



**STATE OF ARKANSAS**

Department of Human Services

Office of Procurement

For

Division of Aging, Adult and Behavioral Health

Services Division of Developmental Disabilities

Services Division of Medical Services

West 7th and Main Street

Little Rock, Arkansas 72201

***FINAL***  
***TECHNICAL PROPOSAL***  
***PACKET 0710-19-1001***

***Prior Authorizations and Retrospective Reviews***

**CAUTION TO VENDOR**

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


# STATE OF ARKANSAS PROPOSAL SIGNATURE PAGE

*Type or Print the following information.*

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	eQHealth Solutions, Inc.				
Address:	8440 Jefferson Hwy. Suite 101				
City:	Baton Rouge	State:	LA	Zip Code:	70809
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 checked="" type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*	<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 style="color: red;" type="checkbox"/> Women-Owned				
	AR Certification #: _____                      * See Minority and Women-Owned Business Policy				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
Contact Person:	Mayur Yermaneni		Title:	Chief Strategy and Growth Officer	
Phone:	1-225-248-7021		Alternate Phone:	1-513-295-2490	
Email:	myermaneni@eqhs.org				
CONFIRMATION OF REDACTED COPY					
<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>					
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 checked="" 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: President and CEO  
Use Ink Only.

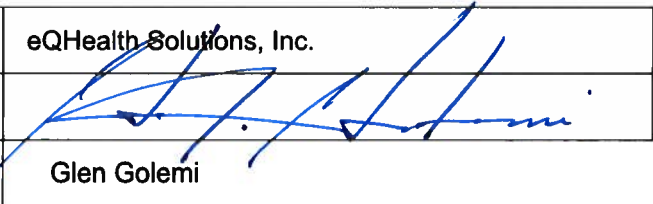
Printed/Typed Name: Glen Golemi Date: August 10, 2018

# **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.

eQHealth does not request any exceptions.

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

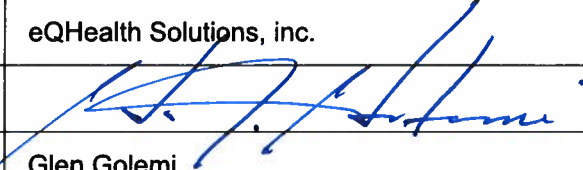
<b>Vendor Name:</b>	eQHealth Solutions, Inc.	<b>Date:</b>	August 10, 2018
<b>Signature:</b>		<b>Title:</b>	President and CEO
<b>Printed Name:</b>	Glen Golemi		

## **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.
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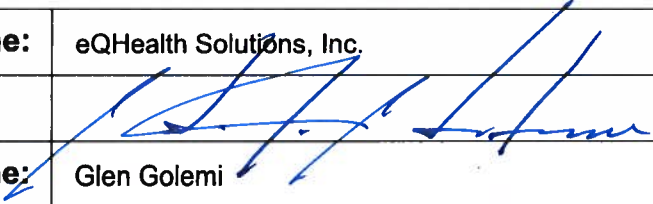
<b>Vendor Name:</b>	eQHealth Solutions, inc.	<b>Date:</b>	August 10, 2018
<b>Signature:</b>		<b>Title:</b>	President and CEO
<b>Printed Name:</b>	Glen Golemi		

## **SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE**

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

eQHealth agrees to fully comply with all requirements as shown in the solicitation.

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>	eQHealth Solutions, Inc.	<b>Date:</b>	August 10, 2018
<b>Signature:</b>		<b>Title:</b>	President and CEO
<b>Printed Name:</b>	Glen Golemi		

# **PROPOSED SUBCONTRACTORS FORM**

*Do not include additional information relating to subcontractors on this form or as an attachment to this form.*

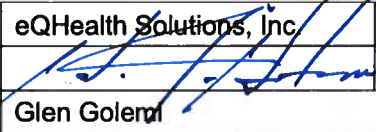
**VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*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.

<b>Vendor Name:</b>	eQHealth Solutions, Inc	<b>Date:</b>	August 10, 2018
<b>Signature:</b>		<b>Title:</b>	President and CEO
<b>Printed Name:</b>	Glen Goler		

## Information for Evaluation Sub-Sections

Provide a response to each item/question in this section. Vendor 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**

### **Background & Qualifications**

- E.1** Provide a detailed narrative on past experience implementing similar IT buildouts along with corroborating references. 5 points

### **Project Organization, Staffing and Key Personnel**

- E.2** Provide an Organization chart showing proposed staffing, including experience, education level, for each function. This should also identify "core staff" who will be housed in Arkansas office 5 points

### **Technical Solutions and Scope of Work**

- E.3** Describe your Notifications, due process and reconsideration, data corrections and maintenance plans of action. 5 points
- E.4** Describe fully your proposed Implementation Timeline (note: See section 2.21 in Final RFP) 5 points
- E.5** Provide your proposed Provider Training 5 points
- E.6** Describe your proposed method of providing a Secure Portal – does bidder propose "off-the-shelf" or "from scratch" approach 5 points
- E.7** Describe your proposed Records Retention and Maintenance 5 points
- E.8** Describe your proposed plan of action to Transition of appeals functions from existing vendors 5 points
- E.9** Describe your proposed complaint Resolution Process 5 points
- E.10** Describe your proposed Business Continuity and Recovery Plan 5 points
- E.11** Describe the various reports your proposal would include, give an example of Sample reporting, including trend reporting to identify outlier providers and other trends proposed by bidder and to inform DHS referrals for "desk reviews." 5 points
- E.12** Describe your proposed complaint resolution process. 5 points
- E.13** Bidder with a current certification or accreditation from the National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation and Certification (URAC) with a health utilization management designation. 5 points

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203  
501-682-6327

**ADDENDUM 1**

**DATE:** June 20, 2018

**SUBJECT:** 710-19-1001 Prior Authorization and Retrospective Reviews

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

**Change of specification(s)**

Additional specification(s)  
 Change of bid opening date and time  
 Cancellation of bid  
 Other

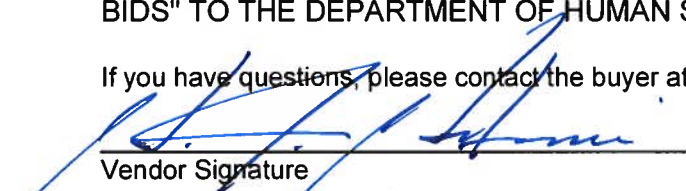
**BID OPENING DATE AND TIME**

Bid opening date and time **will be changed:** August 17, 2018 at 11:00a.m.

---

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at [chorsie.burns@dhs.arkansas.gov](mailto:chorsie.burns@dhs.arkansas.gov) or 501-682-6327

  
\_\_\_\_\_  
Vendor Signature

August 10, 2018  
Date

eQHealth Solutions, Inc  
Company



State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203  
501-682-6327

**ADDENDUM 2**

**DATE:** June 26, 2018

**SUBJECT:** 710-19-1001 Prior Authorization and Retrospective Reviews

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

**Change of specification(s)**

- Additional specification(s)  
 Change of bid opening date and time  
 Cancellation of bid  
 Other

Correcting language in Section 2.2 Minimum Qualifications to include attachment I.

For verification purposes, bidder must provide an overview of prior work meeting this requirement, including scopes of work, review volumes (attachment I), contract amounts, and contact information for contract managers who can verify experience.

**BID OPENING DATE AND TIME**

Bid opening date and time ***will not be changed***:

---

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at [nawania.williams@dhs.arkansas.gov](mailto:nawania.williams@dhs.arkansas.gov) or 501-320-6511

  
\_\_\_\_\_  
Vendor Signature

August 10, 2018  
Date

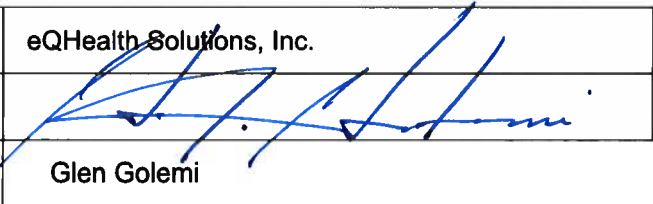
eQHealth Solutions, Inc.  
Company

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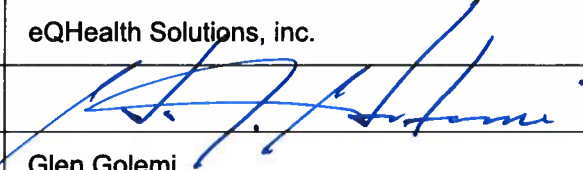
<b>Vendor Name:</b>	eQHealth Solutions, Inc.	<b>Date:</b>	August 10, 2018
<b>Signature:</b>		<b>Title:</b>	President and CEO
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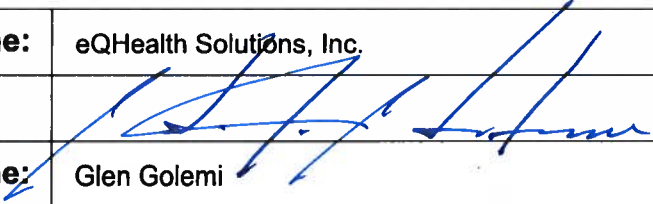
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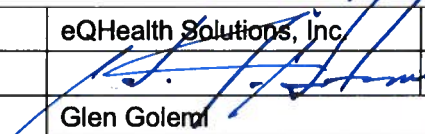
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<b>Vendor Name:</b>	eQHealth Solutions, Inc	<b>Date:</b>	August 10, 2018
<b>Signature:</b>		<b>Title:</b>	President and CEO
<b>Printed Name:</b>	Glen Goler		

**CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**

F-1

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

**SUBCONTRACTOR:** \_\_\_\_\_ **SUBCONTRACTOR NAME:** \_\_\_\_\_ **Contractor for which this is a subcontractor:** \_\_\_\_\_

YES  NO

Estimated dollar amount of subcontract: \_\_\_\_\_

IS THIS FOR:

**TAXPAYER ID NAME:** eQHealth Solutions, Inc.

Goods?  Services  Both?

**YOUR LAST NAME:** Golemi

**FIRST NAME:** Glen

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

**ADDRESS:** 8440 Jefferson Hwy Suite 101

**CITY:** Baton Rouge

**STATE:** LA

**ZIP CODE:** 70809

**COUNTRY:** UNITED STATES OF AMERICA

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

**FOR INDIVIDUALS \***

Indicate below if you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: Member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

**FOR A VENDOR (BUSINESS) \***

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Ownership Interest (%)	Position of Control
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies

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

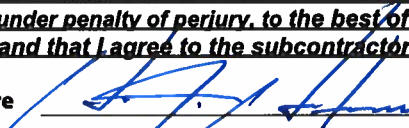
**CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2**

**Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.**

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:  
***Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.***
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature  Title President and CEO Date August 10, 2018  
Vendor Contact Person Mayur Yermaneni Title Chief Strategy & Growth Officer Phone No. 225-248-7021

**AGENCY USE ONLY**

Agency Number	Agency Name	Agency Contact Person	Contact Phone No.	Contract or Grant No.
0710	Department of Human Services		0710-19-1001	0710-19-1001



Please see below eQHealth Solutions' Equal Opportunity Policy taken from our Employee Guide to Human Resource Policy and Procedures:

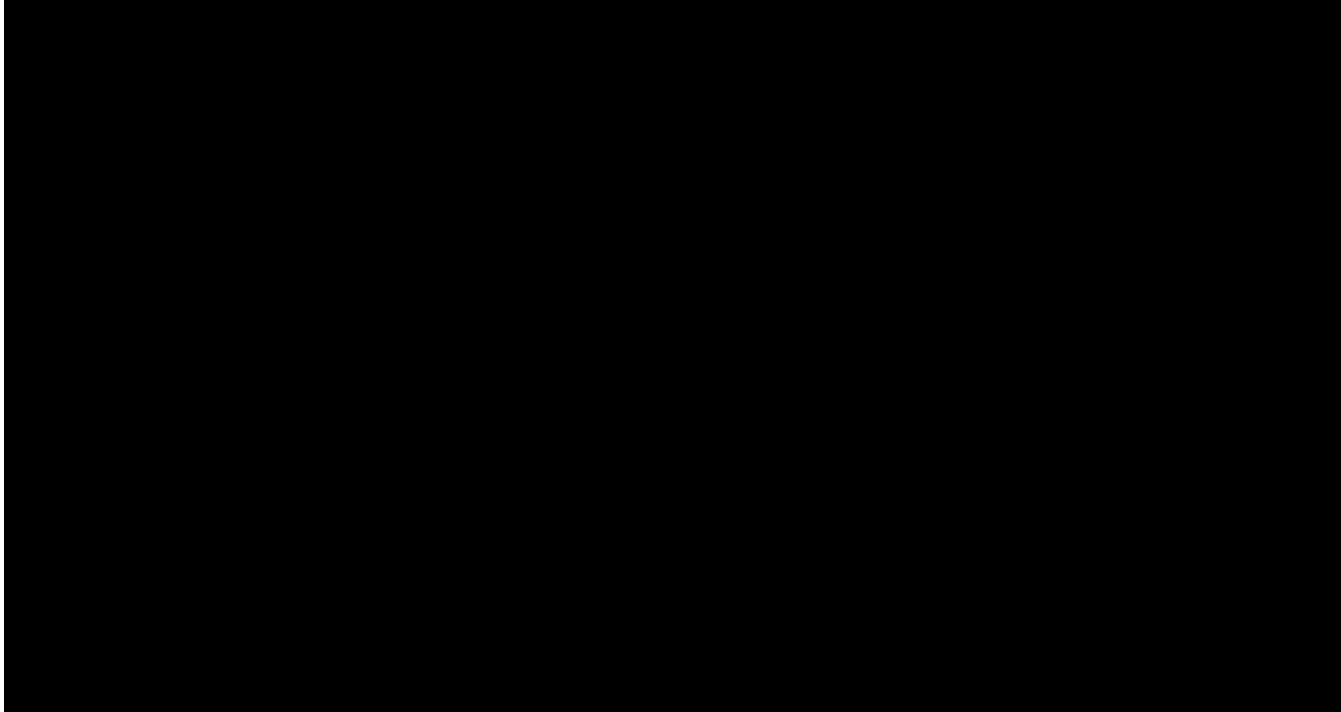
### ***Equal Employment Opportunities***

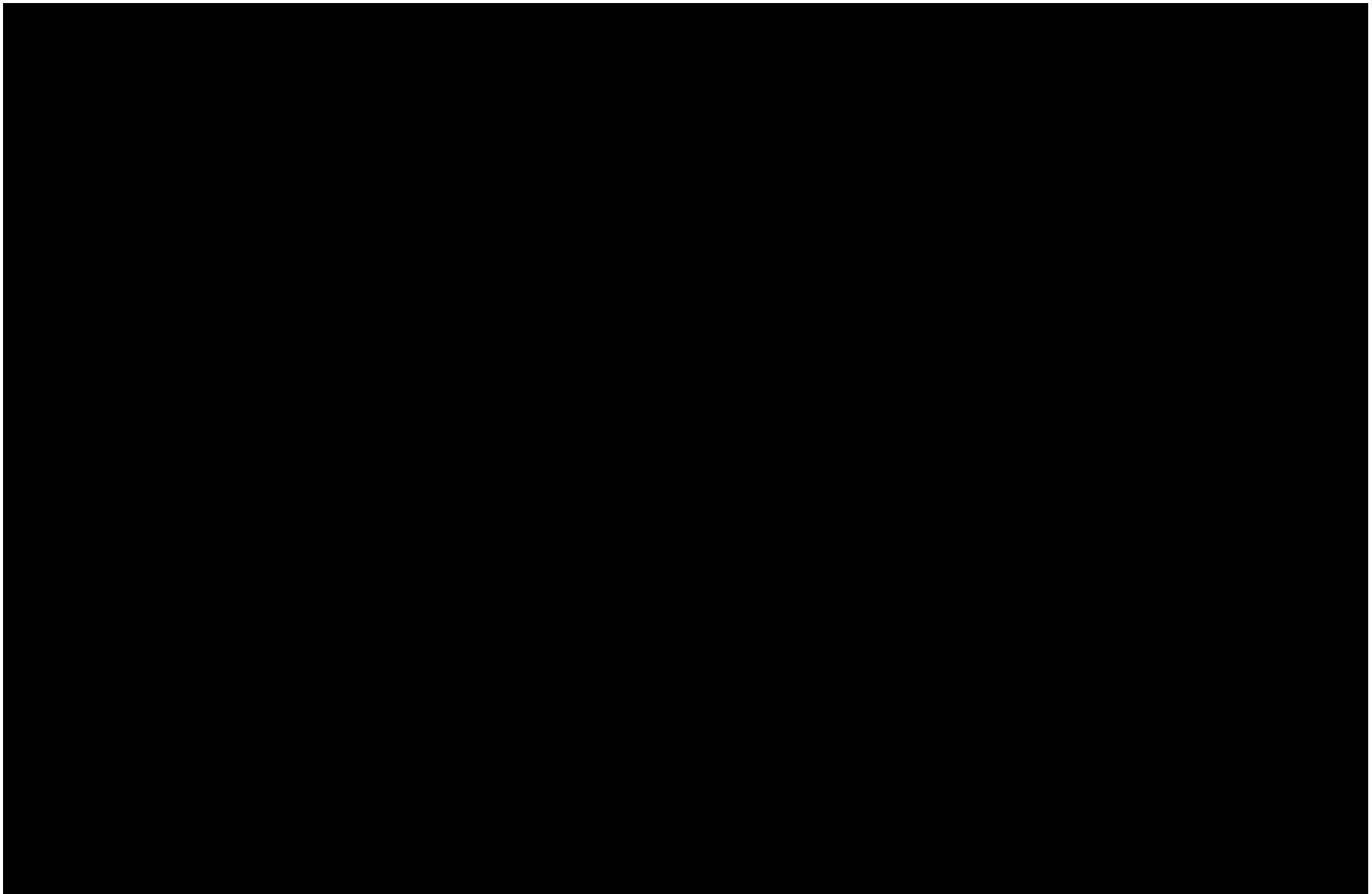
eQHealth is an Equal Opportunity/Affirmative Action employer. In the administration of its employment policies and practices, eQHealth does not discriminate against employees or applicants for employment because of race, color, national origin, sex, sexual orientation, religion, age, veteran status or disability. We take affirmative steps to ensure that applicants are hired, and employees are treated in a nondiscriminatory manner. Our commitment to equal opportunity principles applies to all aspects of employment, including recruitment, retention, promotion, compensation, benefits and training.

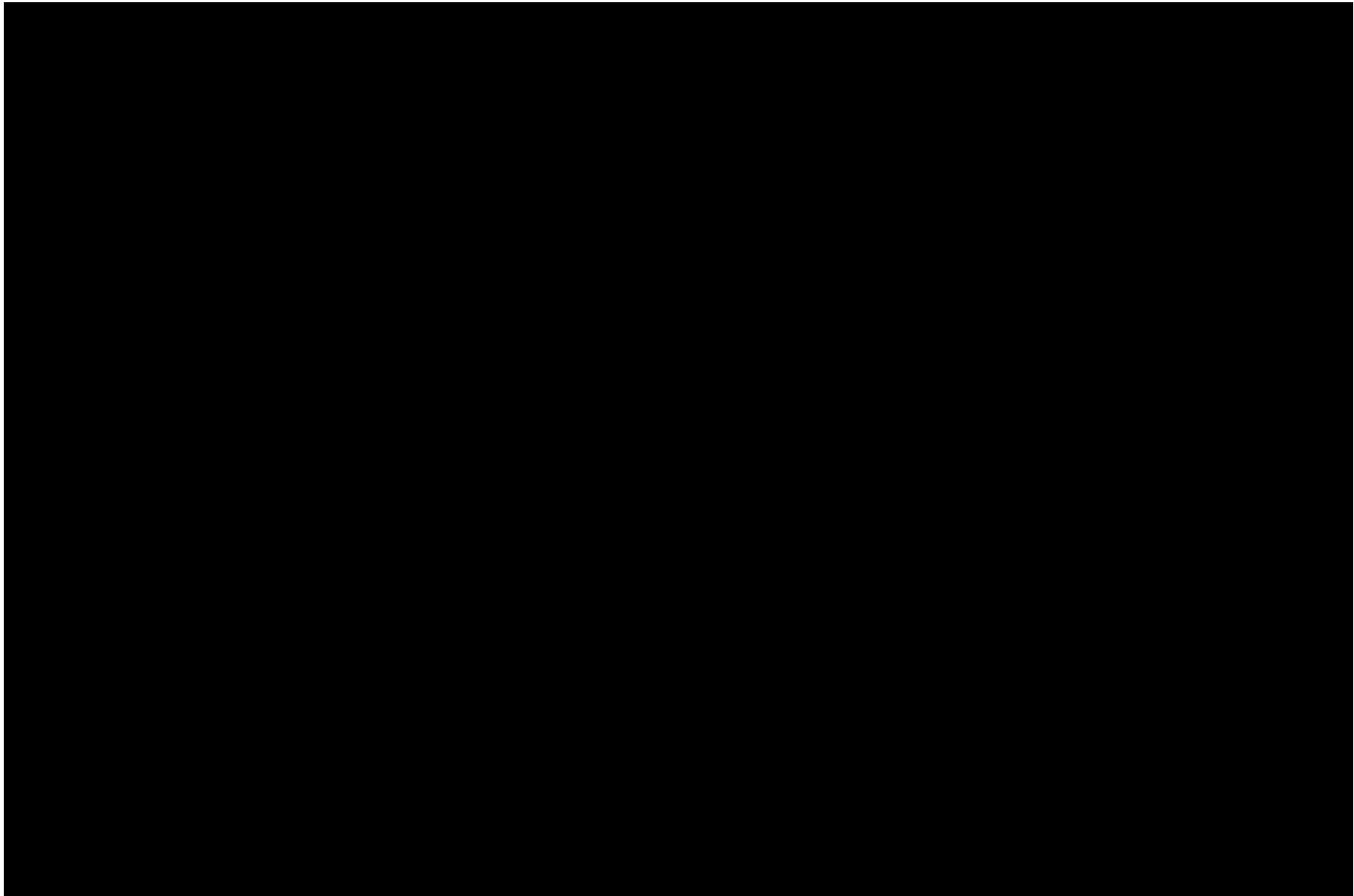


## Other Documents and/or Information Required in Bid Solicitation

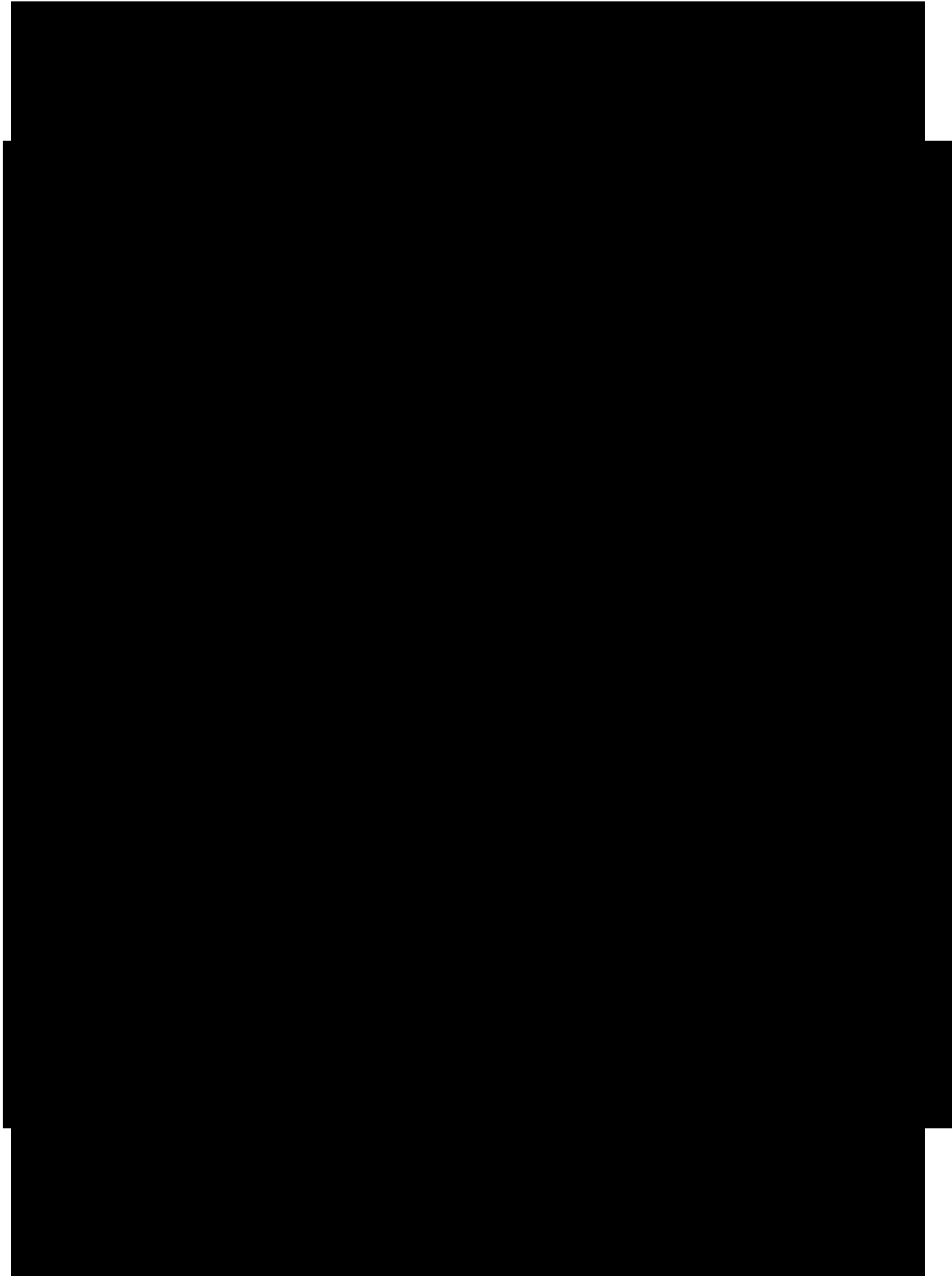
*1.8.B Other documents and/or information as may be expressly required in this Bid Solicitation. Label documents and/or information so as to reference the Bid Solicitation's item number.*

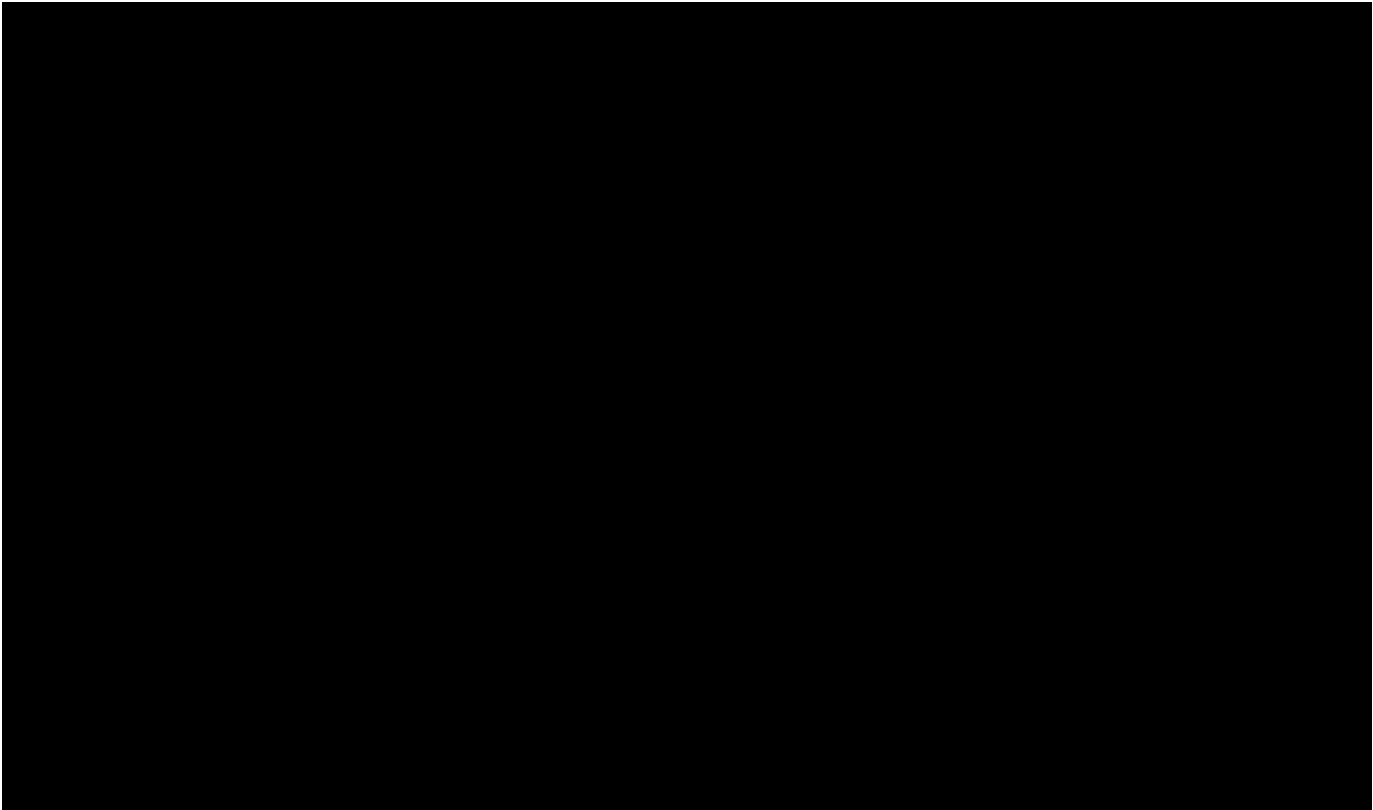




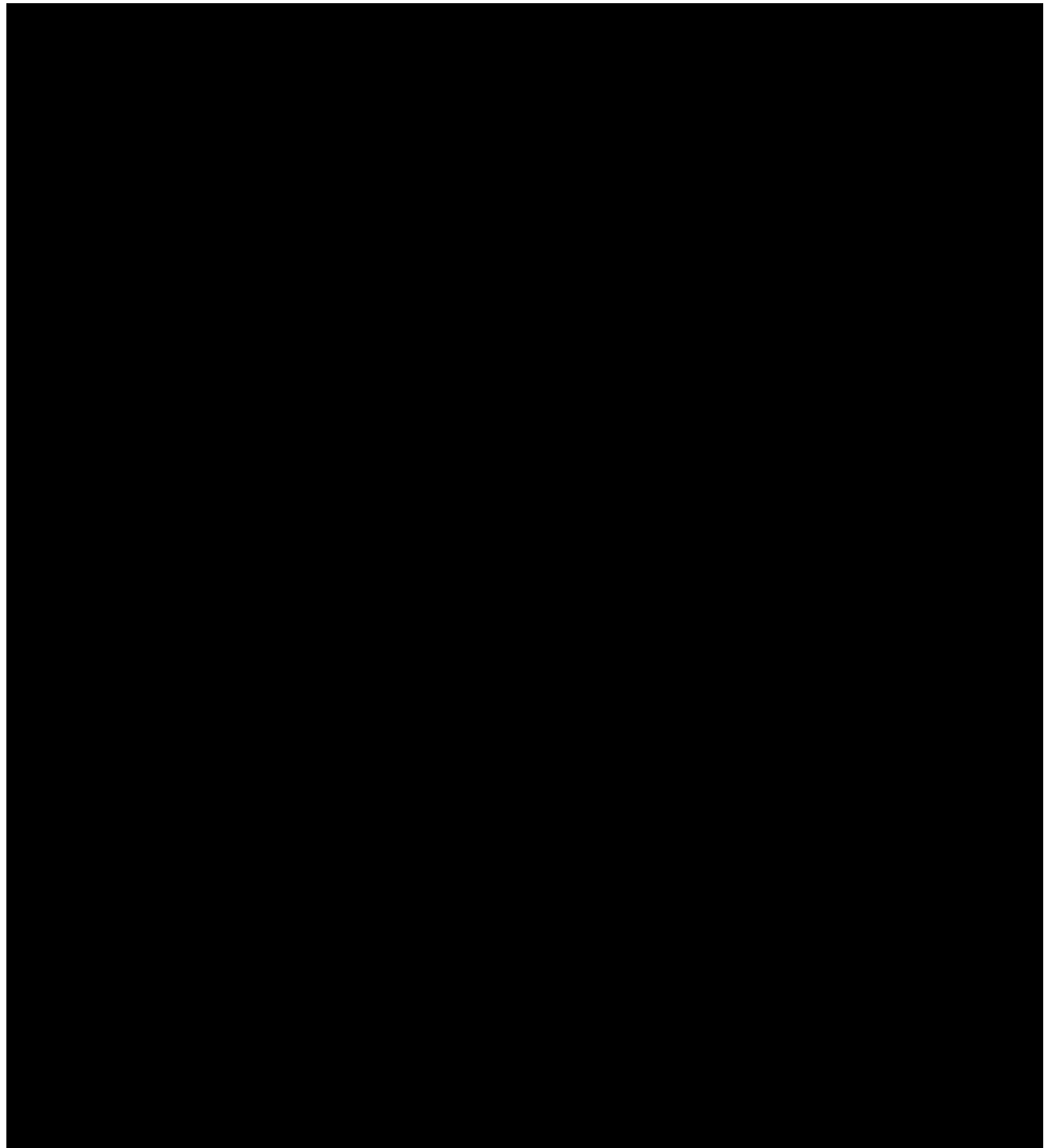




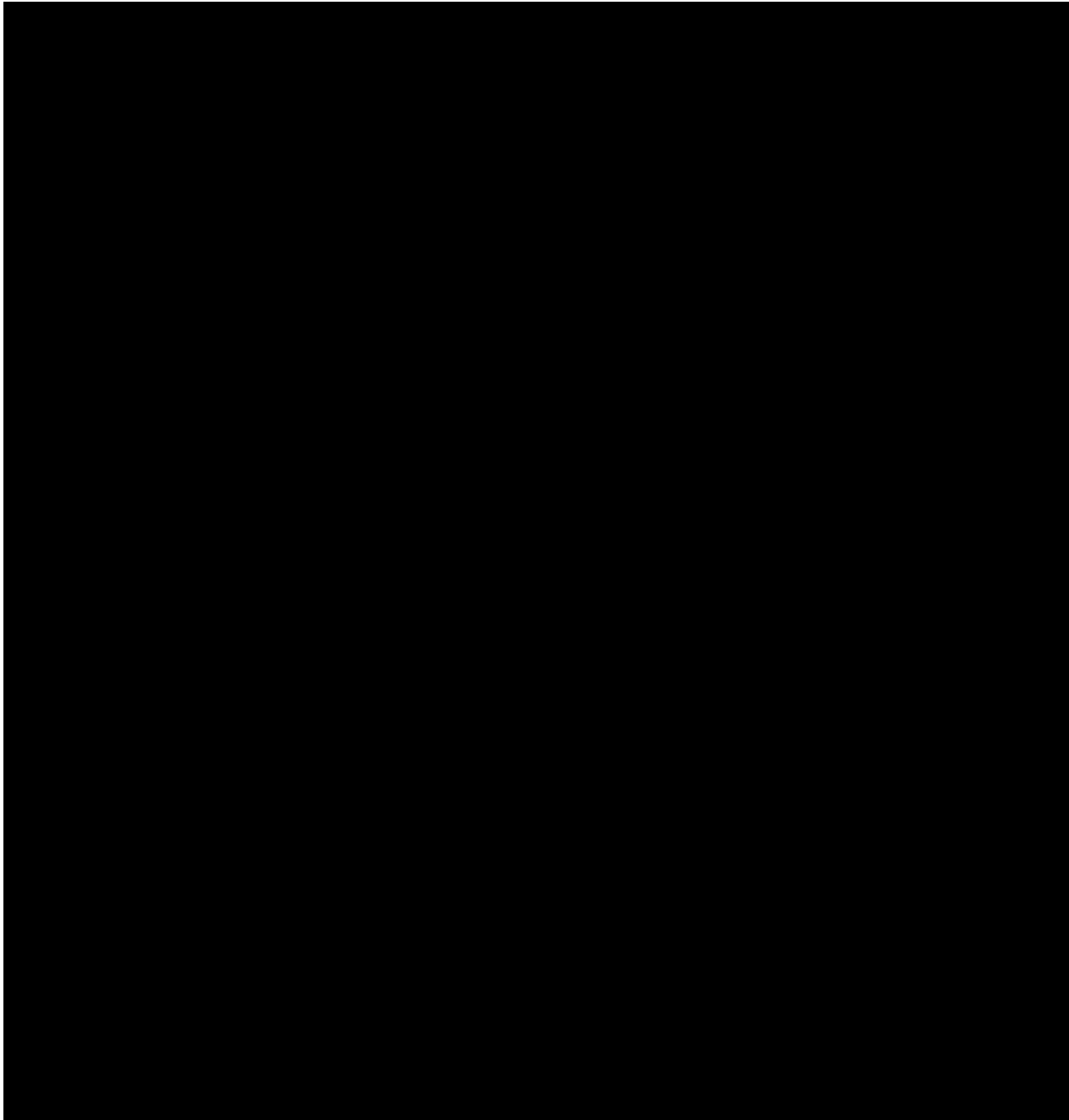




***Disease Management***









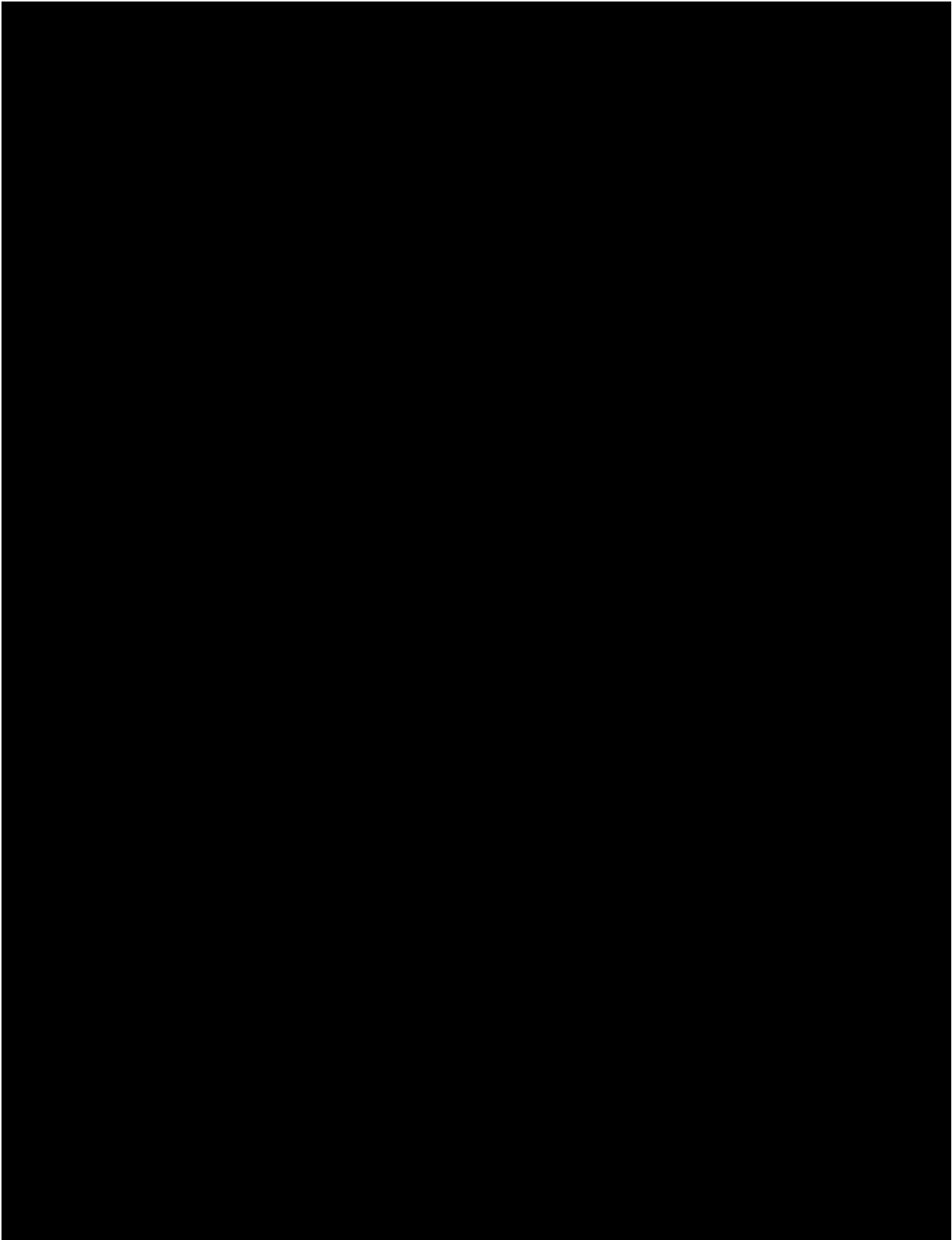
*C. Vendor must provide at least three (3) letters of reference that must attest to Vendor's prior authorization, retrospective review and medical review/consultation experience.*

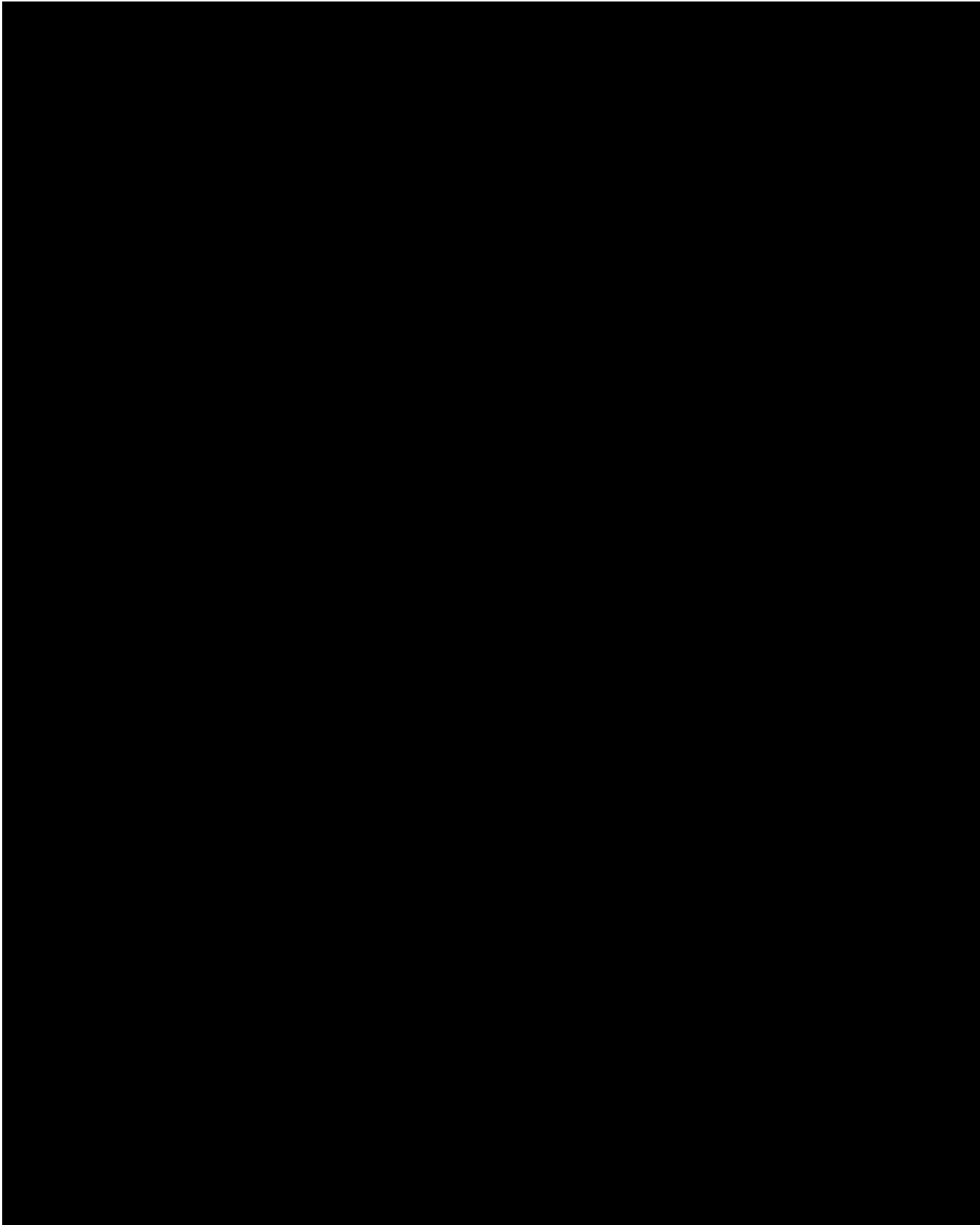
*1. Two (2) letters of reference must be from public or private entities other than the Arkansas Department of Human Services (DHS); and*

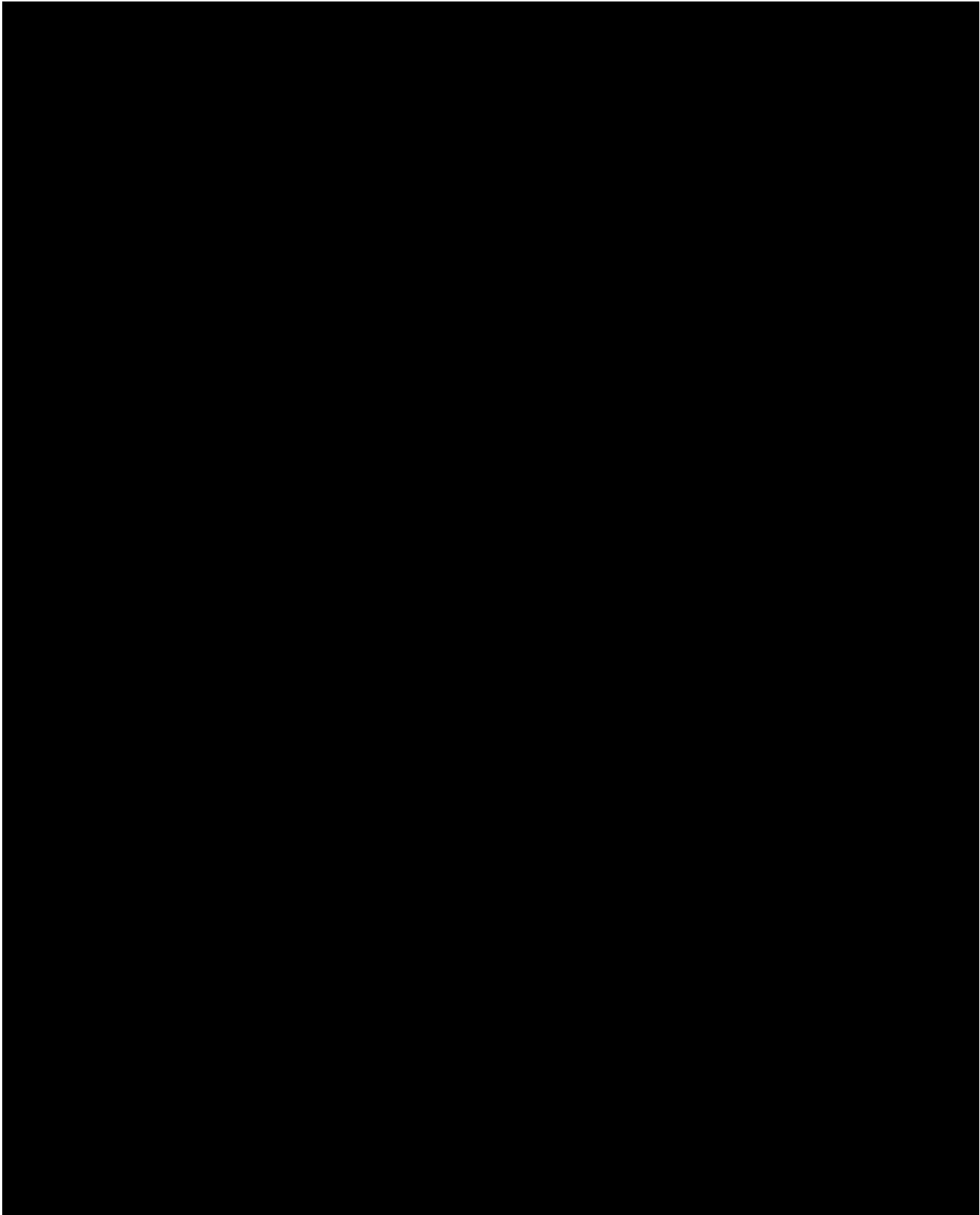
*2. An additional letter of reference must be from any state Medicaid division, which may include the Division of Medical Services (DMS) within Arkansas DHS.*

