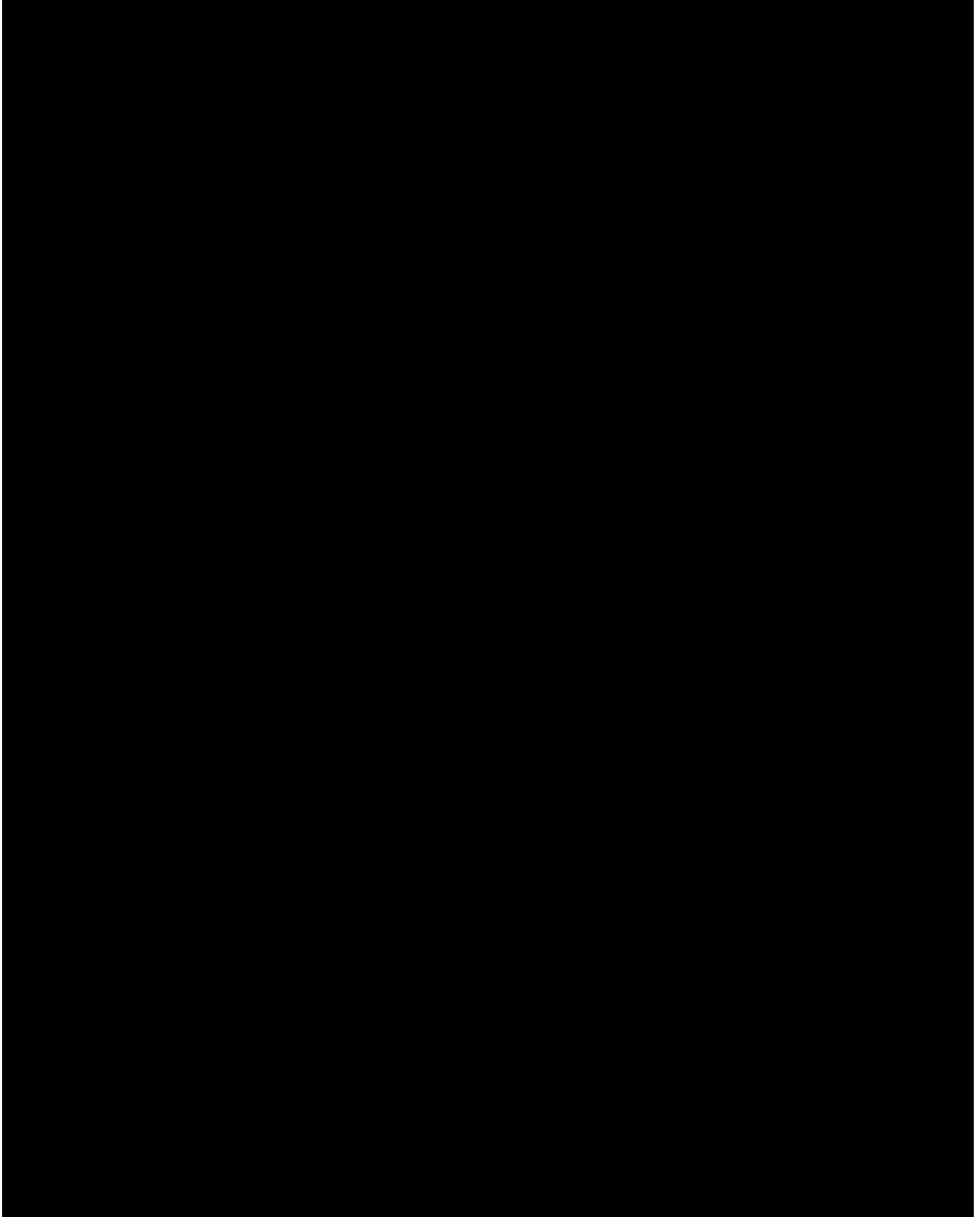


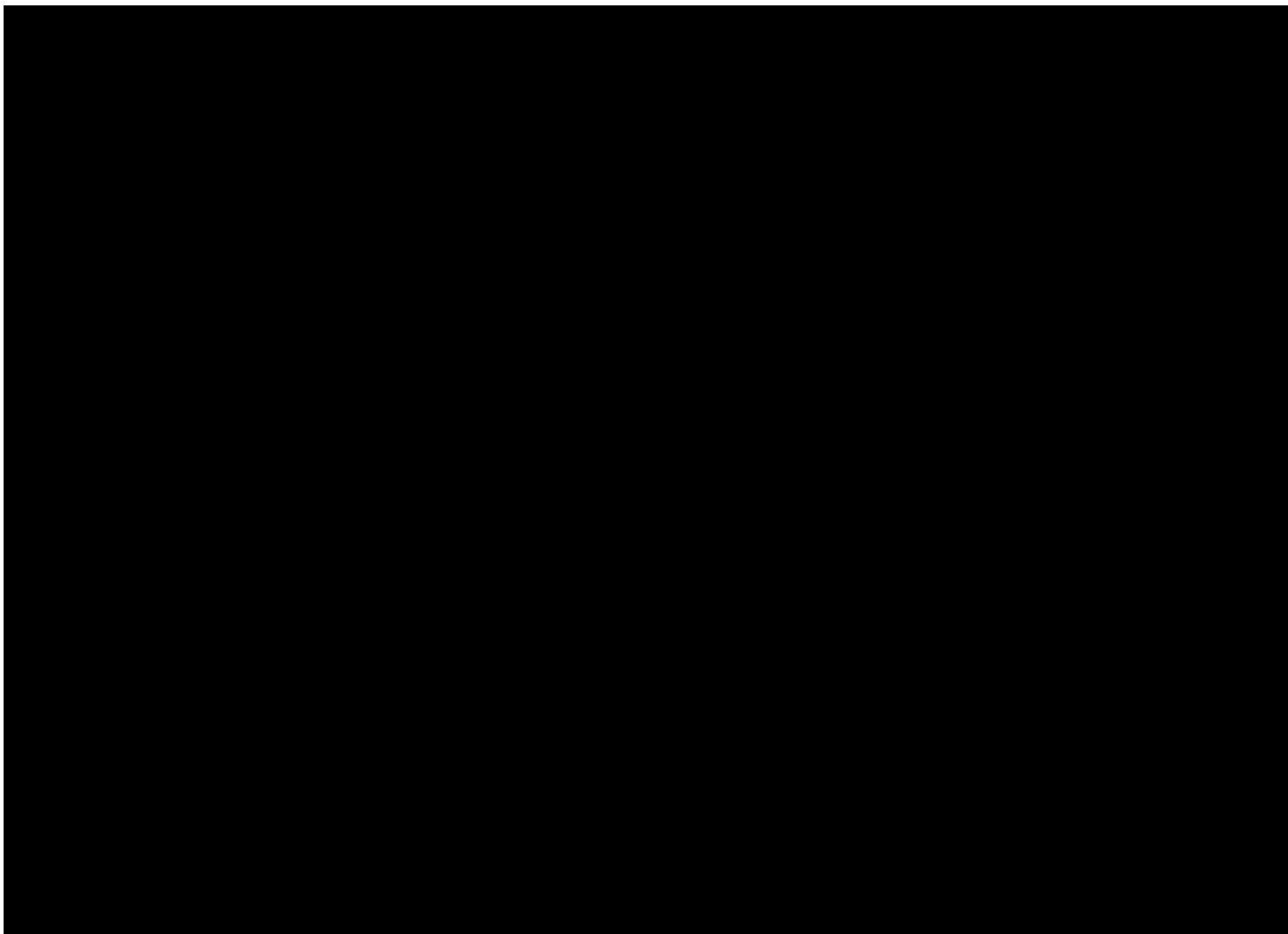






