

***TECHNICAL PROPOSAL PACKET***  
***710-21-0027***

## PROPOSAL 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"/> 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>	
PROSPECTIVE CONTRACTOR 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 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>				
ILLEGAL IMMIGRANT CONFIRMATION				
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.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
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 type="checkbox"/> Prospective Contractor does not and will 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 *Bid Solicitation* will cause the Prospective Contractor's proposal to be disqualified.

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: \_\_\_\_\_

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## SECTIONS 3, 4, 5 - 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(s) 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.

**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.**

## 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.

<b><u>TECHNICAL SOLUTIONS AND SCOPE OF WORK</u></b>	<b>Maximum Available RAW Score</b>
<b>E.1 Vendor Background and Experience</b>	
Provide documentation verifying Vendor’s prior experience as required at RFP Section 2.2.B	<b>5 points</b>
Provide documentation verifying Vendor’s prior experience as required at RFP Section 2.2.D	<b>5 points</b>
<b>E.2 Disclosure</b>	
Provide Vendor’s response to the disclosure requirement specified in RFP Section 2.2.E	5 Points
<b>E.3 Cost Report Audits and Analysis: Hospitals and Federally Qualified Health Centers (FQHCs)</b>	
Describe Vendor’s approach to providing these services as required in RFP Section 2.3.A., including without limitation Vendor’s criteria for determining acceptability of cost reports and necessity of full-scope audits(1-8)	<b>5 points</b>
Describe Vendor’s approach to providing the additional audit functions as required in RFP Section 2.3.A(9)	<b>5 points</b>
<b>E.4 Cost Report Audits and Analysis: Nursing Homes and Intermediate Care Facilities</b>	
Provide Vendor’s approach to providing the services as required at RFP Section 2.3.B.	<b>5 points</b>
<b>E. 5 State Medicaid Disproportionate Share Hospital (DSH) Payment Calculations</b>	
Provide Vendor’s approach to providing this service as required in RFP Section 2.3.C	<b>5 points</b>
<b>E.6 Demonstration Payment Limit Calculations</b>	
Provide Vendor’s approach to providing this service as required in RFP Section 2.3.D.	<b>5 points</b>
<b>E.7 Arkansas State Plan Amendment Revisions: Supplemental Payments and Provider Fees</b>	
Describe Vendor’s approach to providing this service as required in RFP Section 2.3.E	<b>5 points</b>
<b>E.8 Paperless Workflow</b>	
Provide Vendor’s approach to providing a paperless workflow system as required in RFP Section 2.3.F.	<b>5 points</b>
<b>E.9 Other Contract Requirements</b>	
Provide an example of Vendor’s proposed progress report meeting the requirements at RFP 2.3.H(3)	<b>5 point</b>
Provide Vendor’s approach to accommodating meetings with the State as specified at RFP 2.3.H(4)	<b>5 points</b>
Provide Vendor’s approach to executing Health Insurance Portability and Accountability Act (HIPPA)-compliant data transfers as required at RFP 2.3.H(5)	<b>5 points</b>
<b>E. 10 Implementation</b>	
Provide Vendor’s approach to meeting the implementation requirements as specified at RFP 2.4	<b>5 points</b>
<b>E.11 Staffing</b>	
Provide narratives detailing prior experience of Vendor’s proposed Senior Manager and Project Manager meeting the requirements at RFP Section 2.5.	<b>5 points</b>

**OFFICIAL BID PRICE SHEET**

Total Annual cost: \$ \_\_\_\_\_

All bid pricing **must** be in United States dollars and cents.  
Please provide a detailed budget as a separate attachment



By signature of this form and submission of a cost in response to this request, the respondent acknowledges that this submission is all-inclusive, true, and accurate. Also, by signature below, vendor agrees to and shall fully comply with all terms and compliances agreed to in responses submitted for the original solicitation 710-17-1000.

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