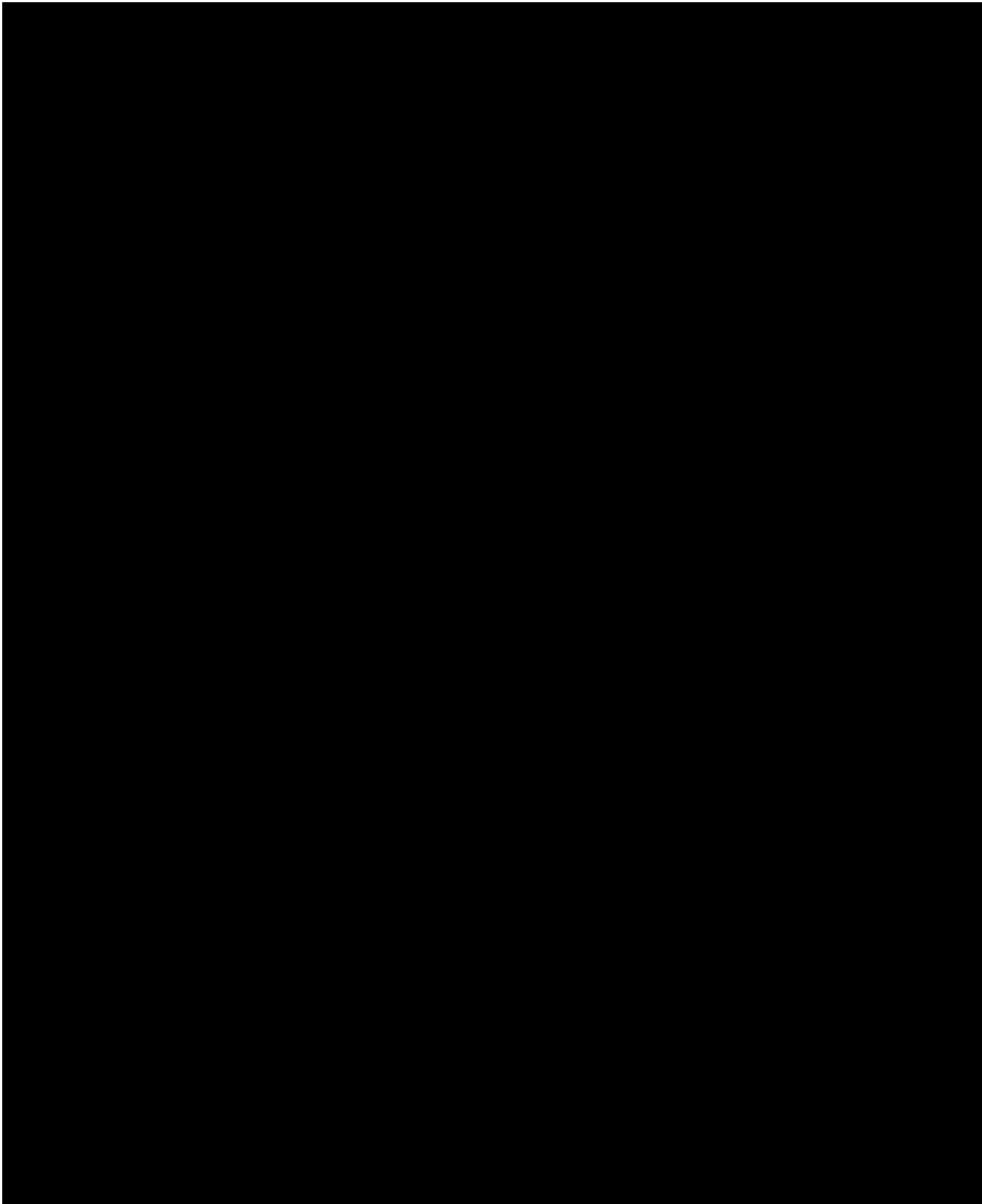
*All letters of reference must meet the following criteria:*

- They shall be on official letterhead of the party submitting reference;*
- They shall be from entities with recent (within the last three (3) years) contract experience with the respondent;*
- They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFP;*
- They shall be limited to organizational references, not personal references;*
- They shall be dated not more than six (6) months prior to the proposal submission date;*
- They shall include the current phone number, mailing address, email address, title, printed name, and signature of the individual of the party submitting the reference.*



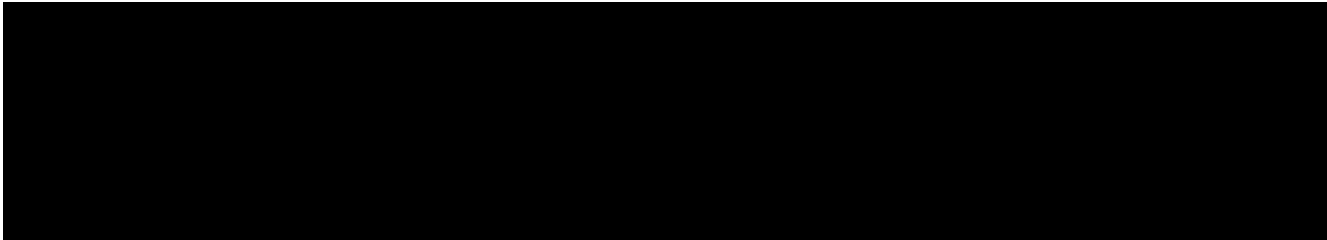






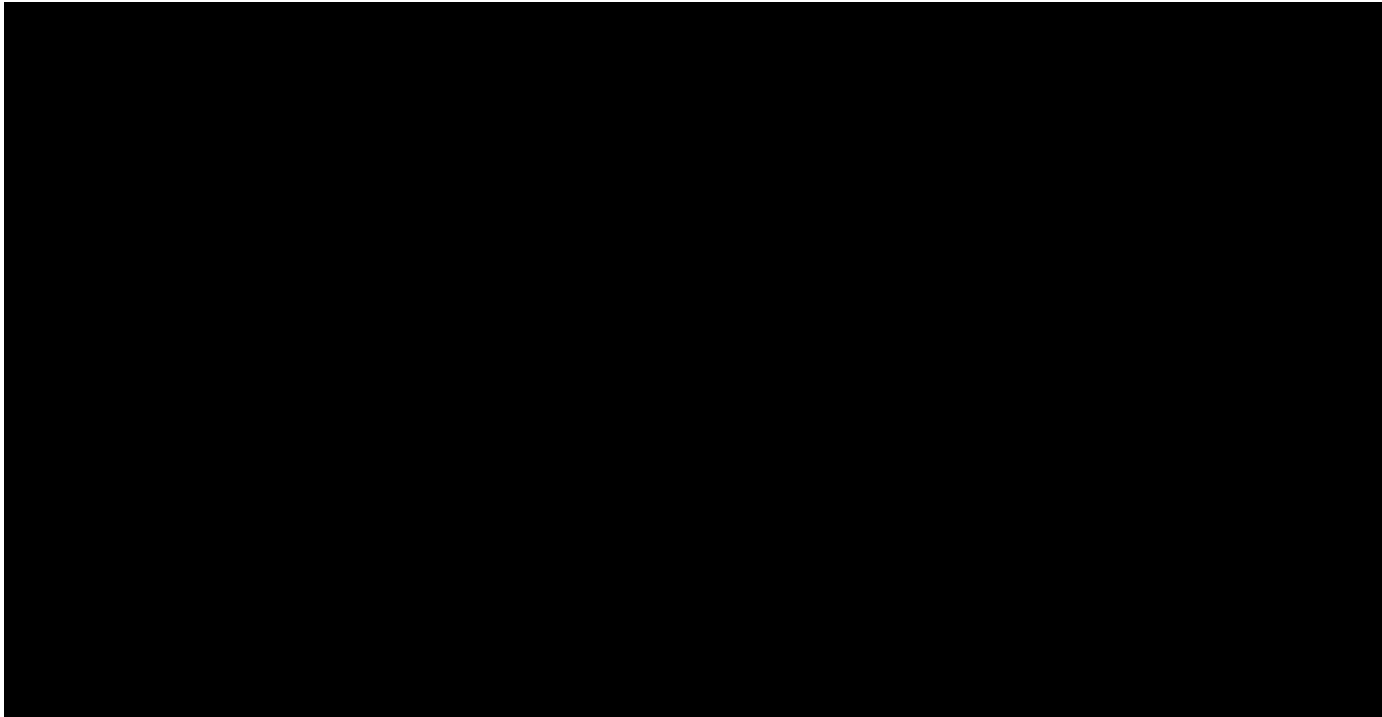


*D. The Bidder must certify that the Bidder has not received any sanctions or corrective actions by a state or Federal government within the last ten (10) years. However, failure to certify may not disqualify a bidder's submission if the Bidder provides detailed documentation of each sanction and any corresponding corrective action received from a state or Federal government within the last ten (10) years. Documentation must include status of all corrective actions within the last ten (10) years, including corrective actions completed to the satisfaction of the issuing government agency.*





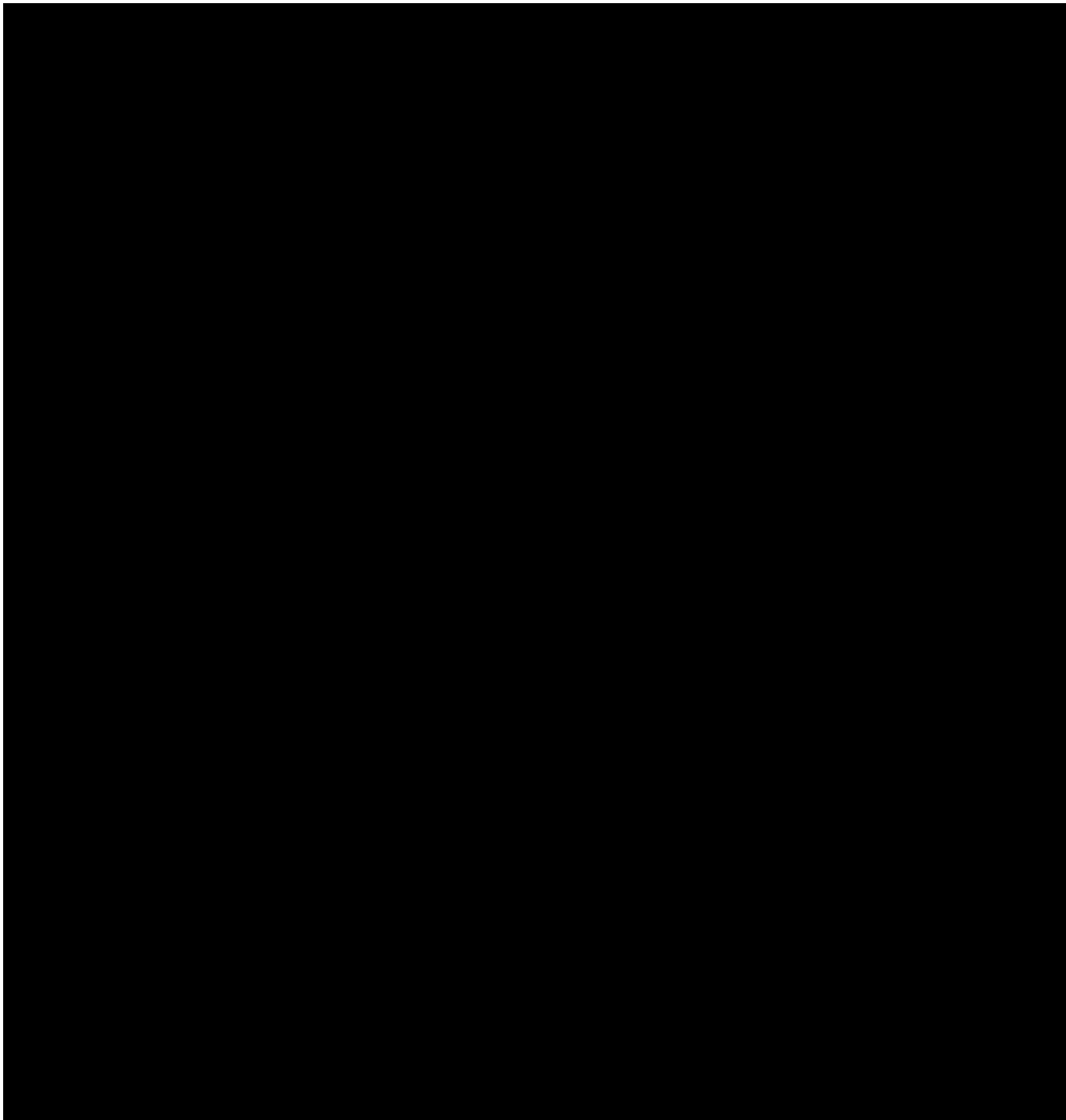
*E. The Bidder and all subcontractors must certify that Bidder and all subcontractors have read the Organizational or Personal Conflict of Interest Clause (see Attachment G) and that Bidder and all subcontractors have no actual, apparent, or potential conflicts of interest with the DHS Independent Assessment vendor or Provider-Led Arkansas Shared Savings Entities (PASSE). If the Bidder or any subcontractor does have an actual, apparent, or potential conflict of interest, Bidder must disclose all relevant information pertaining to such conflict of interest. Bidders disclosing a potential, actual, or apparent conflict of interest must submit a conflict of interest mitigation plan. DHS, in its sole discretion, will determine if a conflict exists and whether it can be mitigated or waived. Bidders with conflicts of interest that cannot be mitigated or waived shall be disqualified.*







*F. The Bidder must submit a Letter of Bondability from an admitted Surety Insurer with its bid submission. The letter should unconditionally offer to guarantee to the extent of one hundred percent (100%) of the contract price the bidders performance in all respects of the terms and conditions of the RFP and resultant contract.*



# VOLUNTARY PRODUCT ACCESSIBILITY TEMPLATE

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## (VPAT)

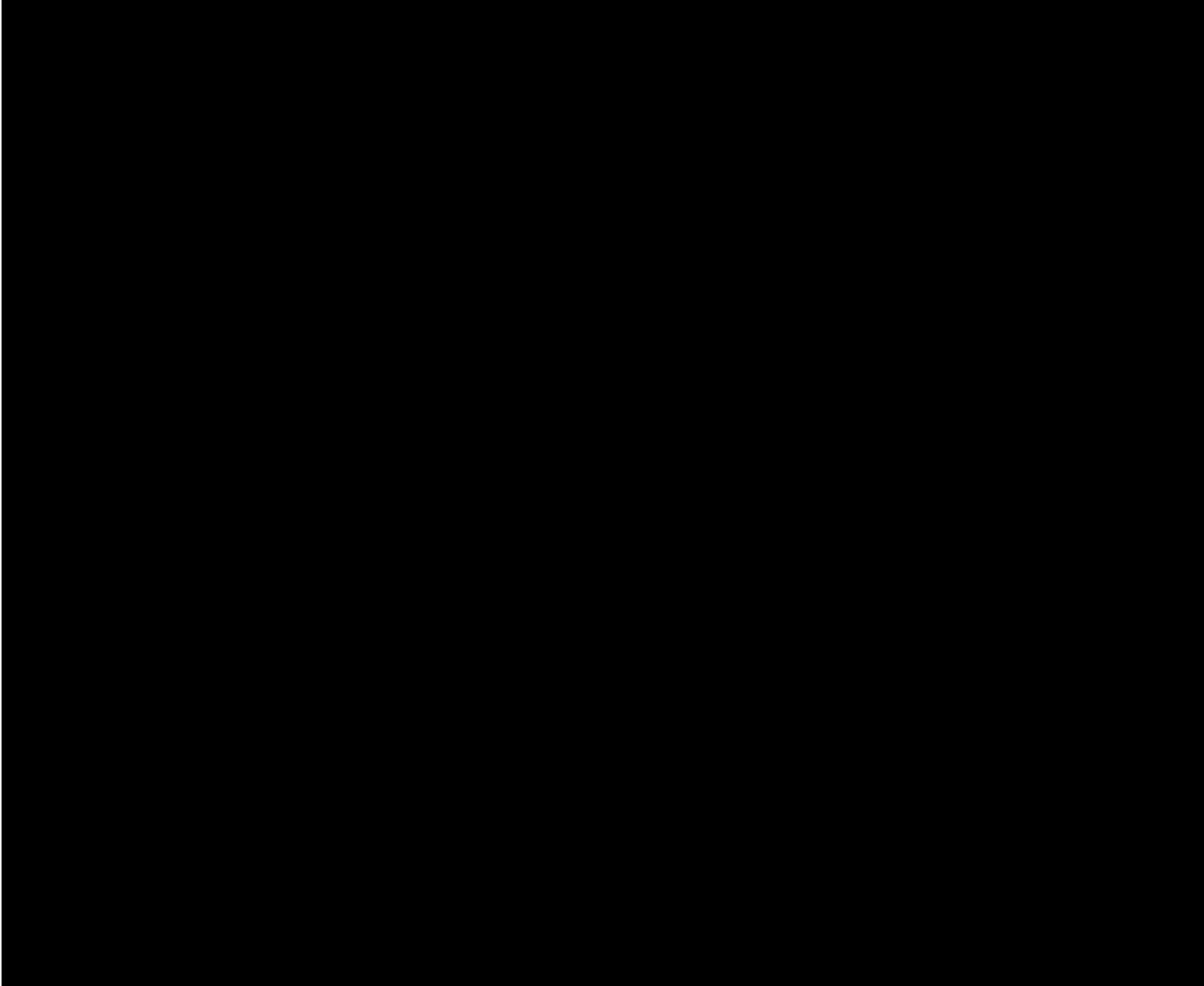
**eQHealth Solutions Inc.**

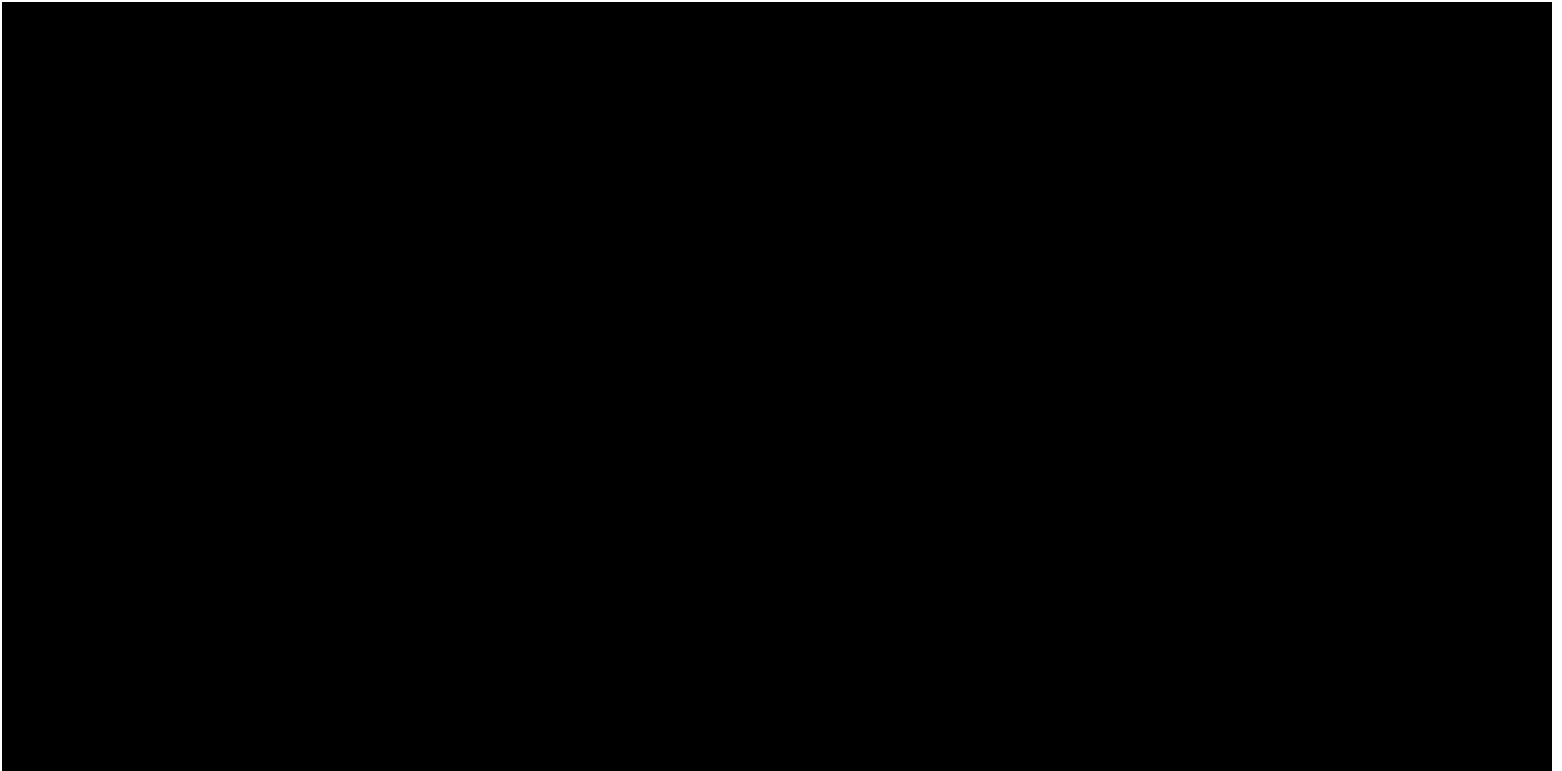
**eQSuite®**

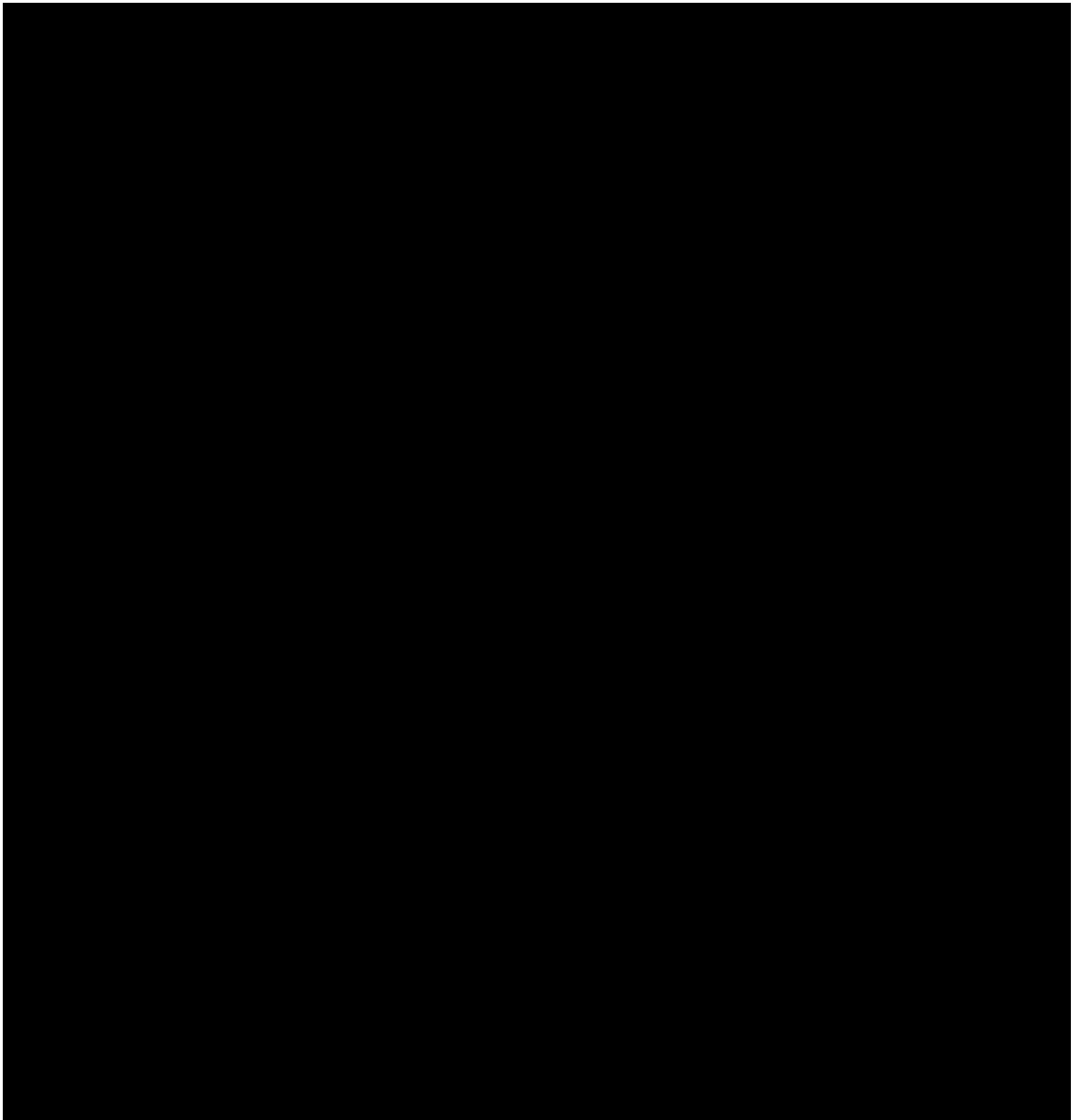
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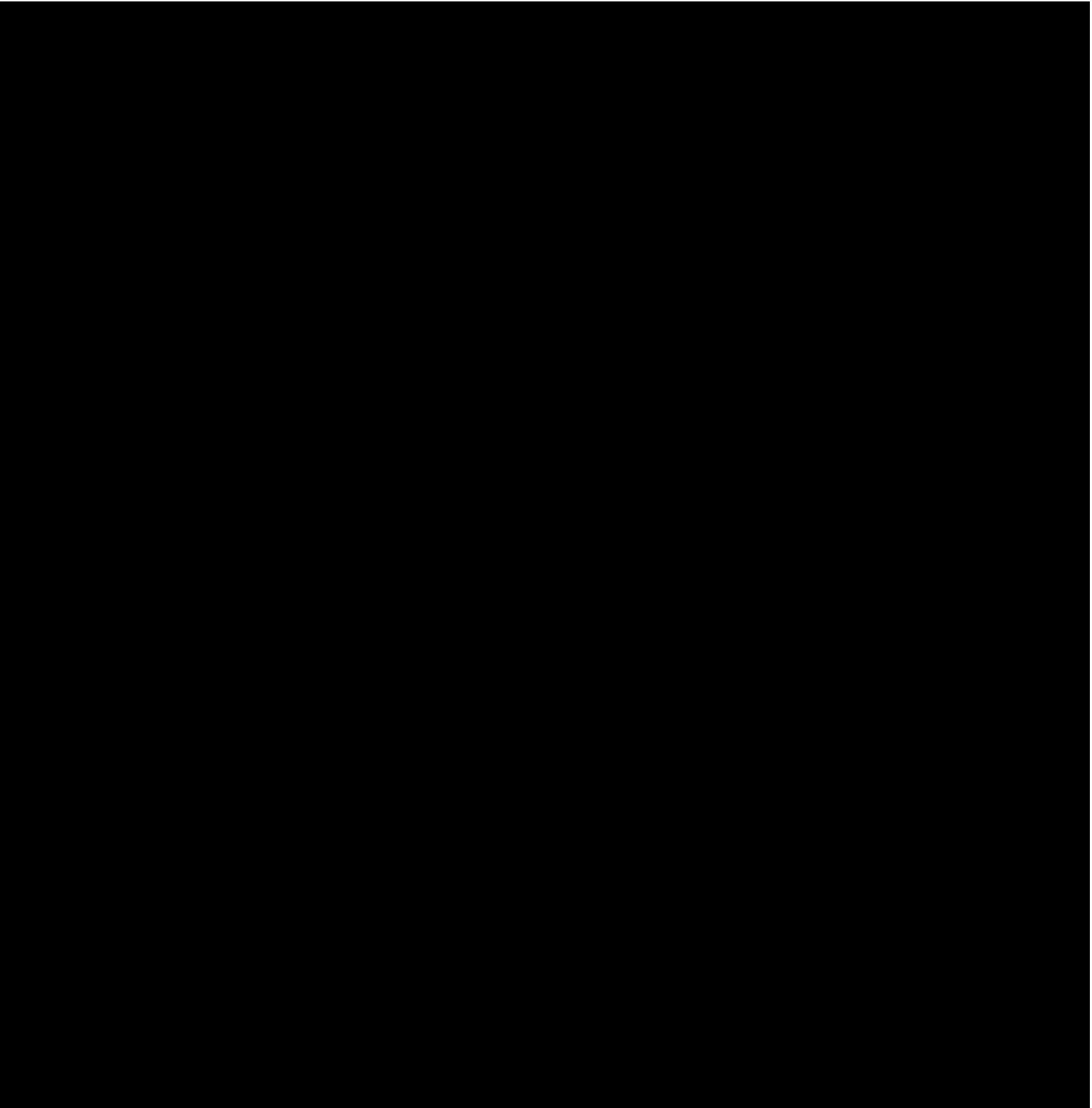
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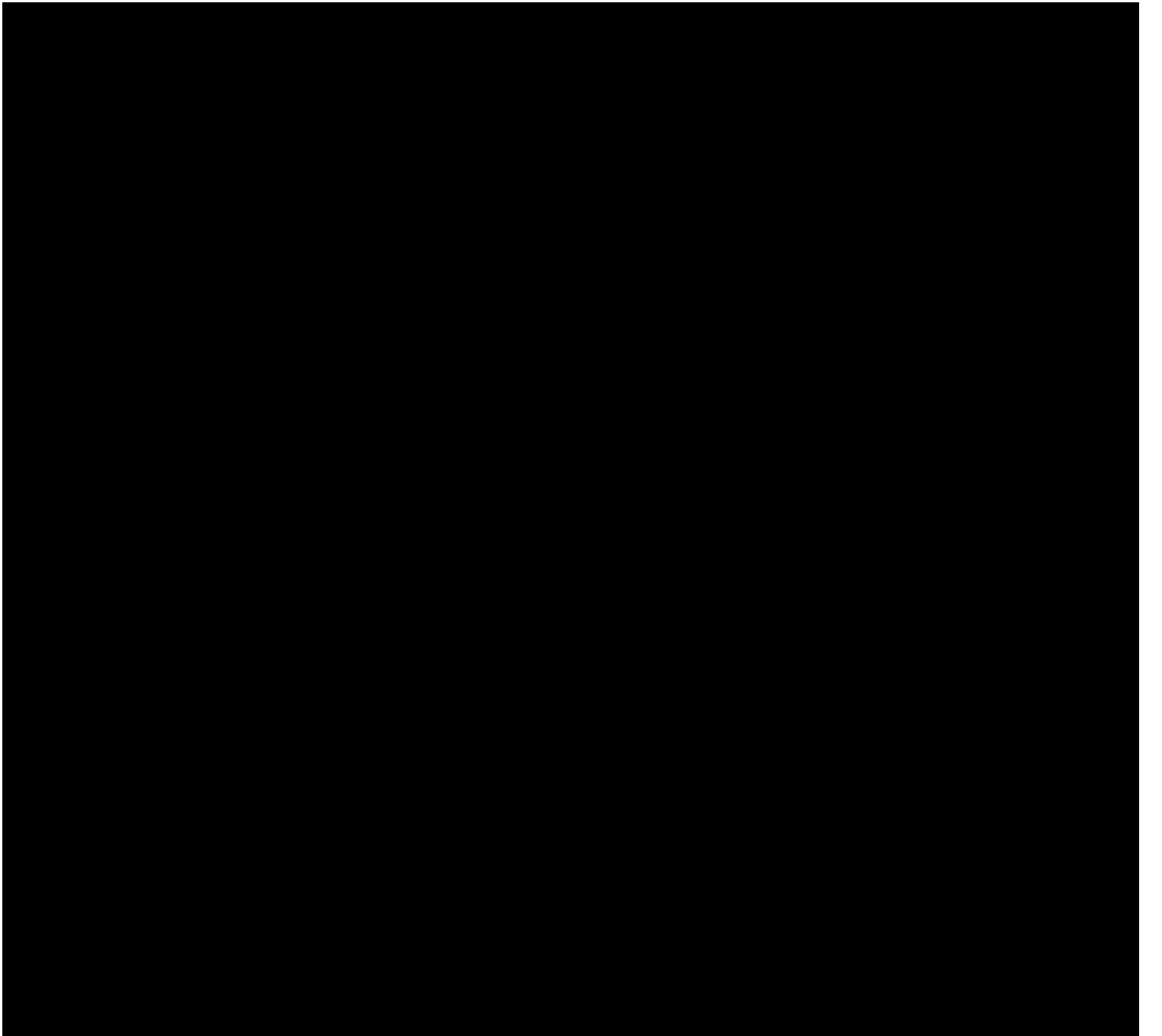
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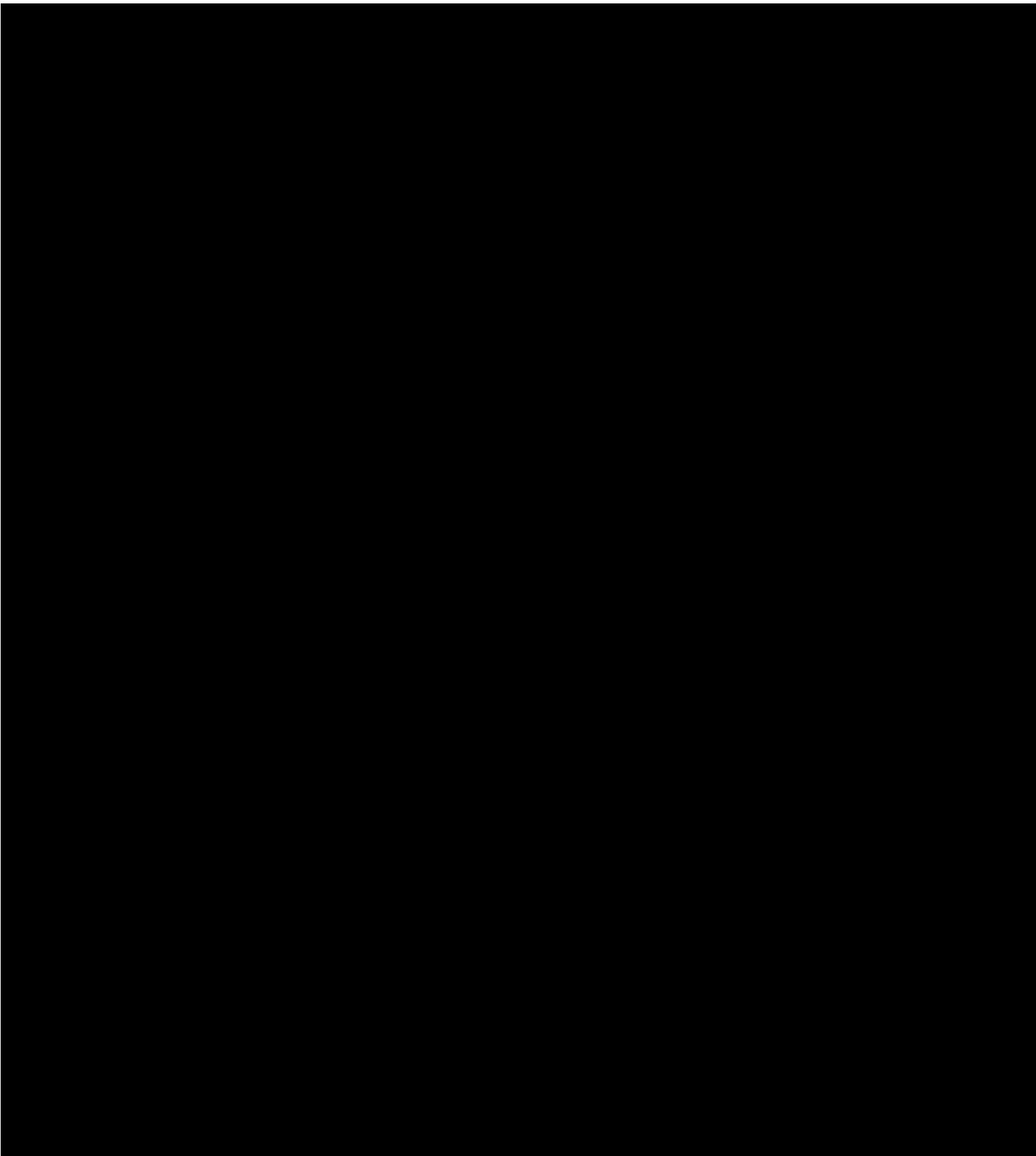