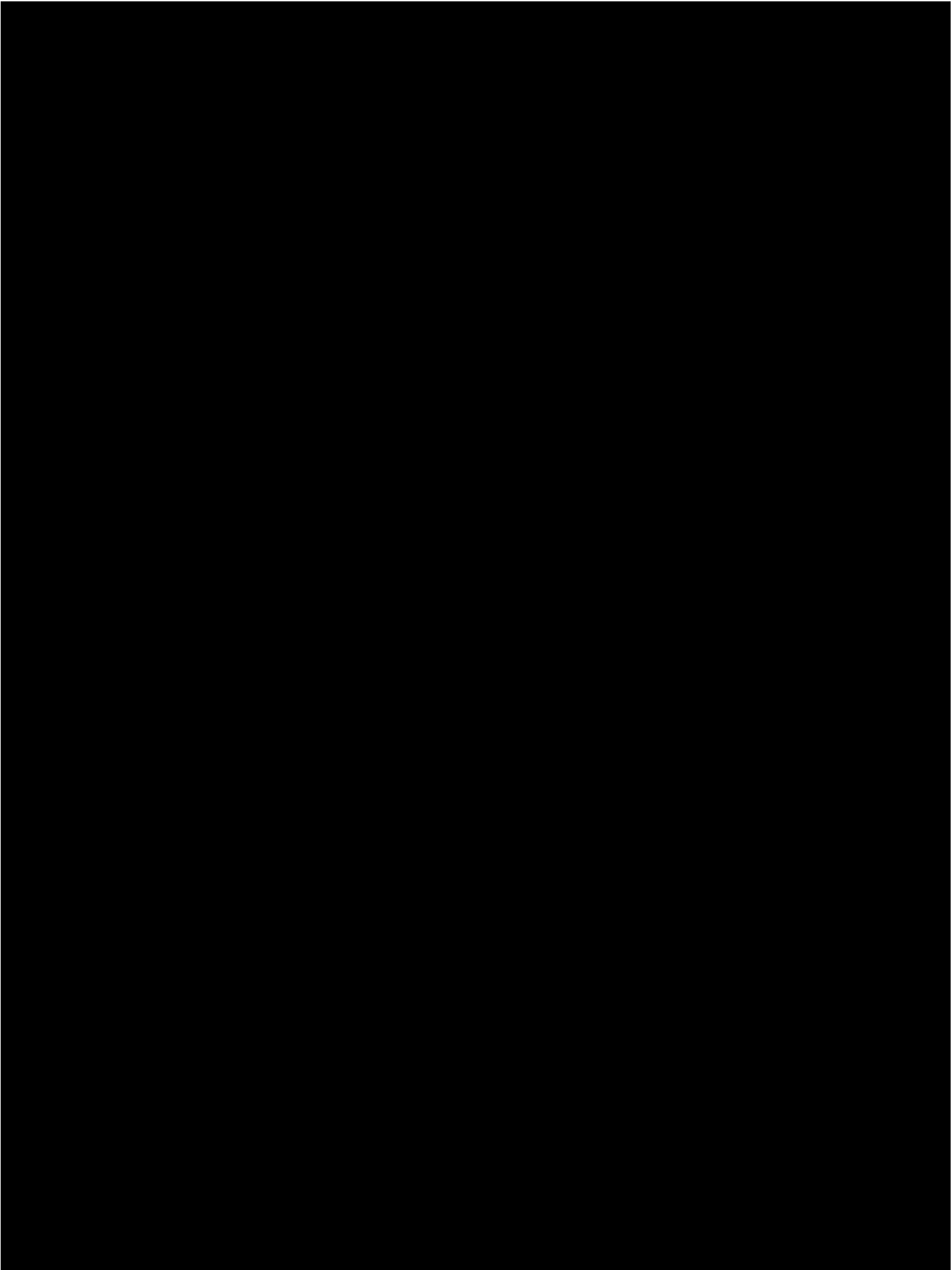


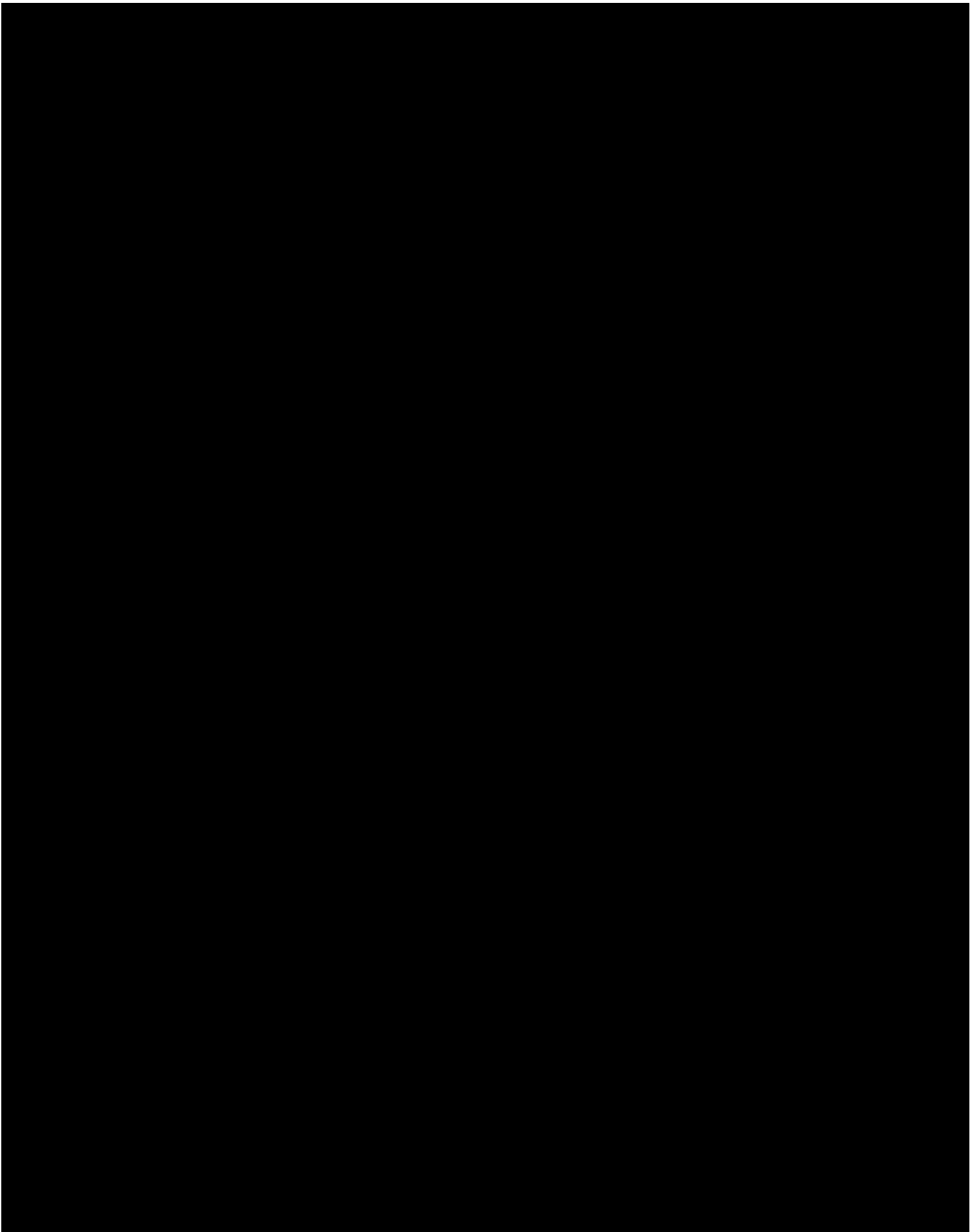


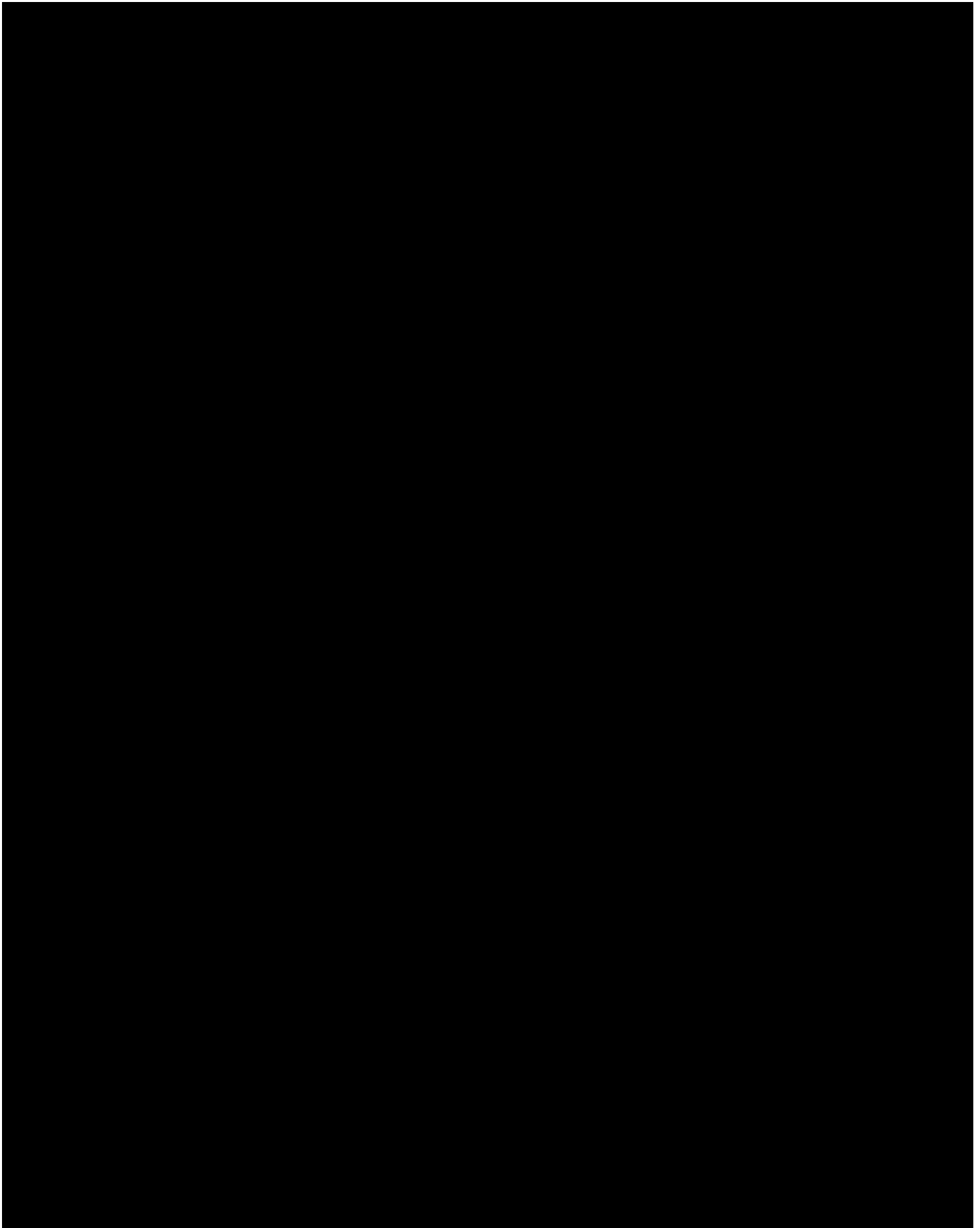


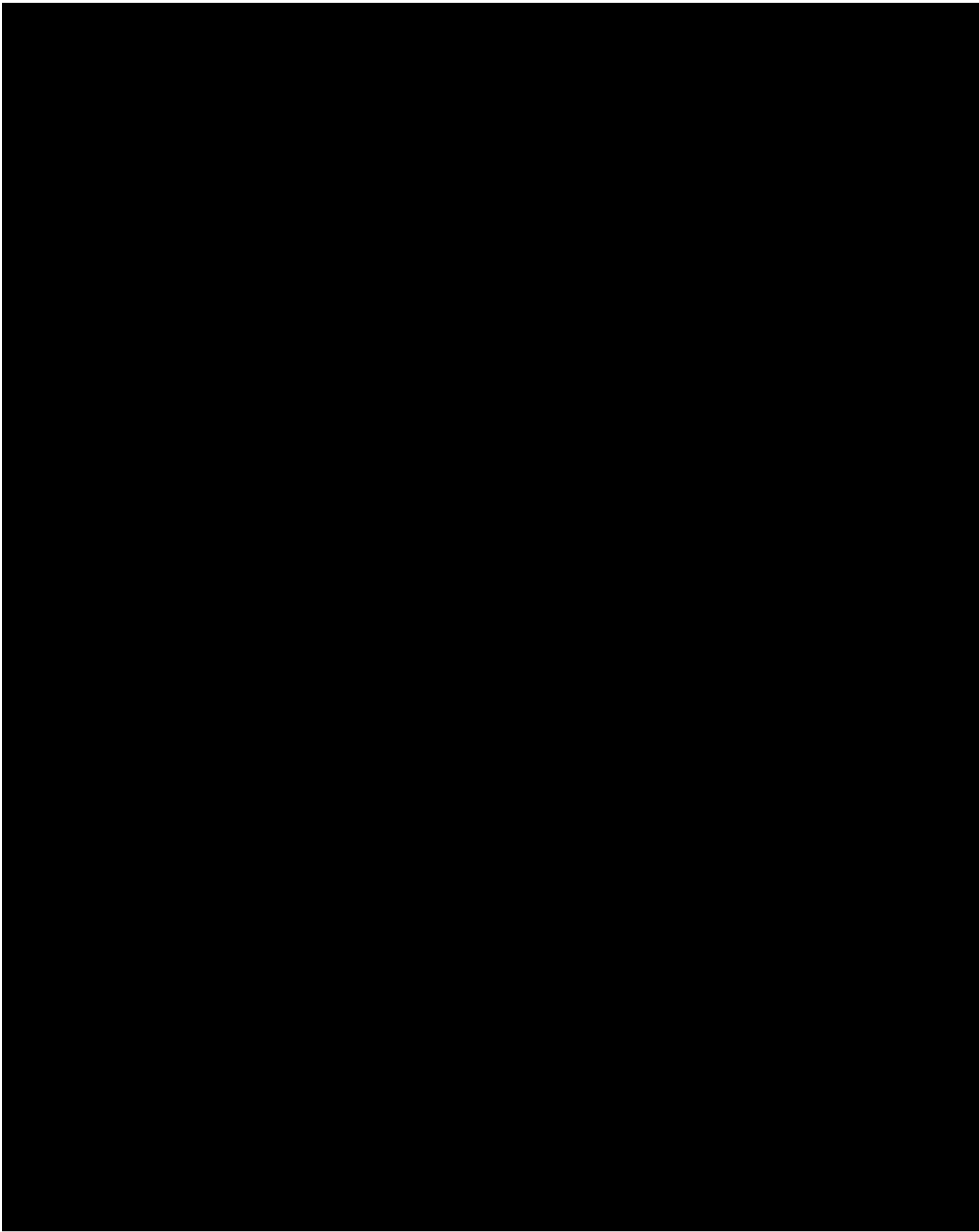