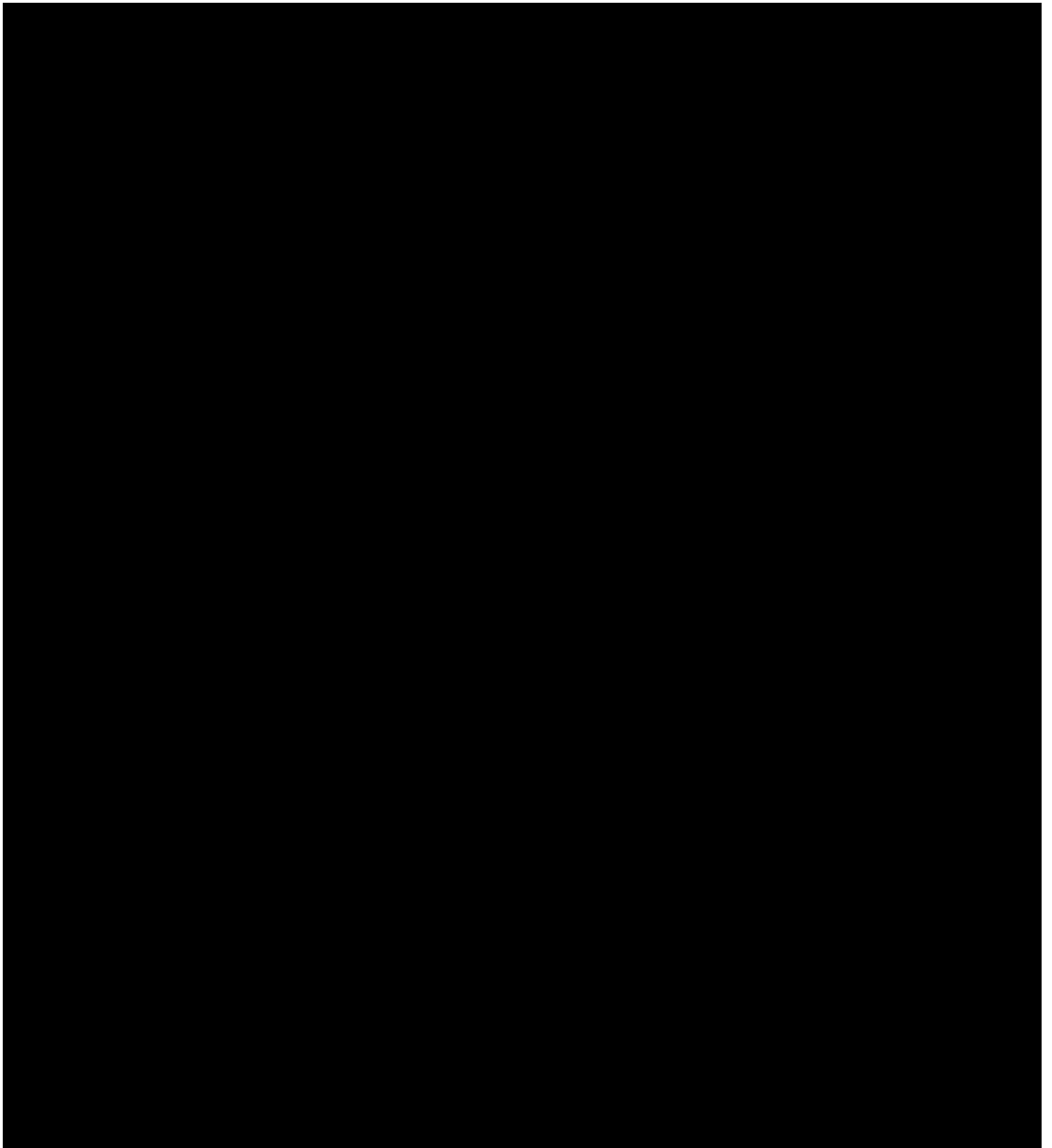


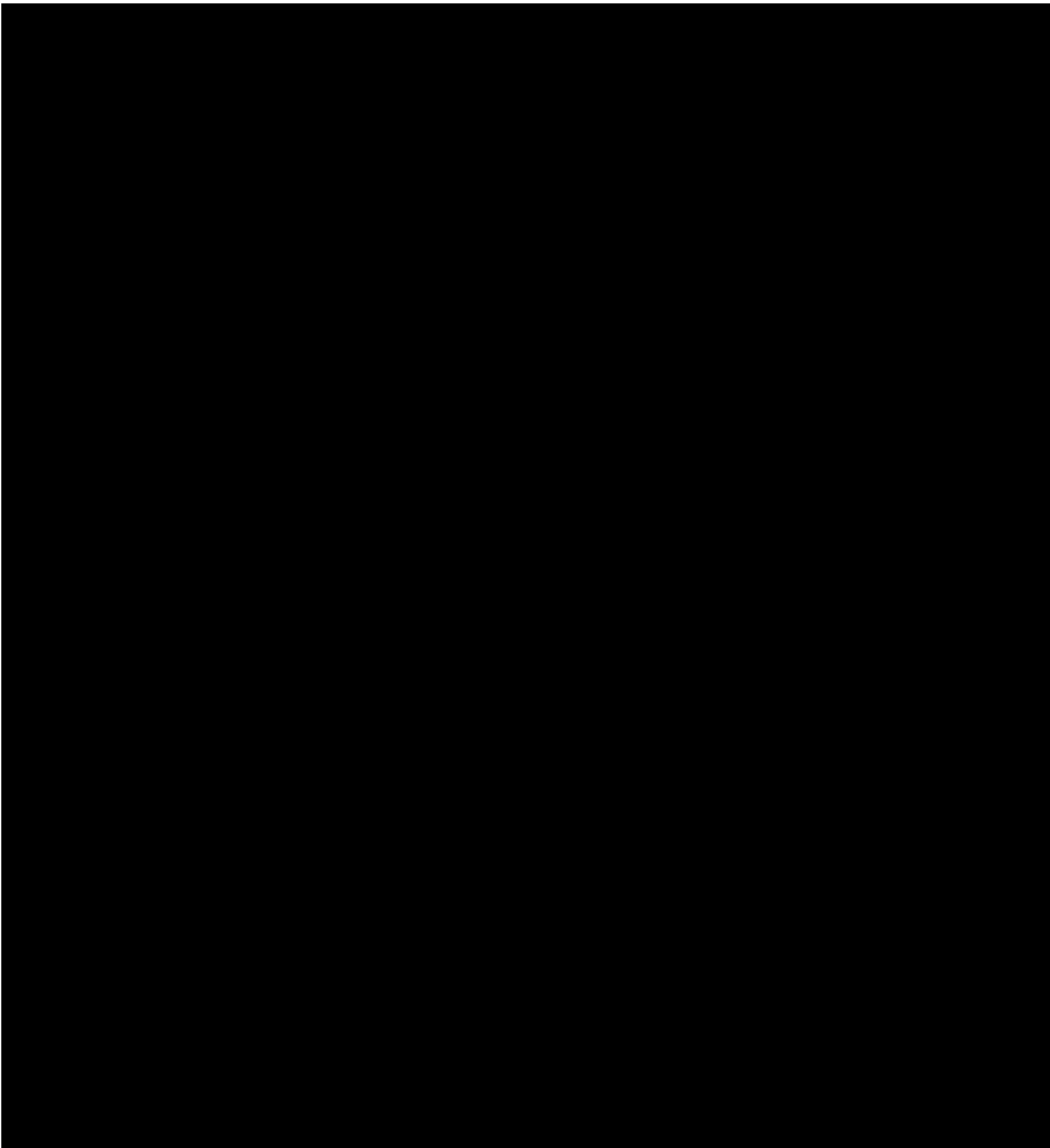


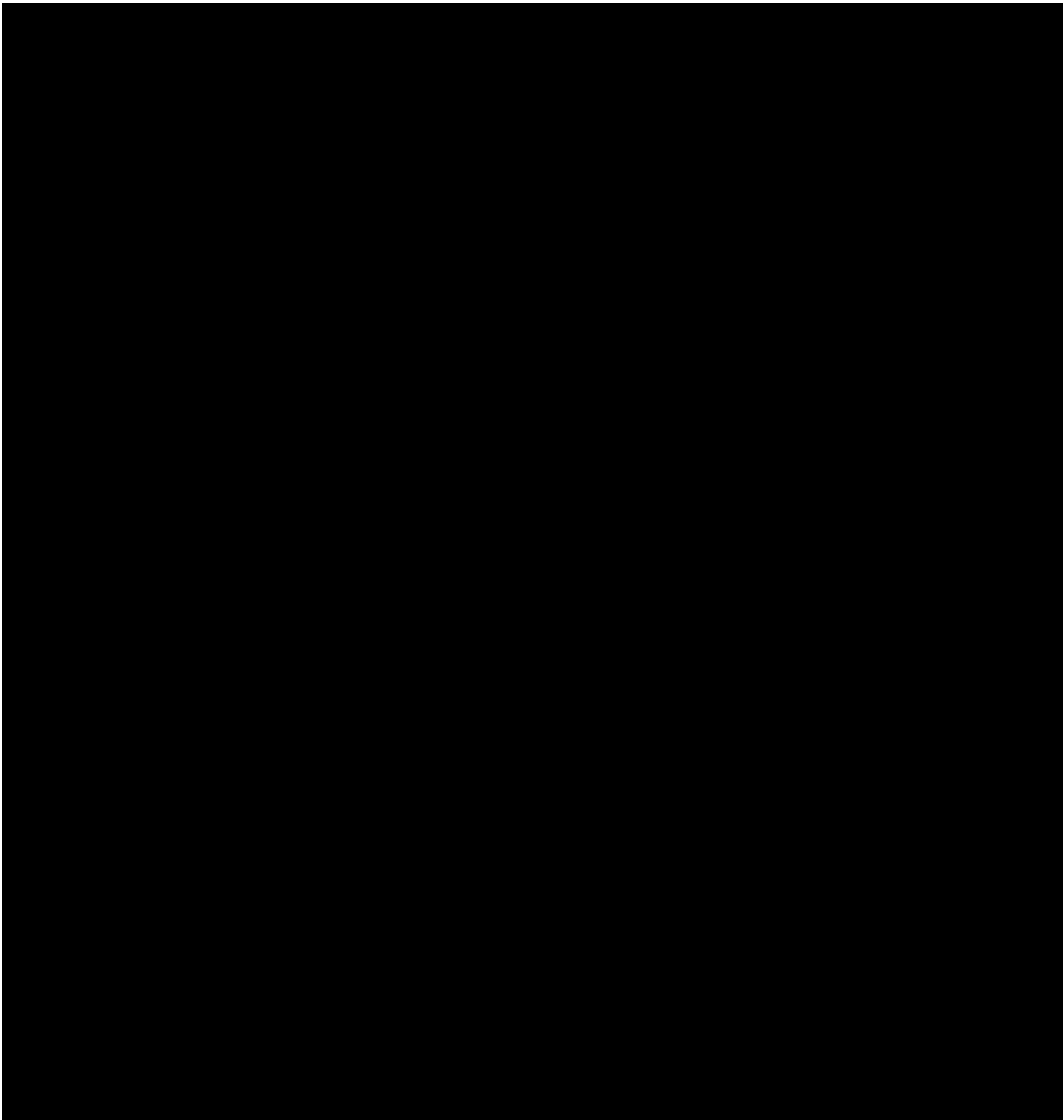


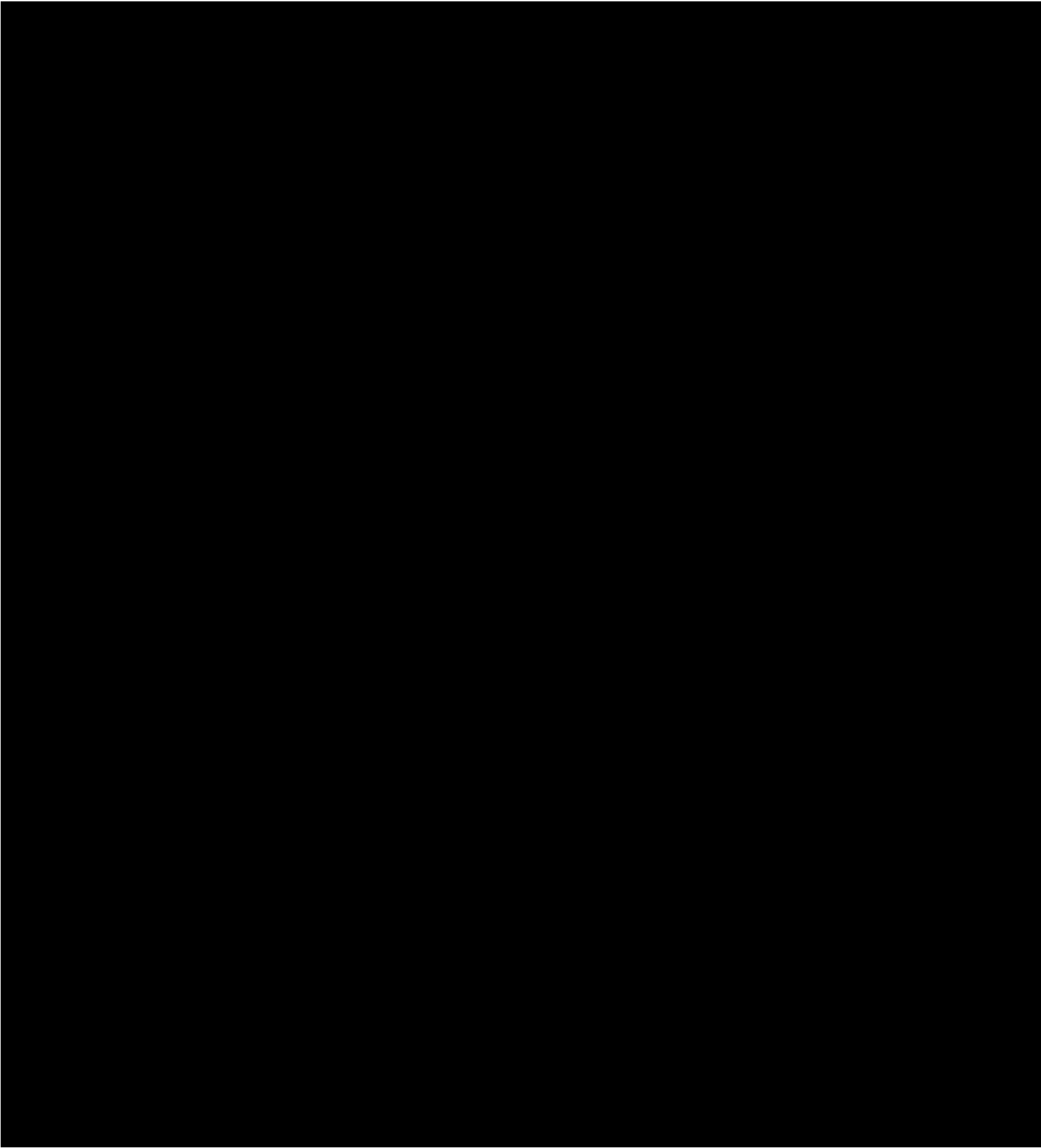


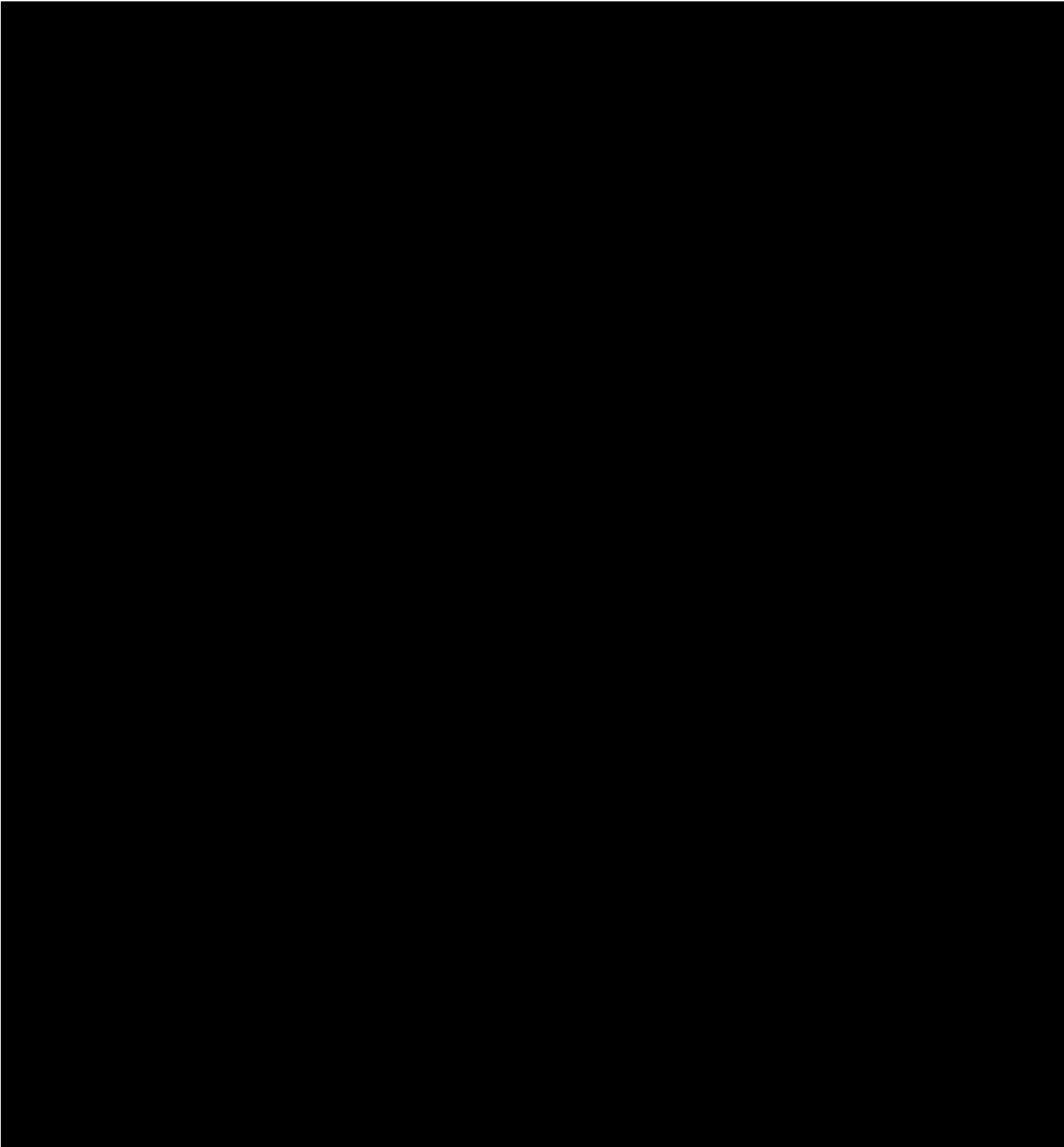




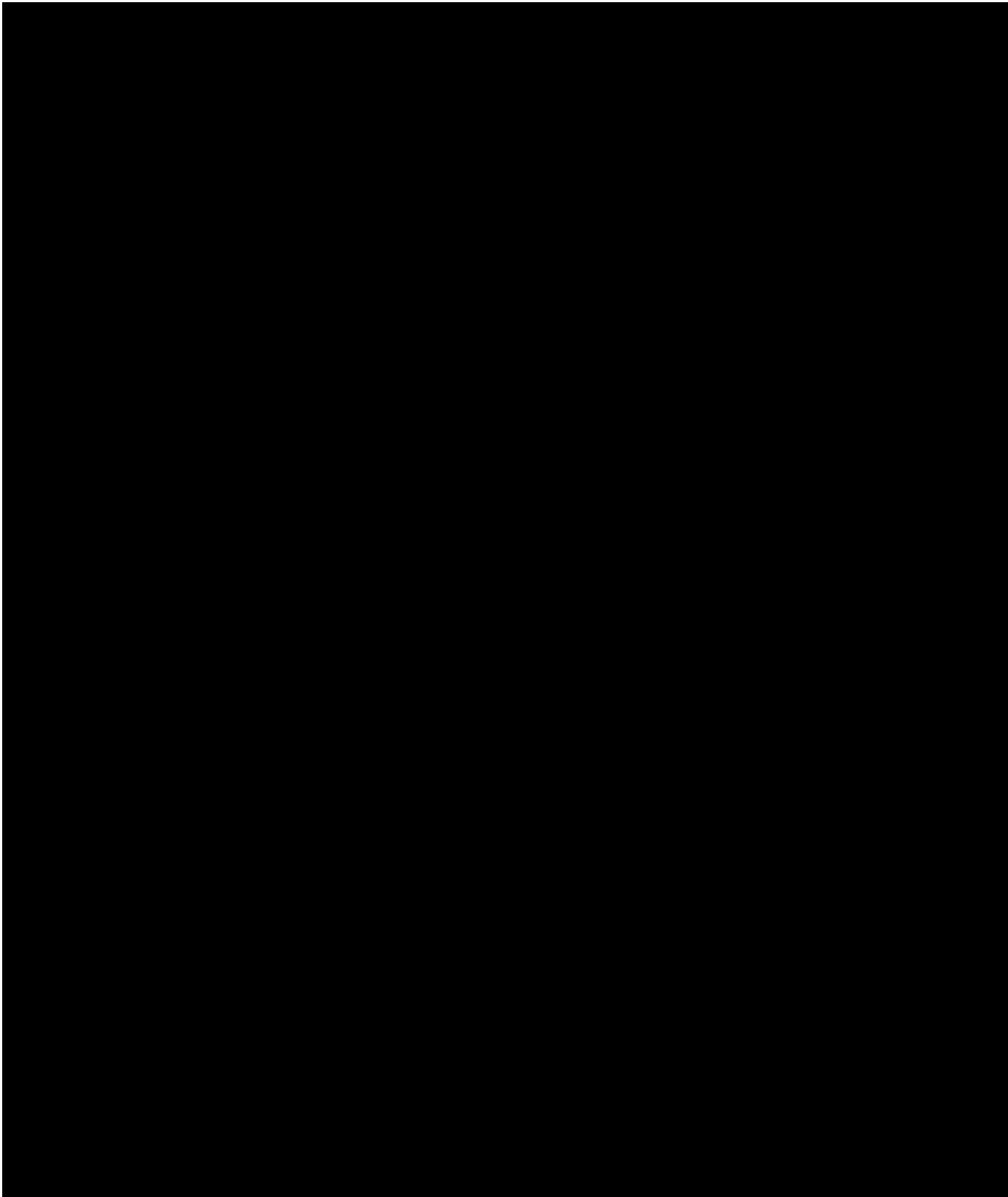


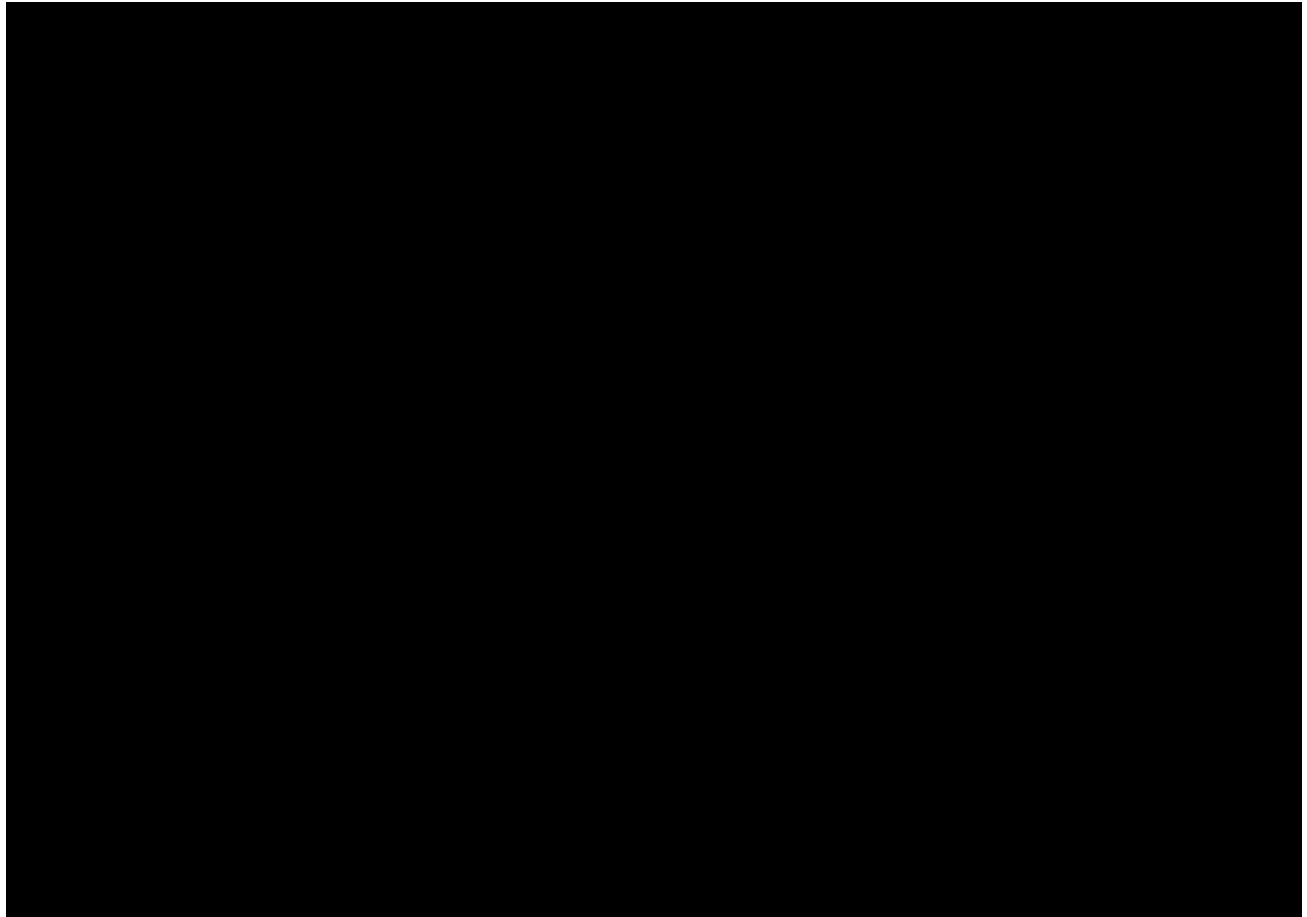
















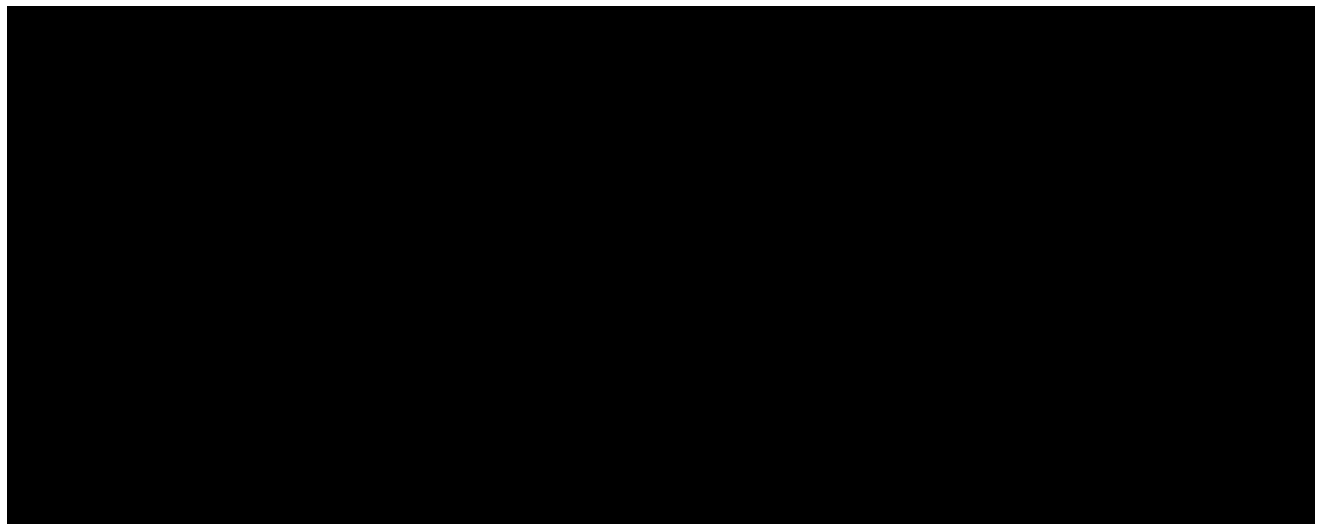
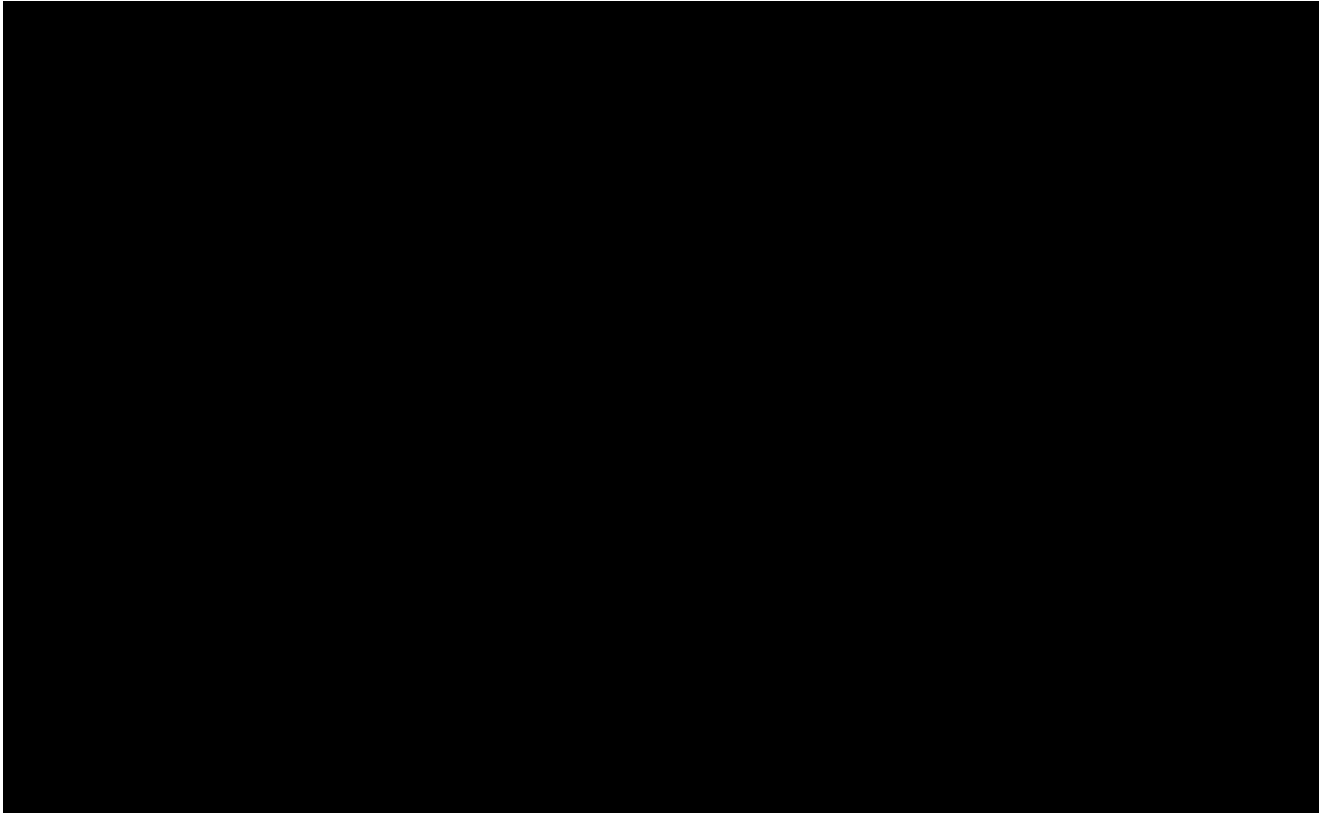
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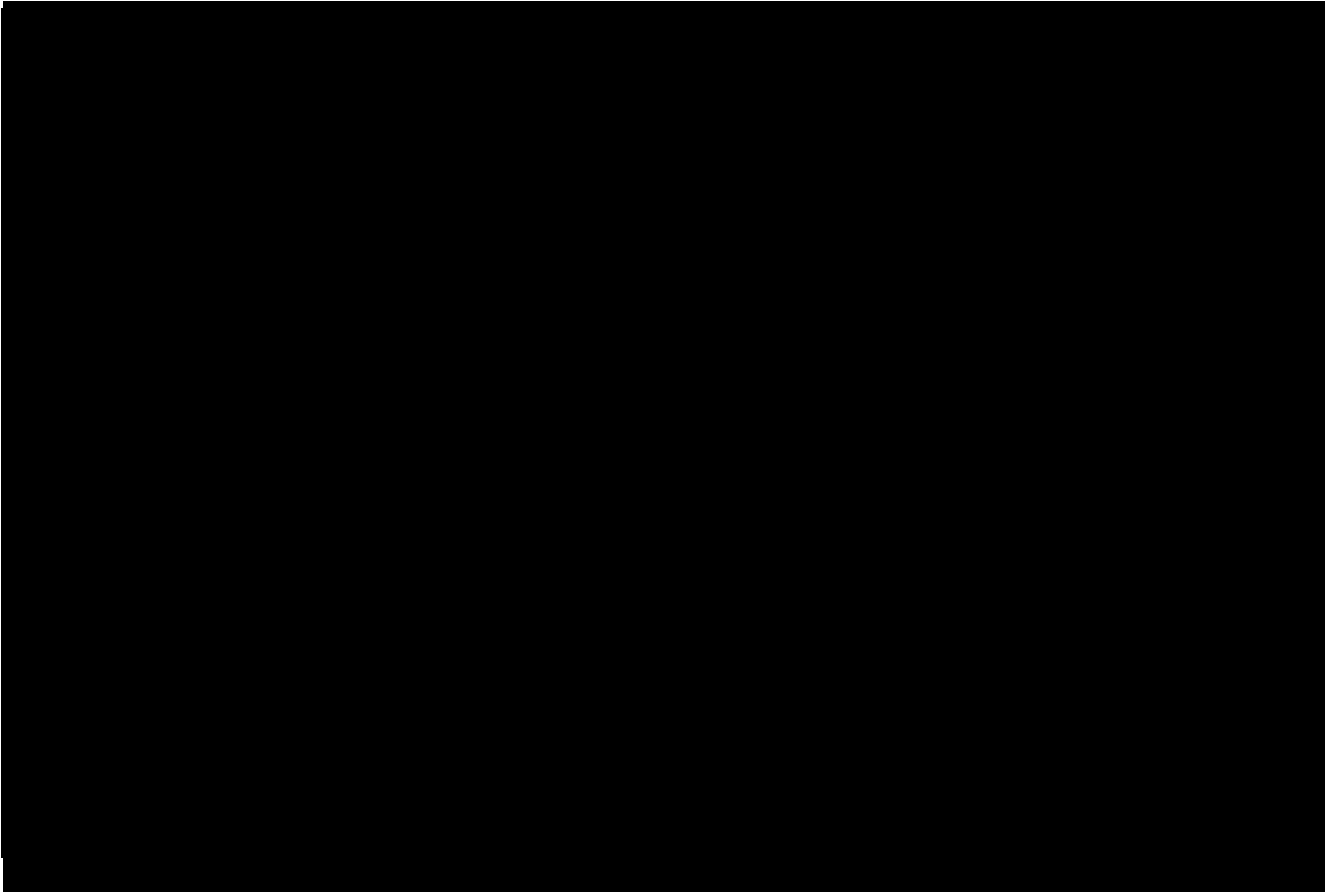
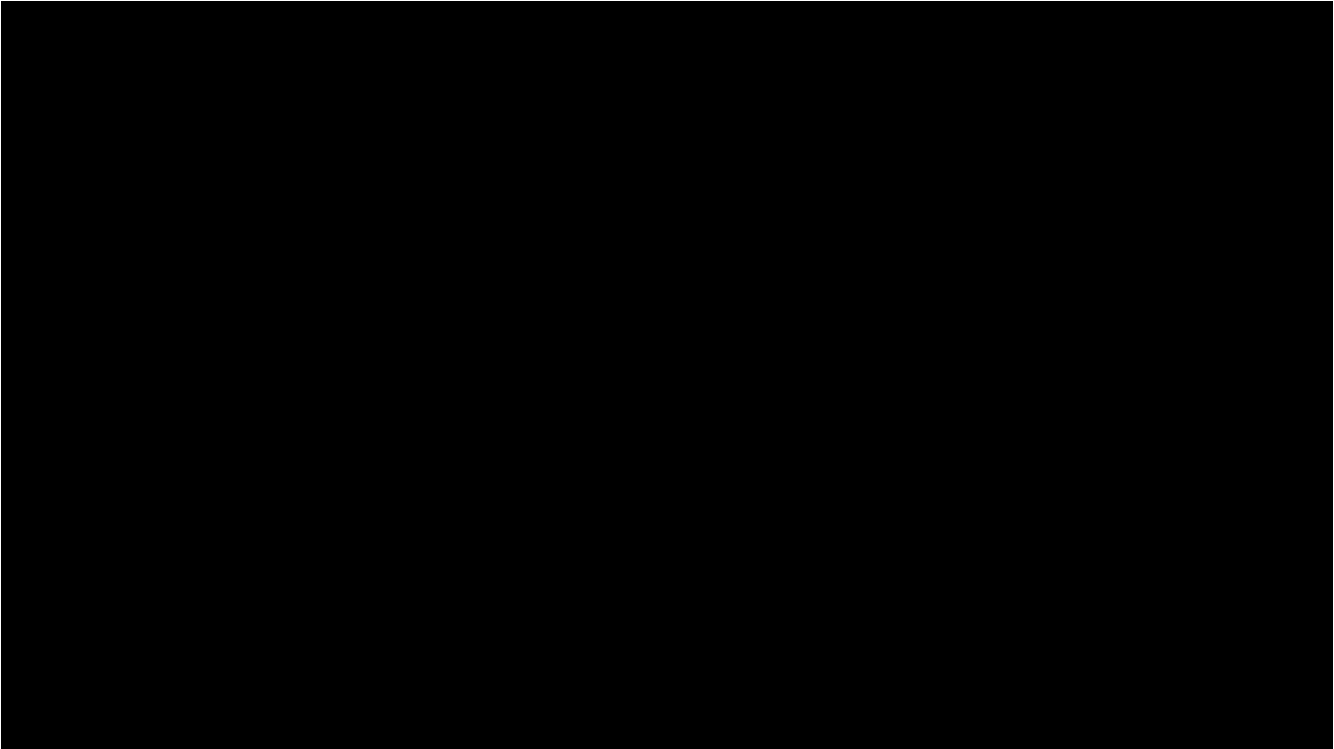
## INFORMATION FOR EVALUATION

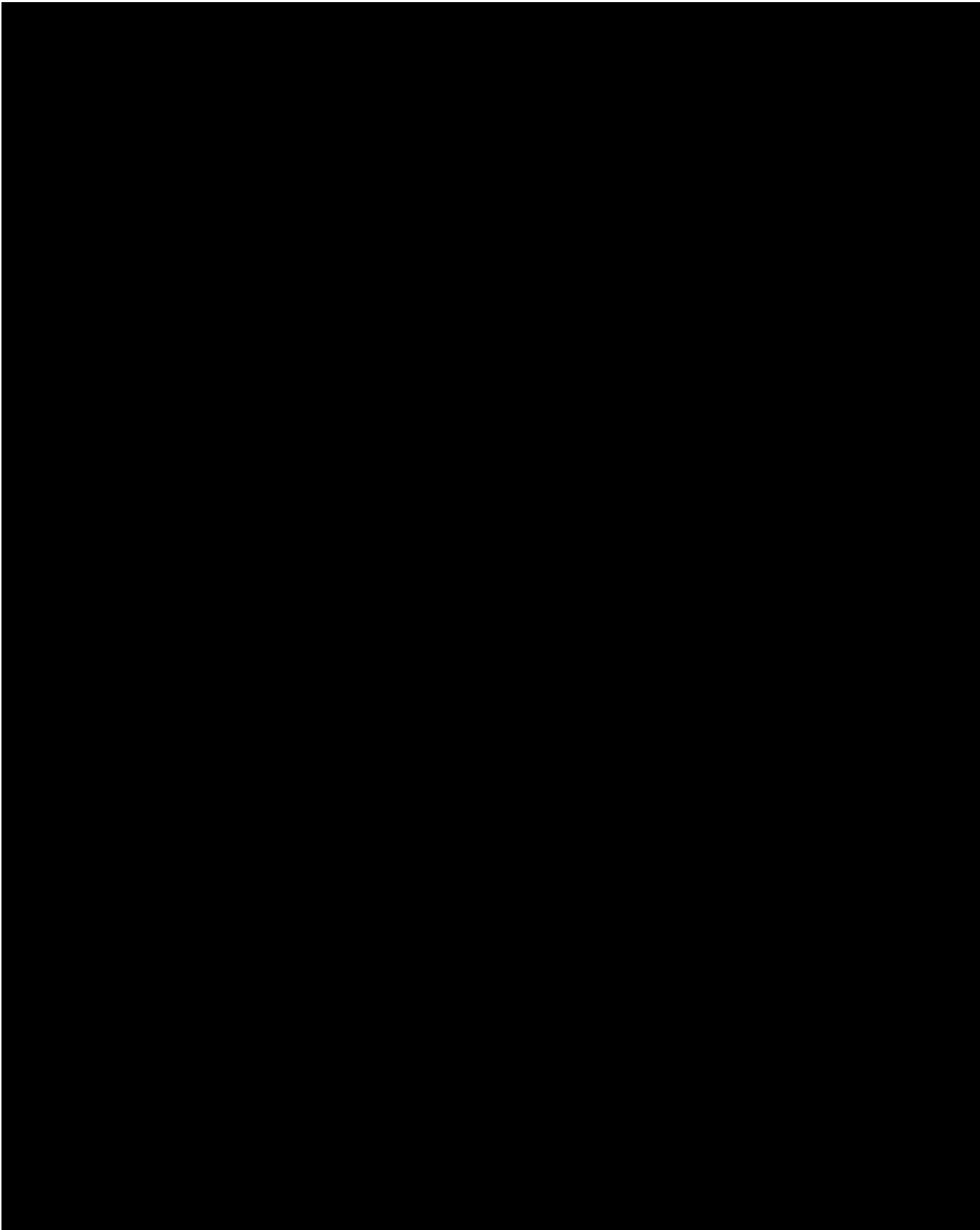
### Background & Qualifications

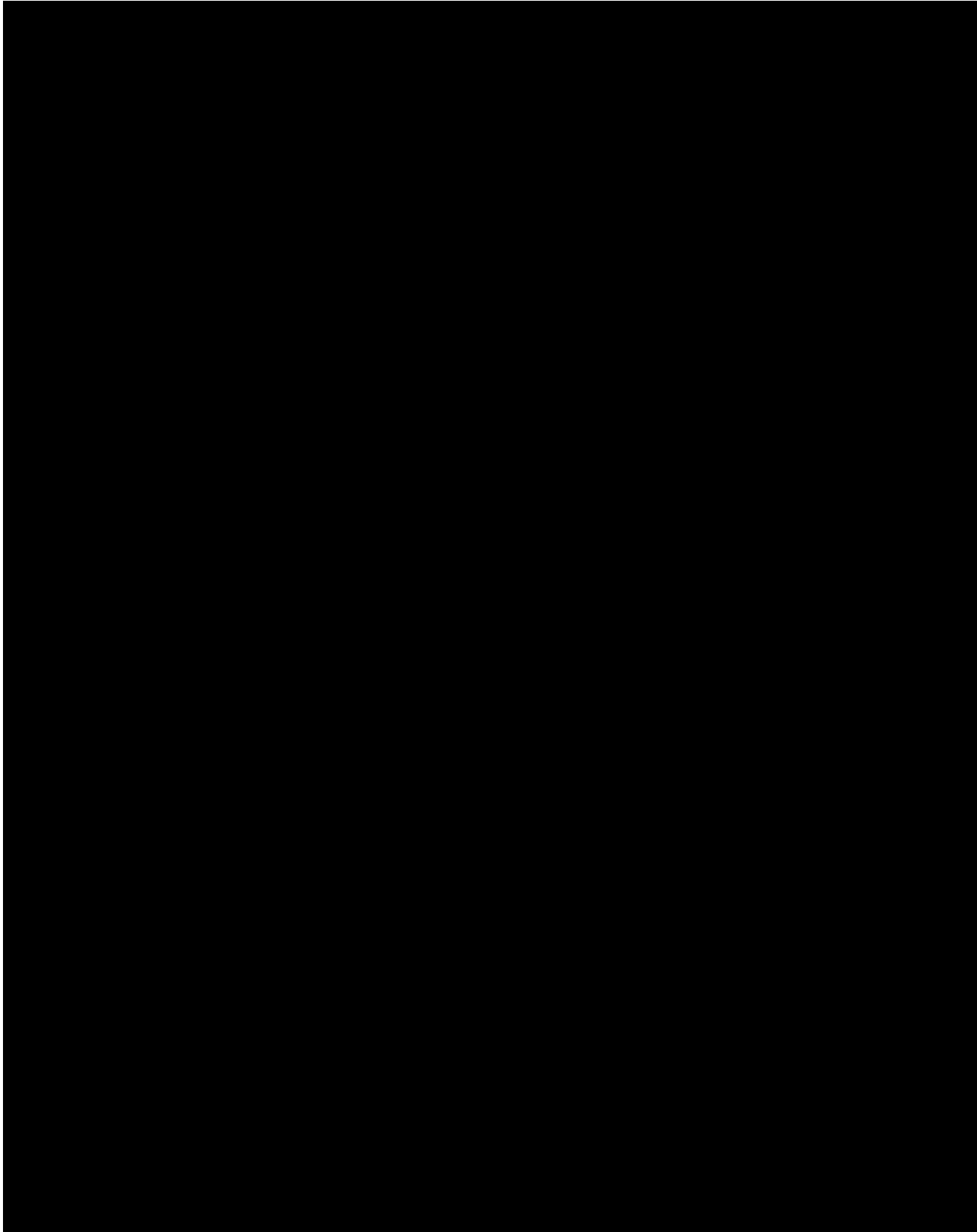
*Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response. Do not include additional information if not pertinent to the itemized request.*

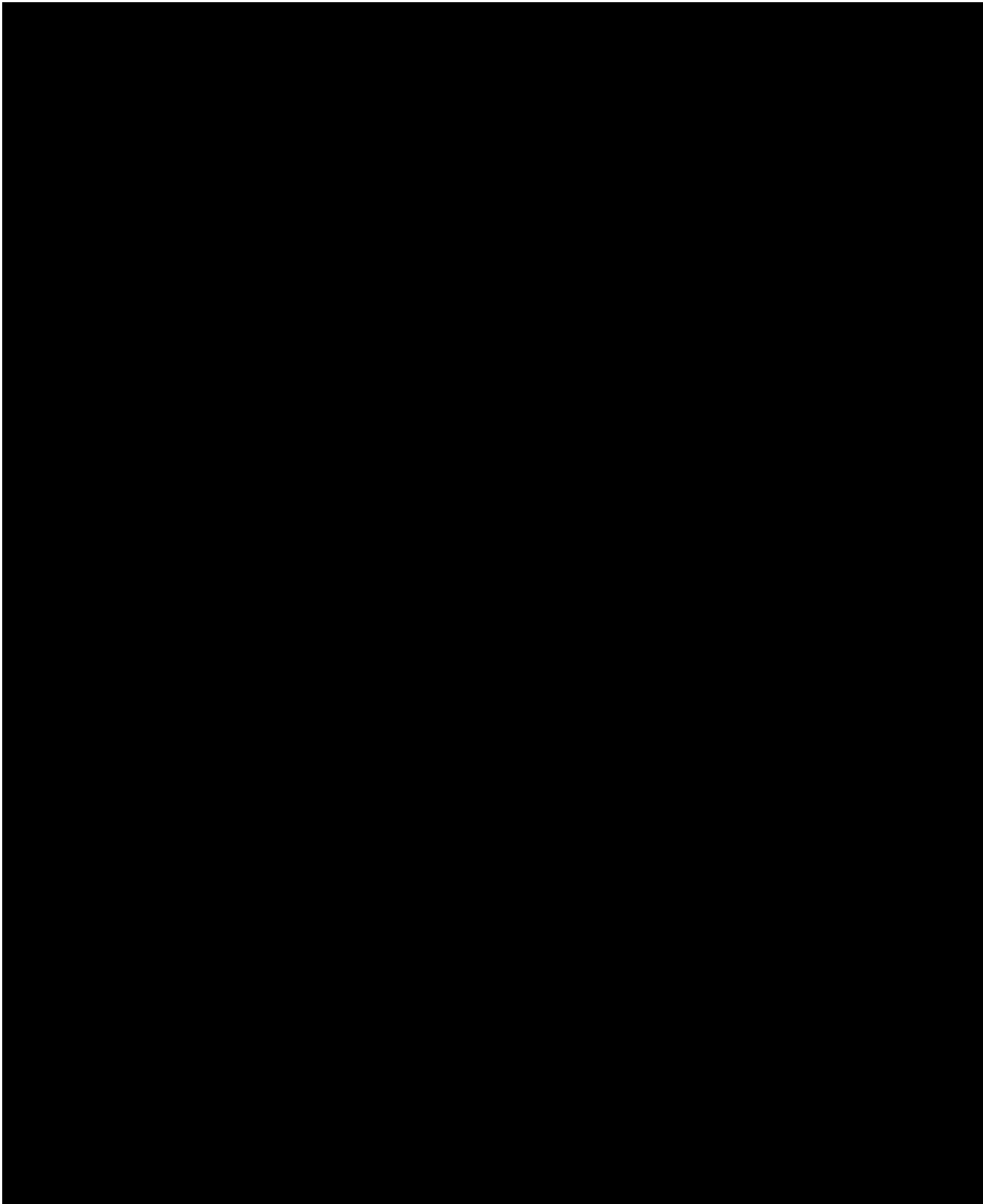
*E.1 Provide a detailed narrative on past experience implementing similar IT buildouts along with corroborating references.*

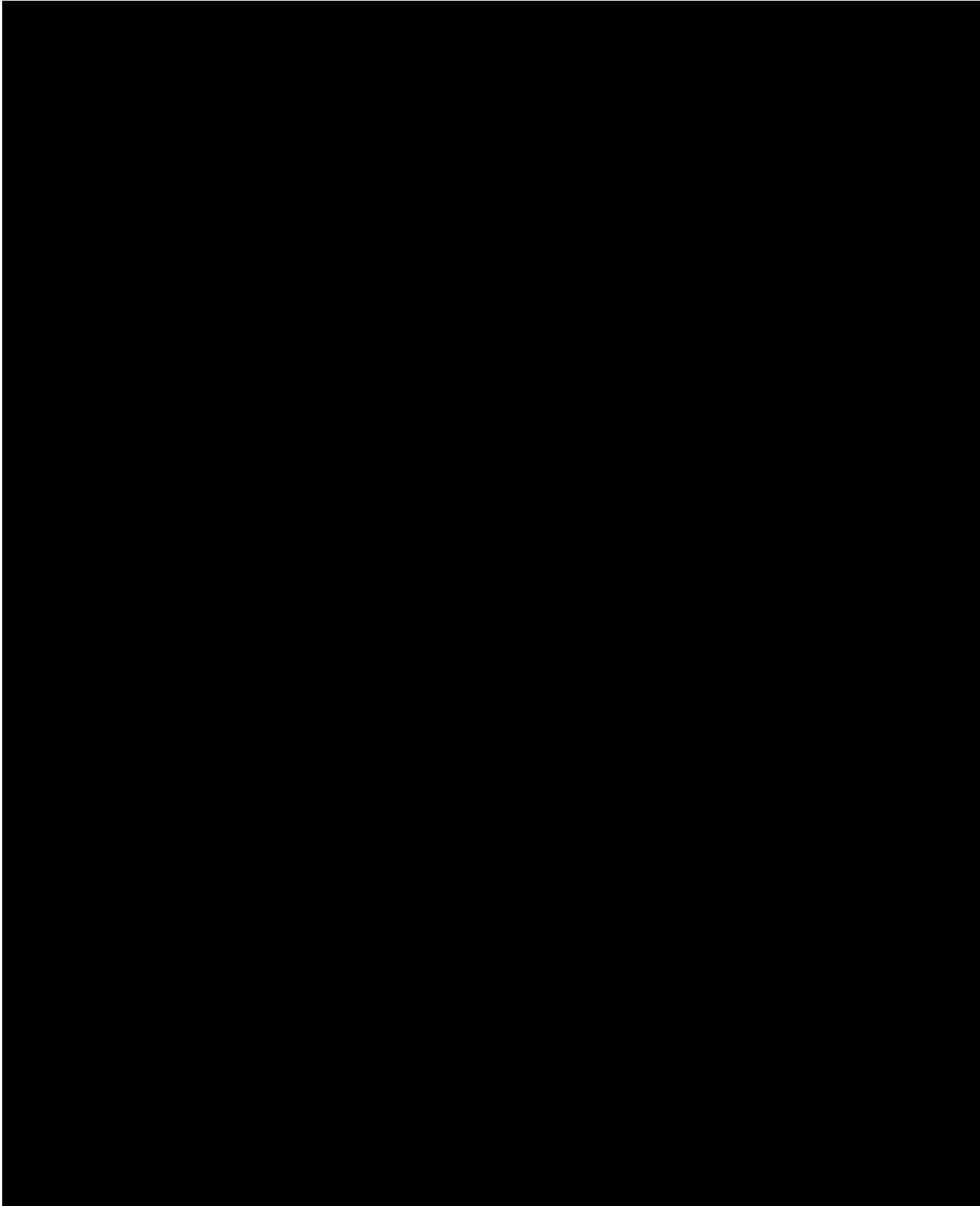


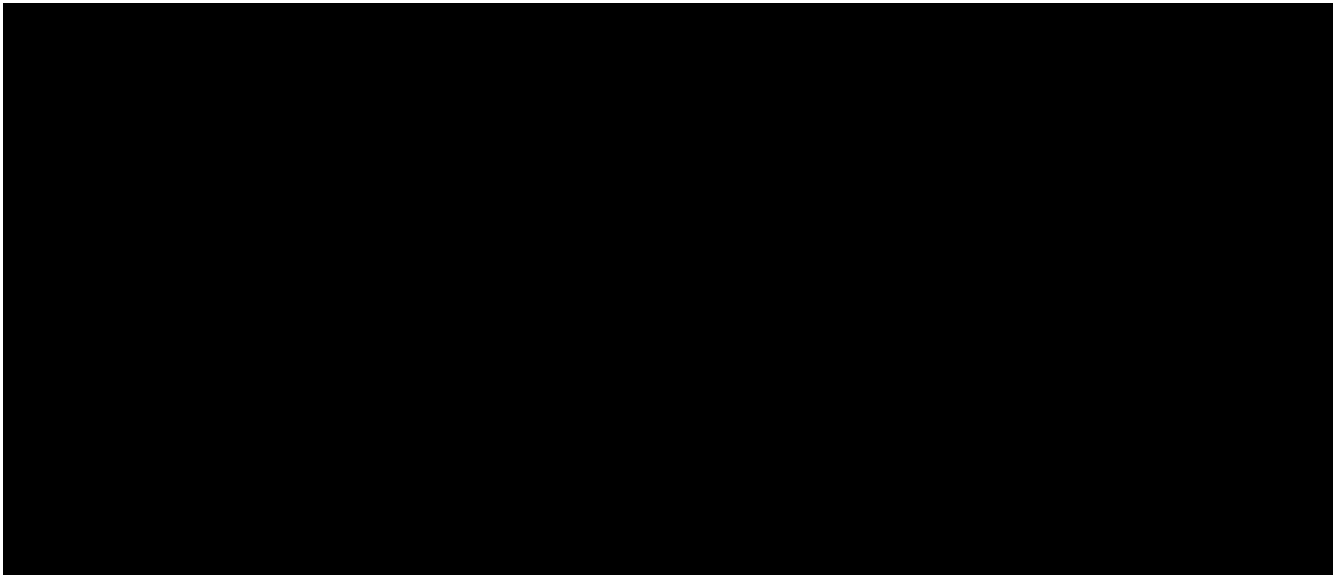
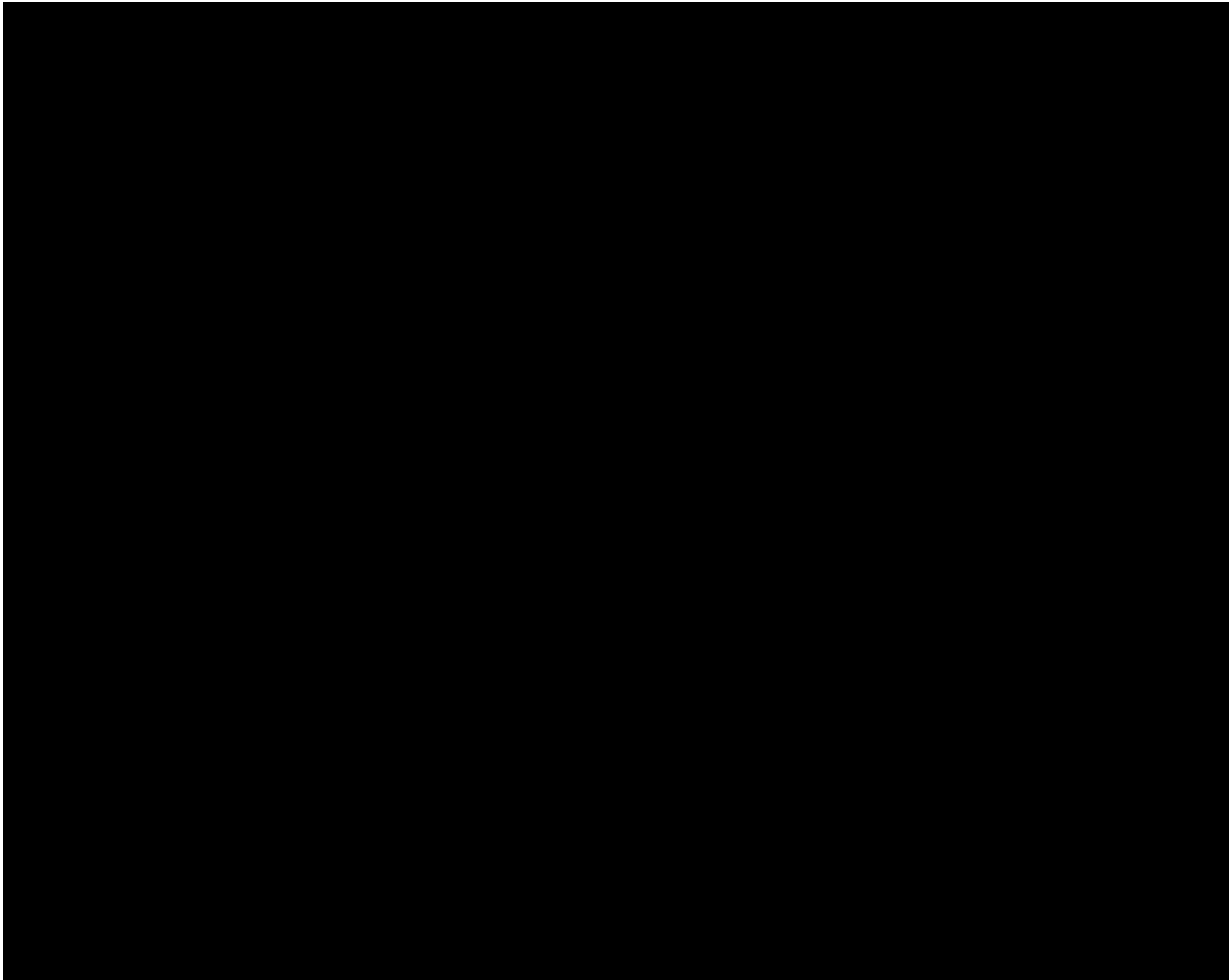