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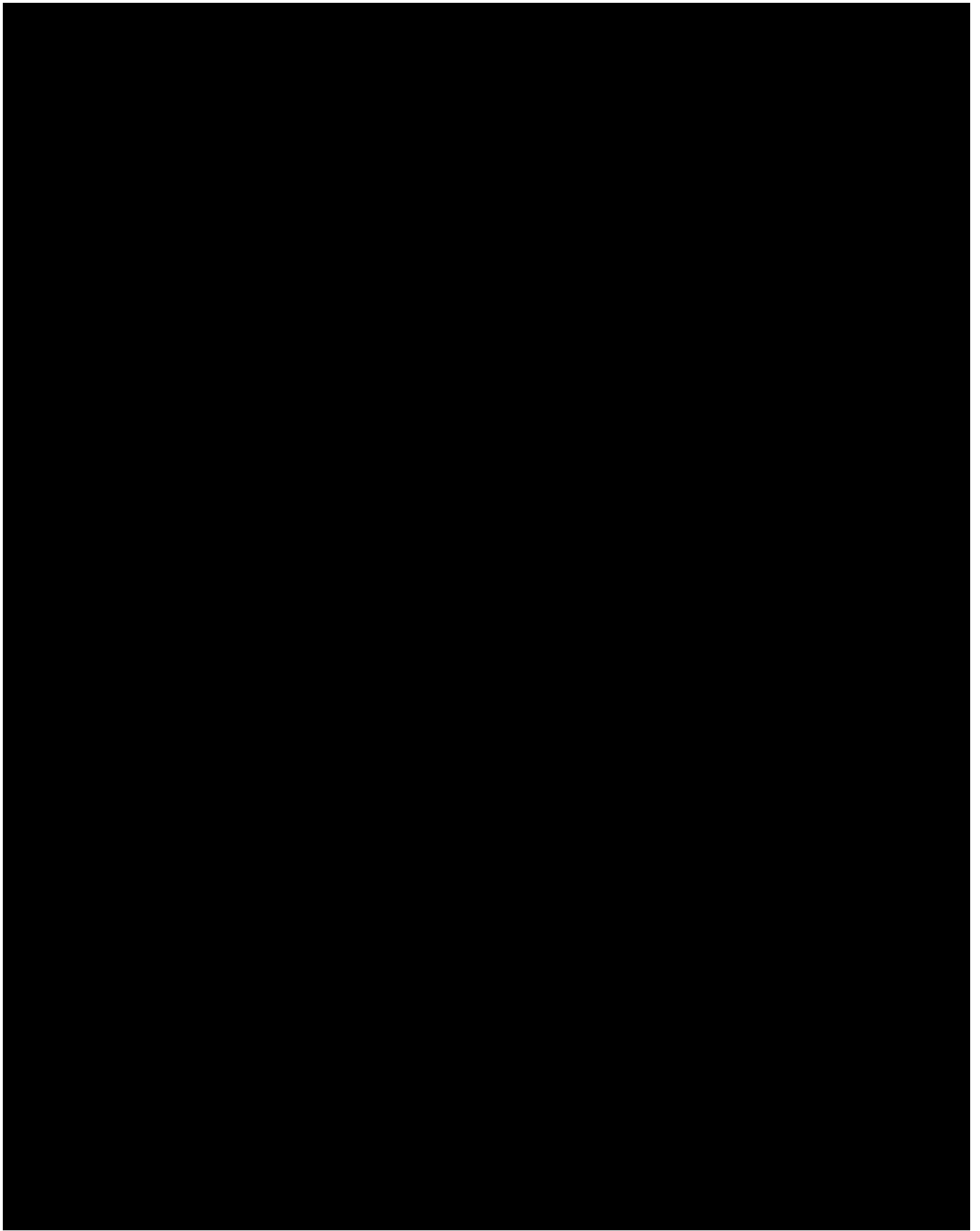