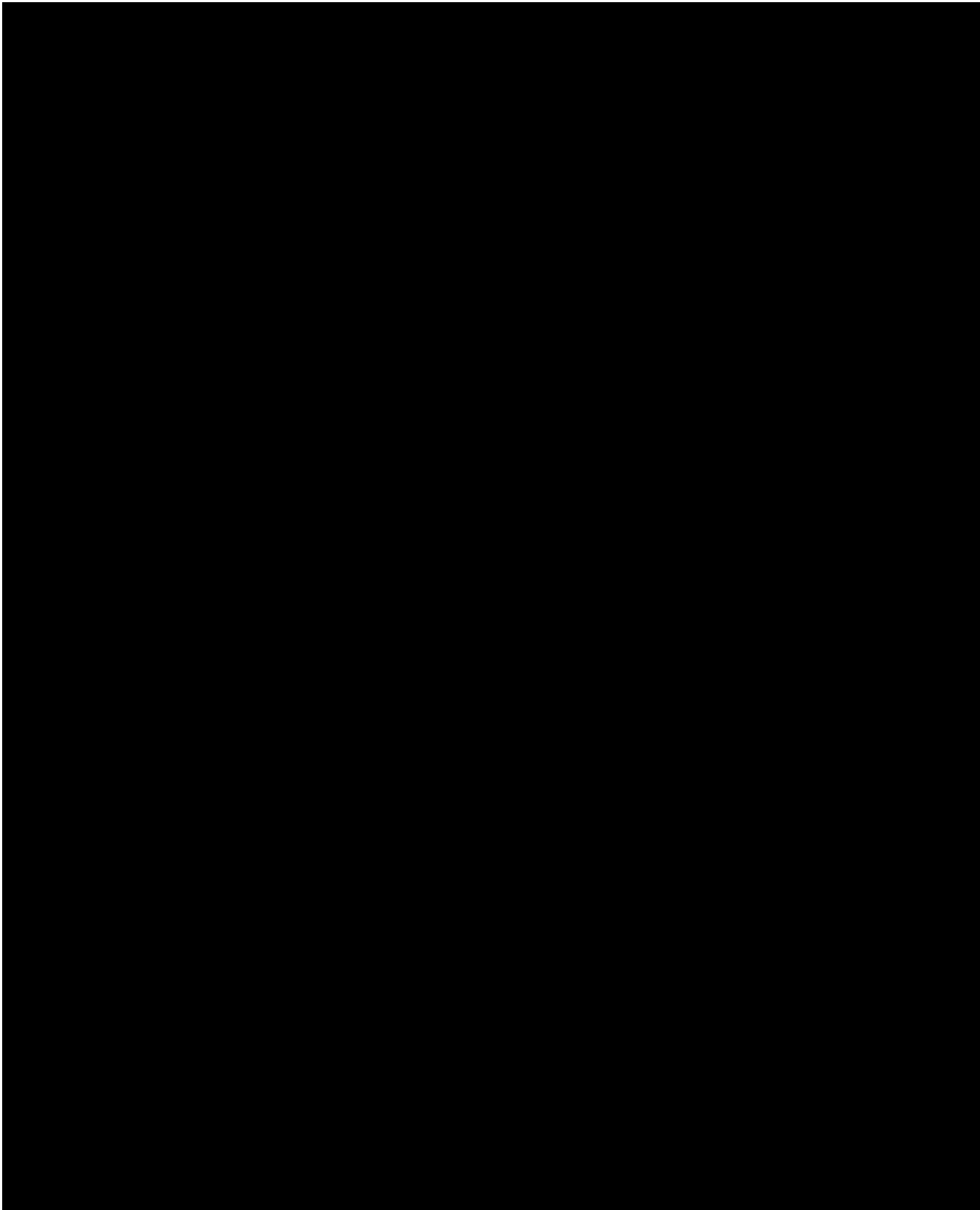




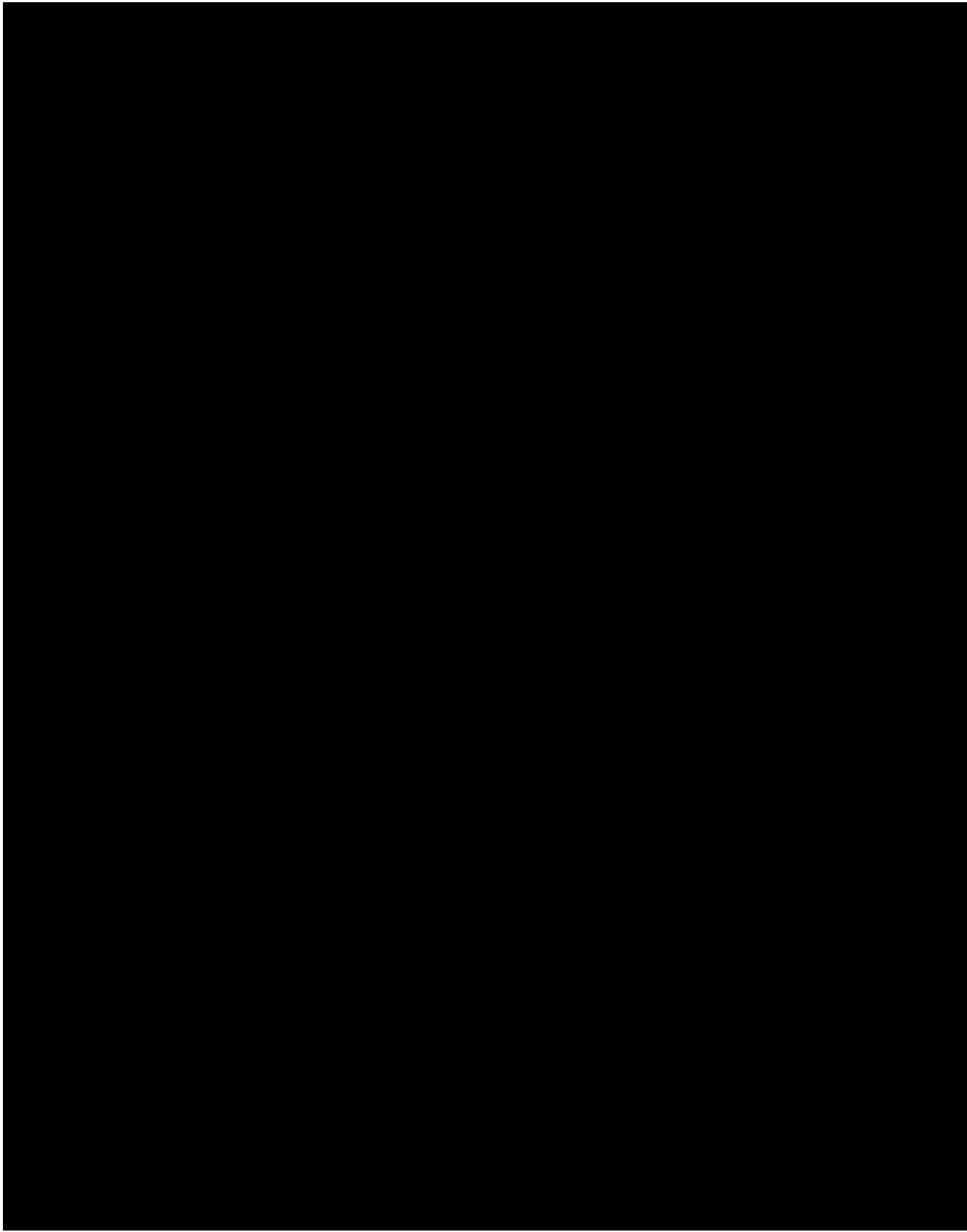


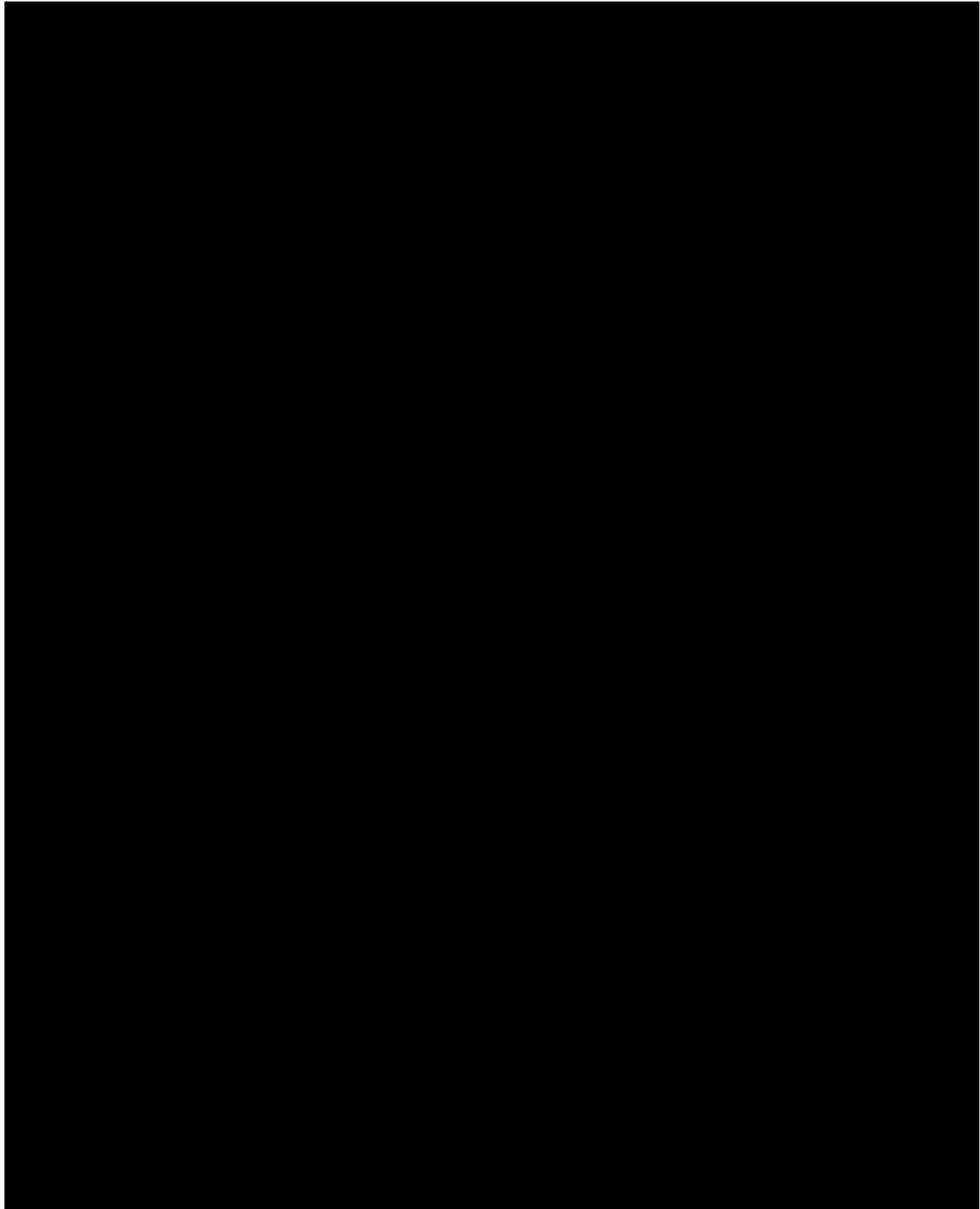


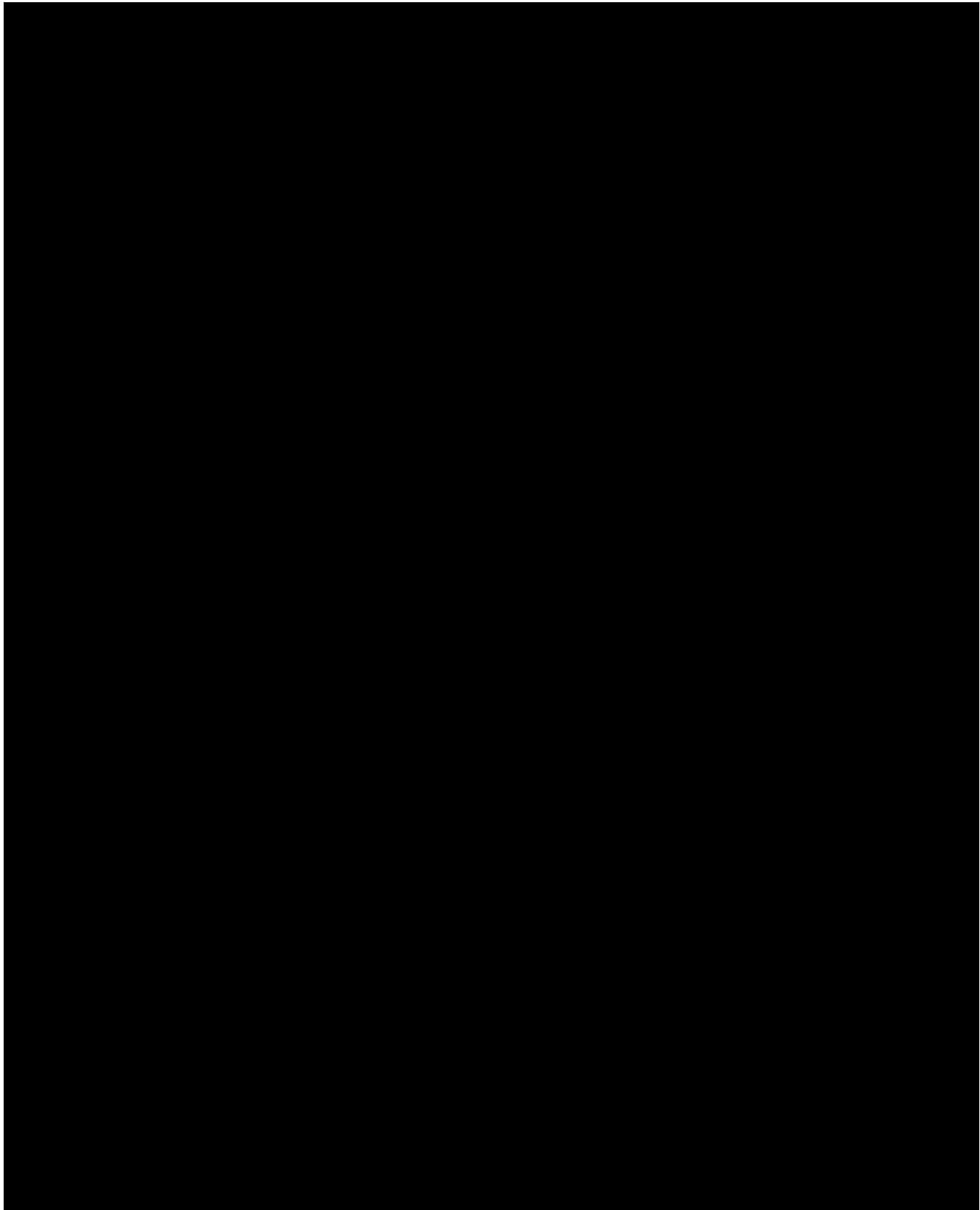


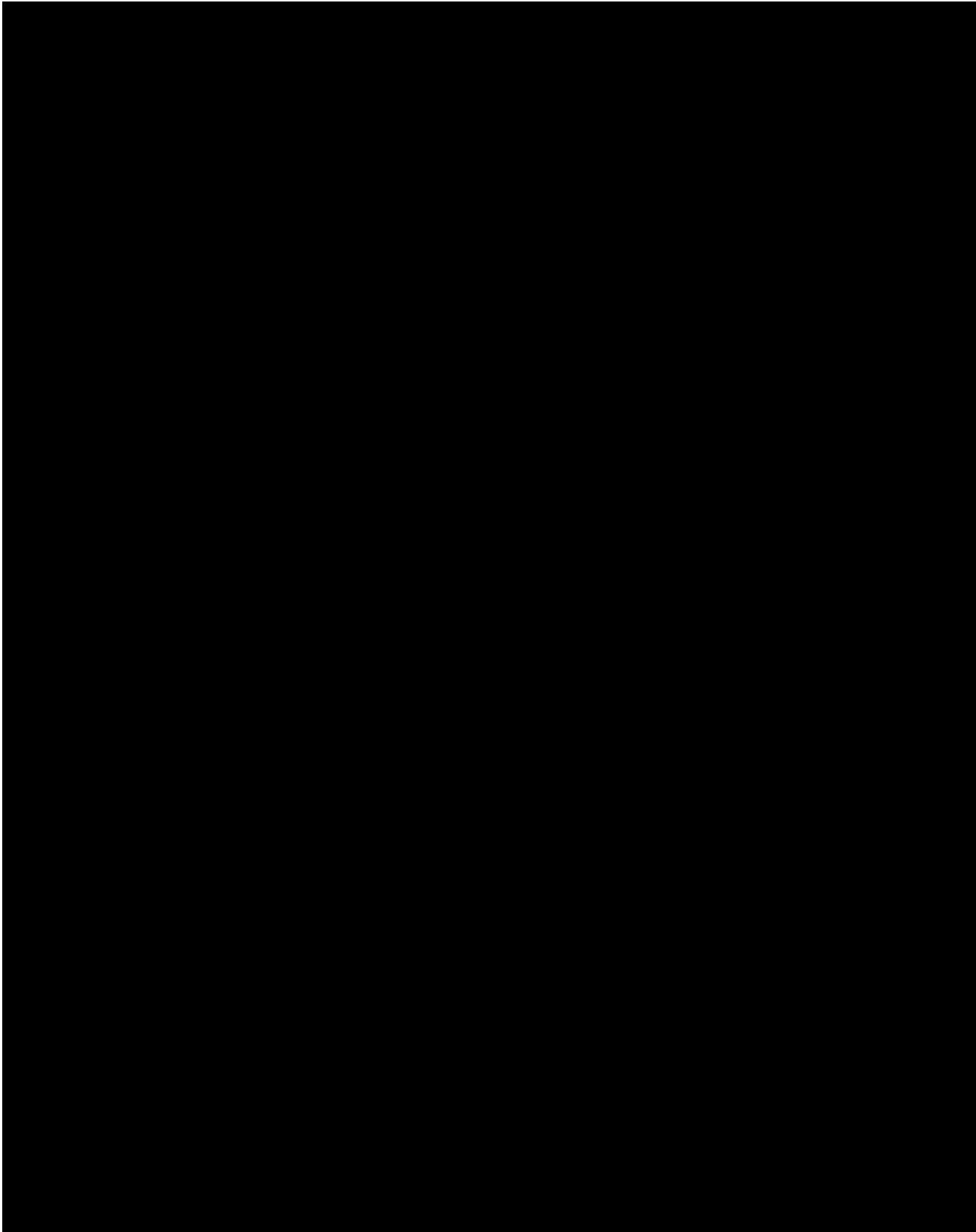


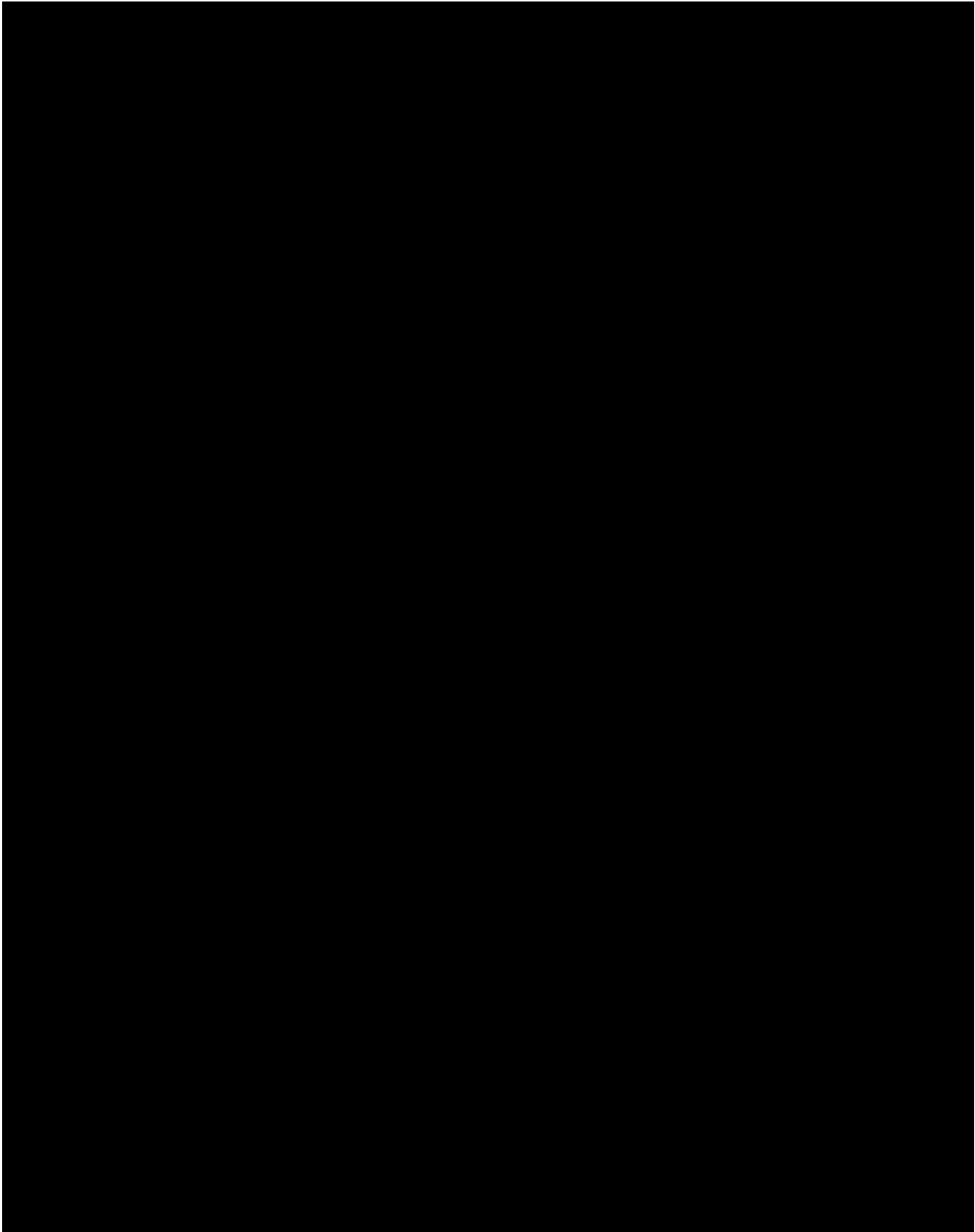


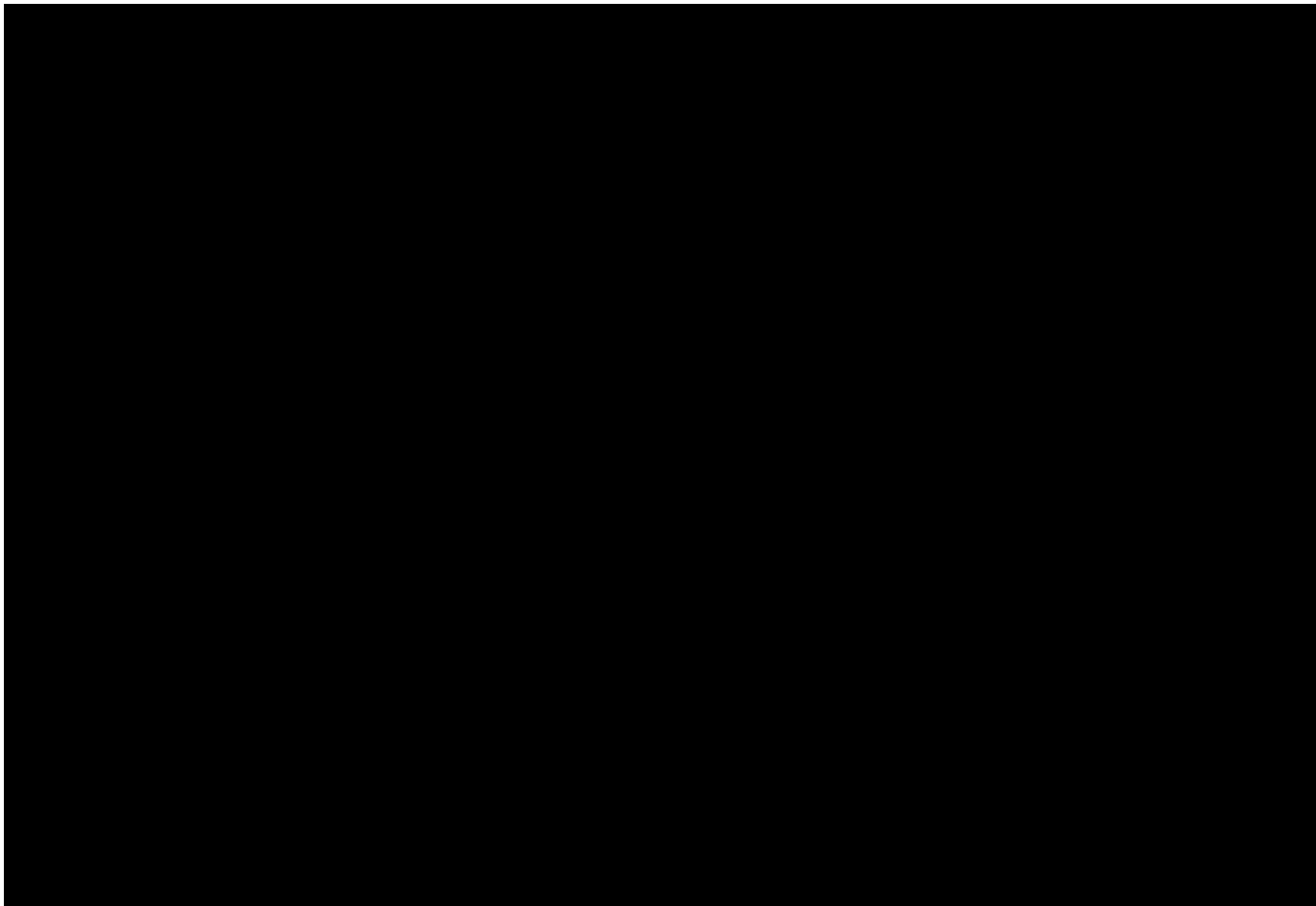


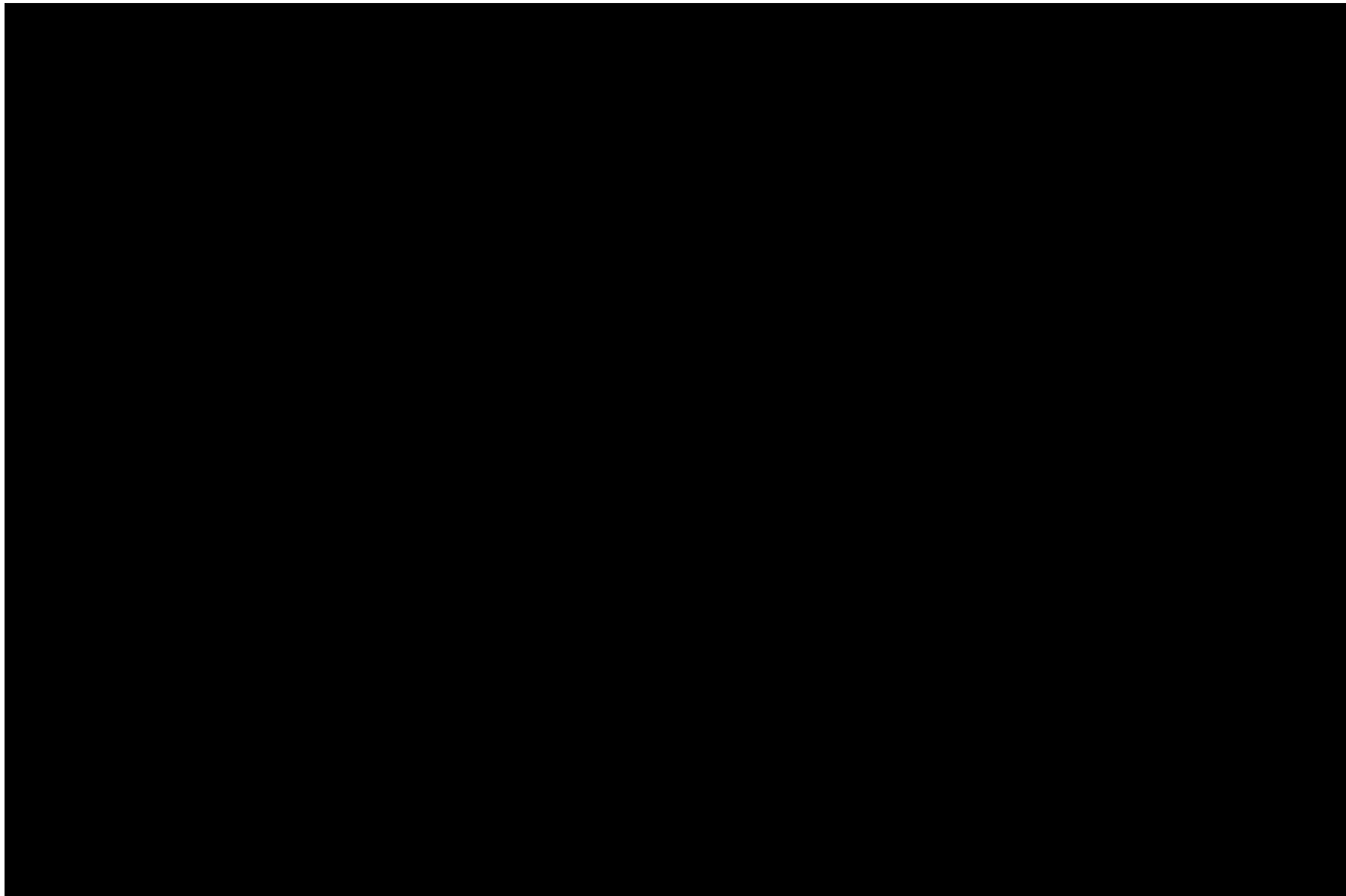


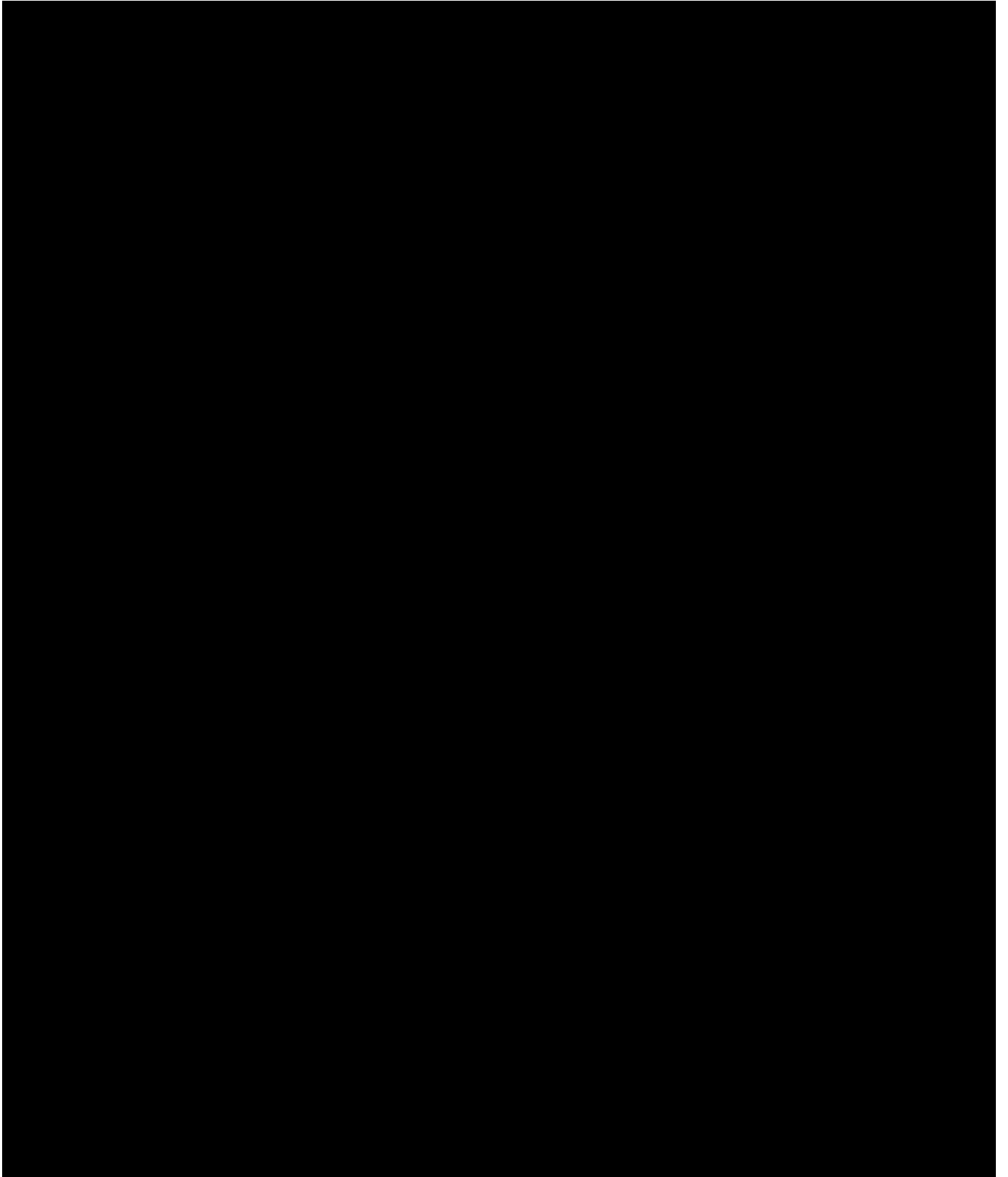




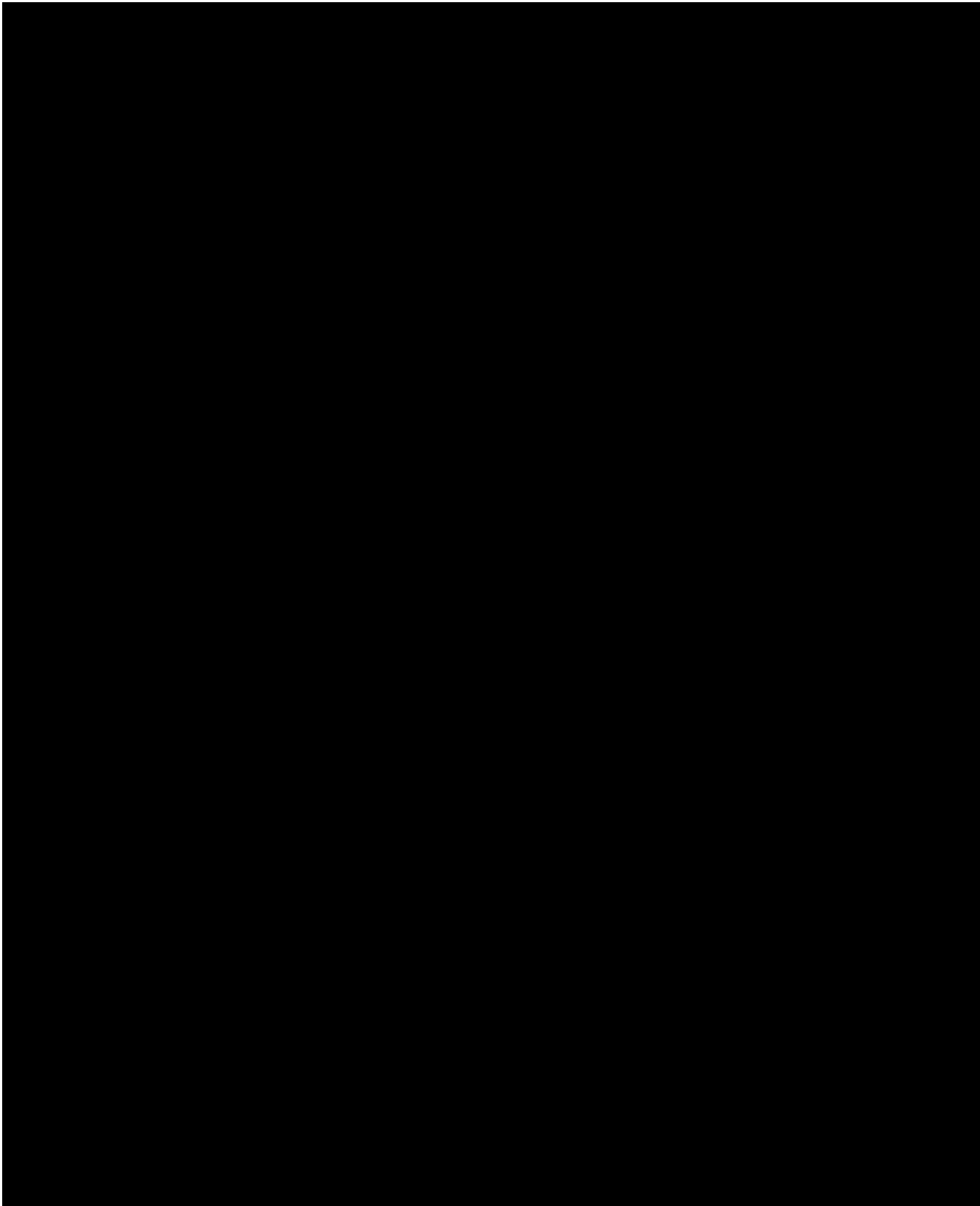


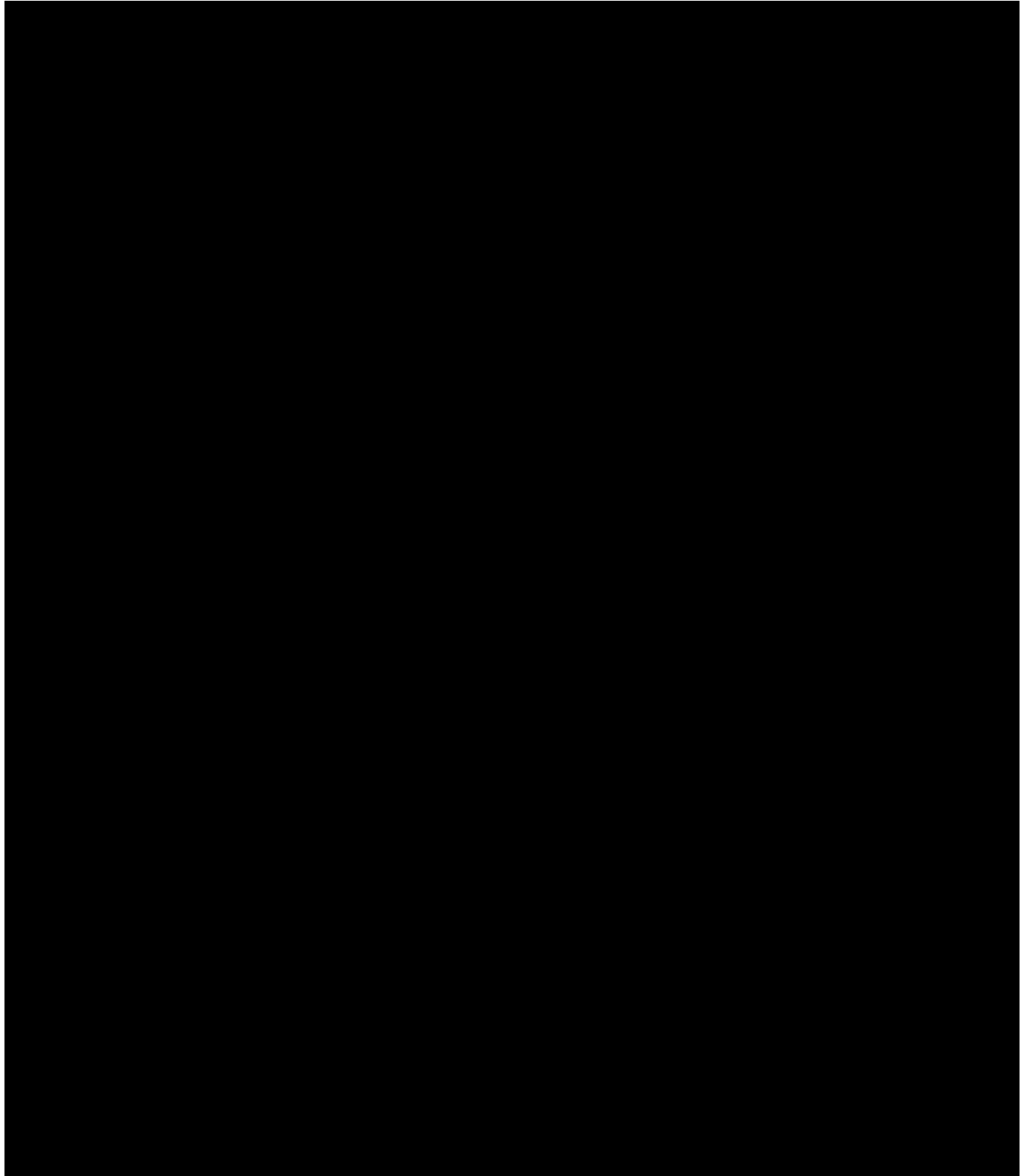


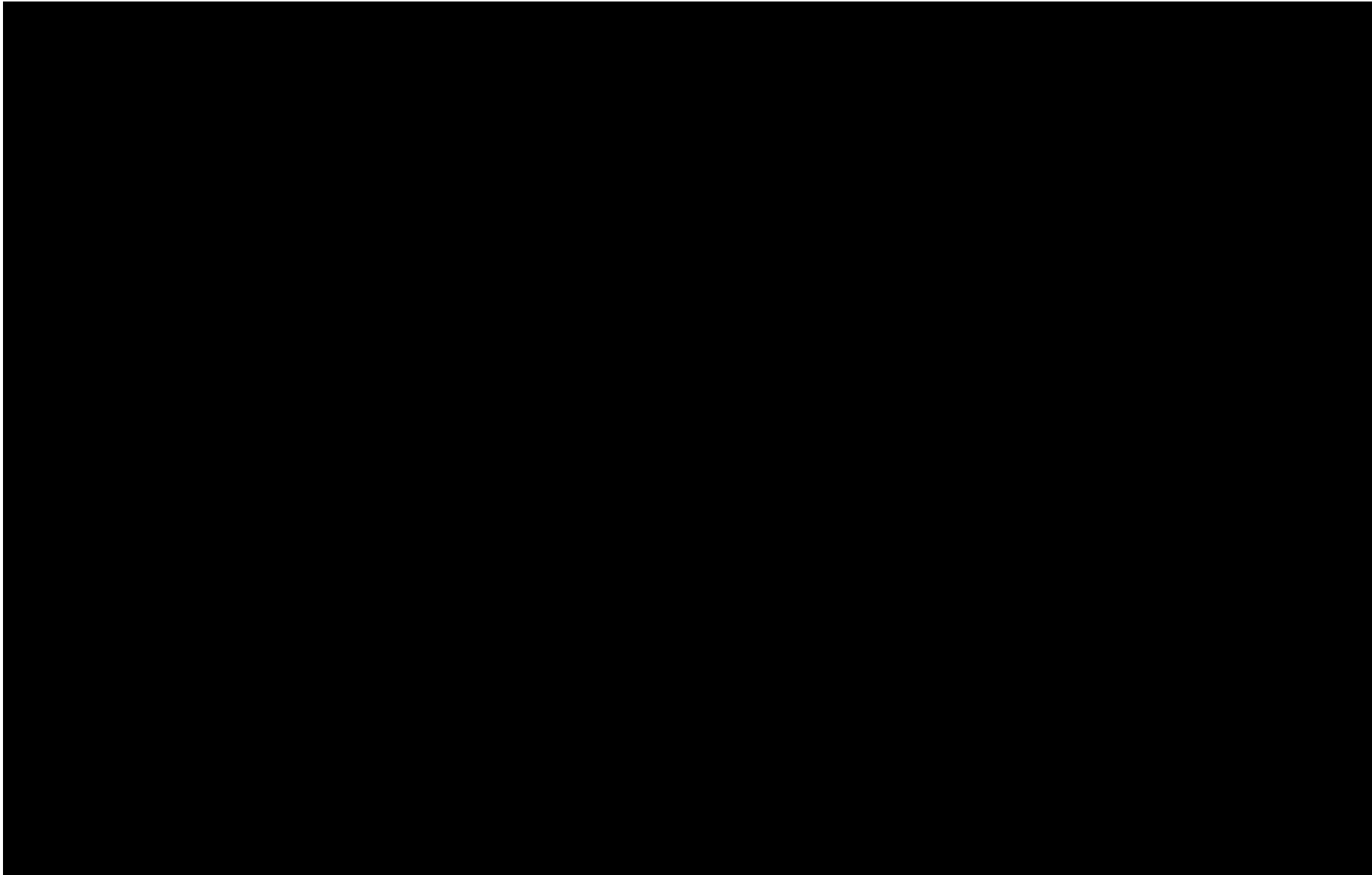


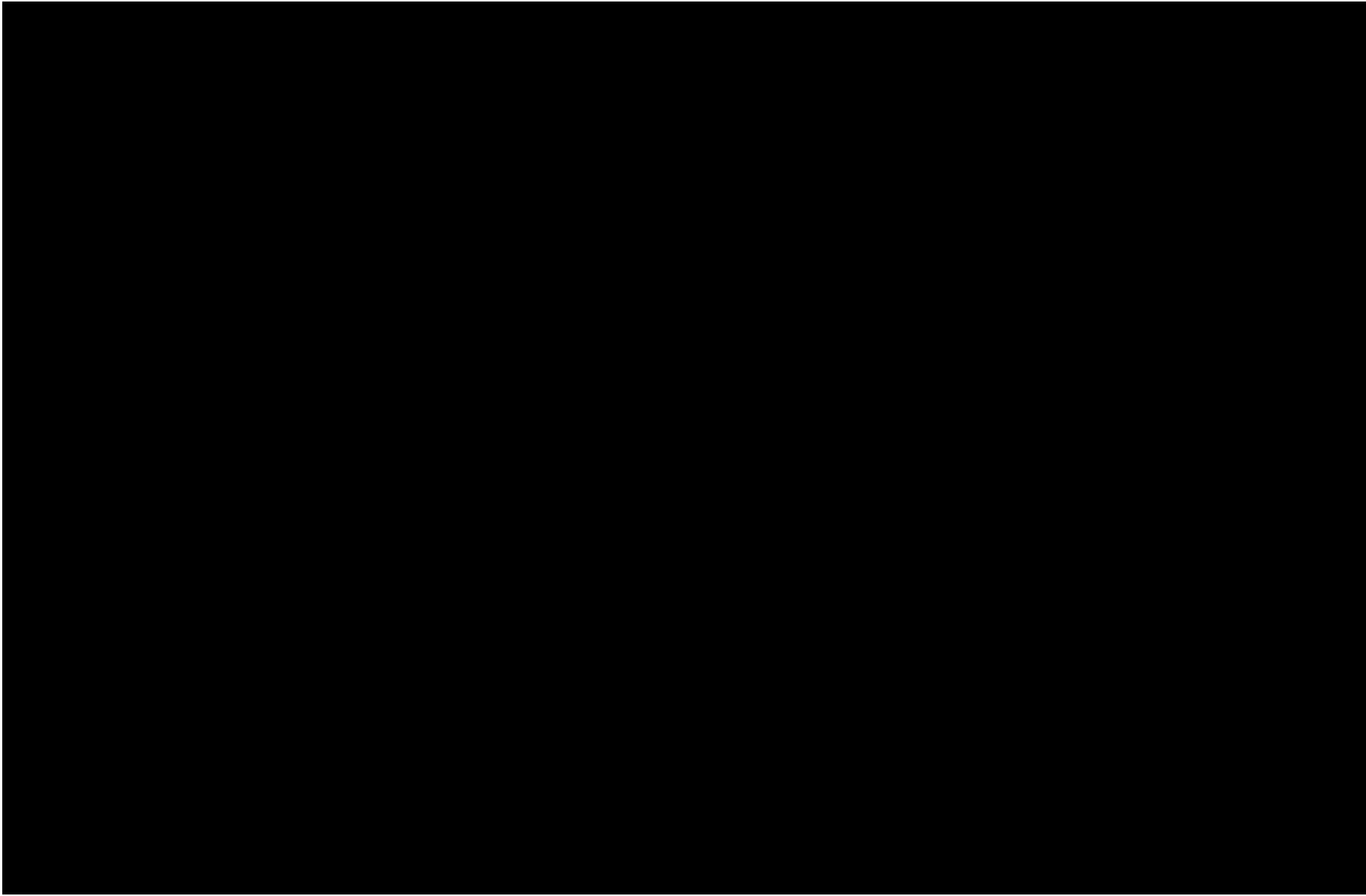


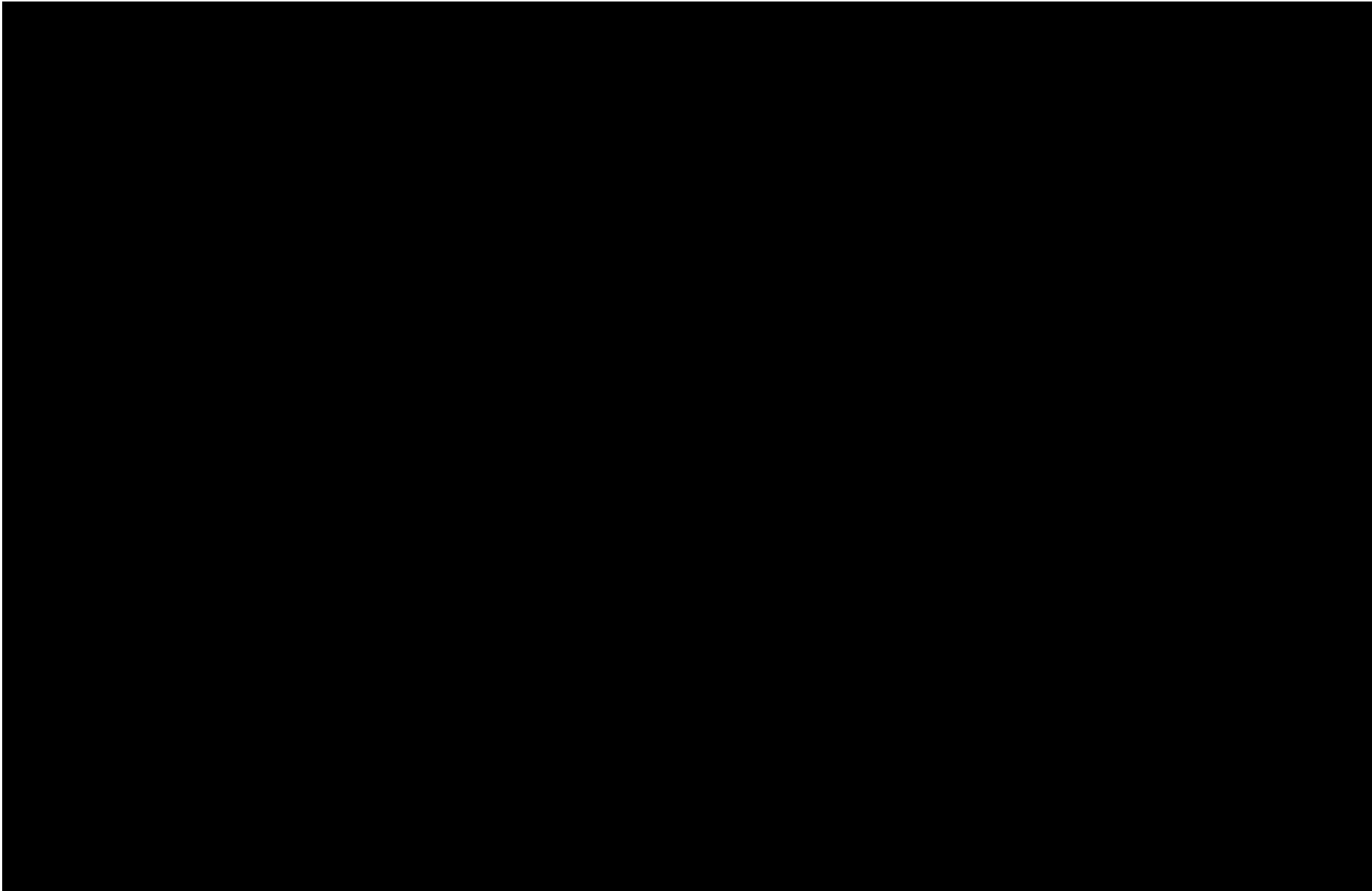


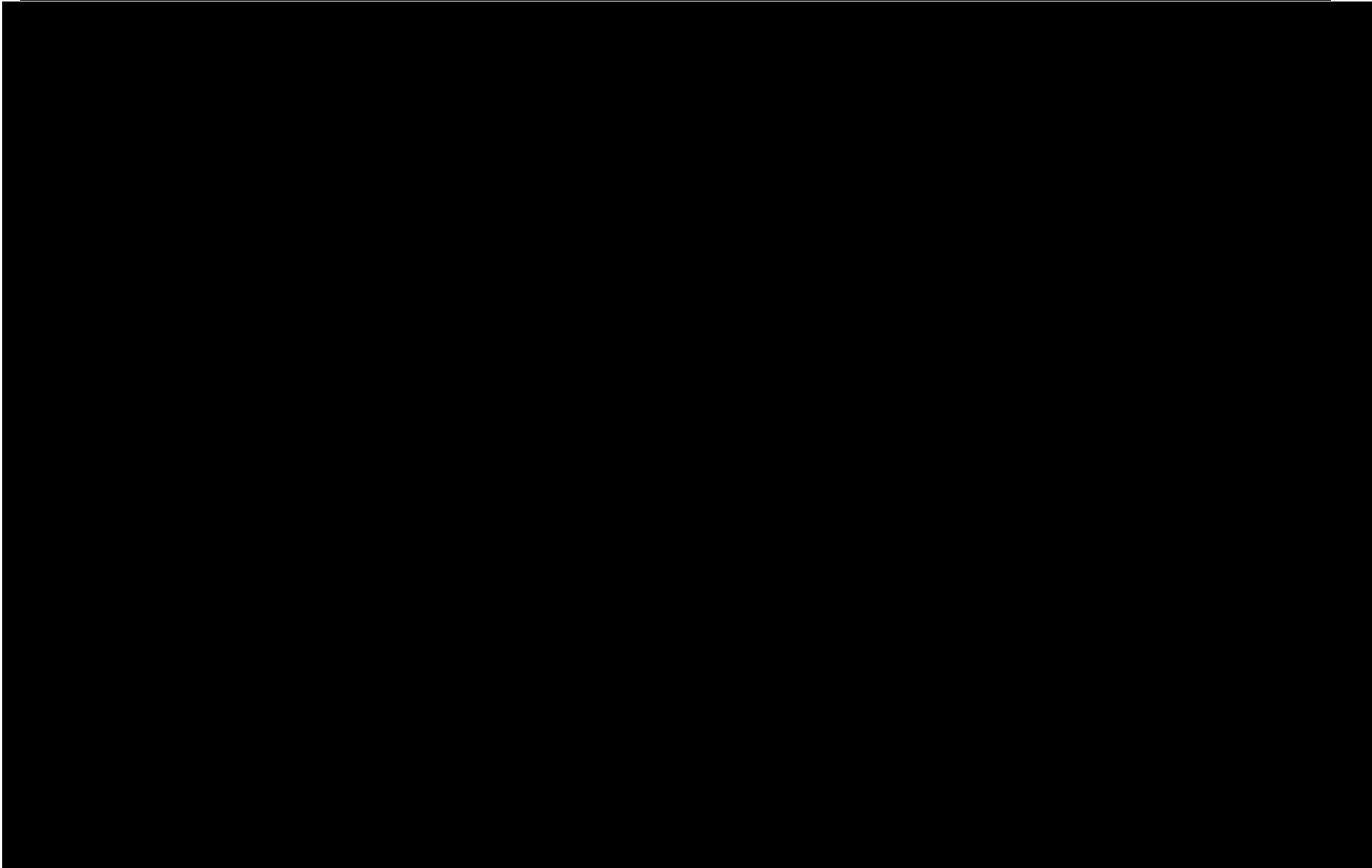


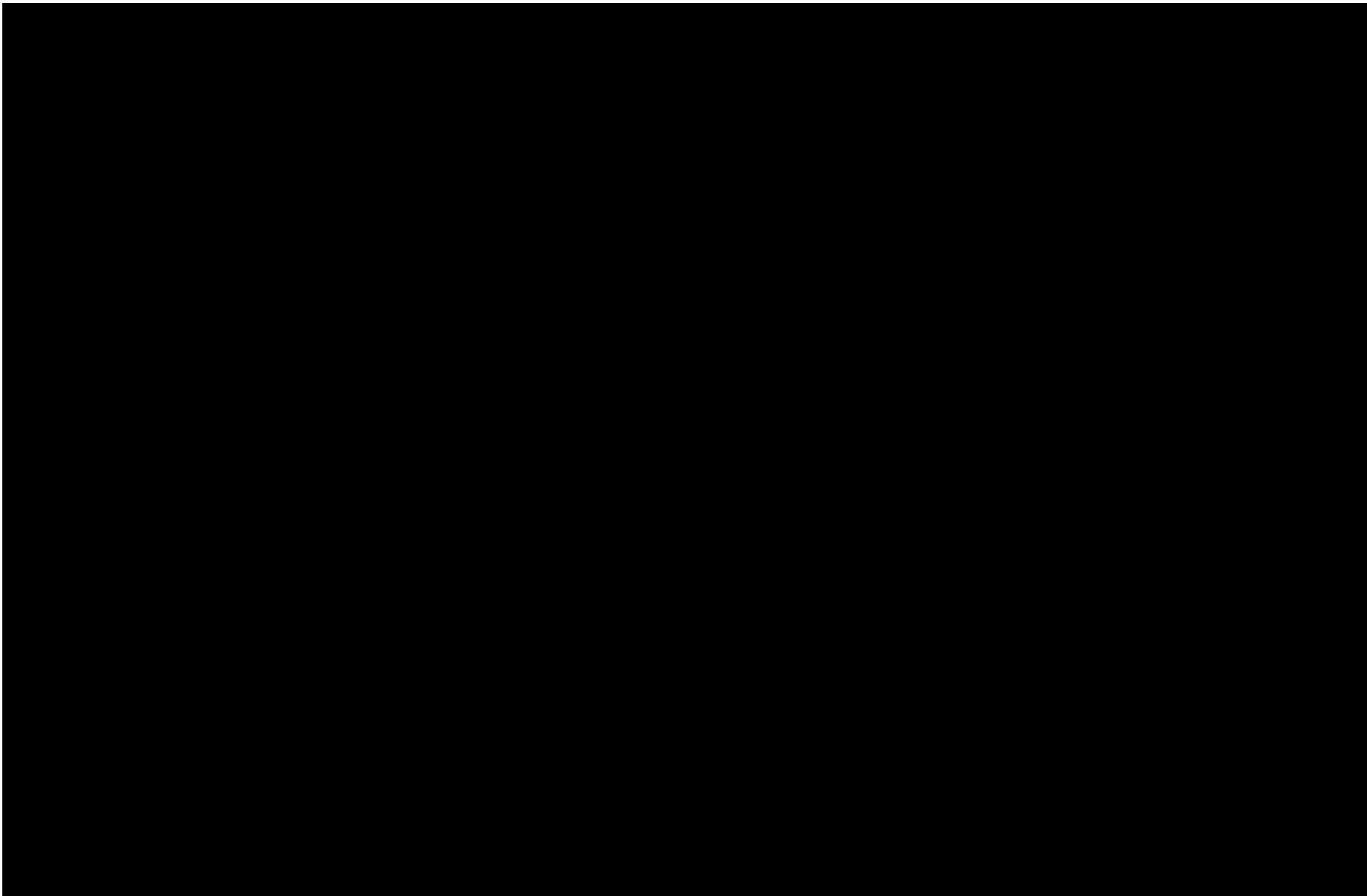


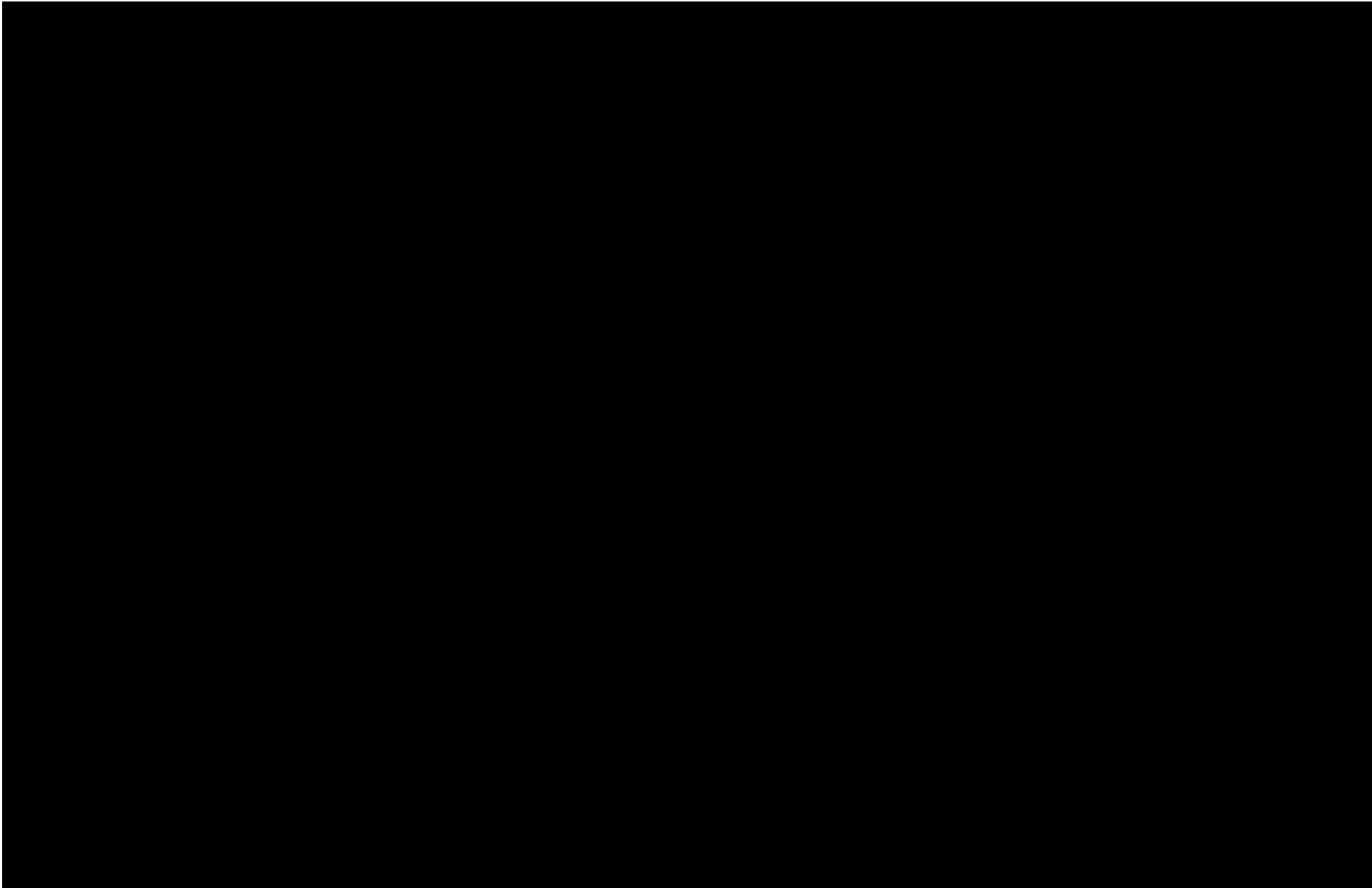




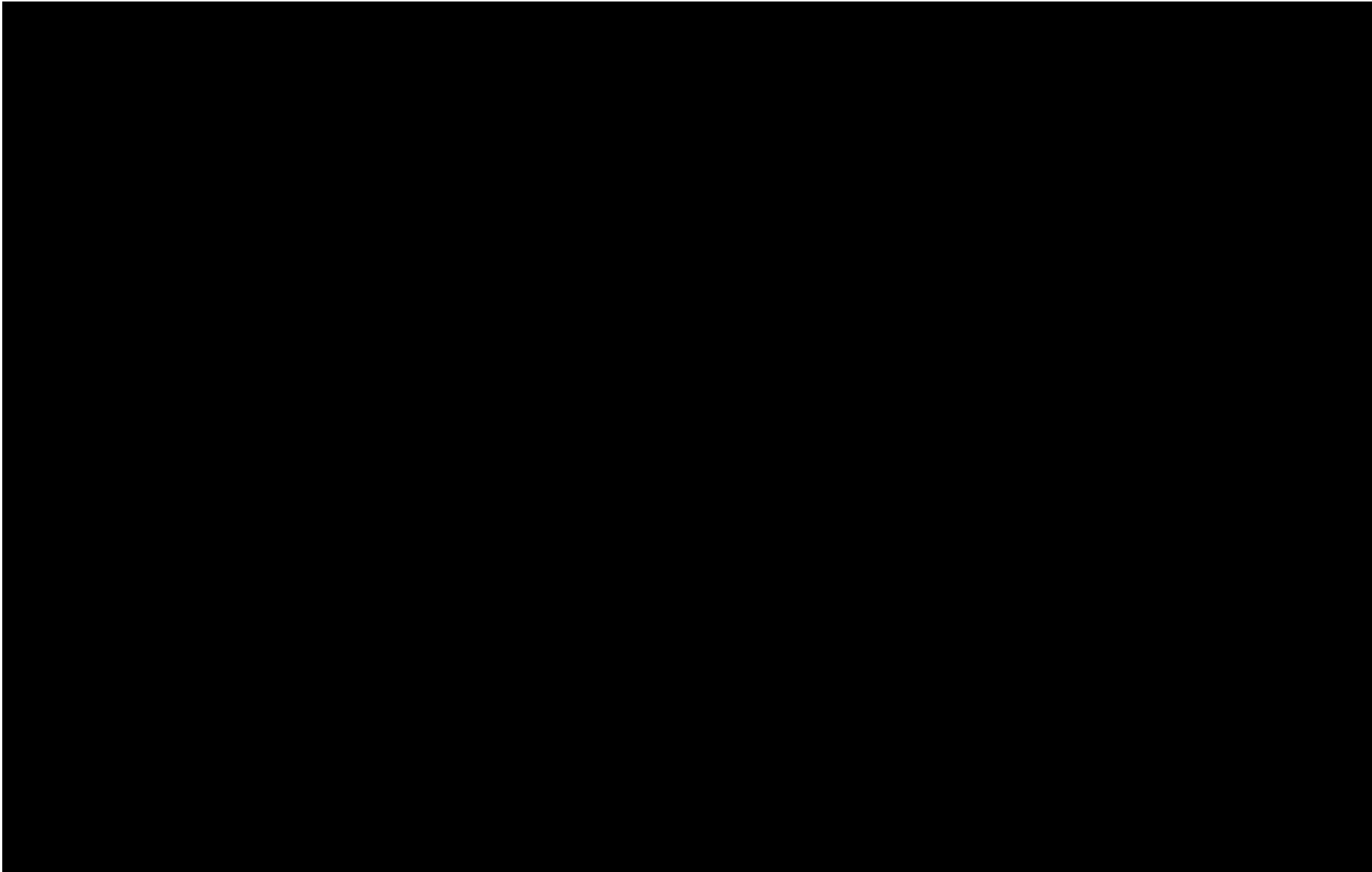


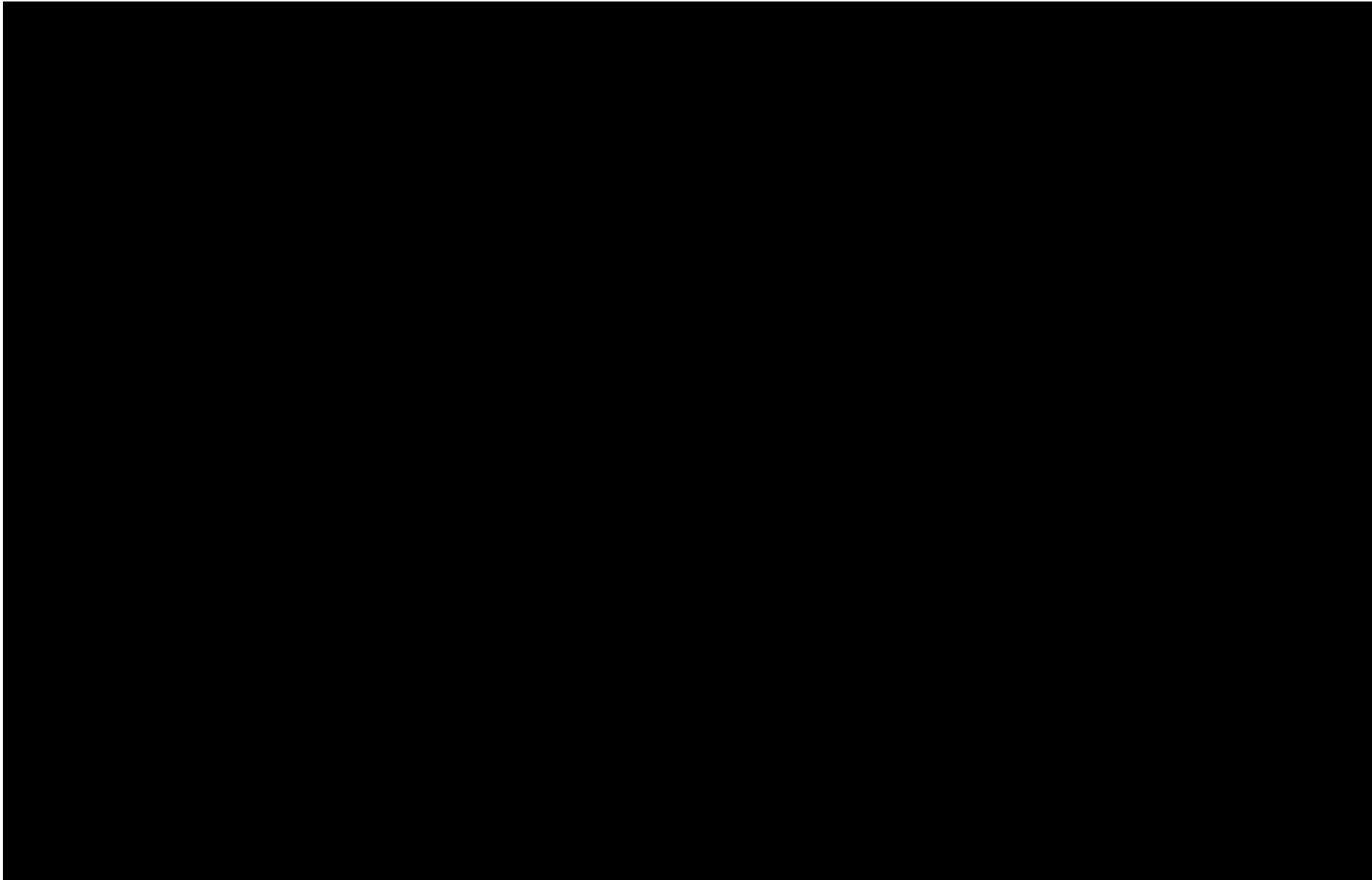


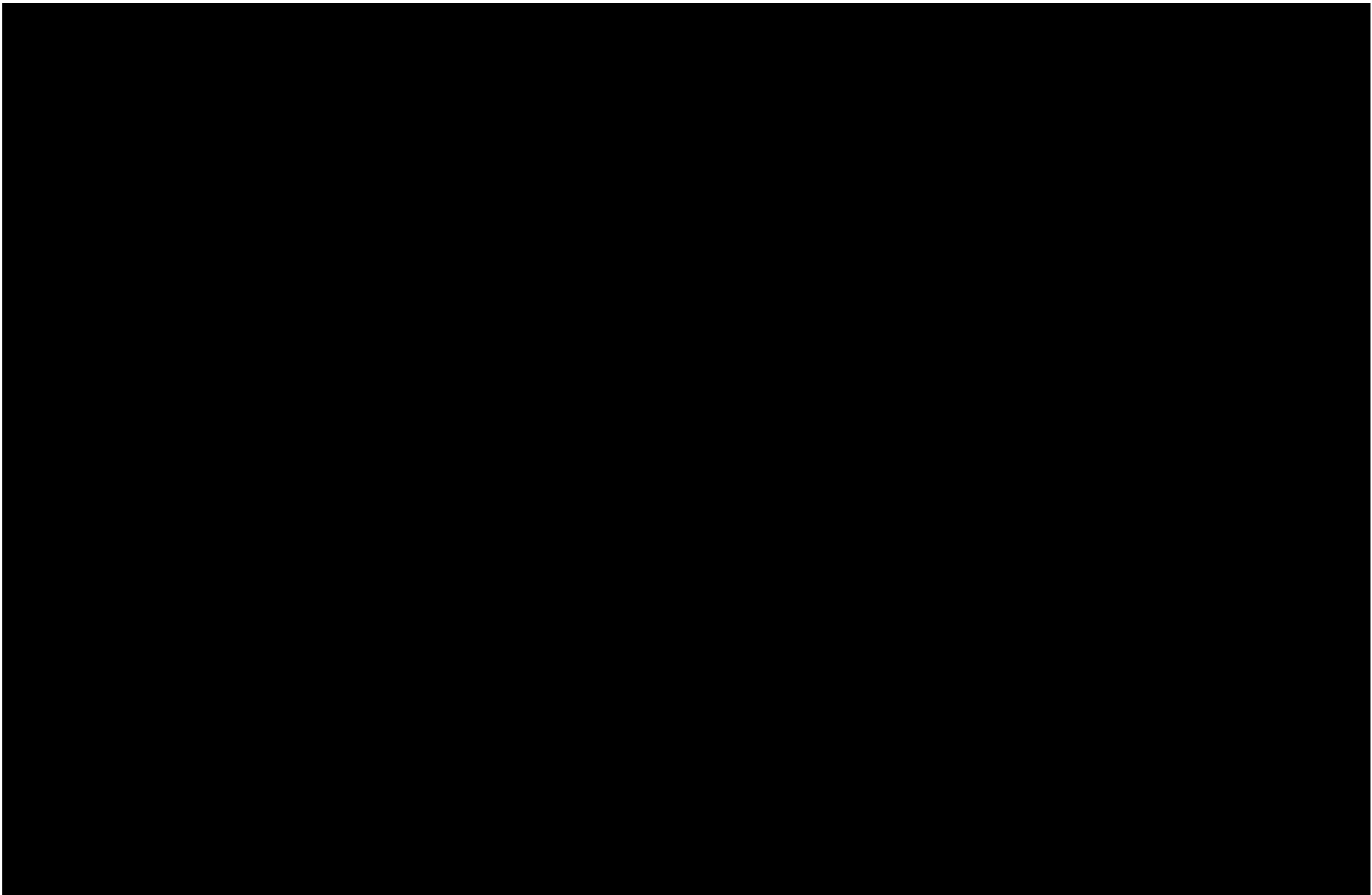


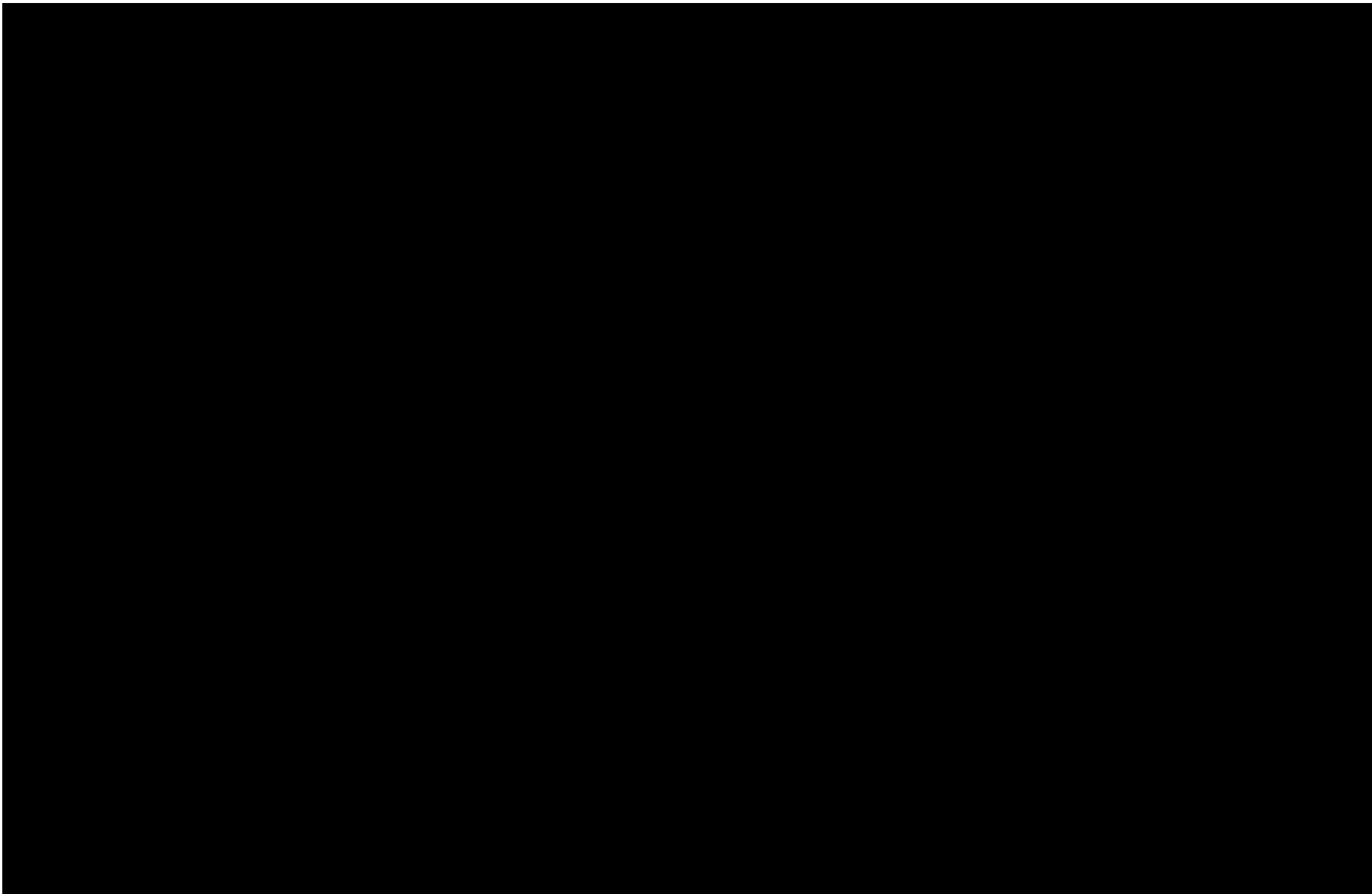




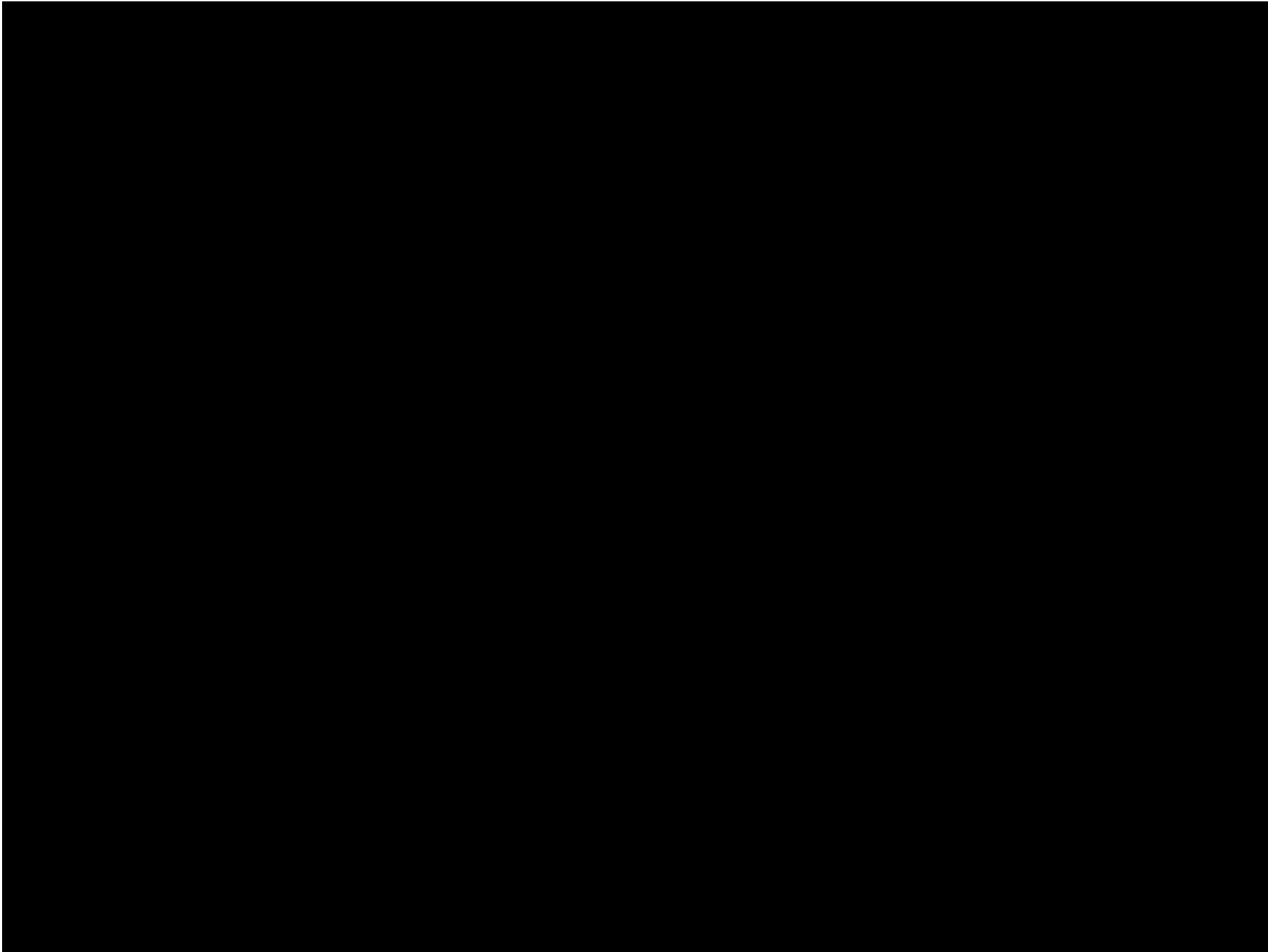


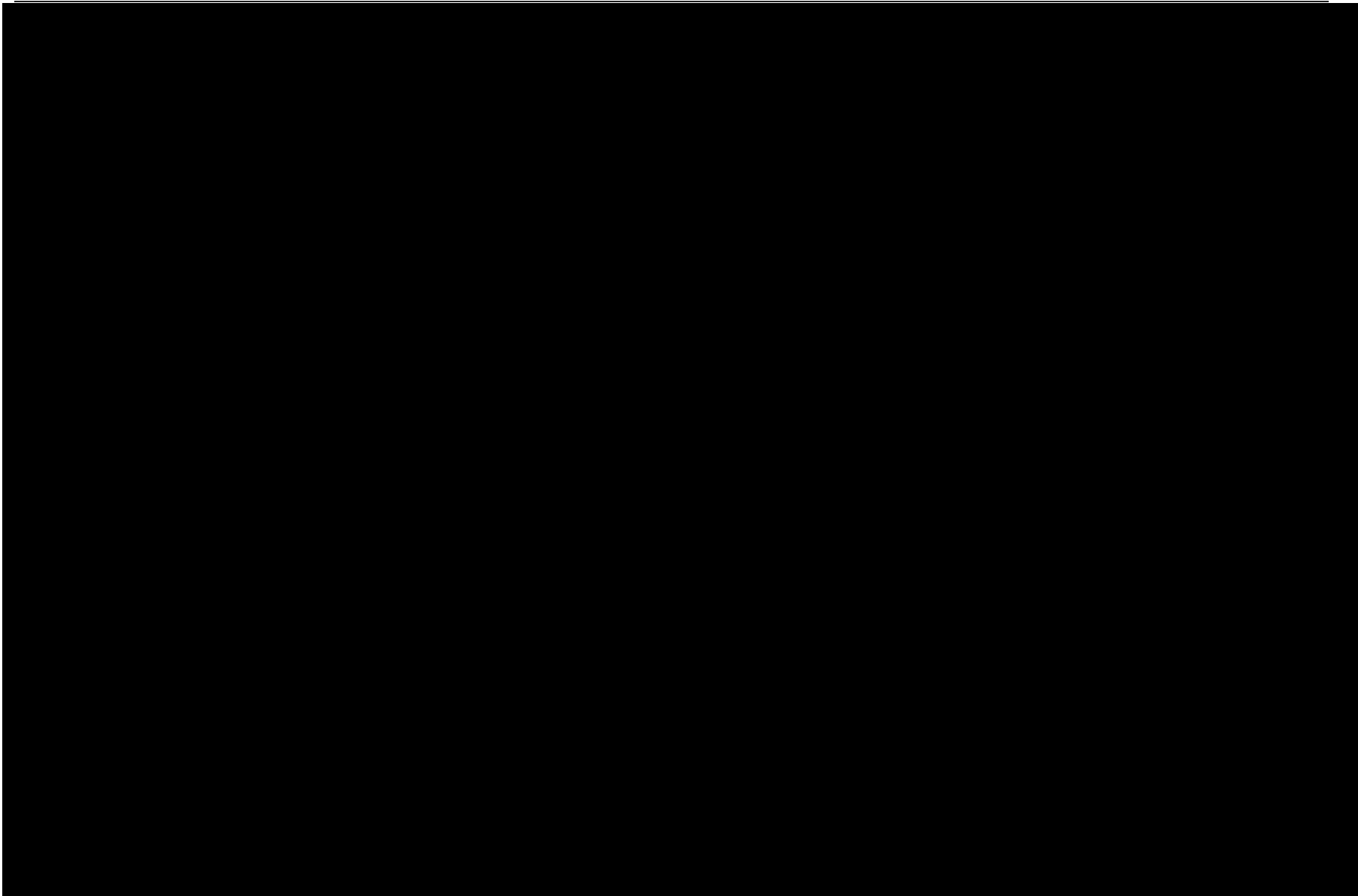


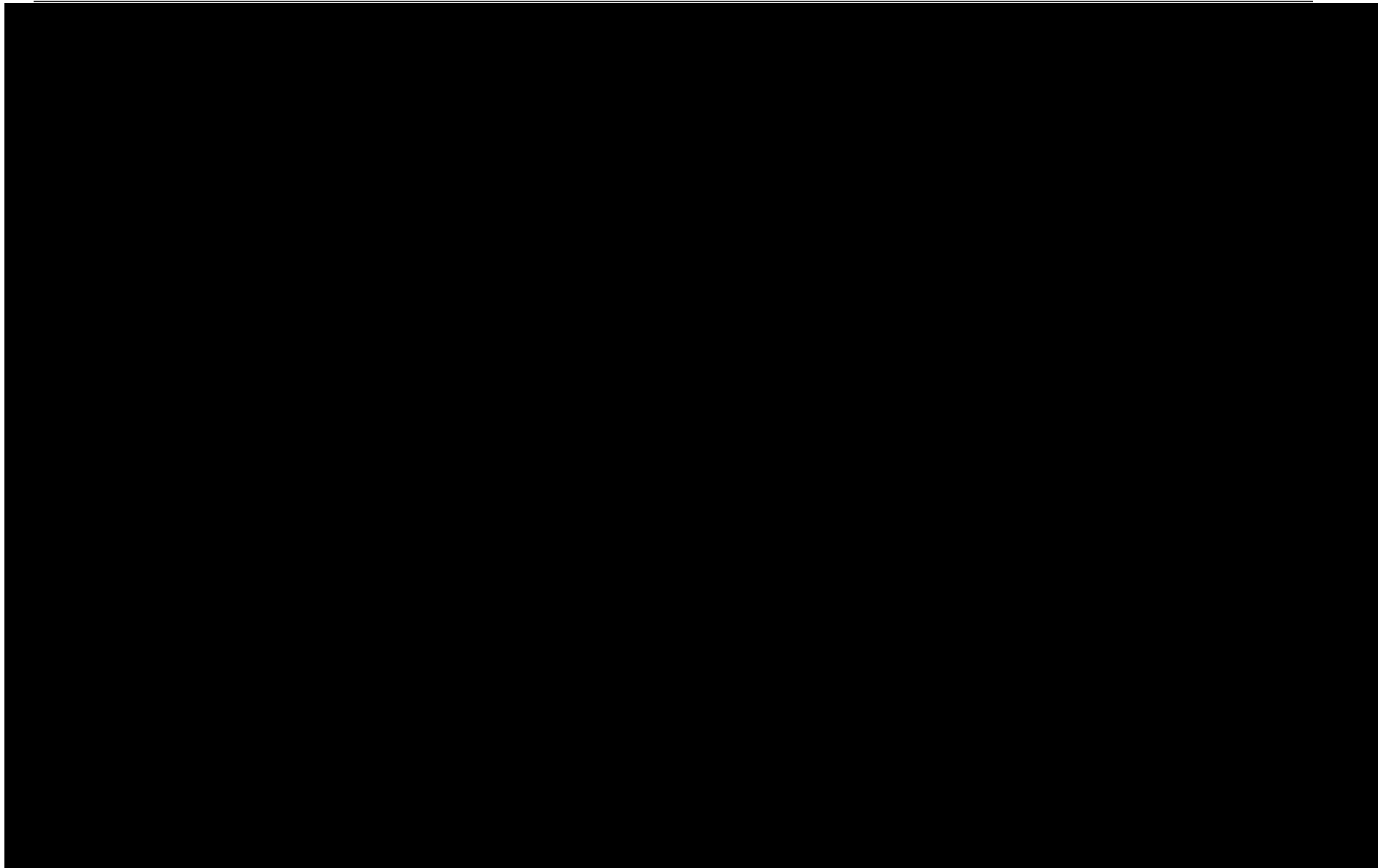


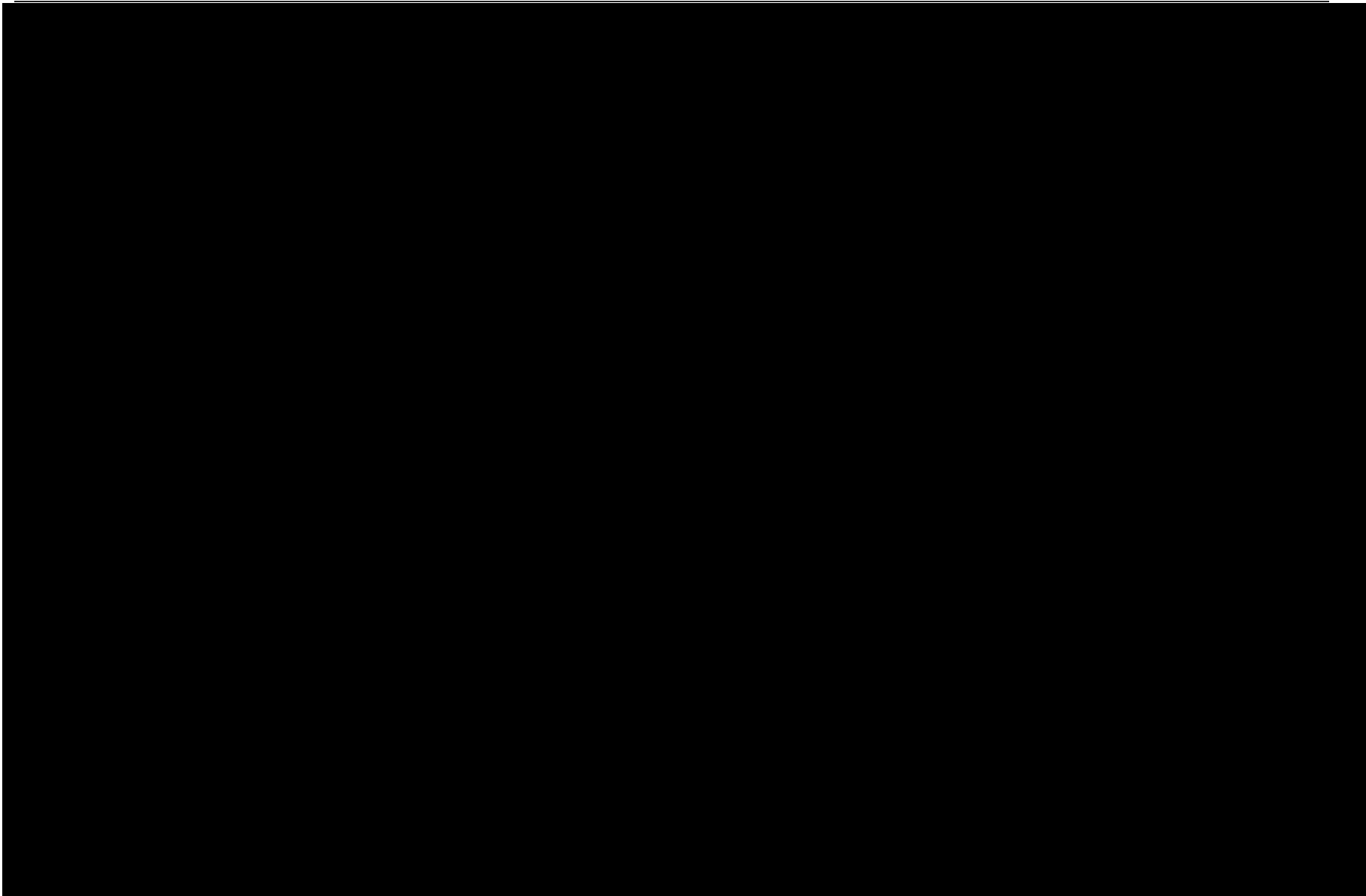


State of Arkansas  
Bid Number 0710-19-1001  
Prior Authorization and Retrospective Reviews