<sup>12</sup> See 42 C.F.R. Section 50.604(i).

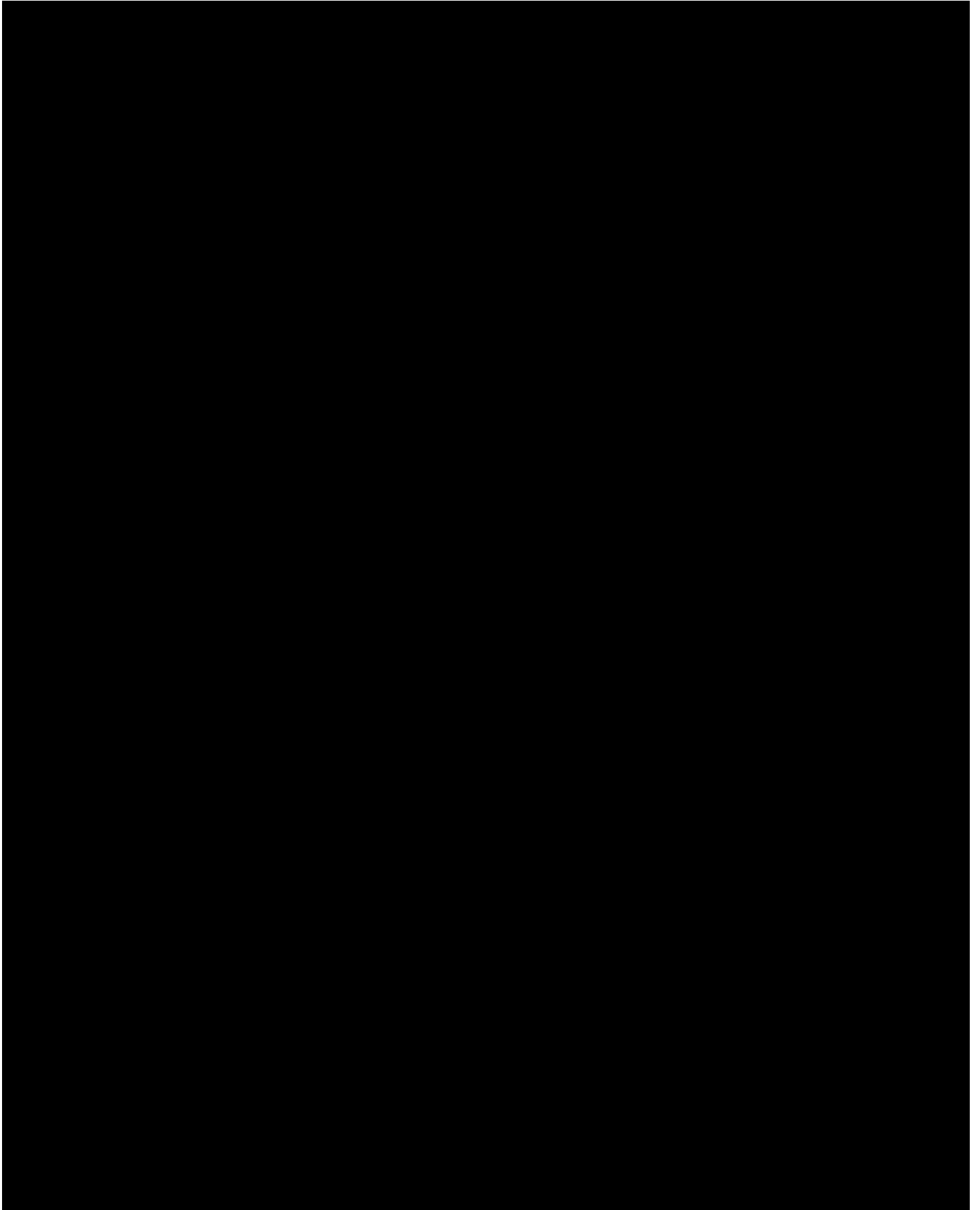