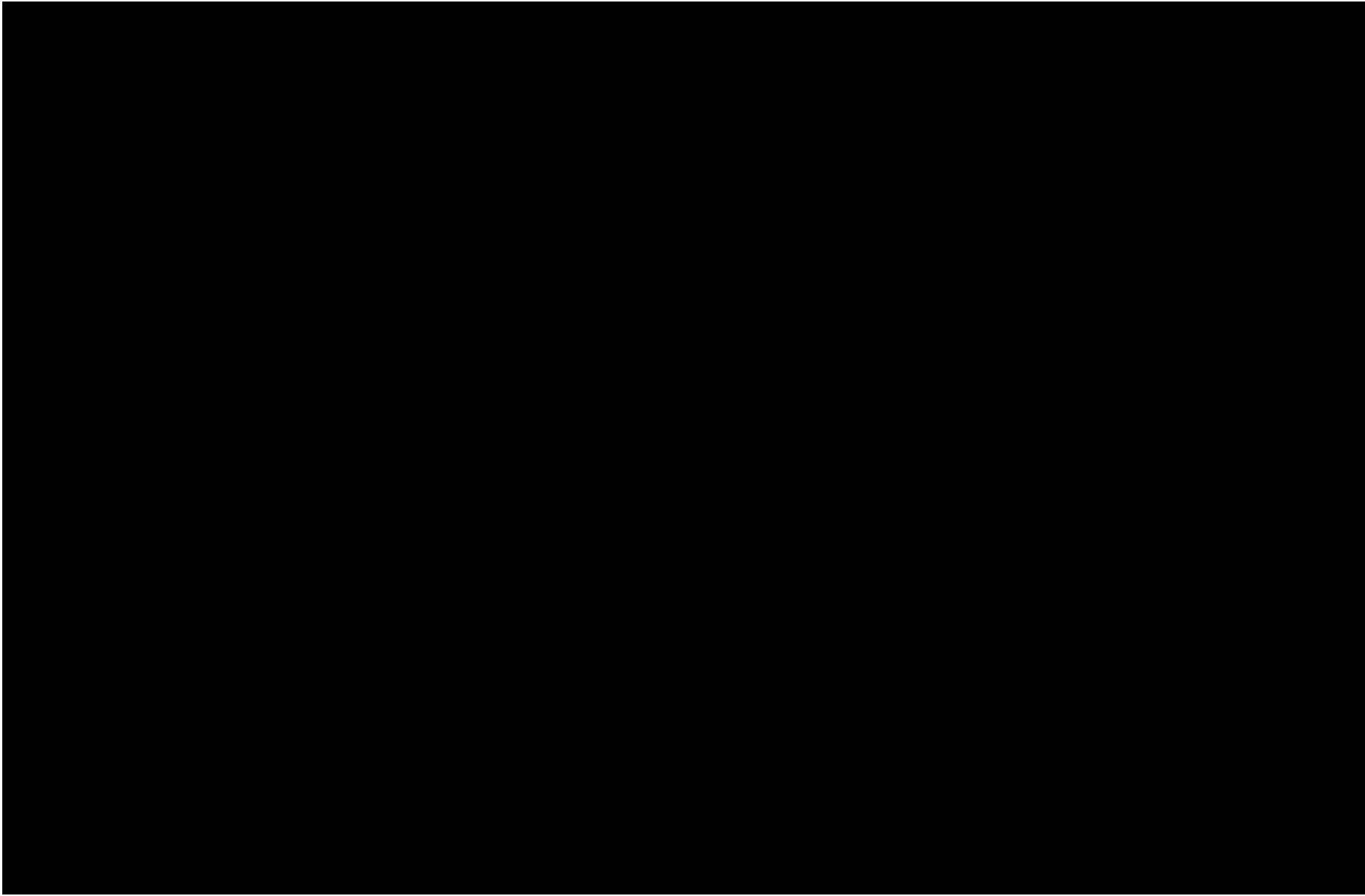


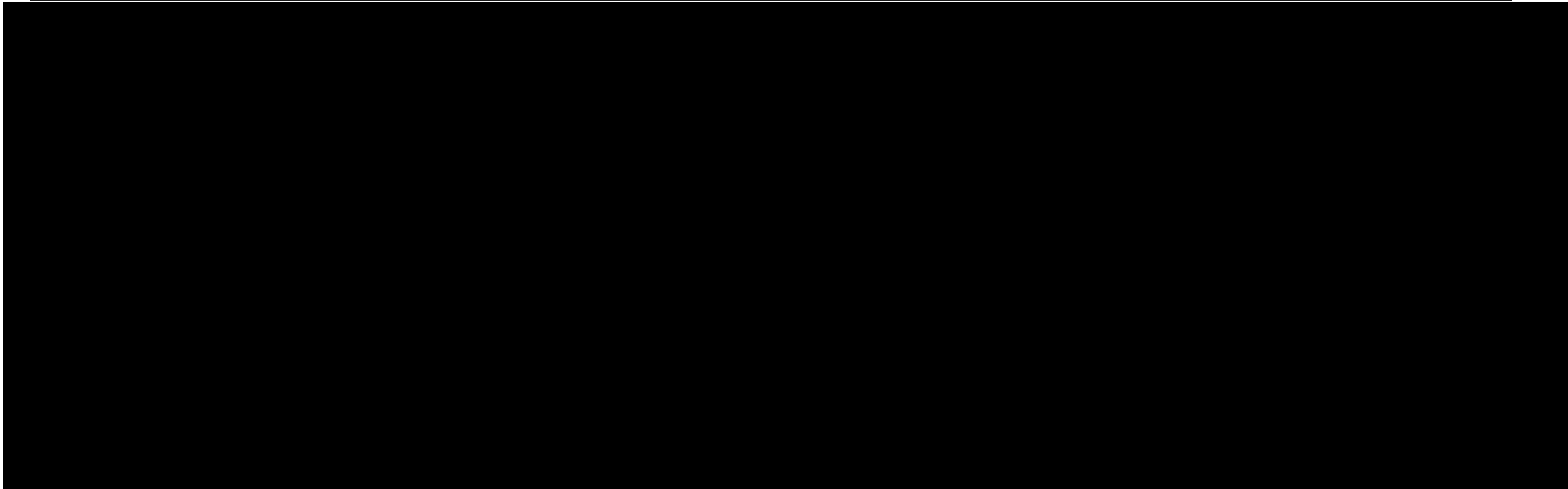




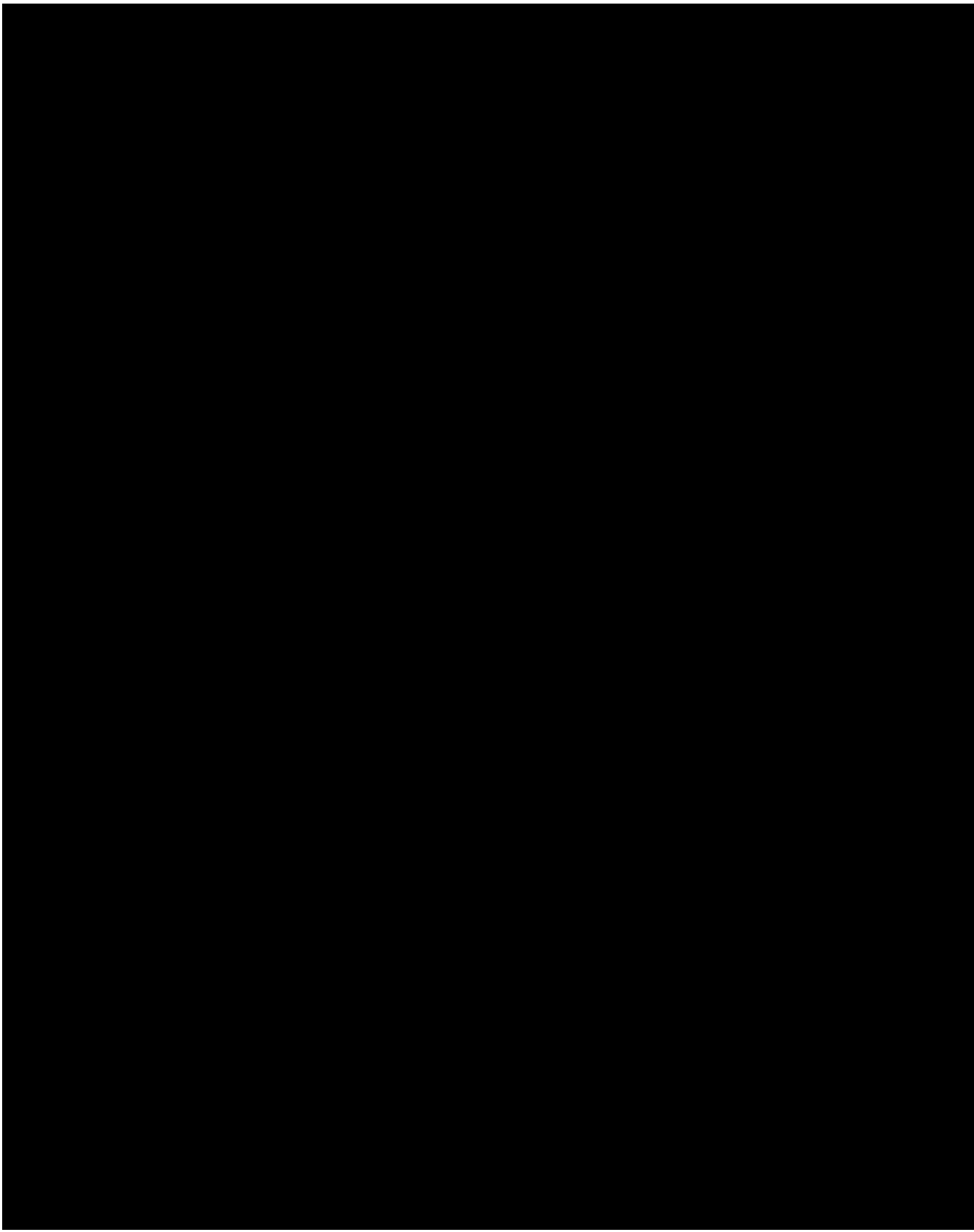




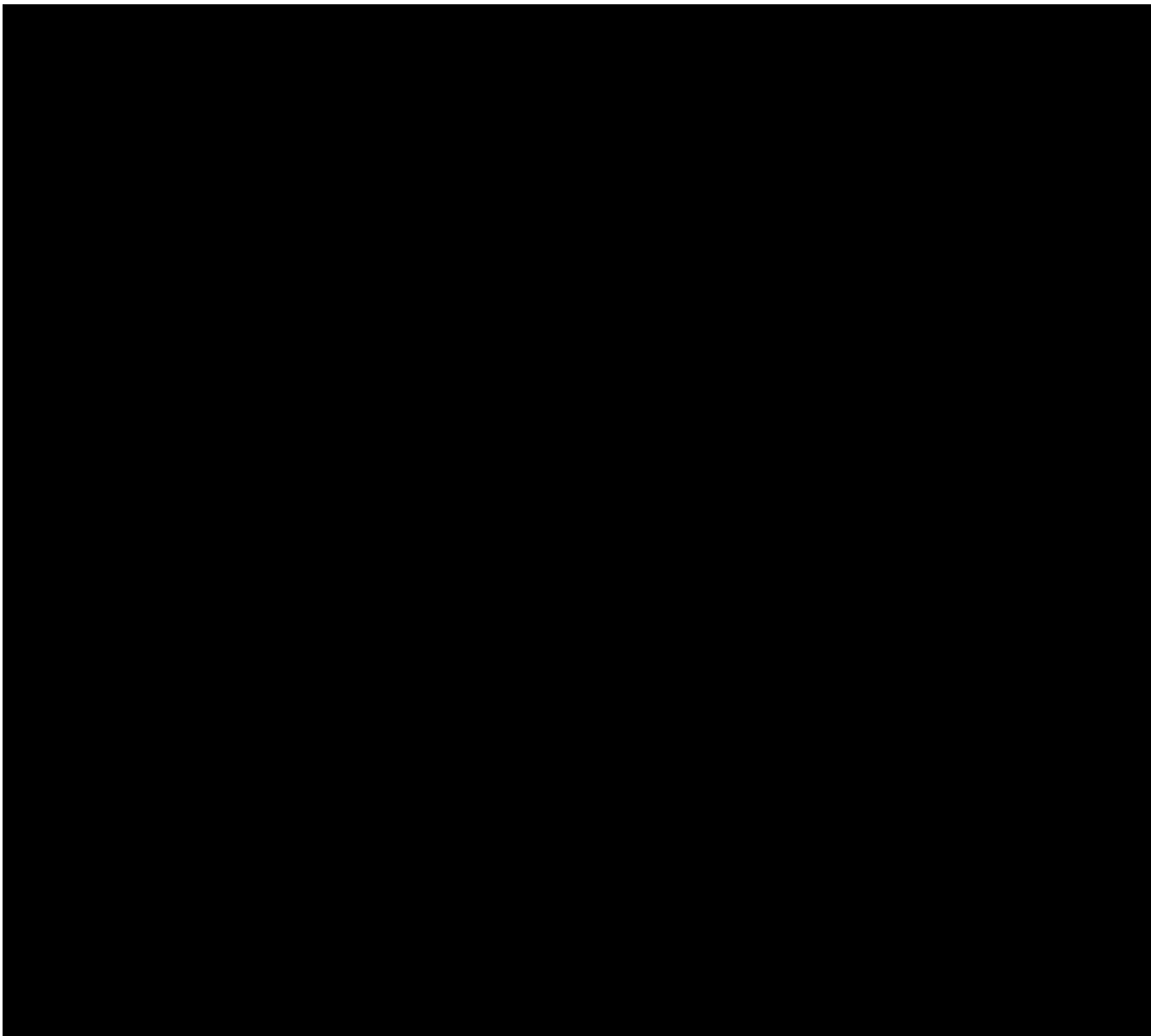


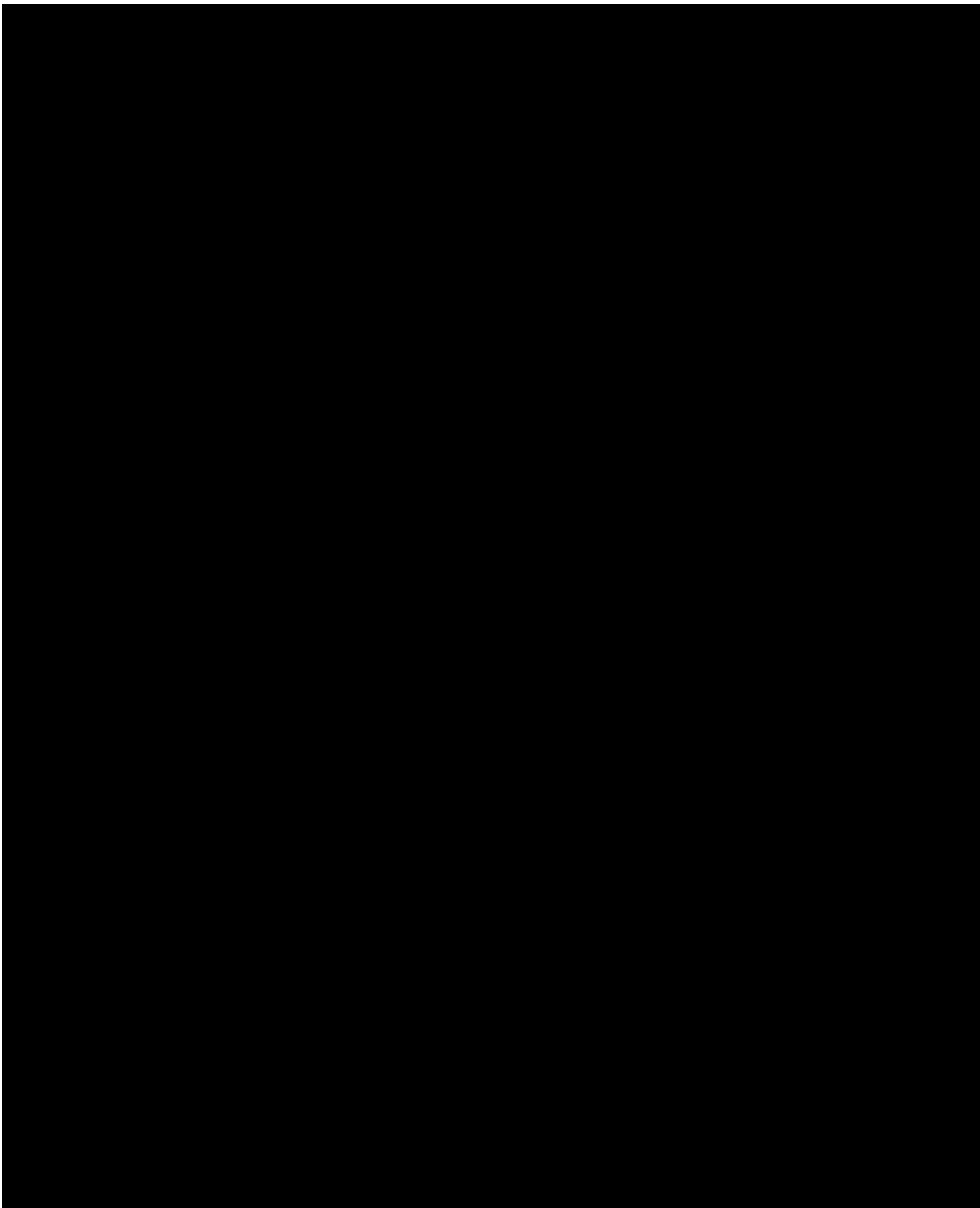






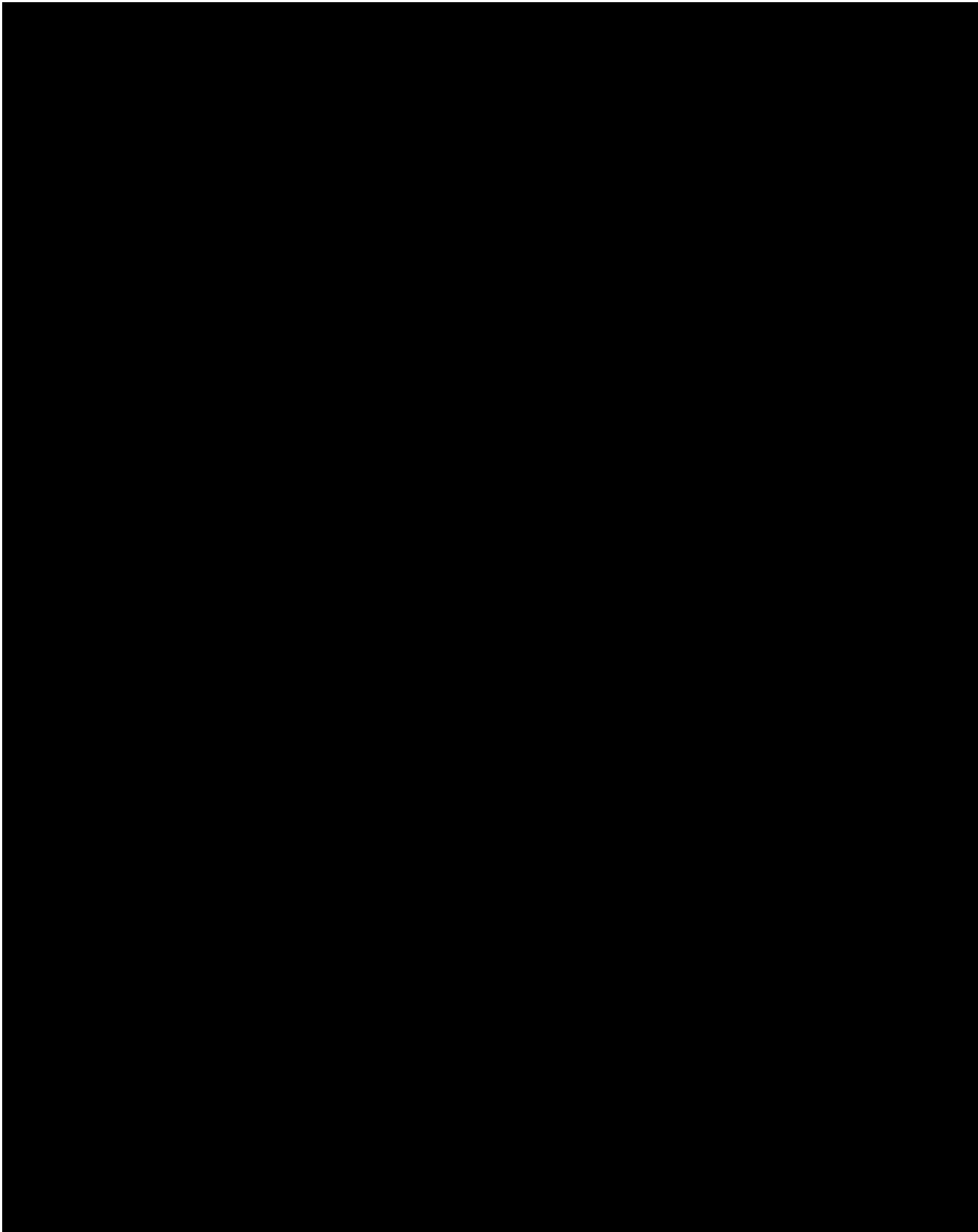


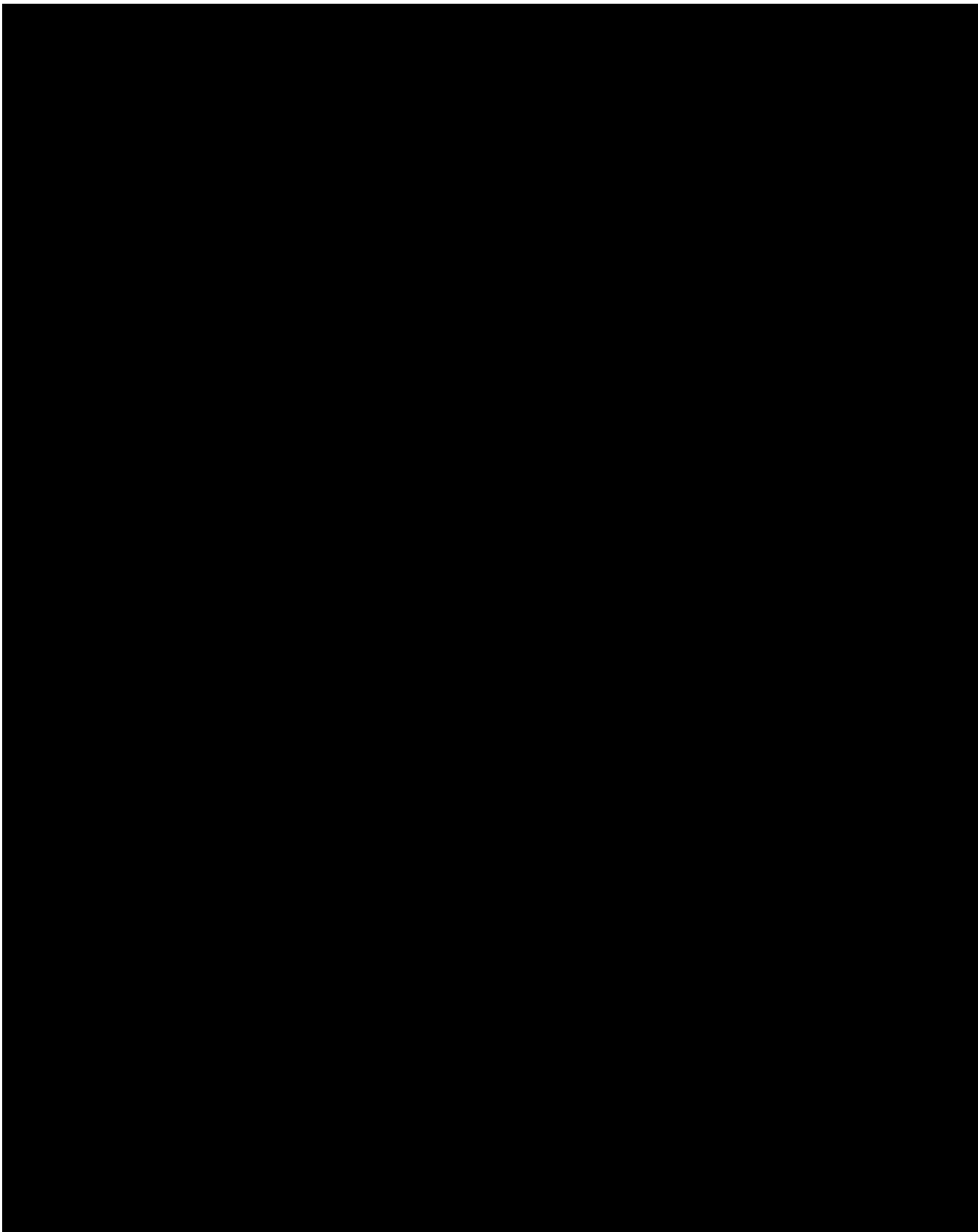


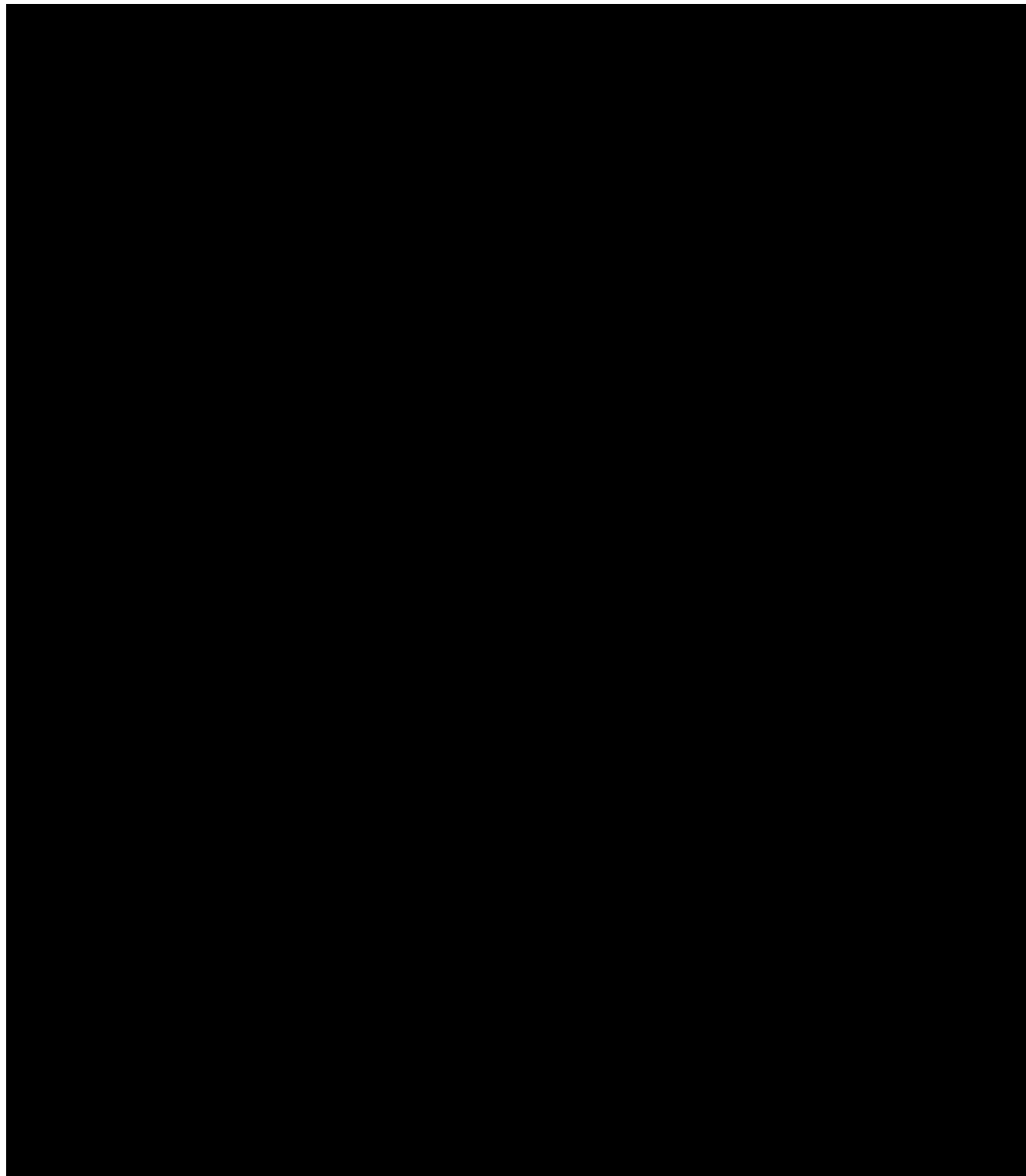


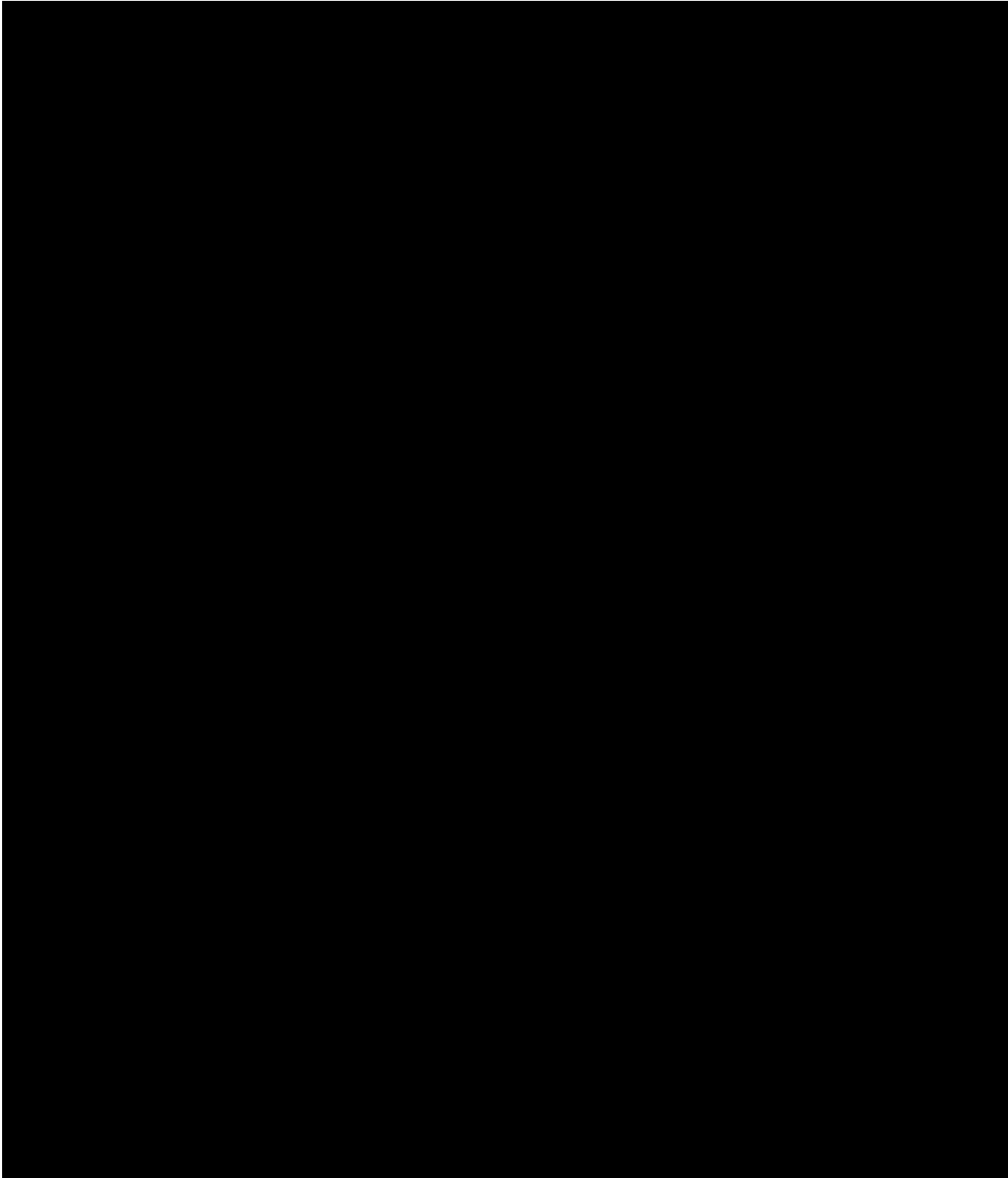


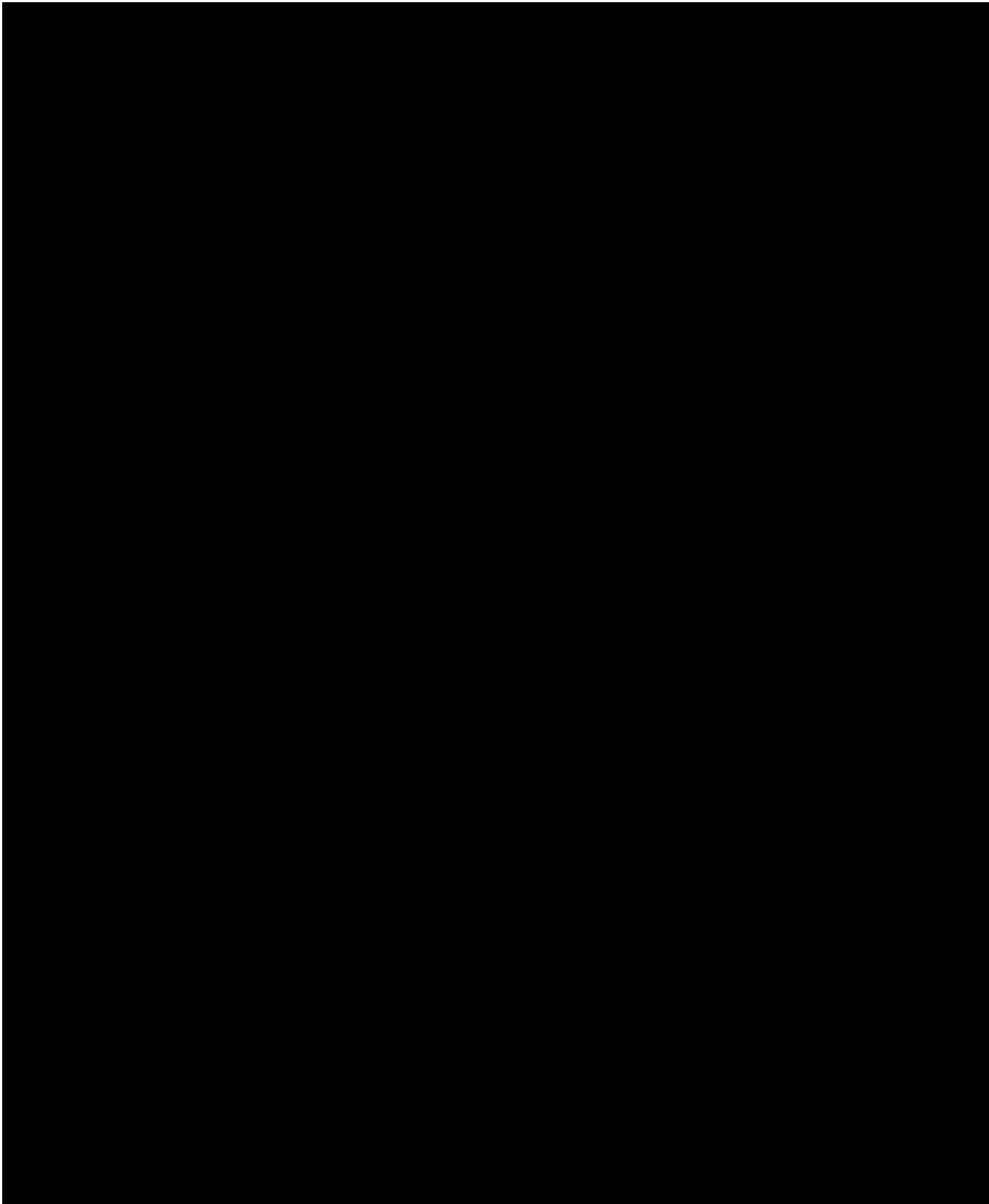


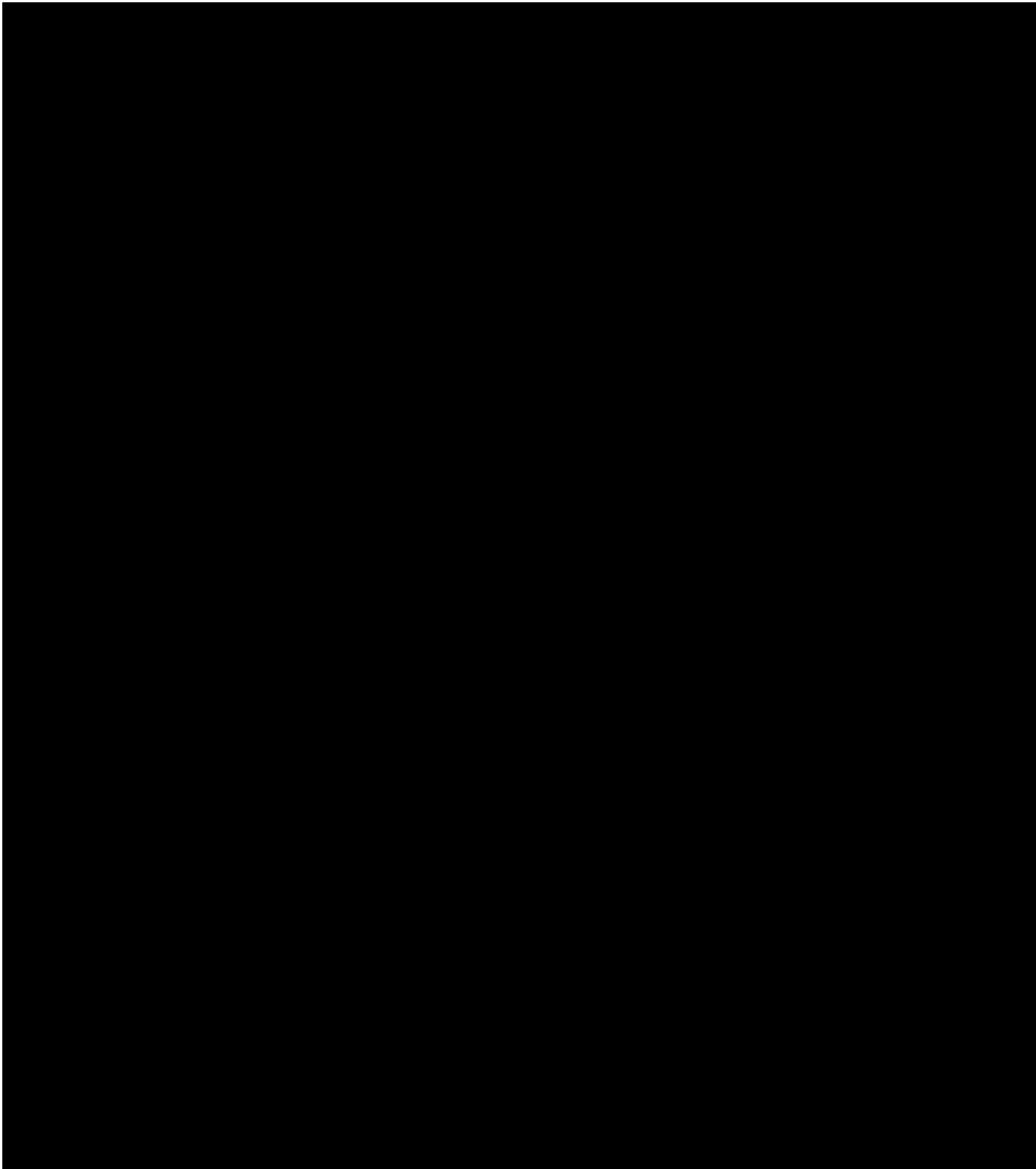


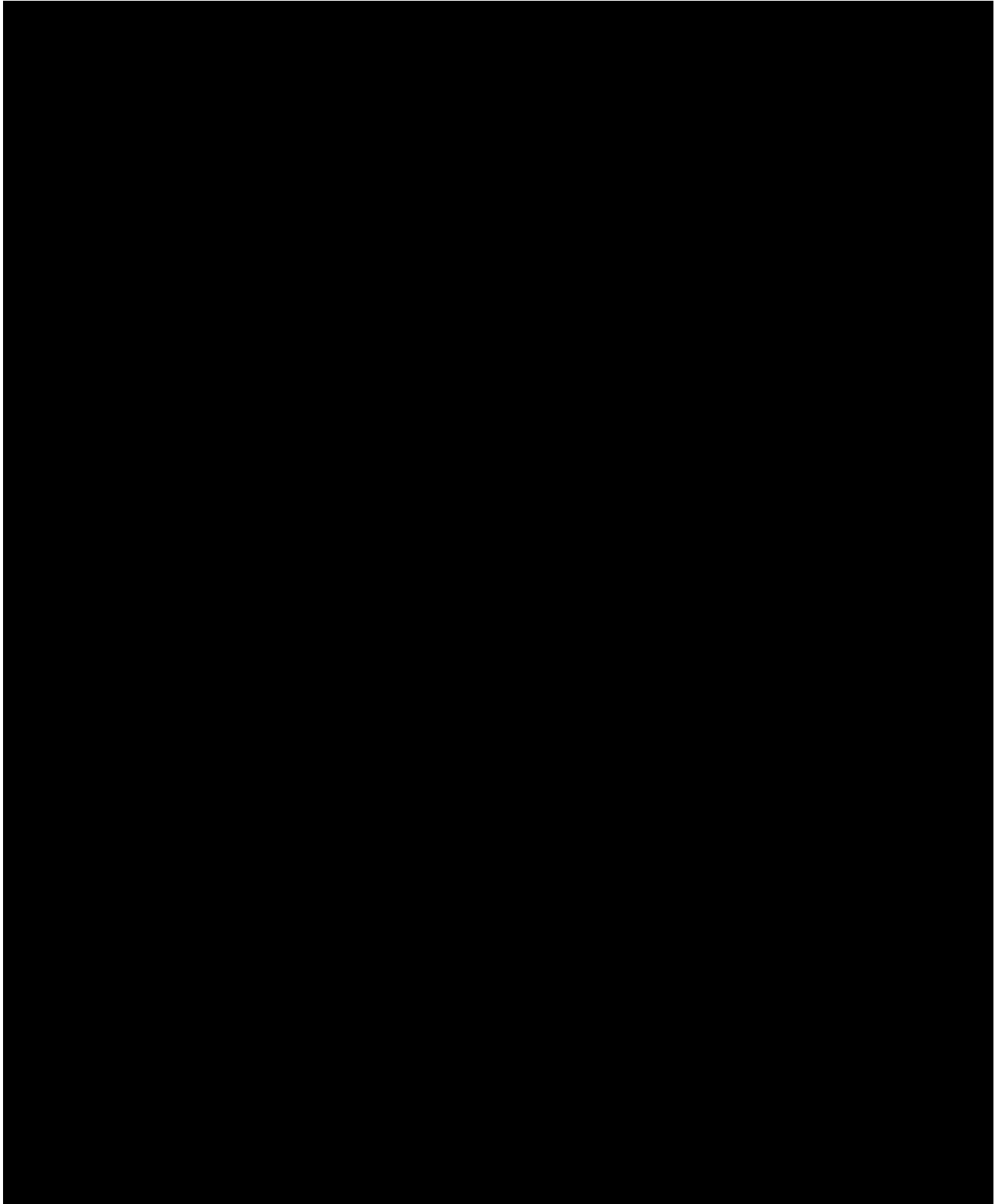


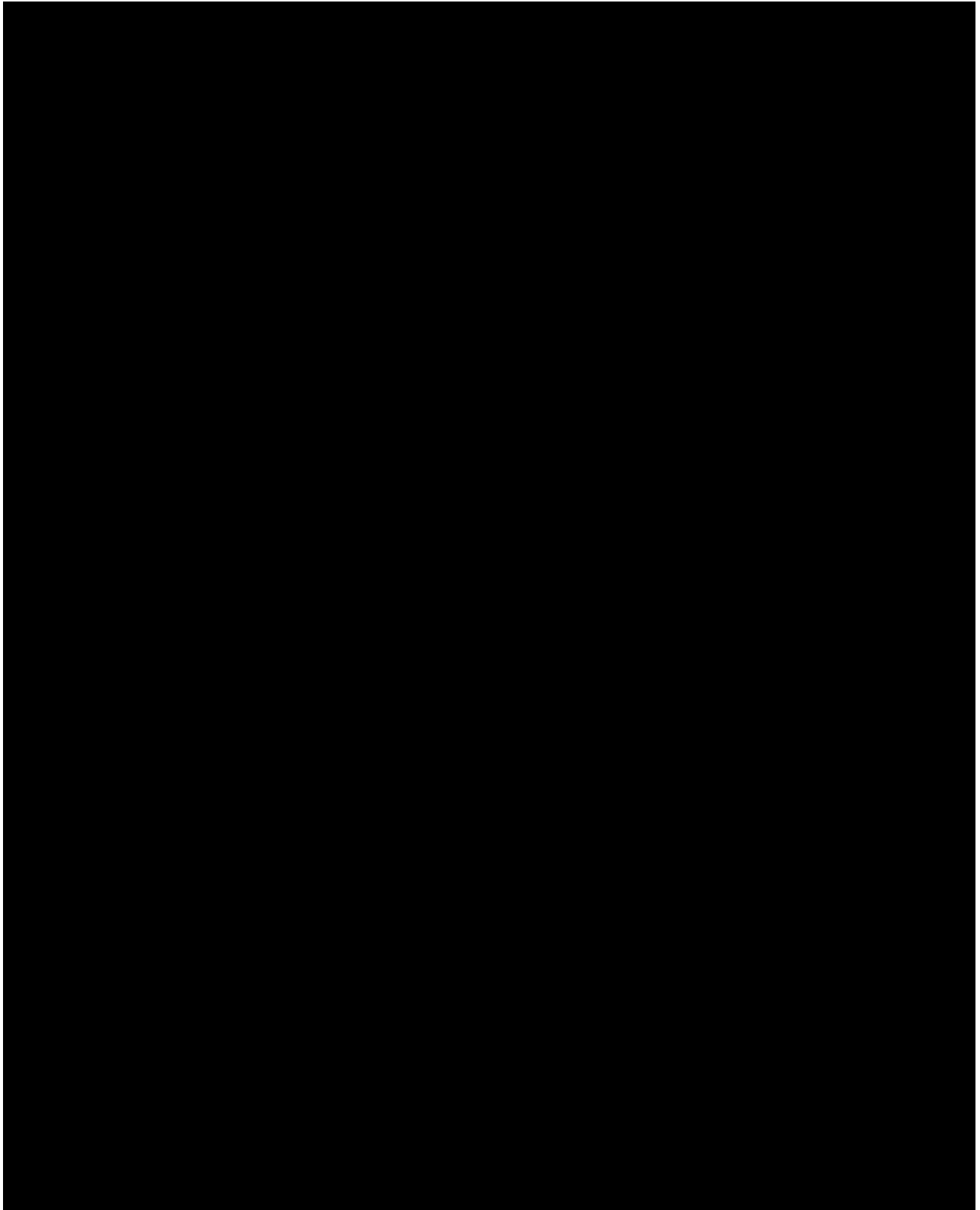




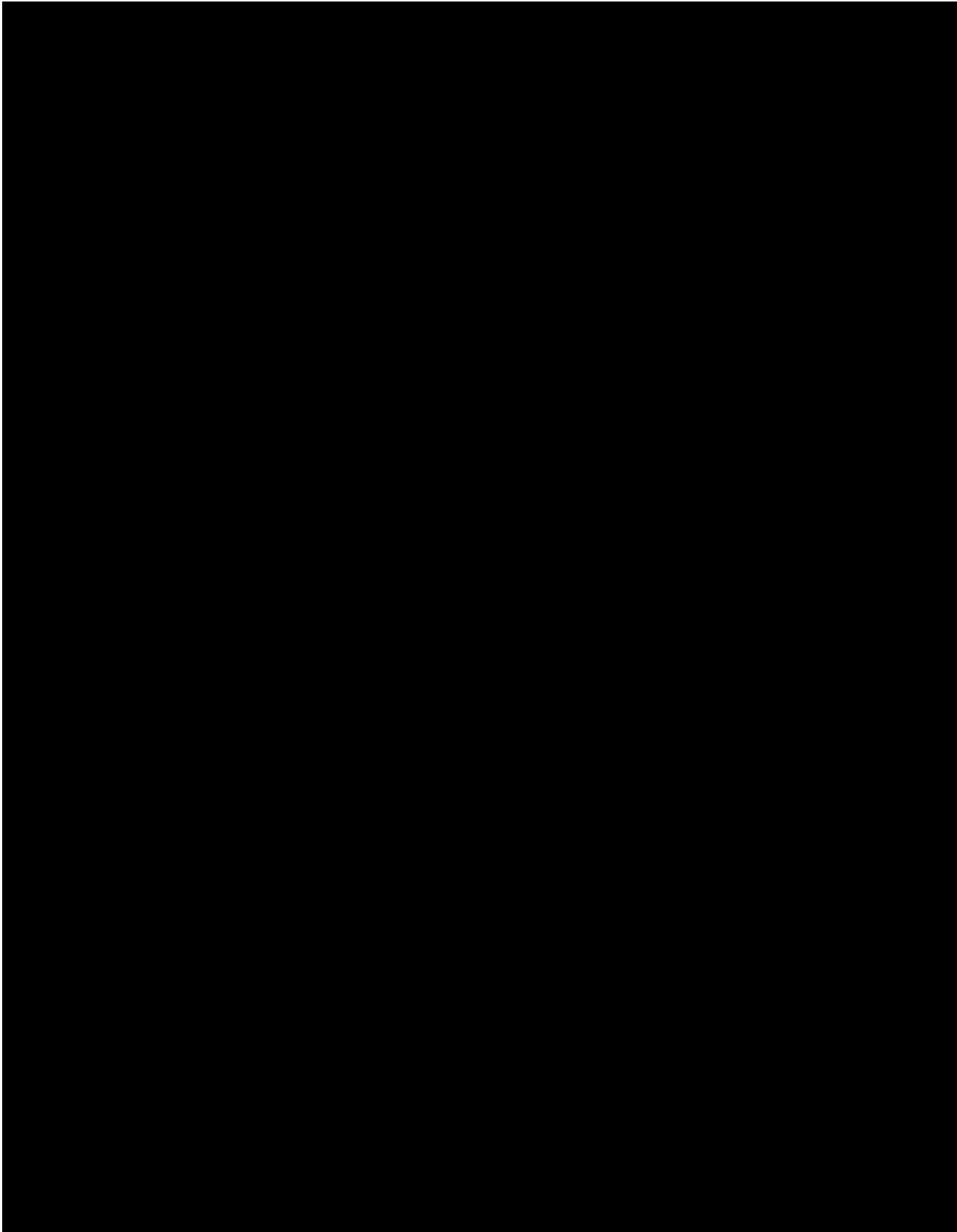


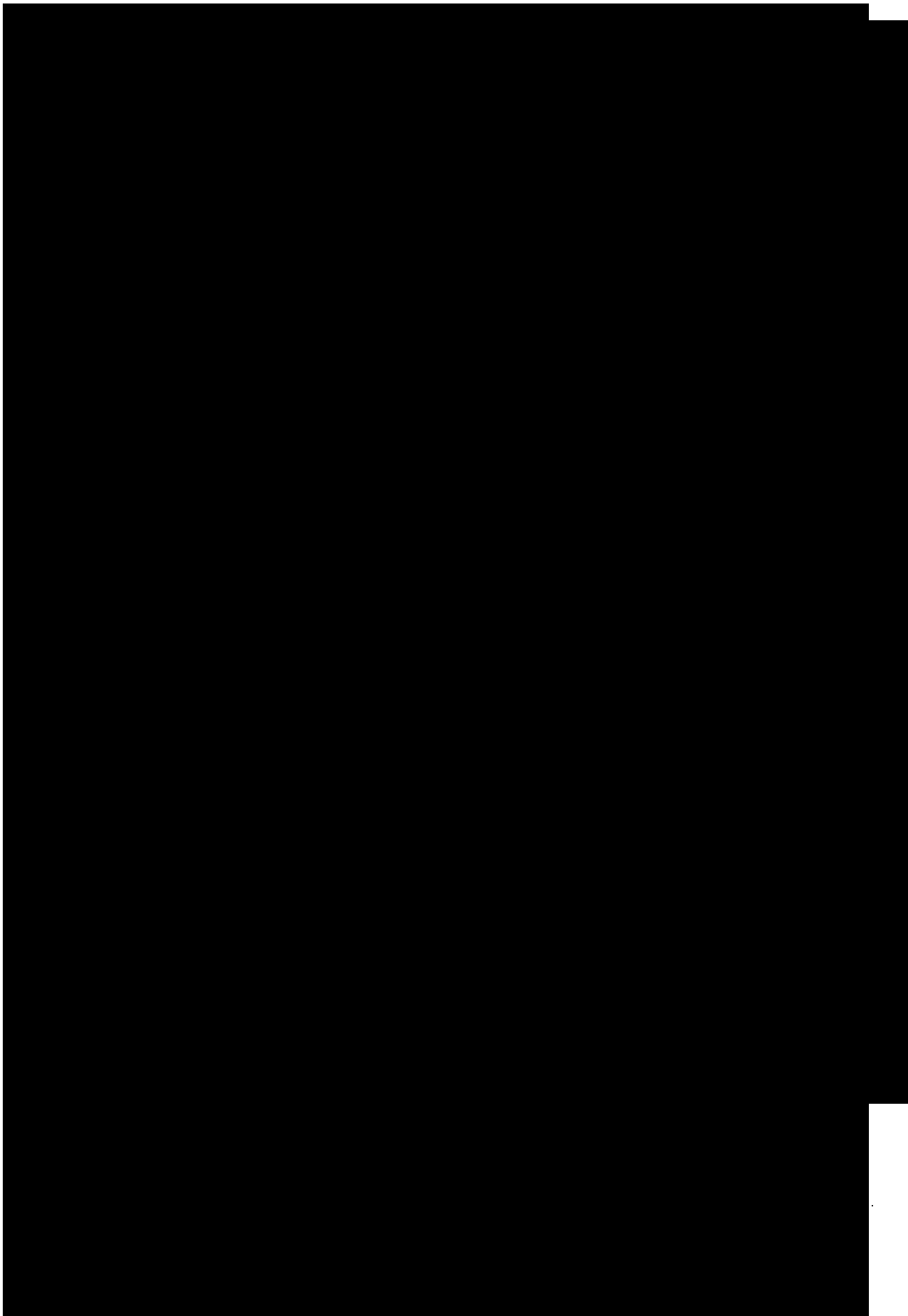


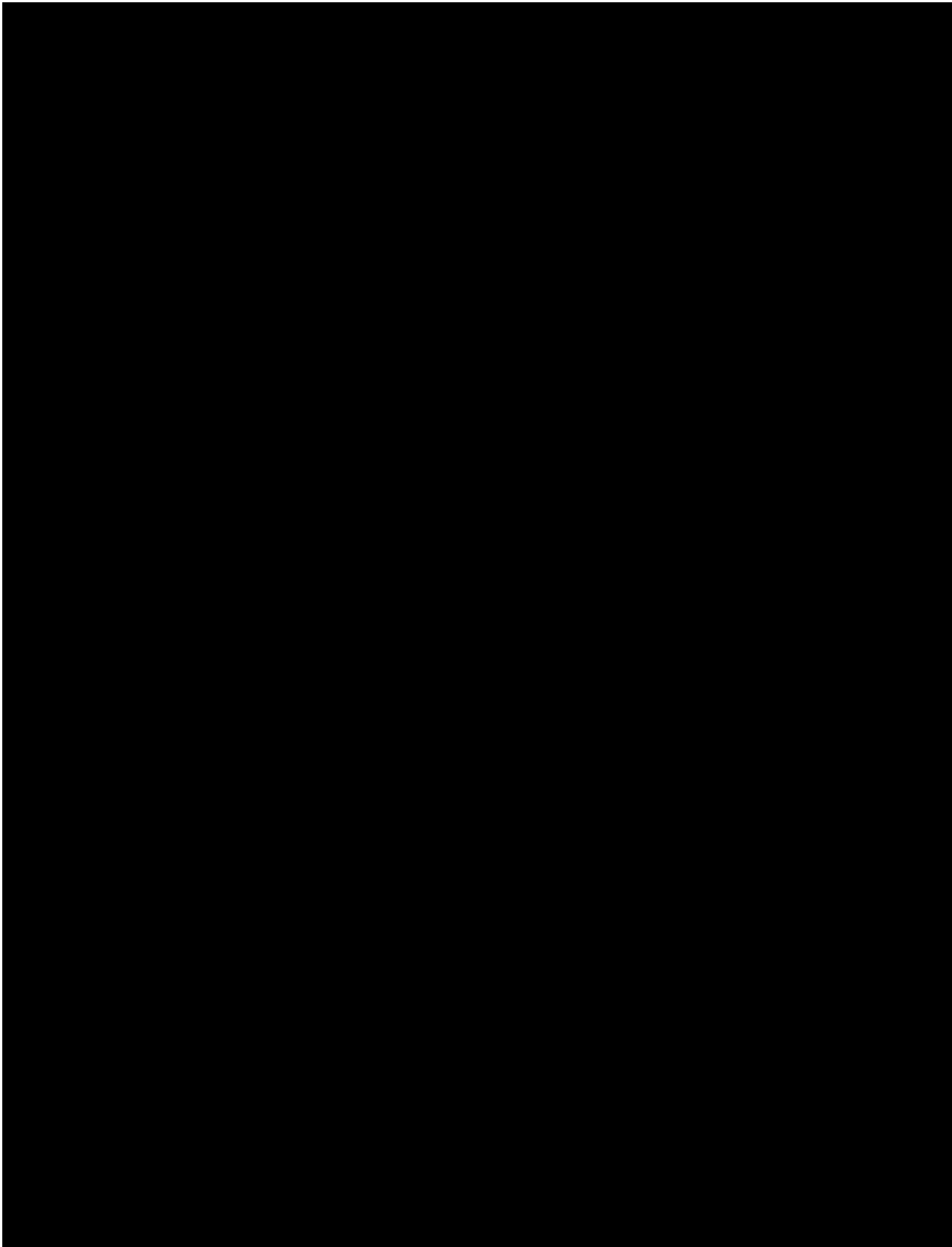


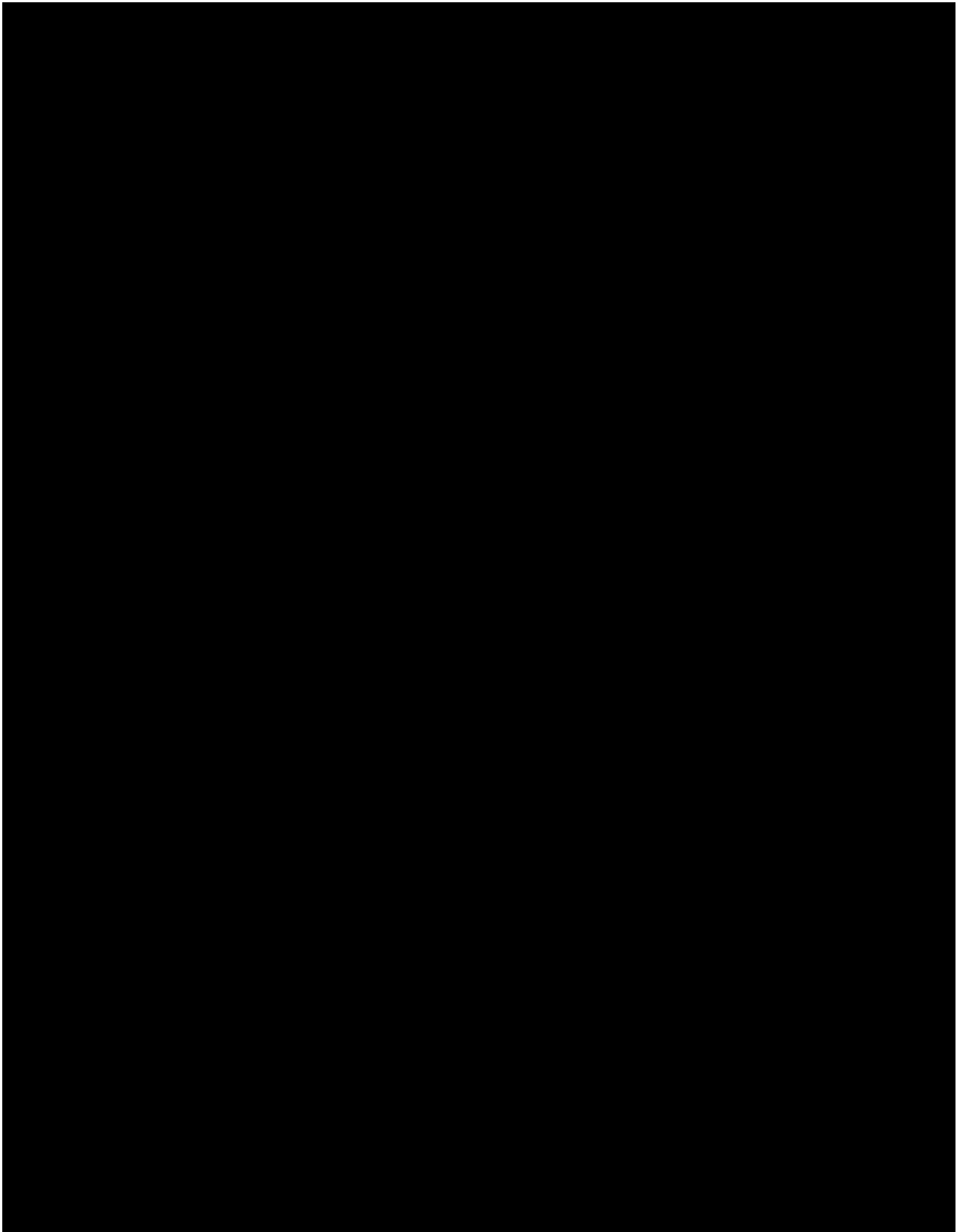






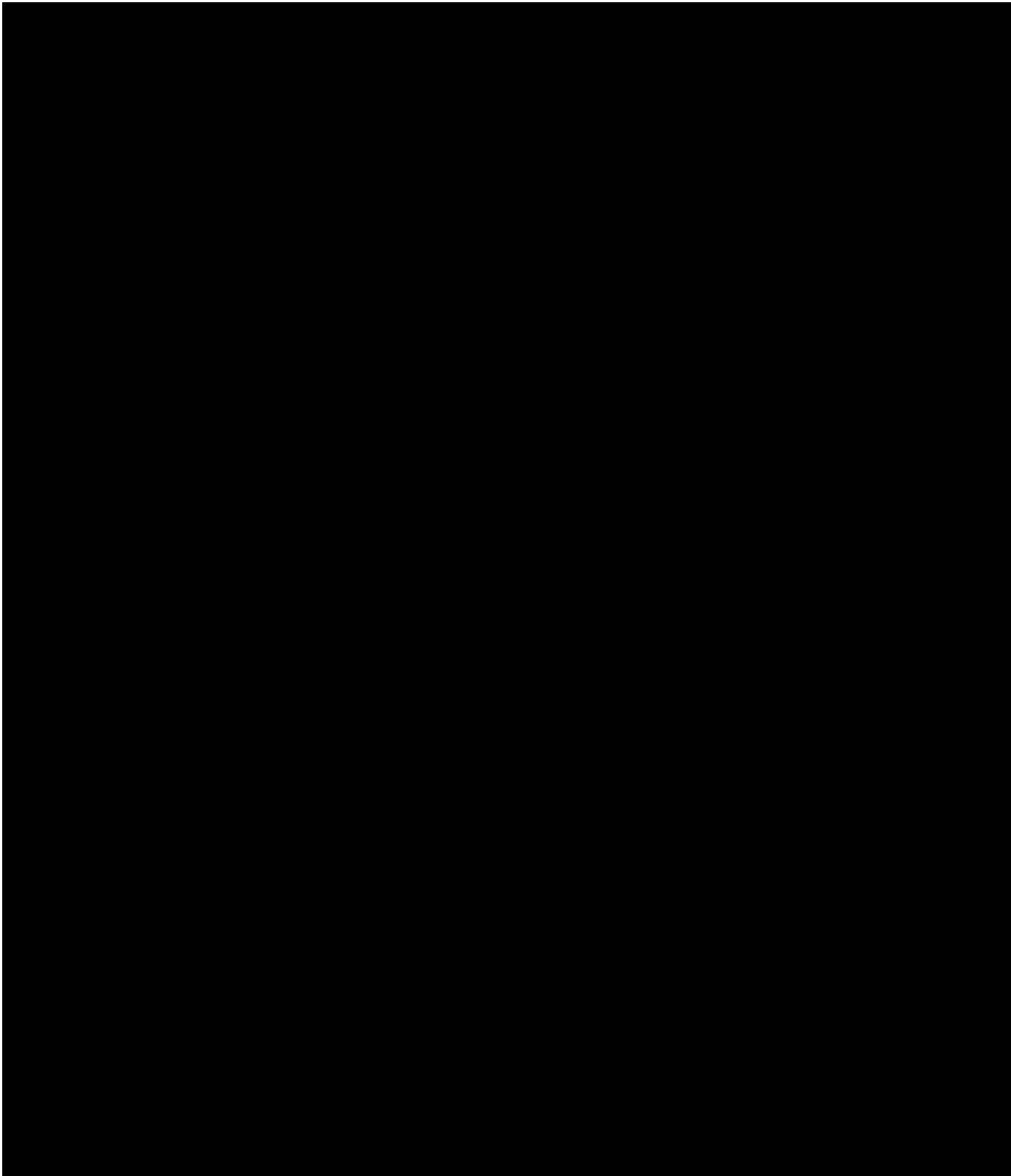


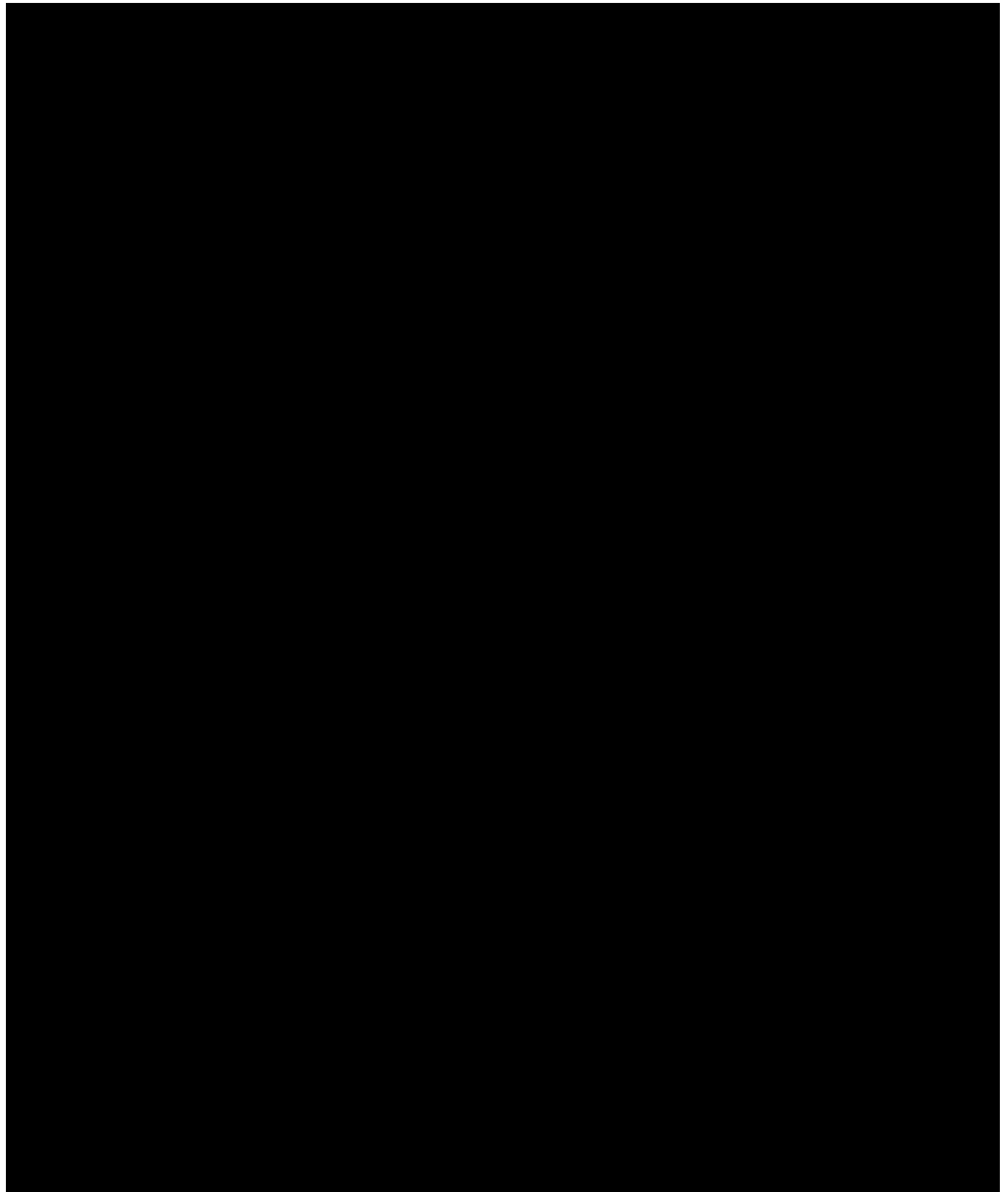






*E.5 Provide your proposed Provider Training.*







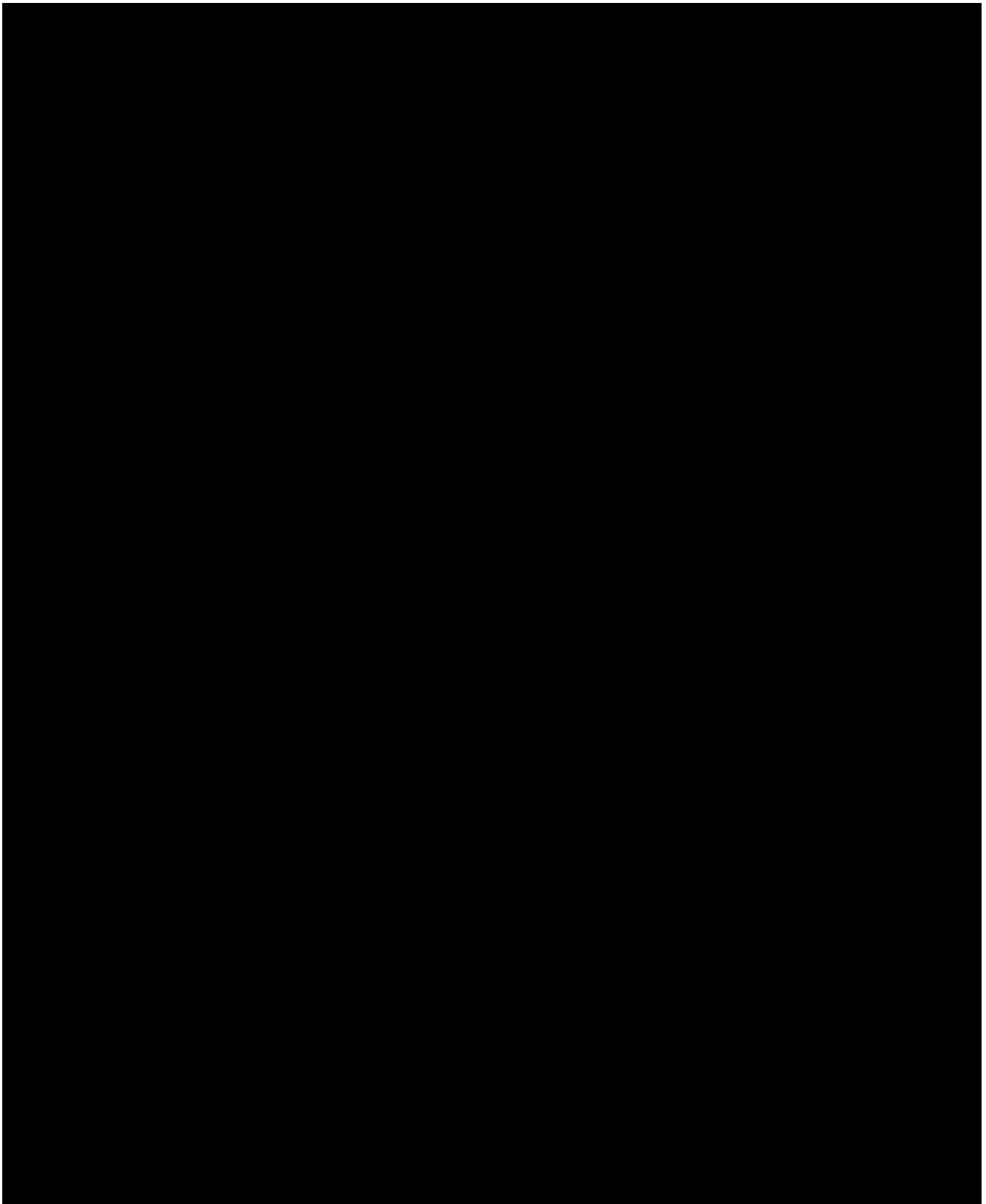
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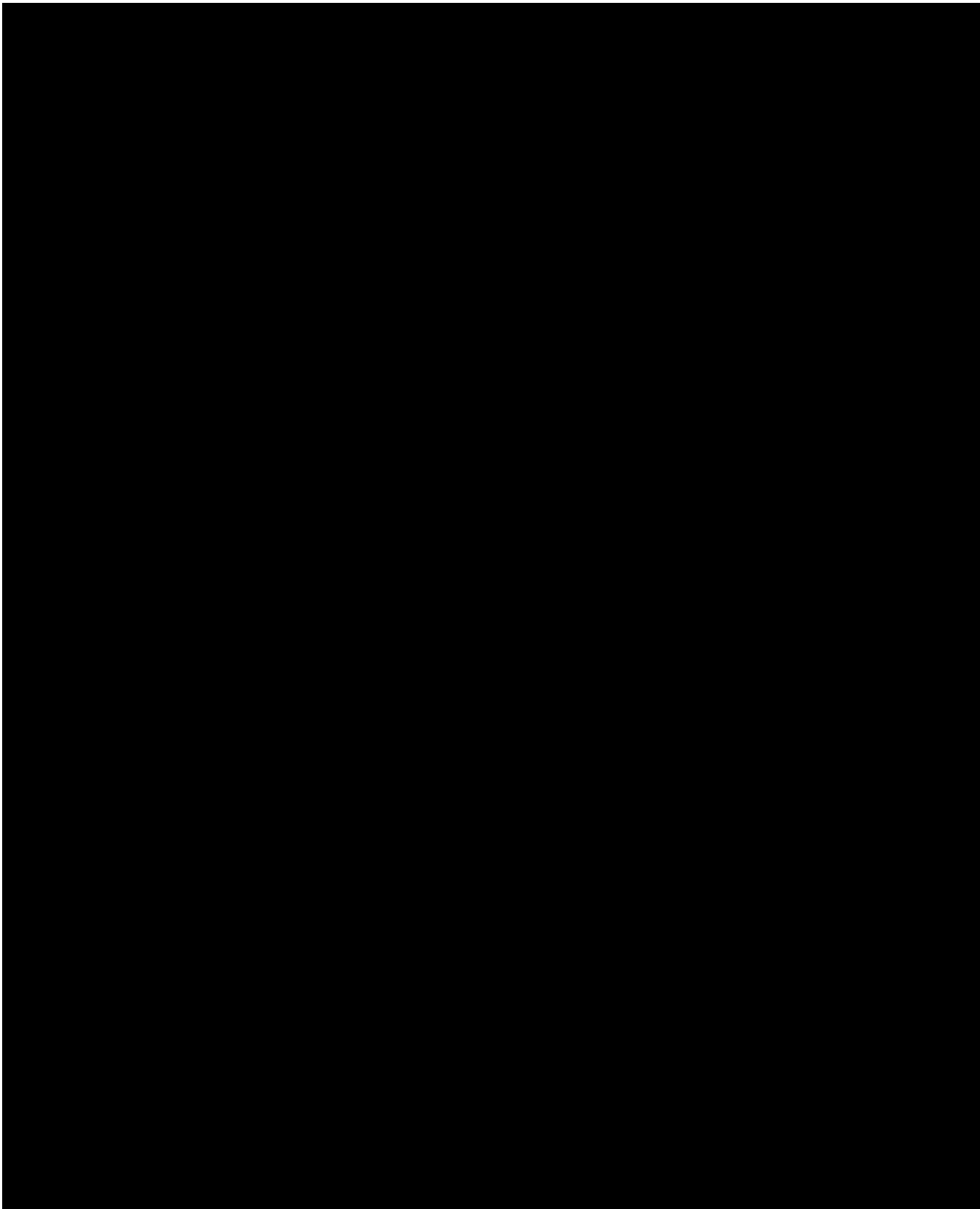
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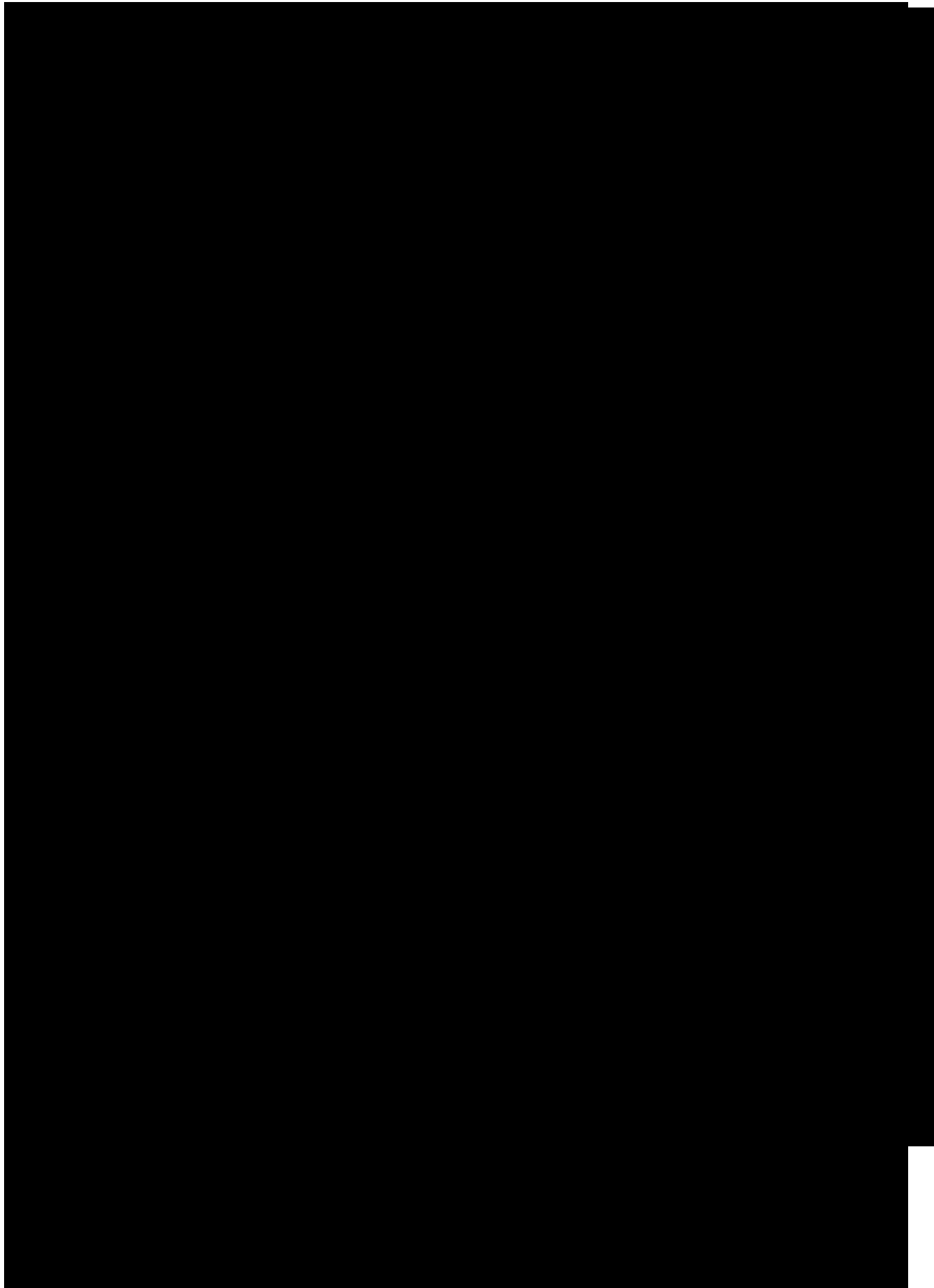
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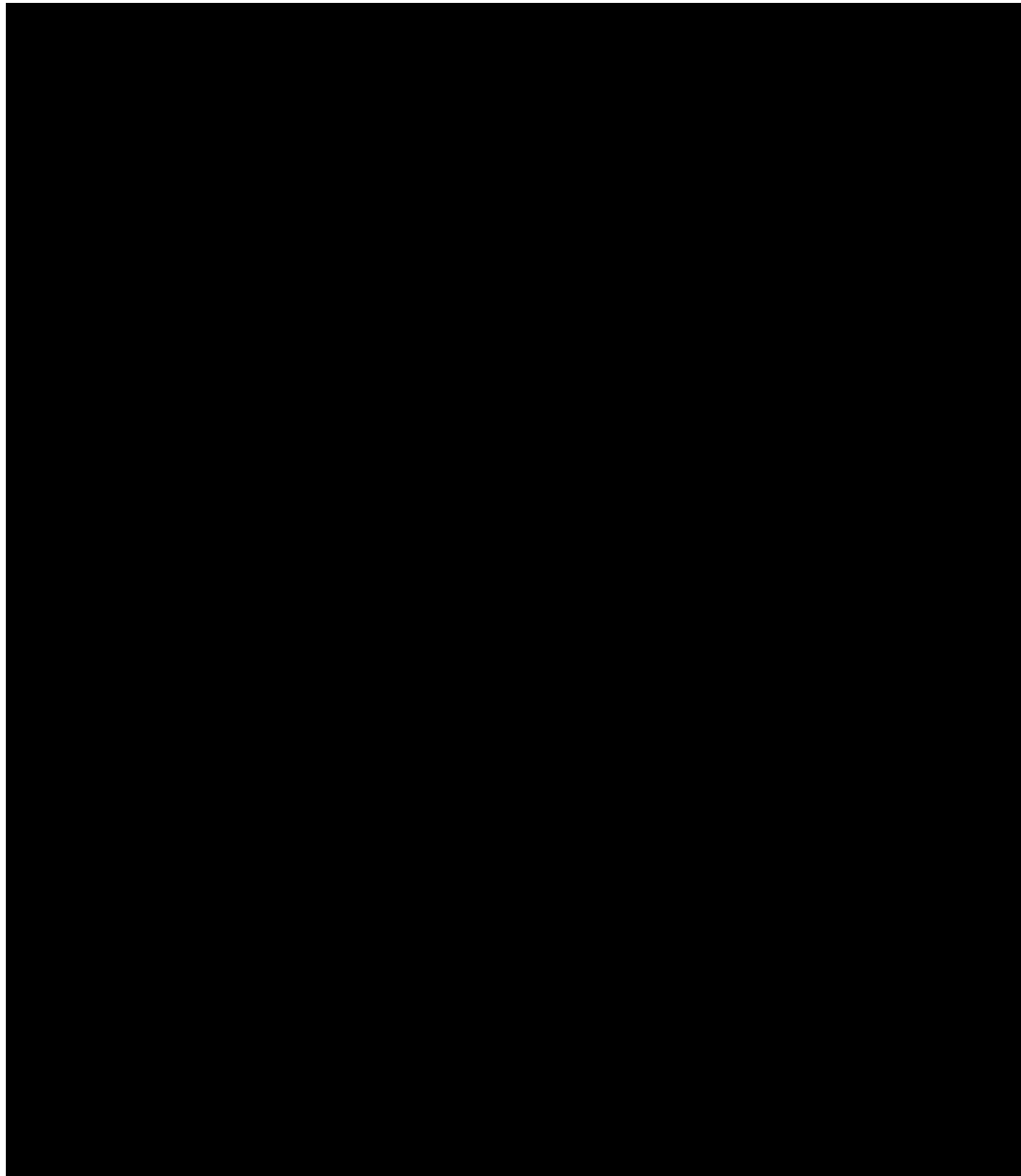
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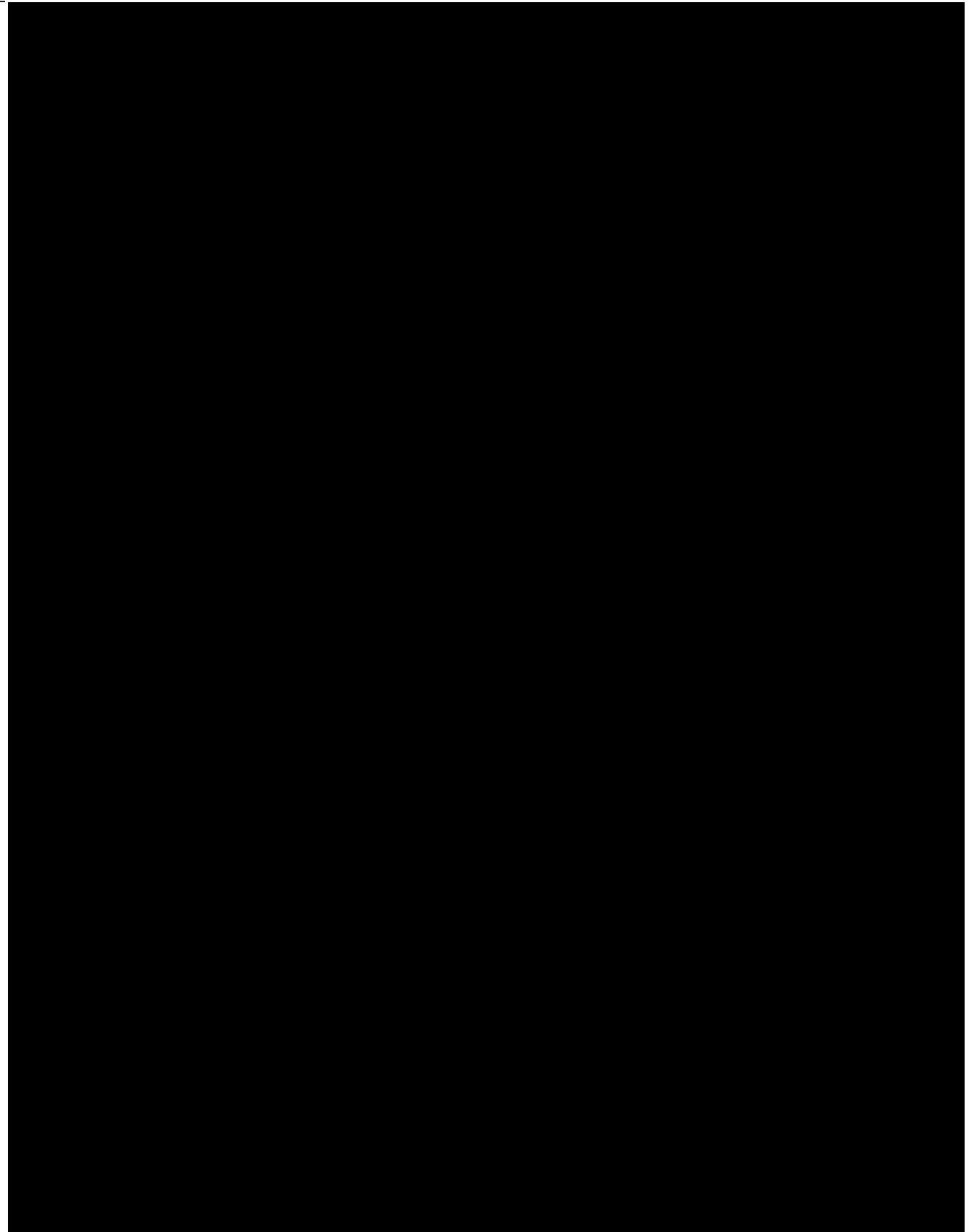