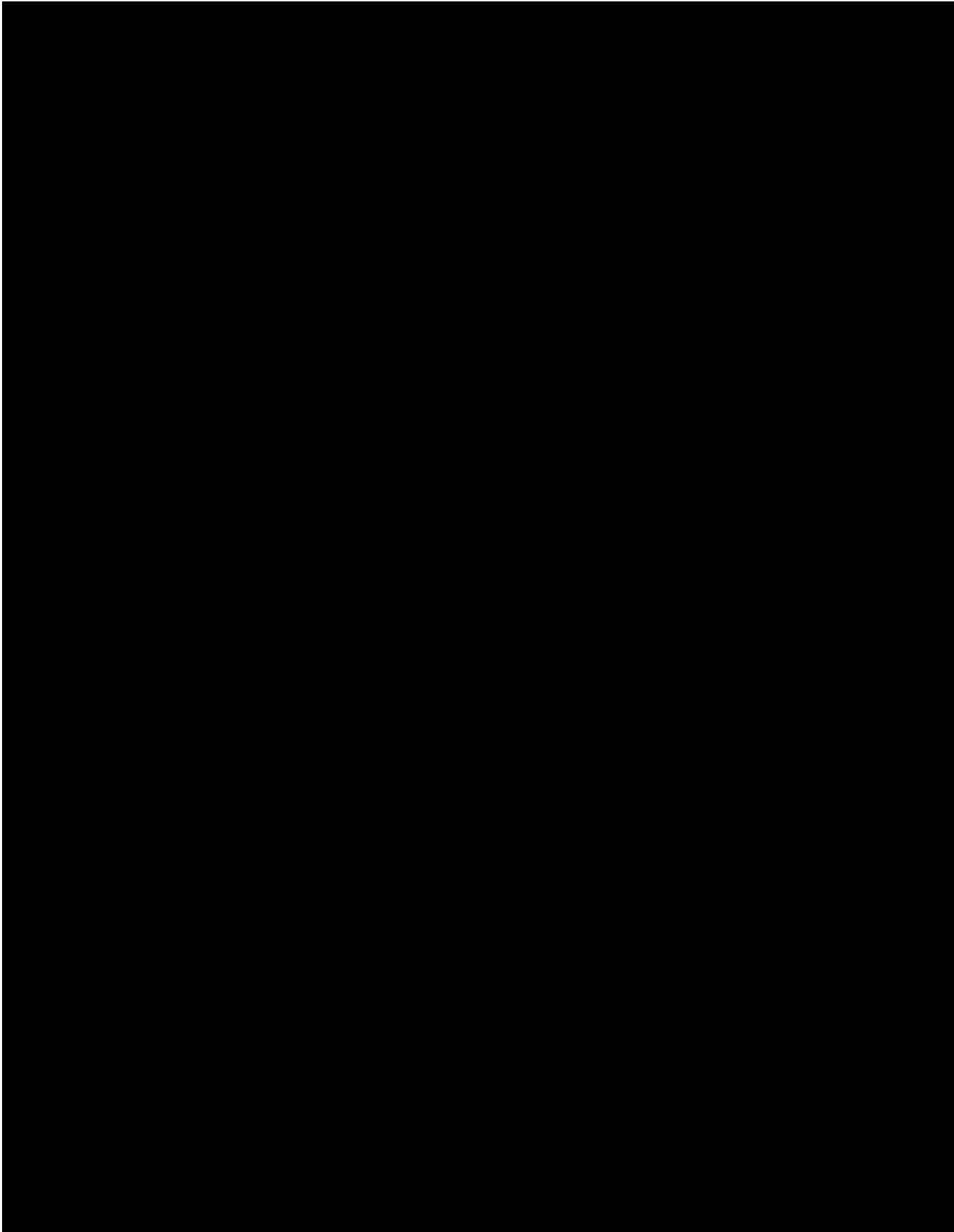


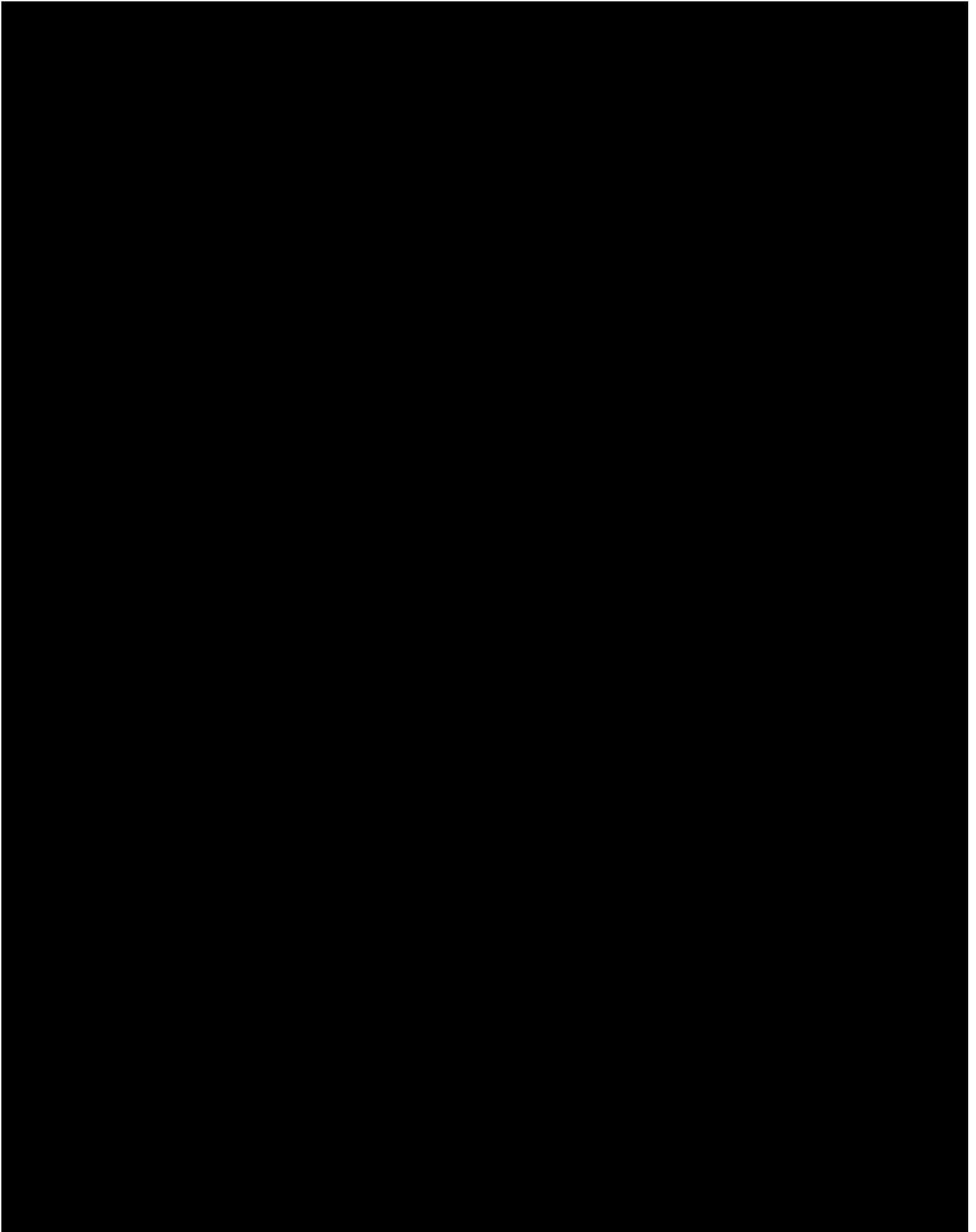


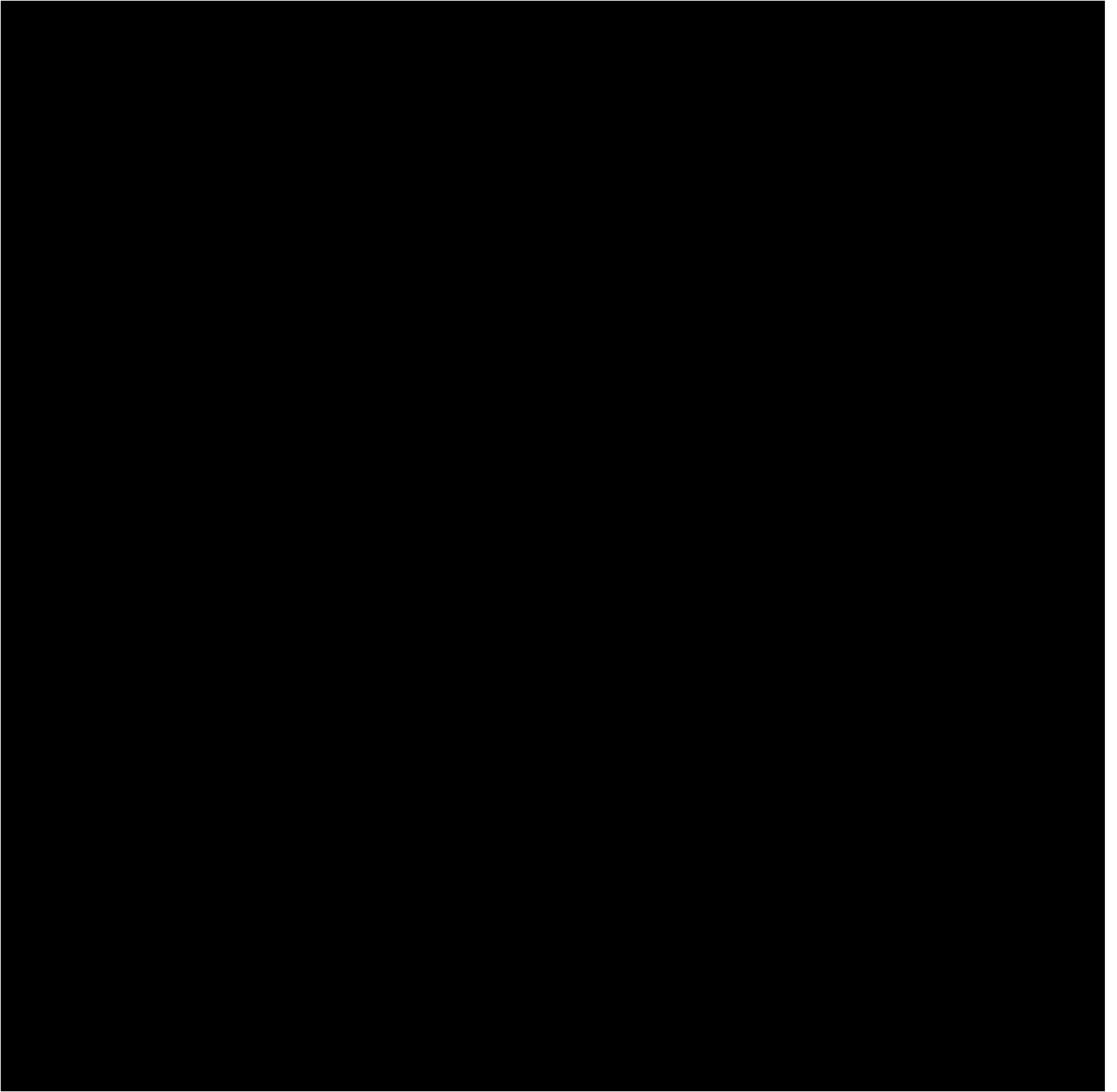


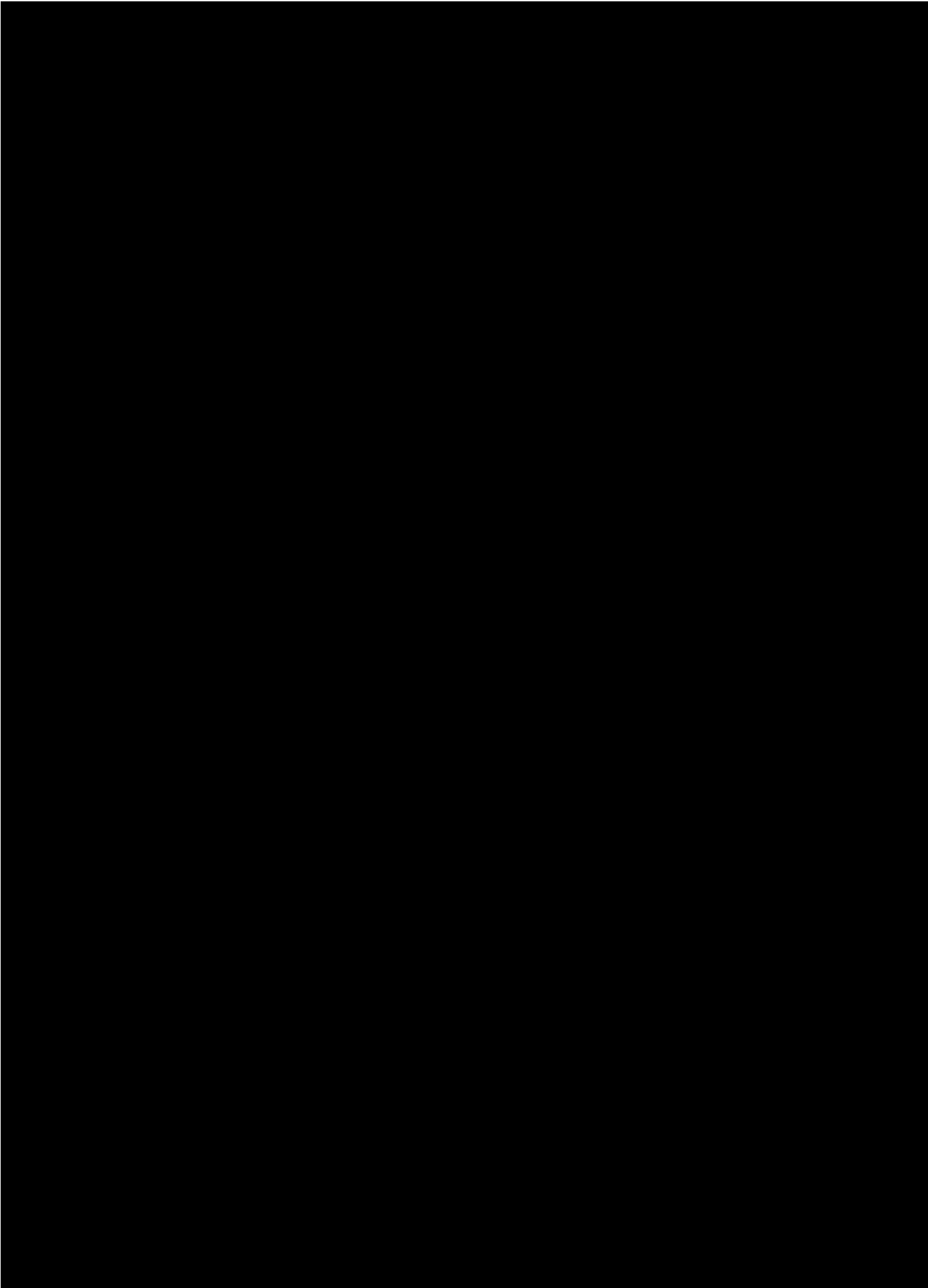




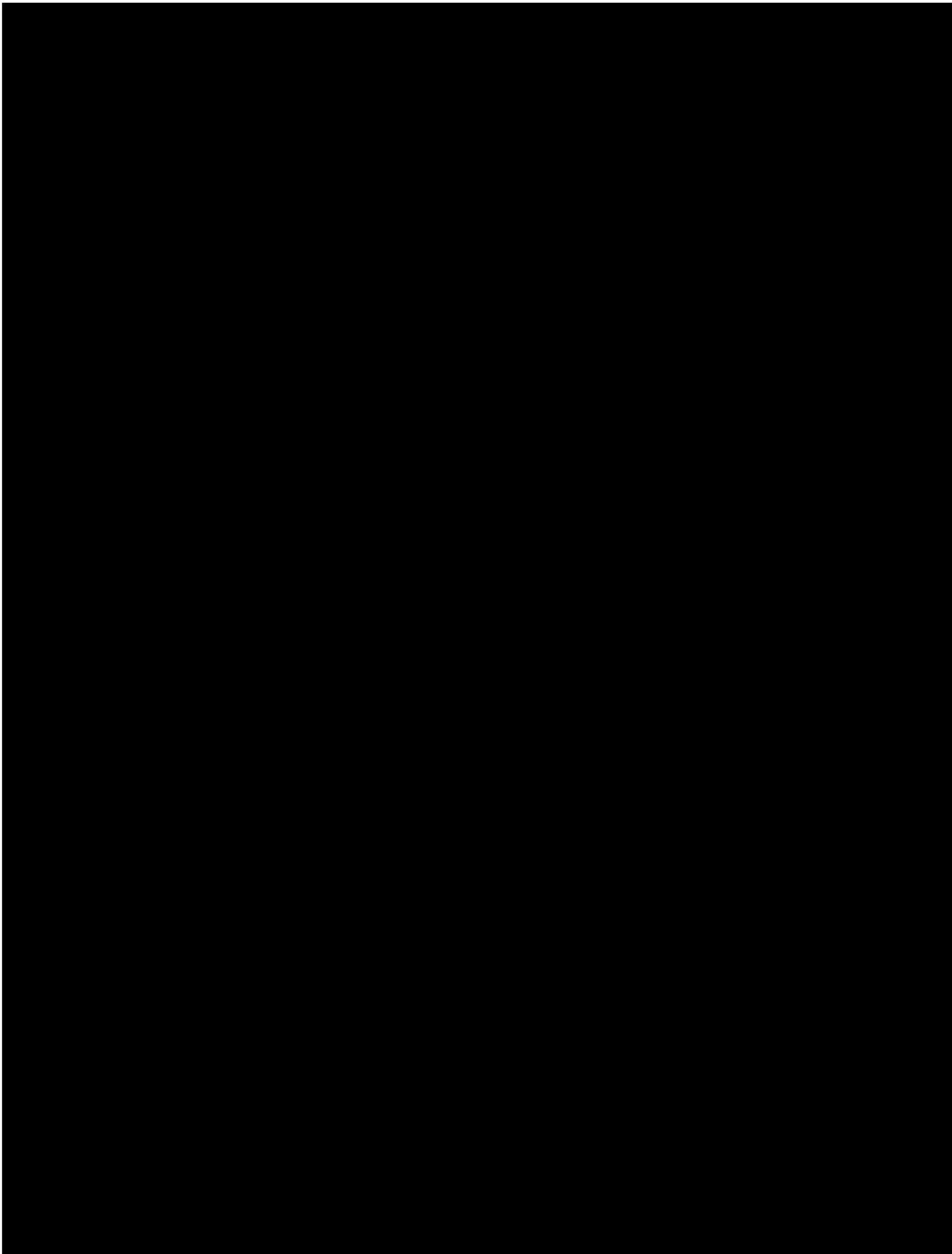








## **F) Bondability**



## **G) VPAT**