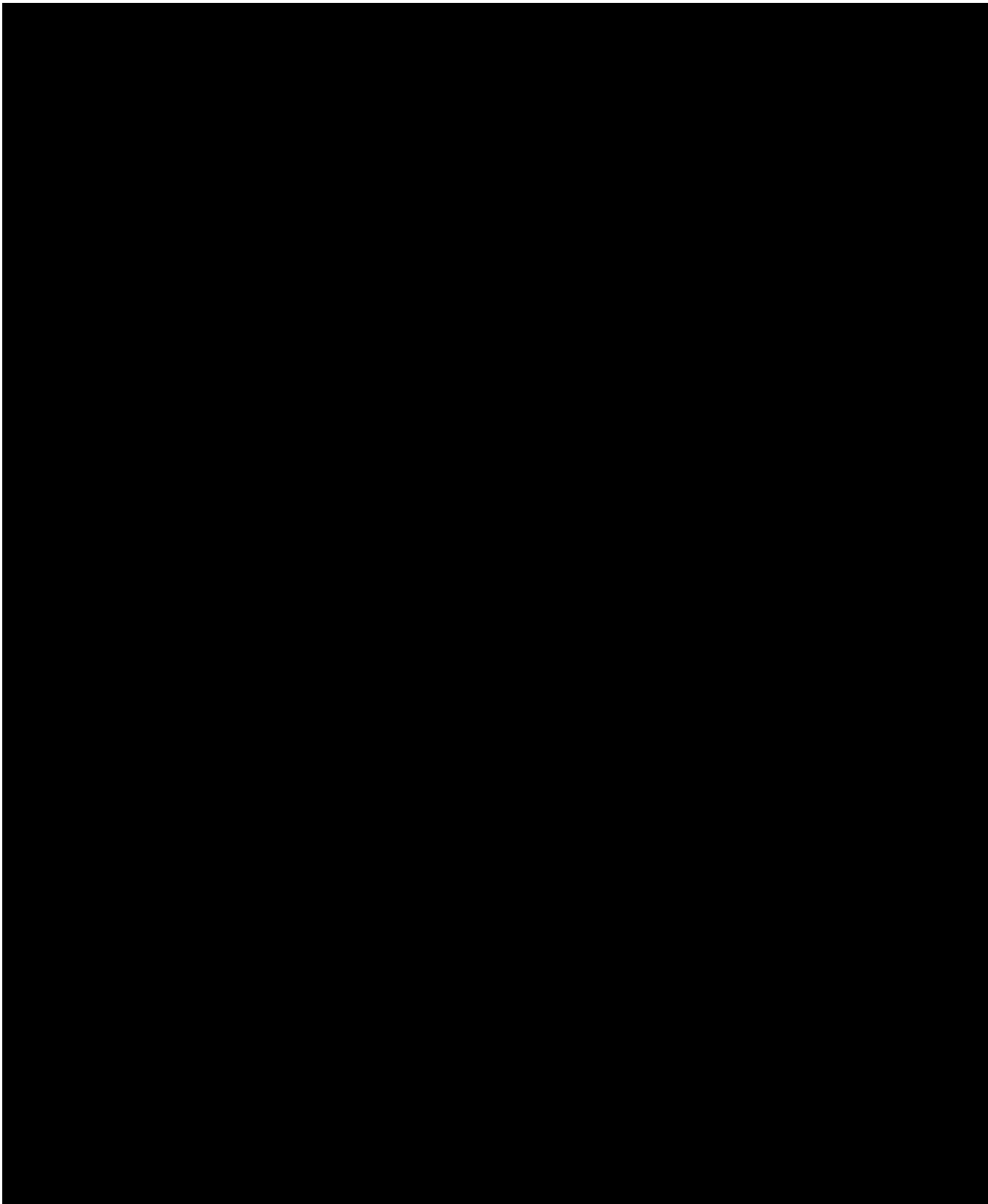


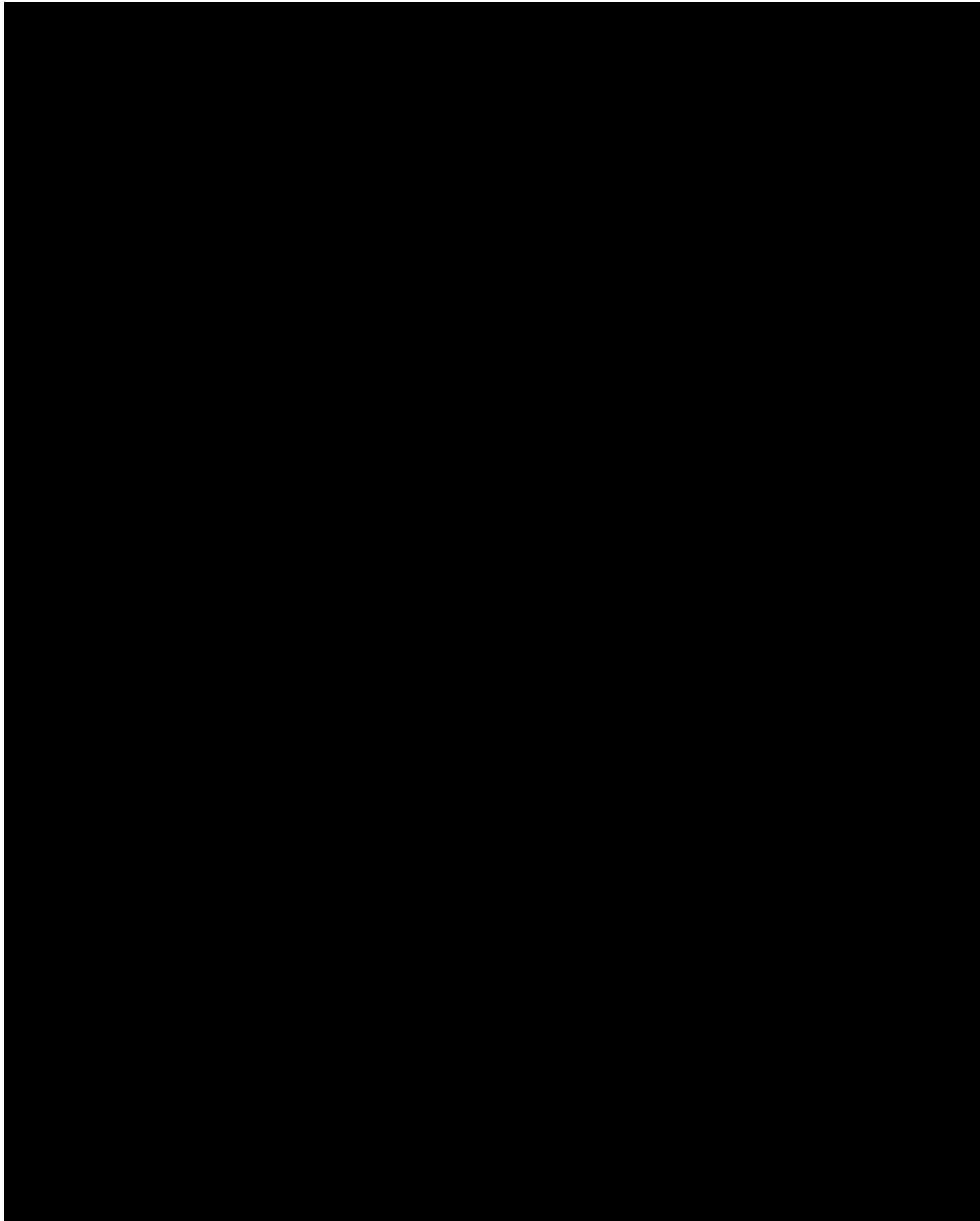


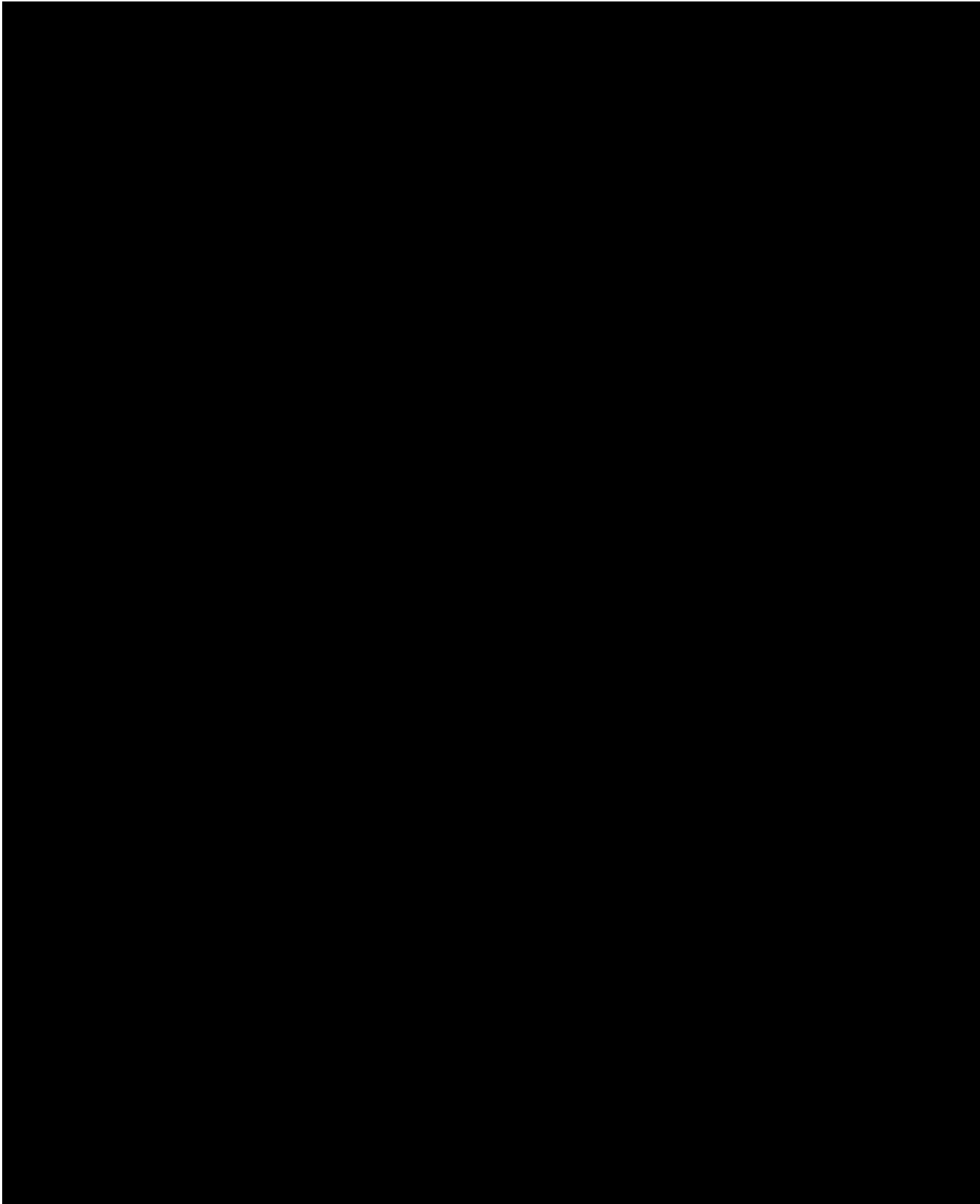


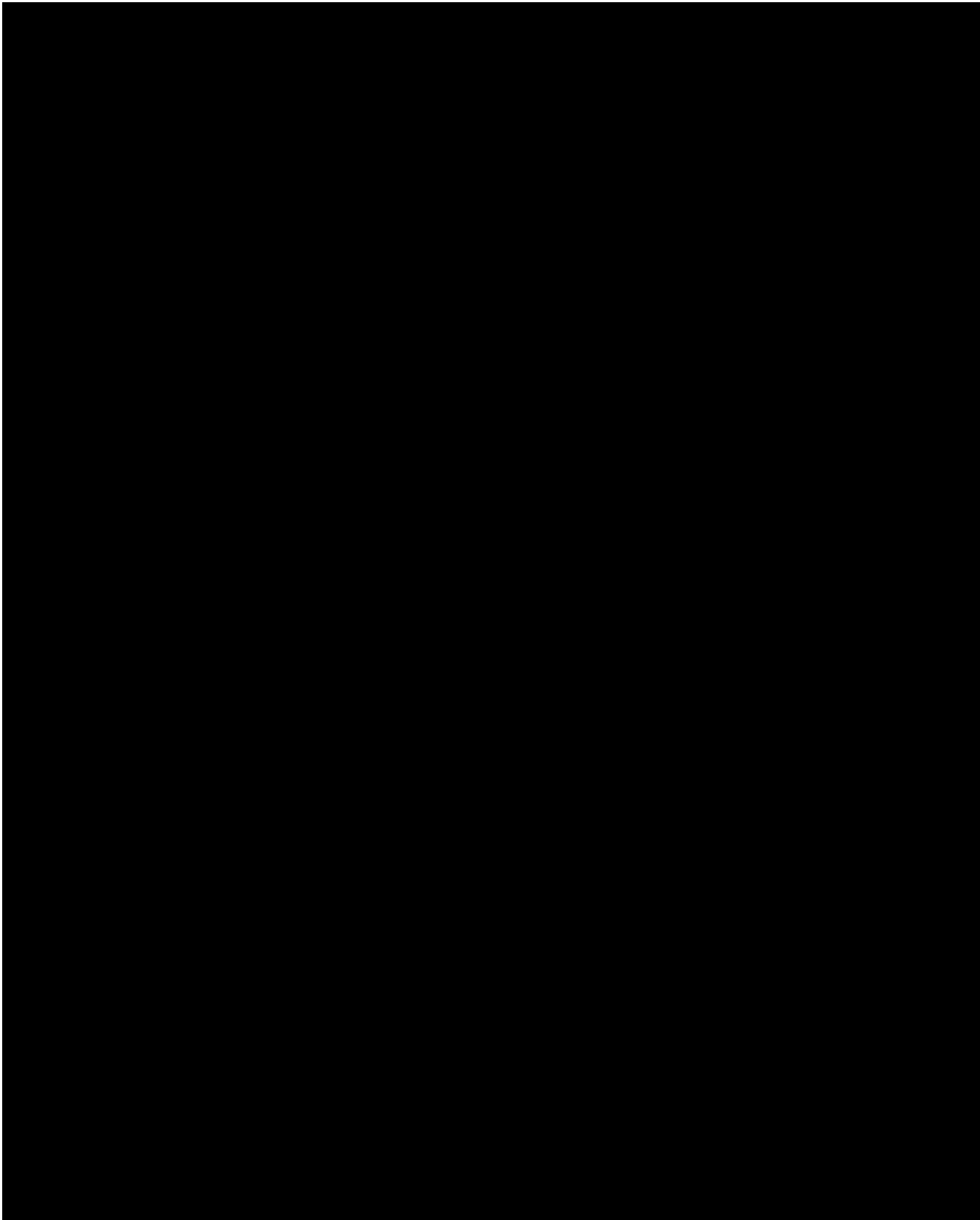




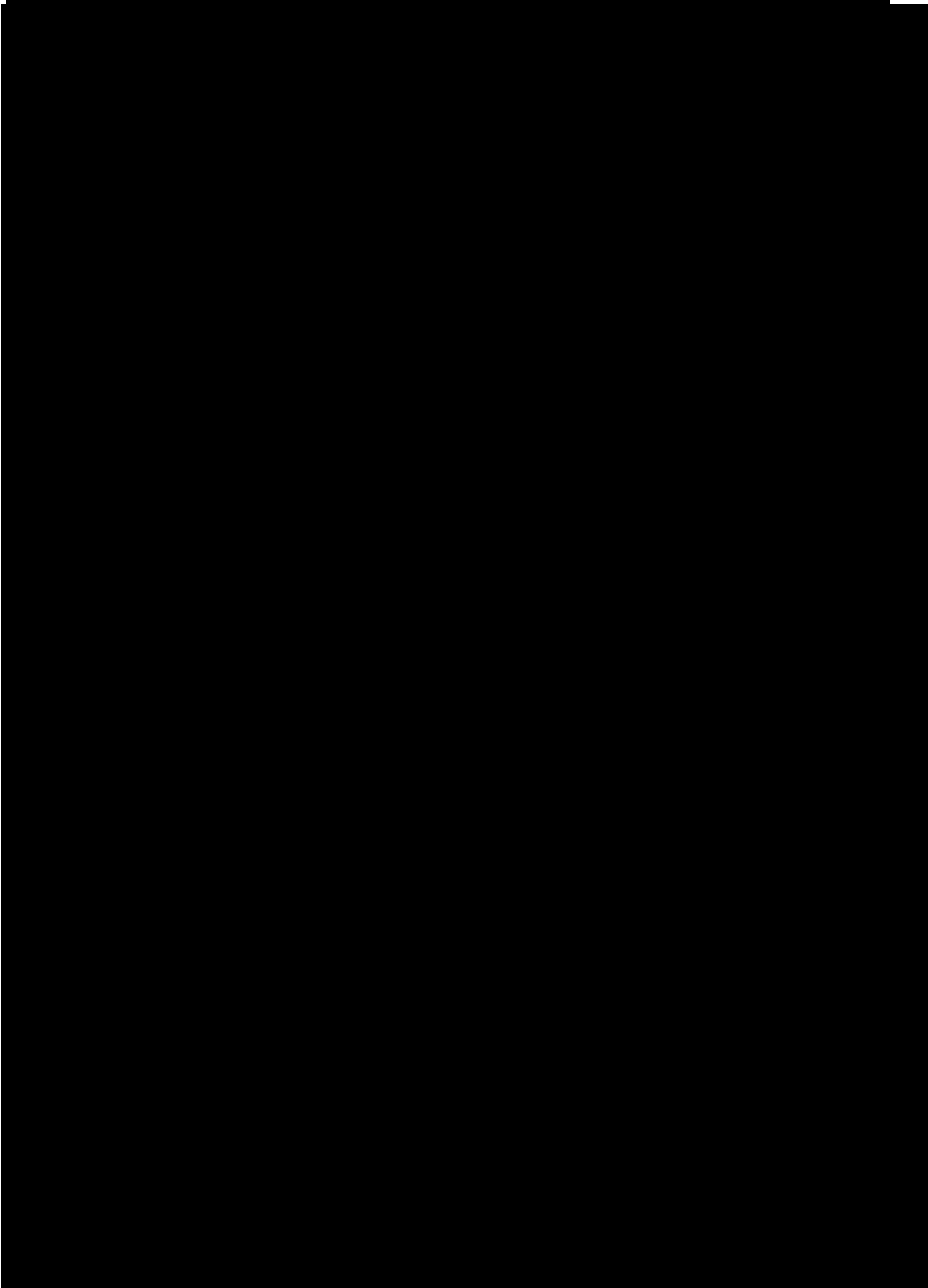


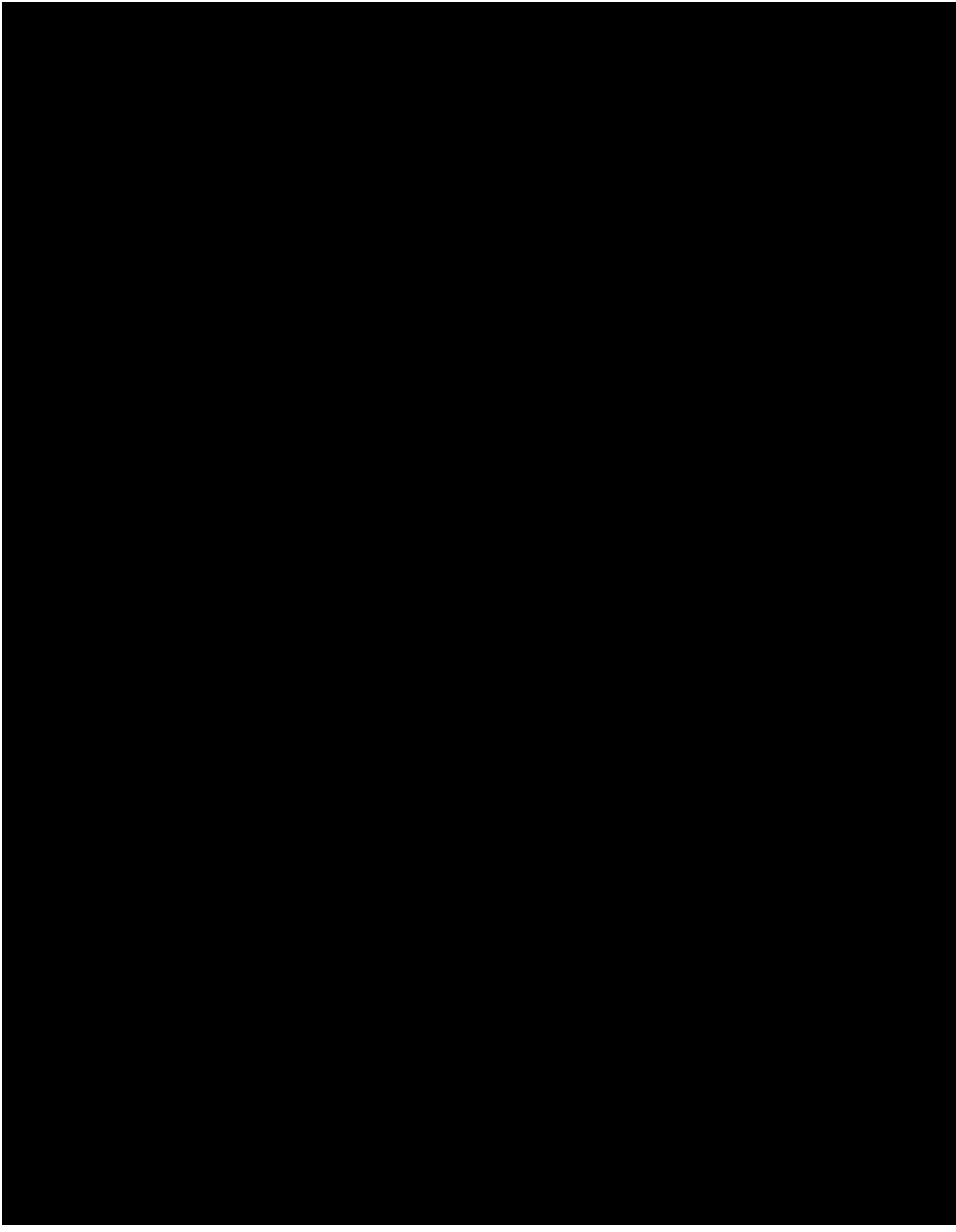


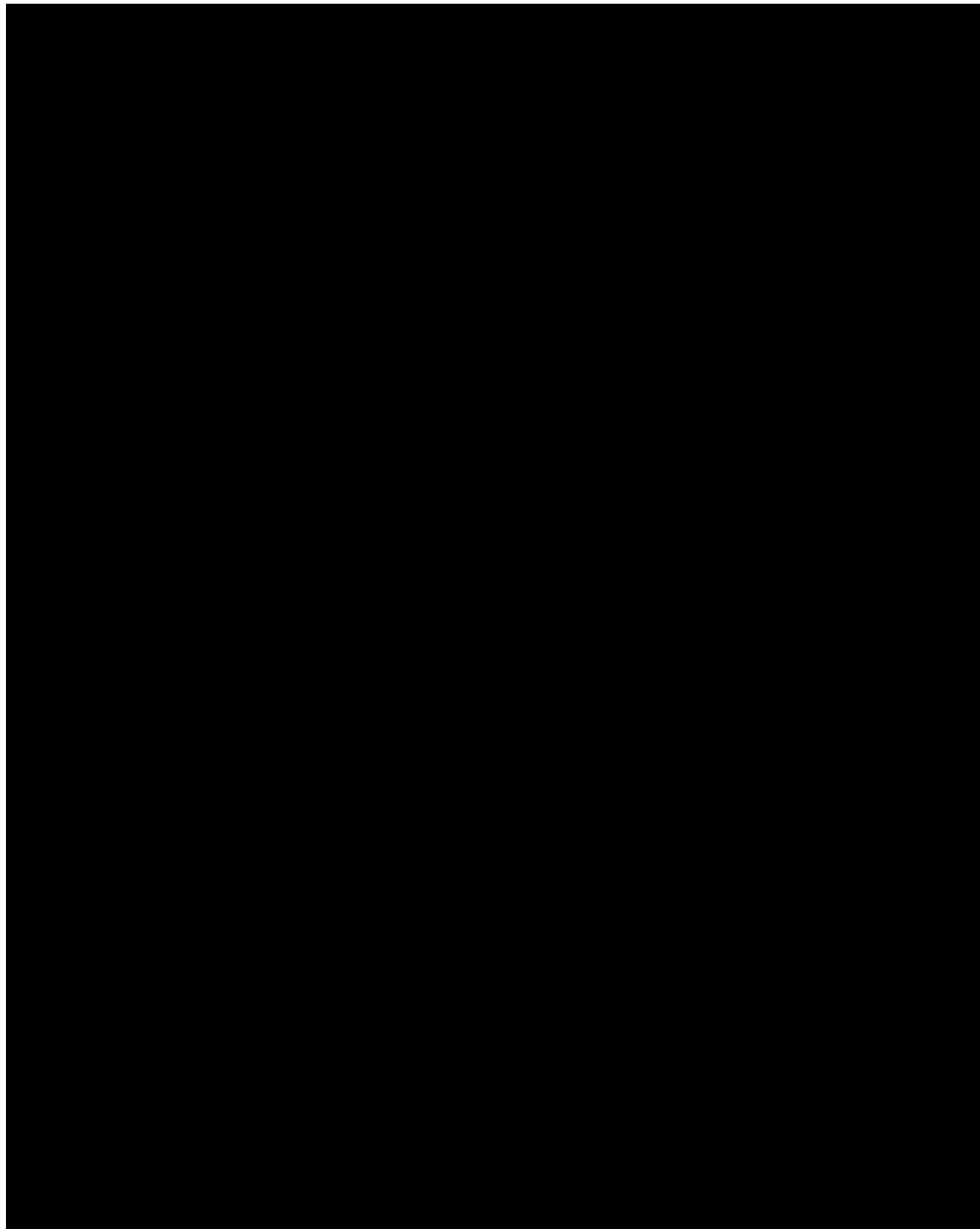






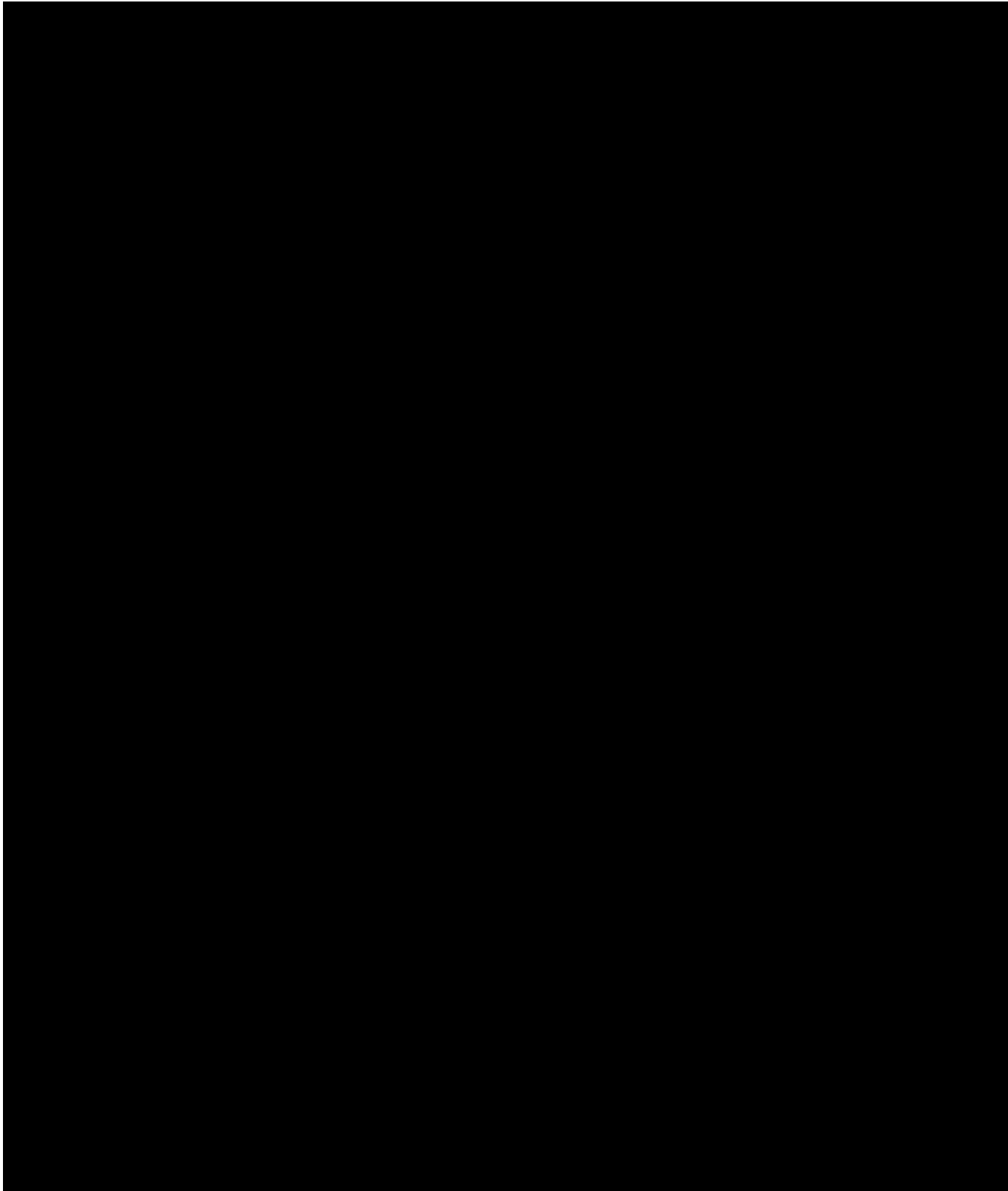


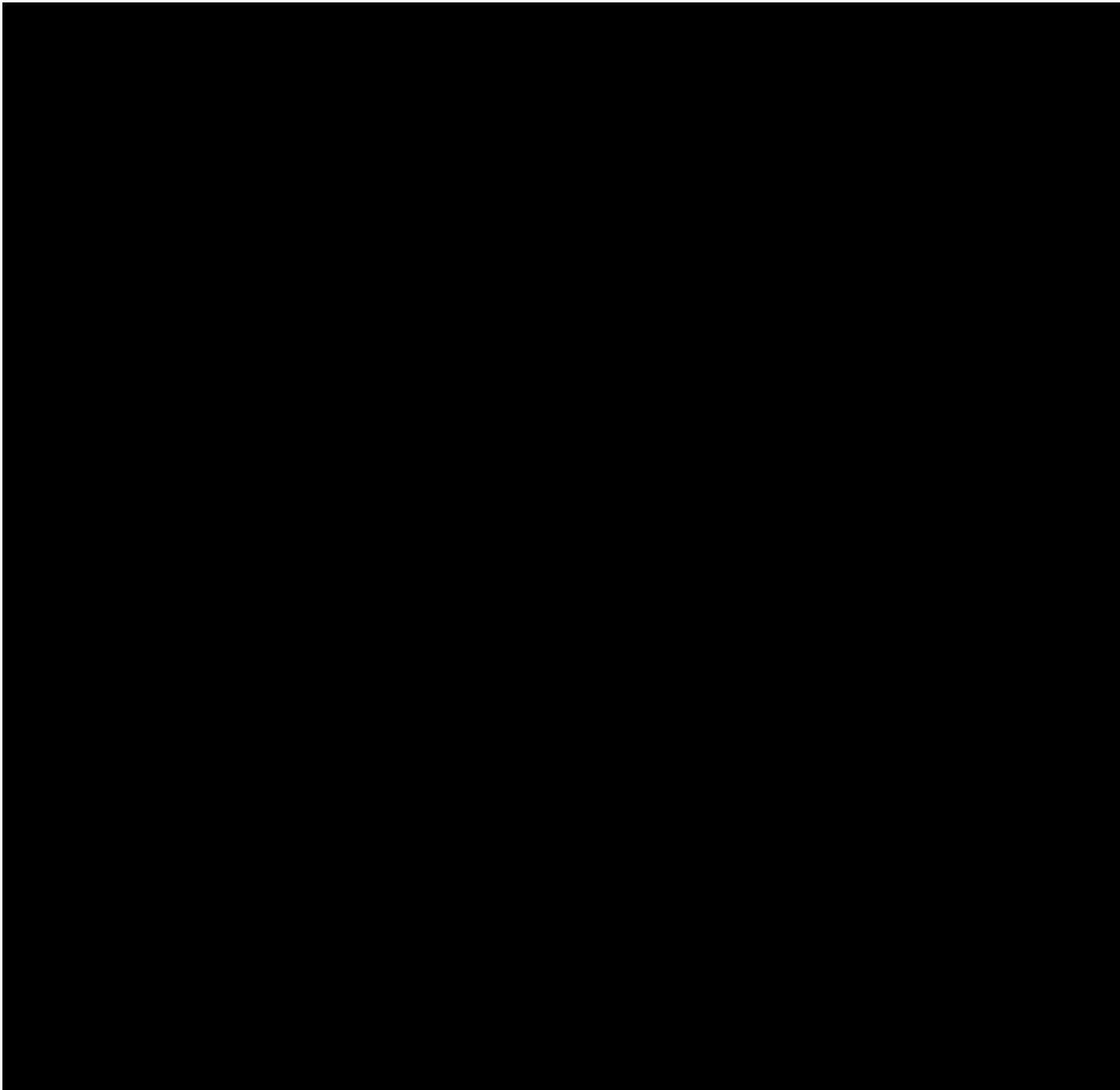




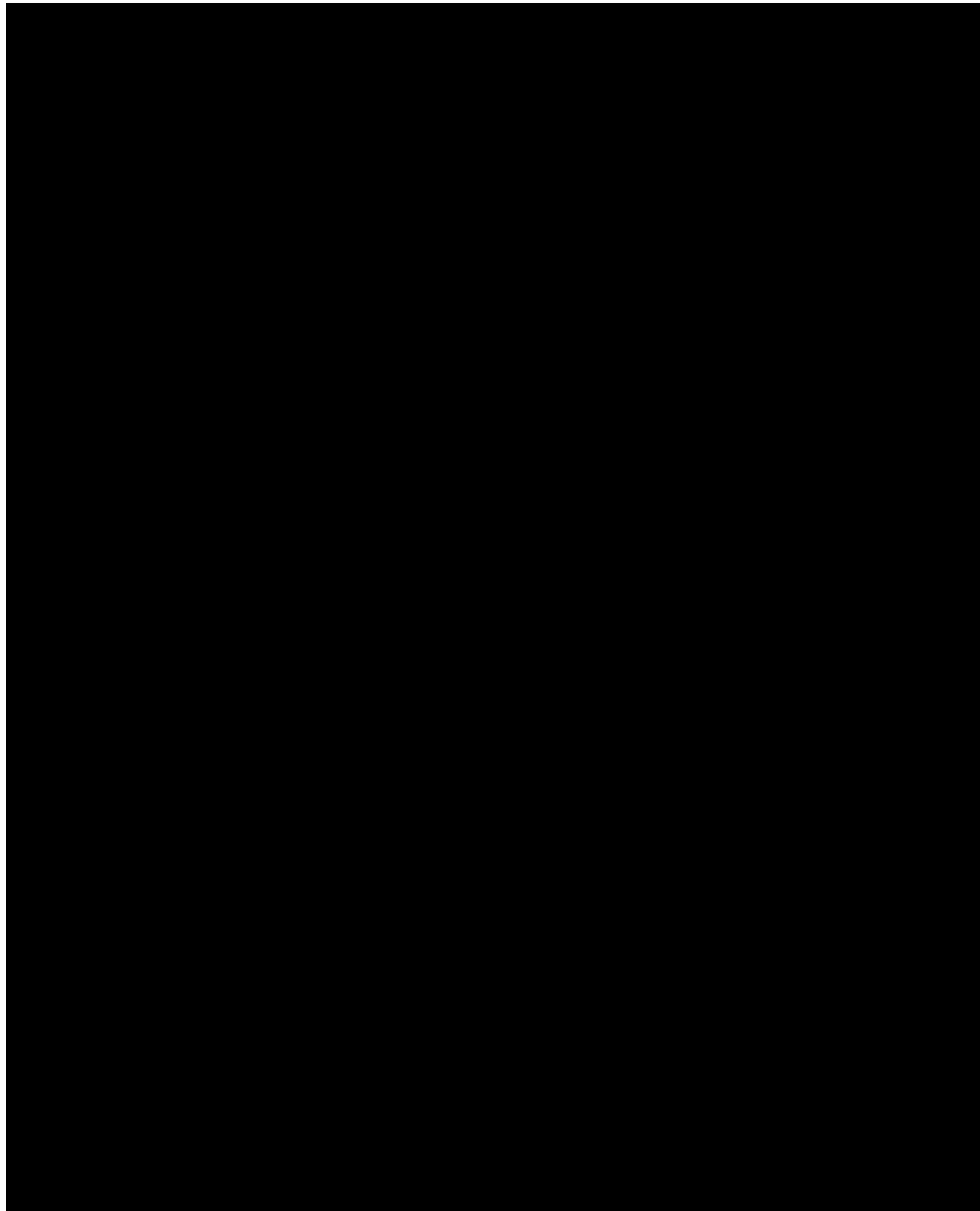




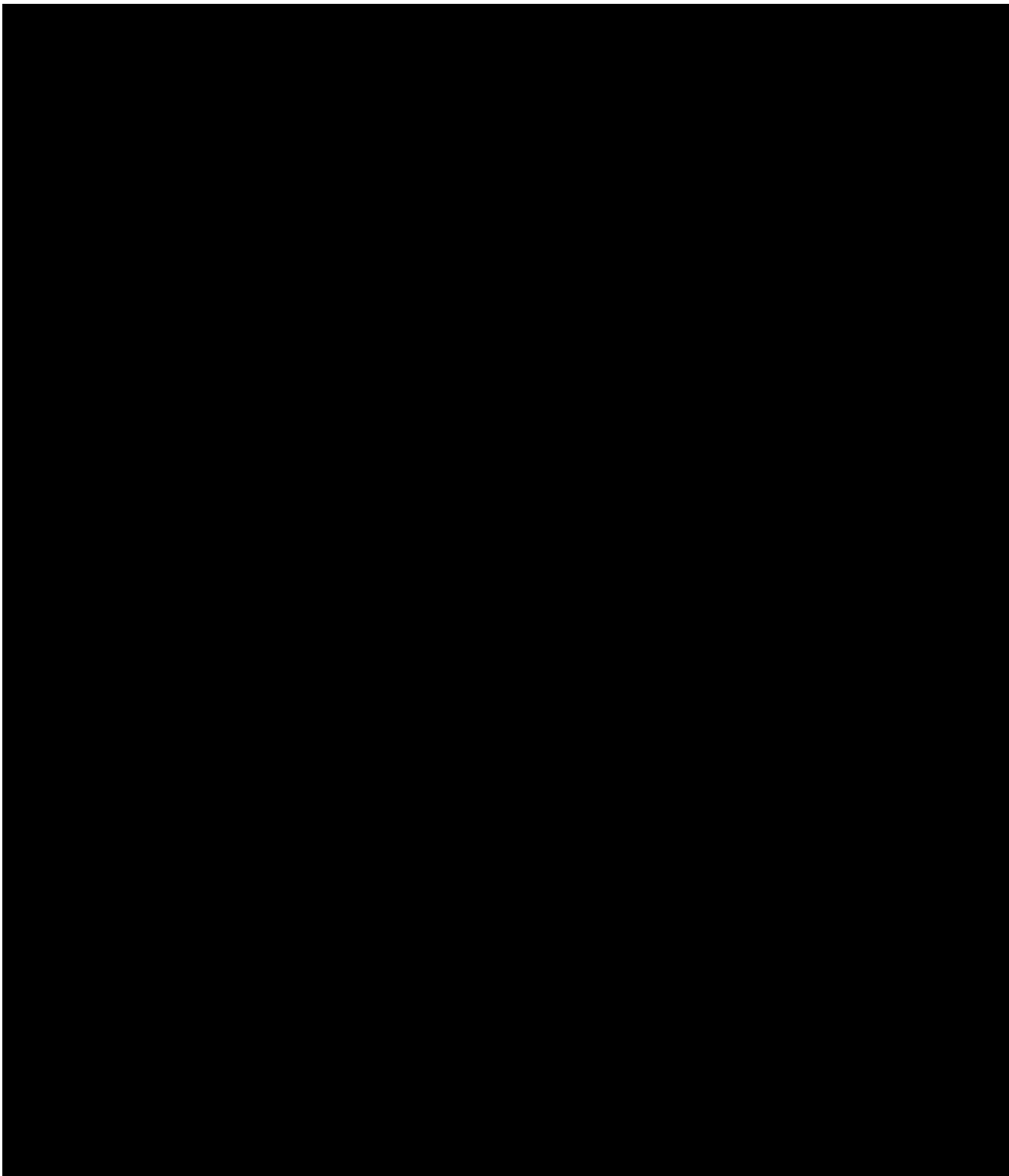


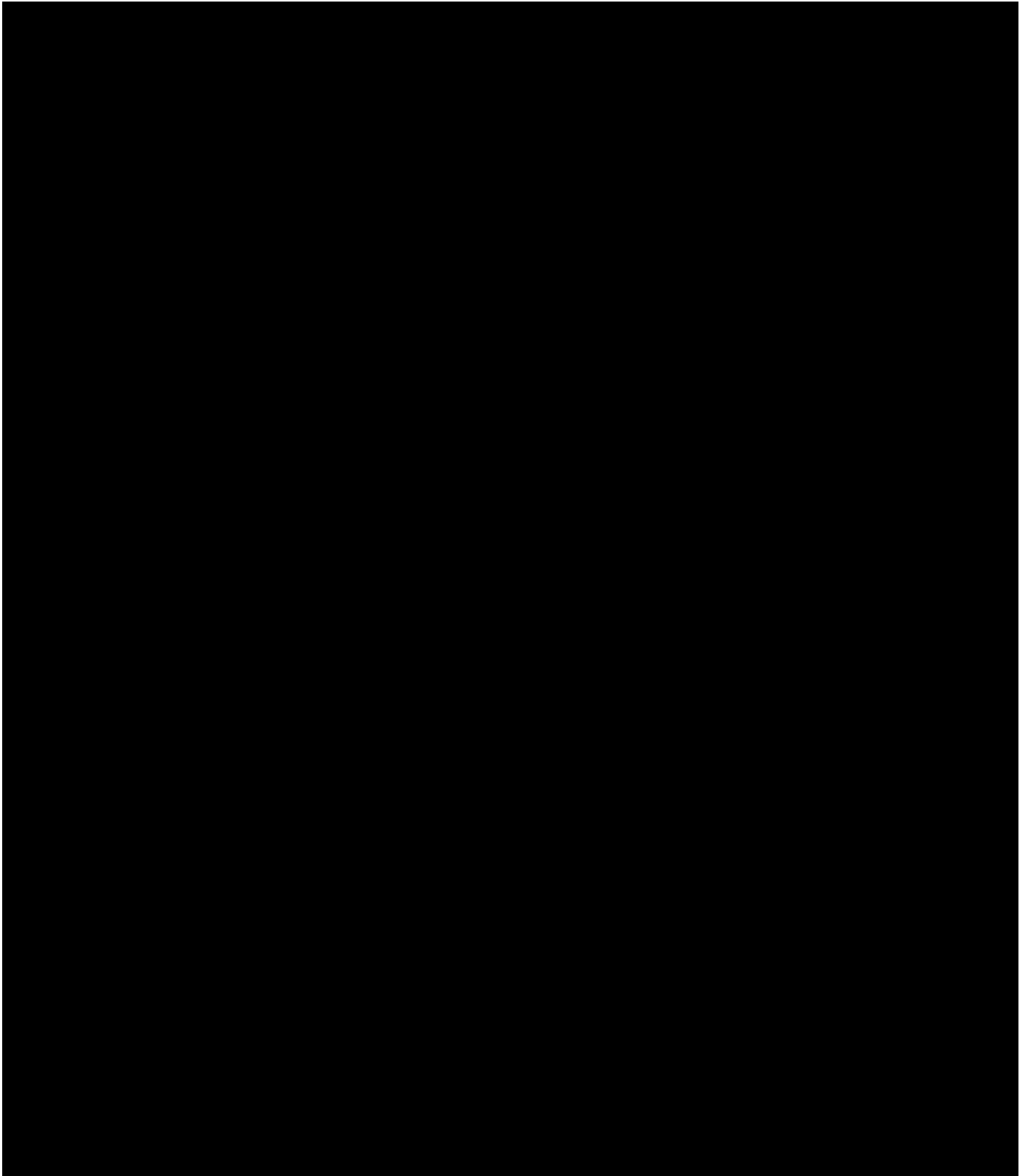


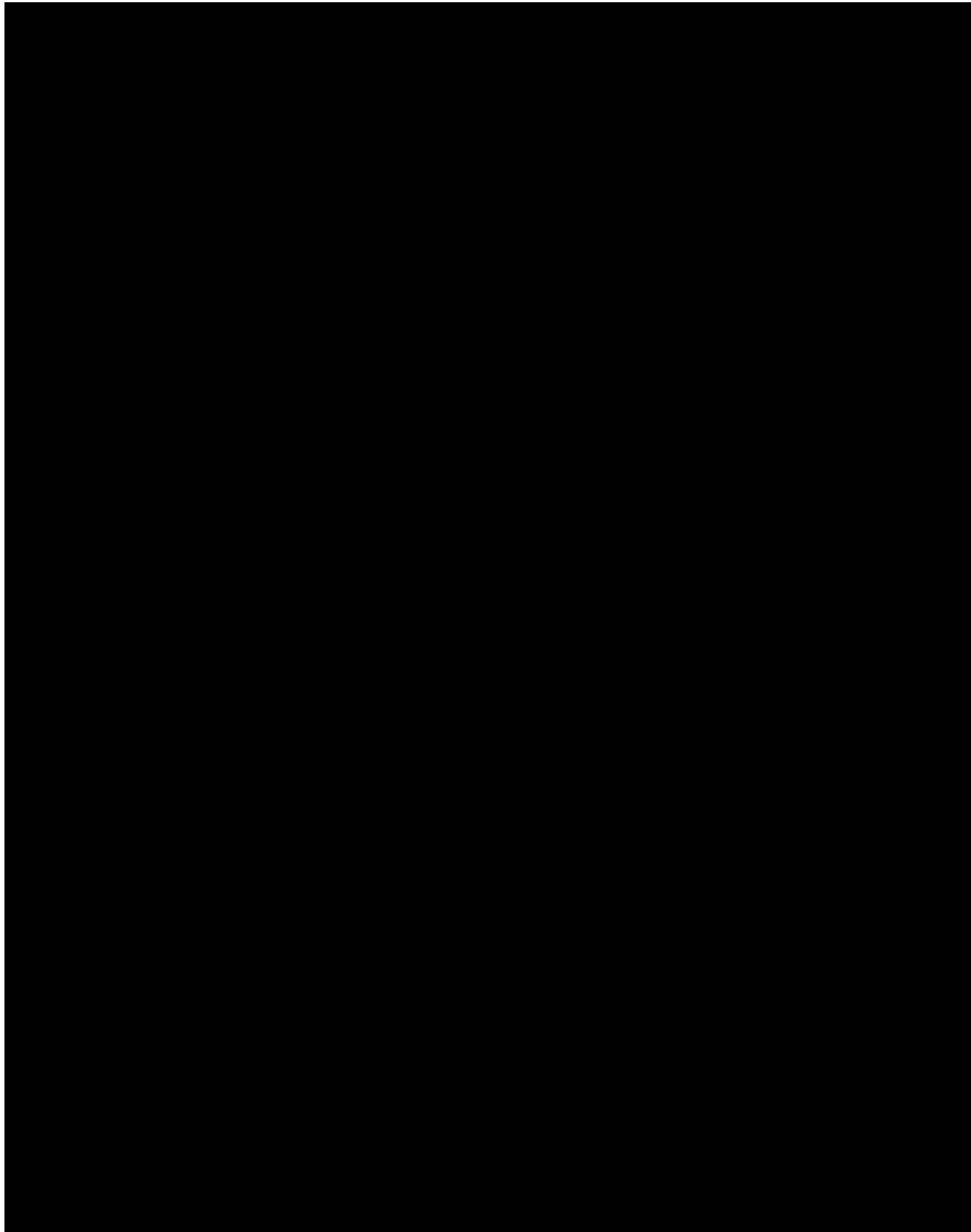
*Confidential & Proprietary*

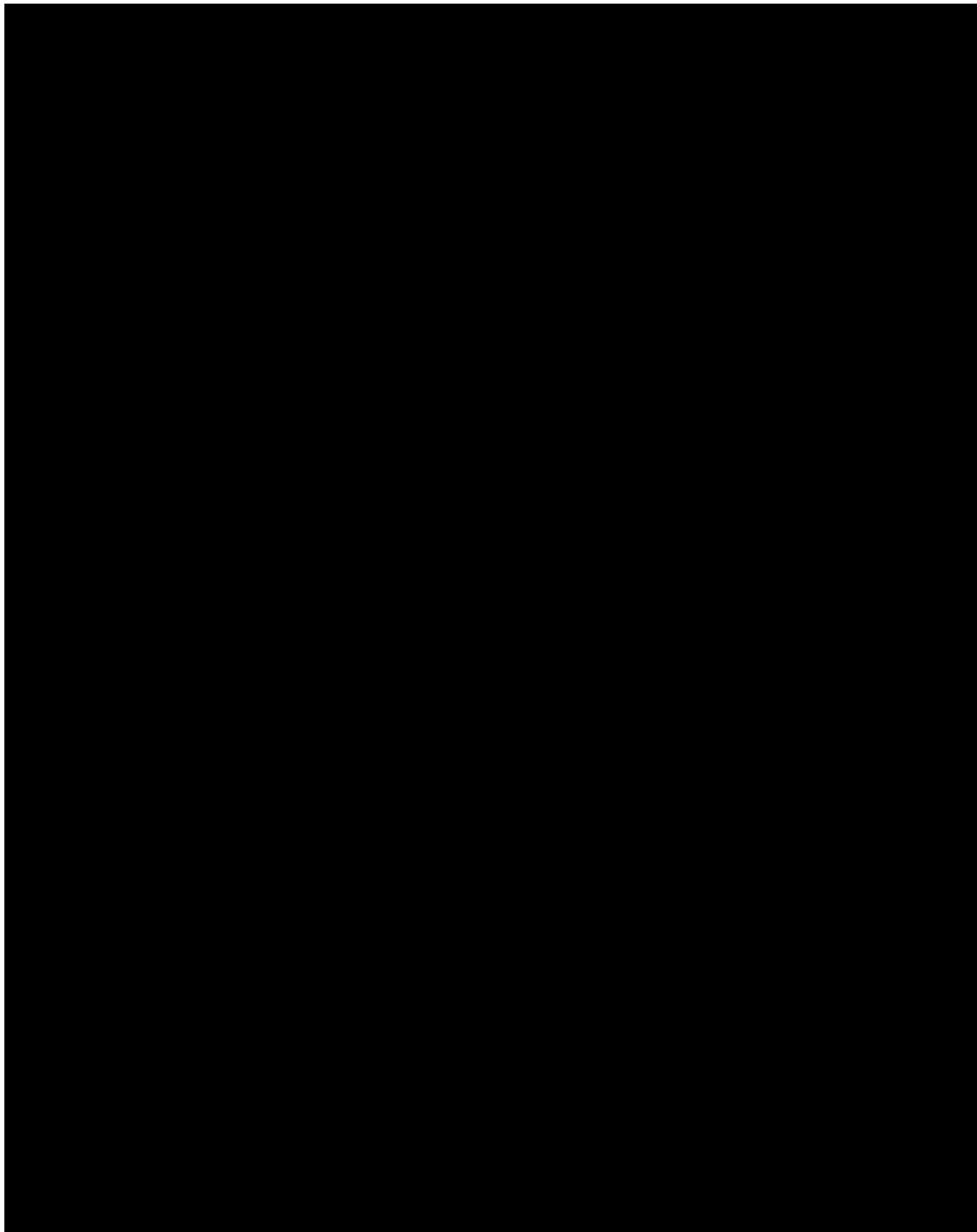


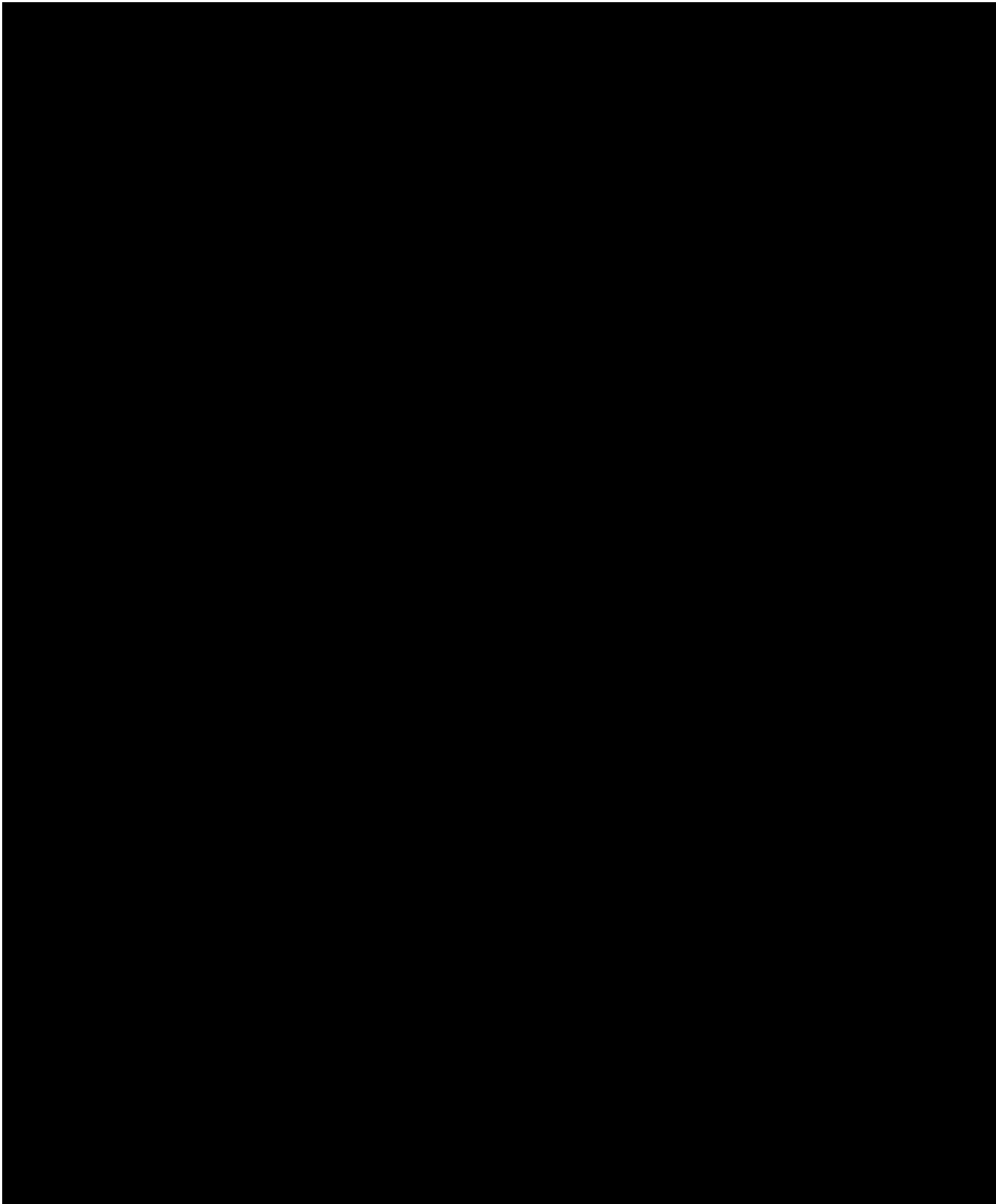


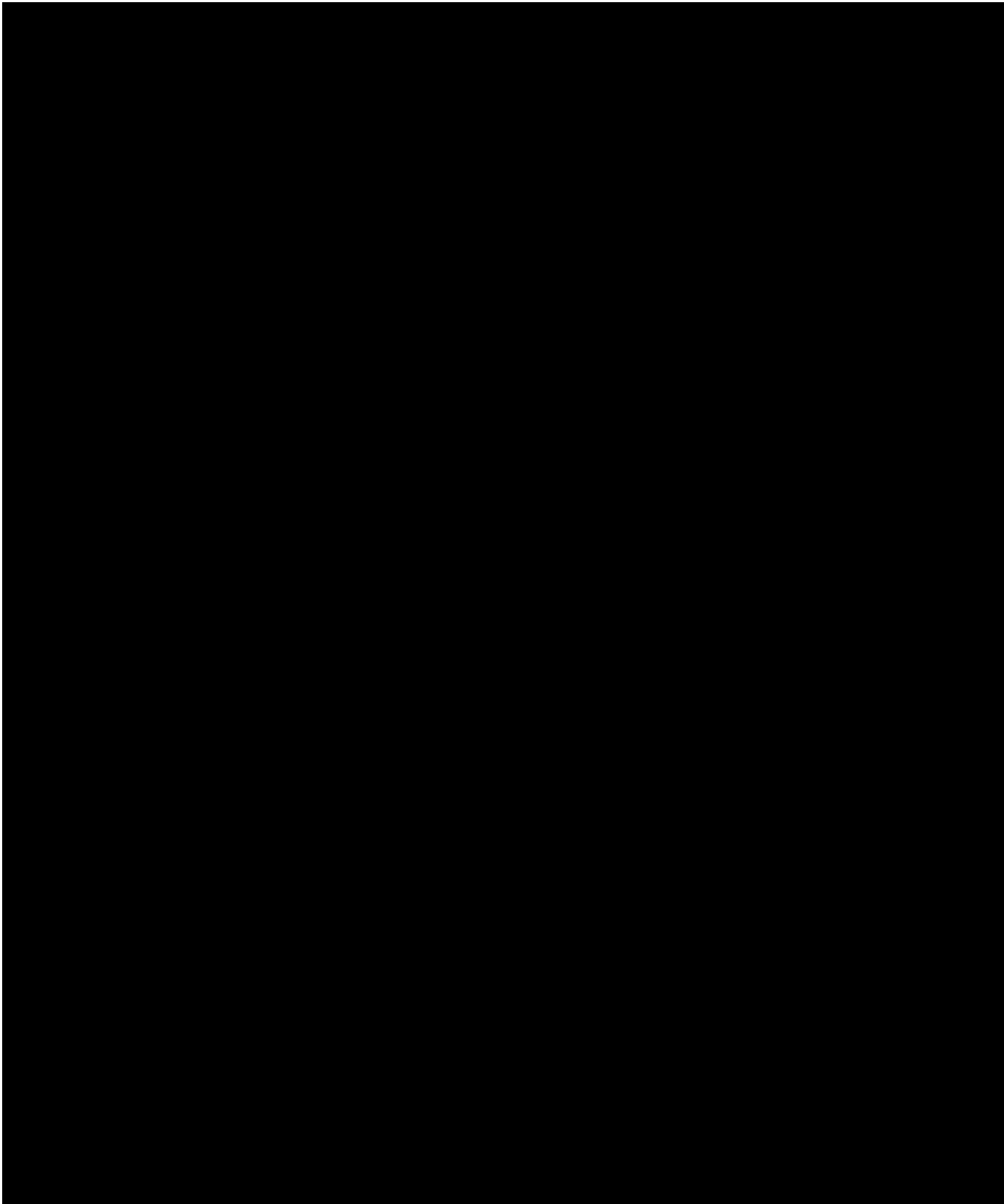


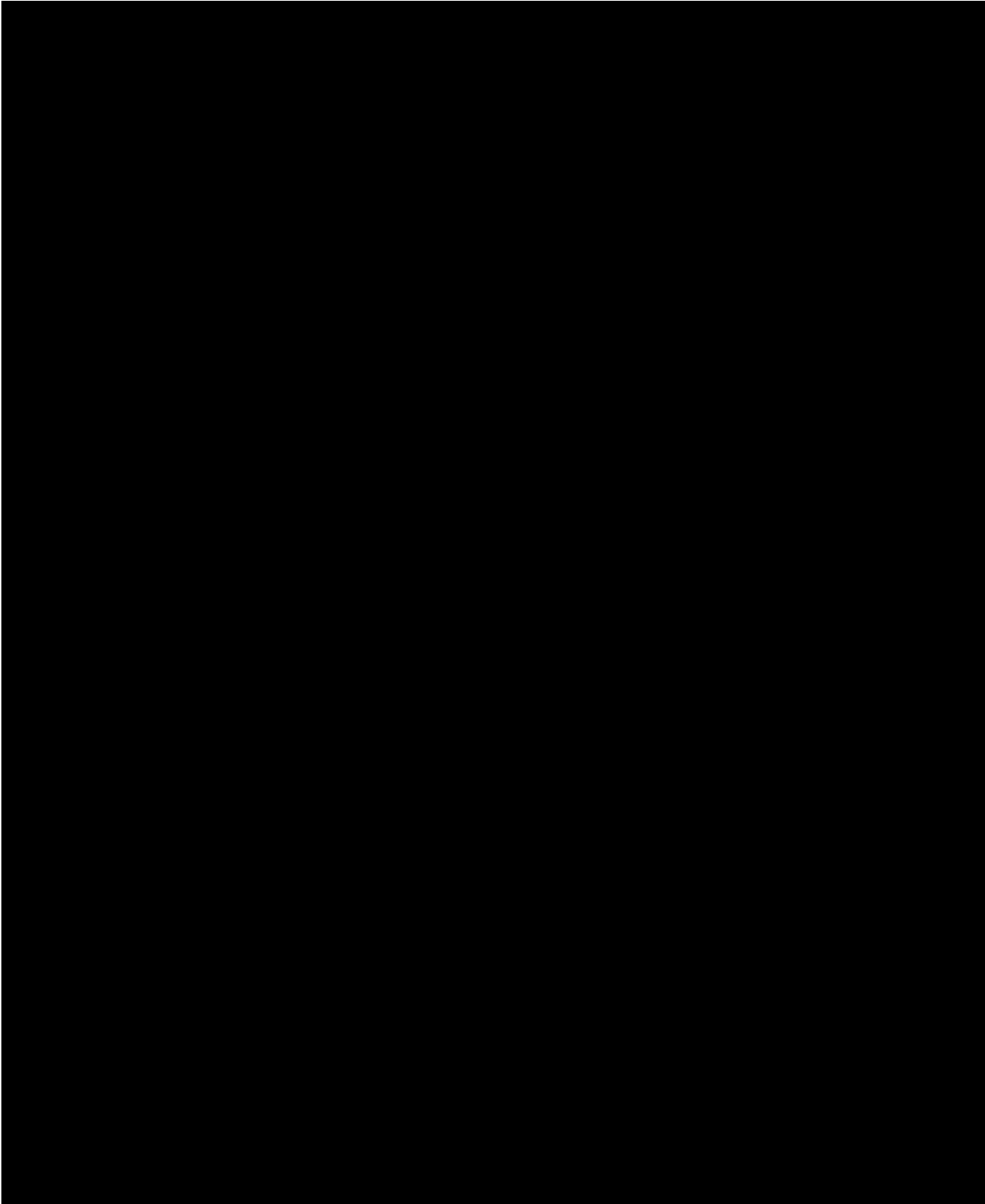


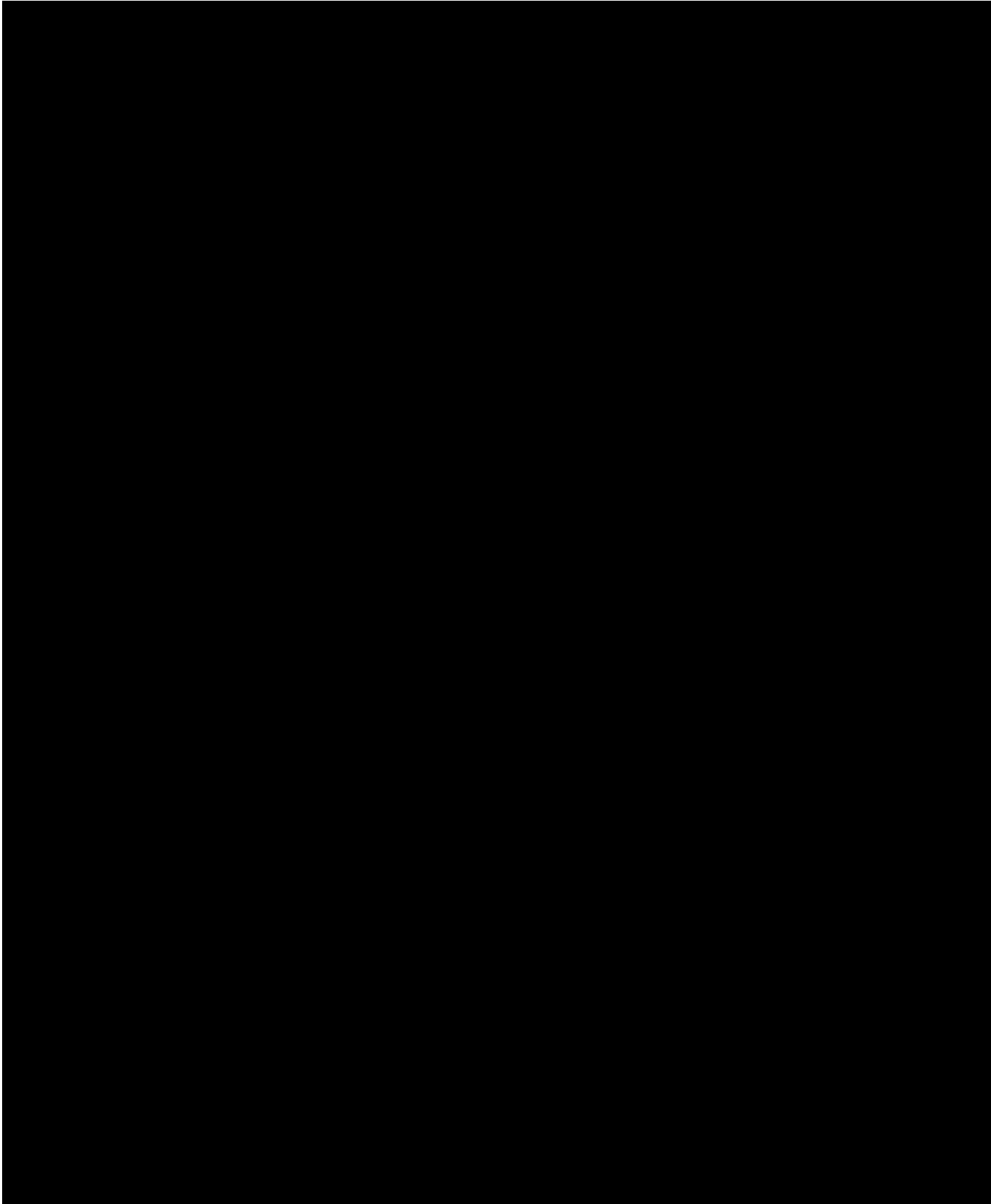




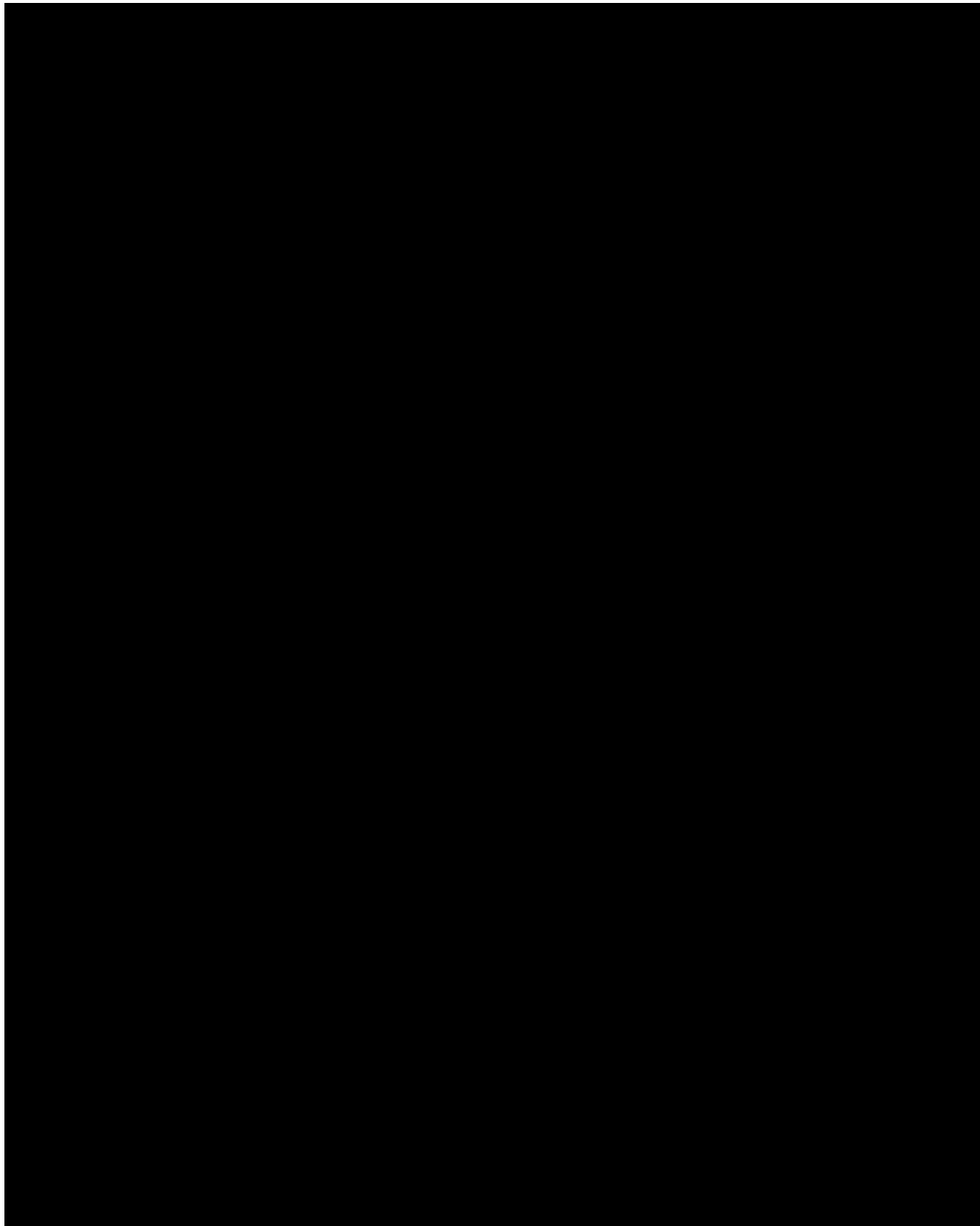


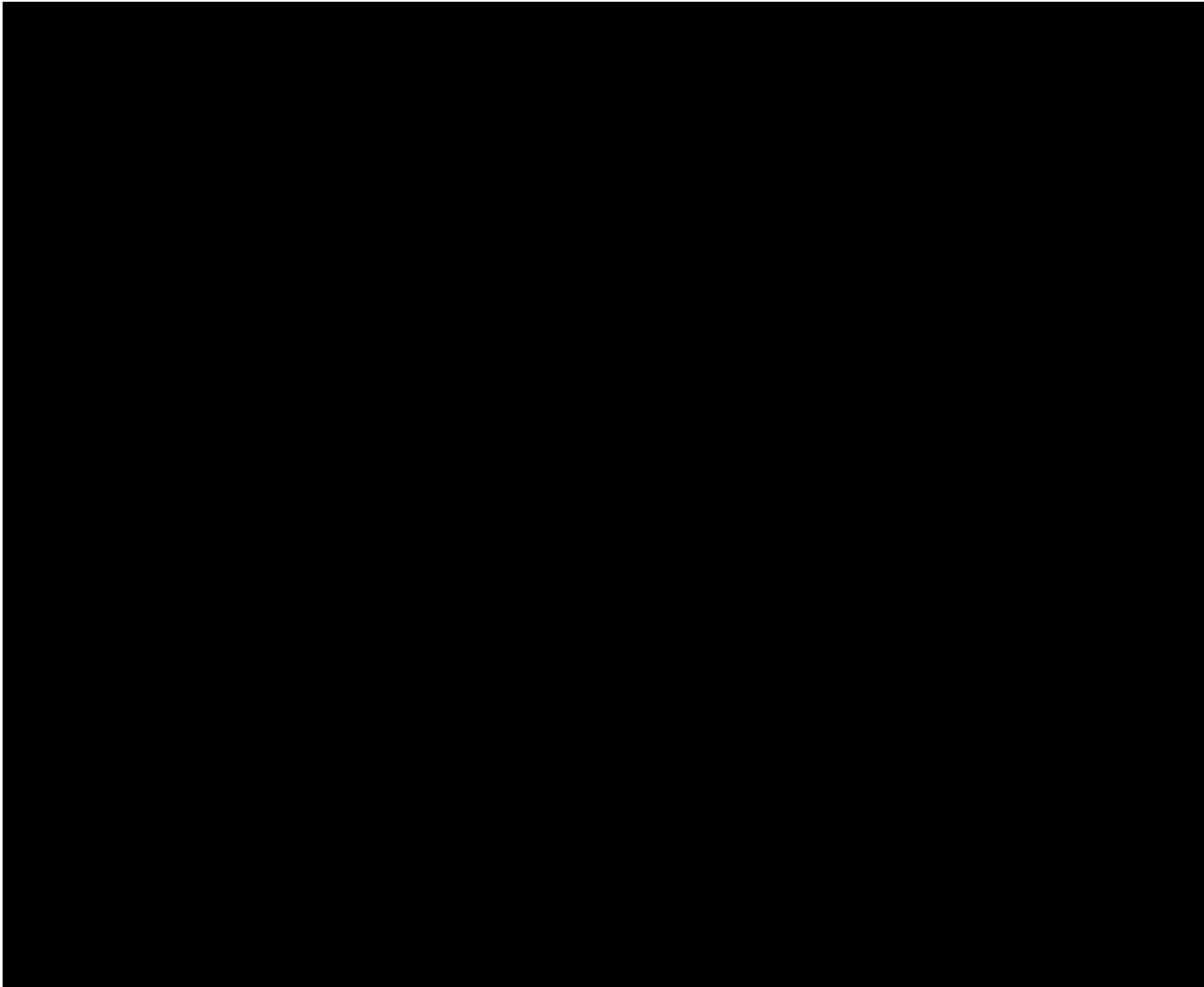


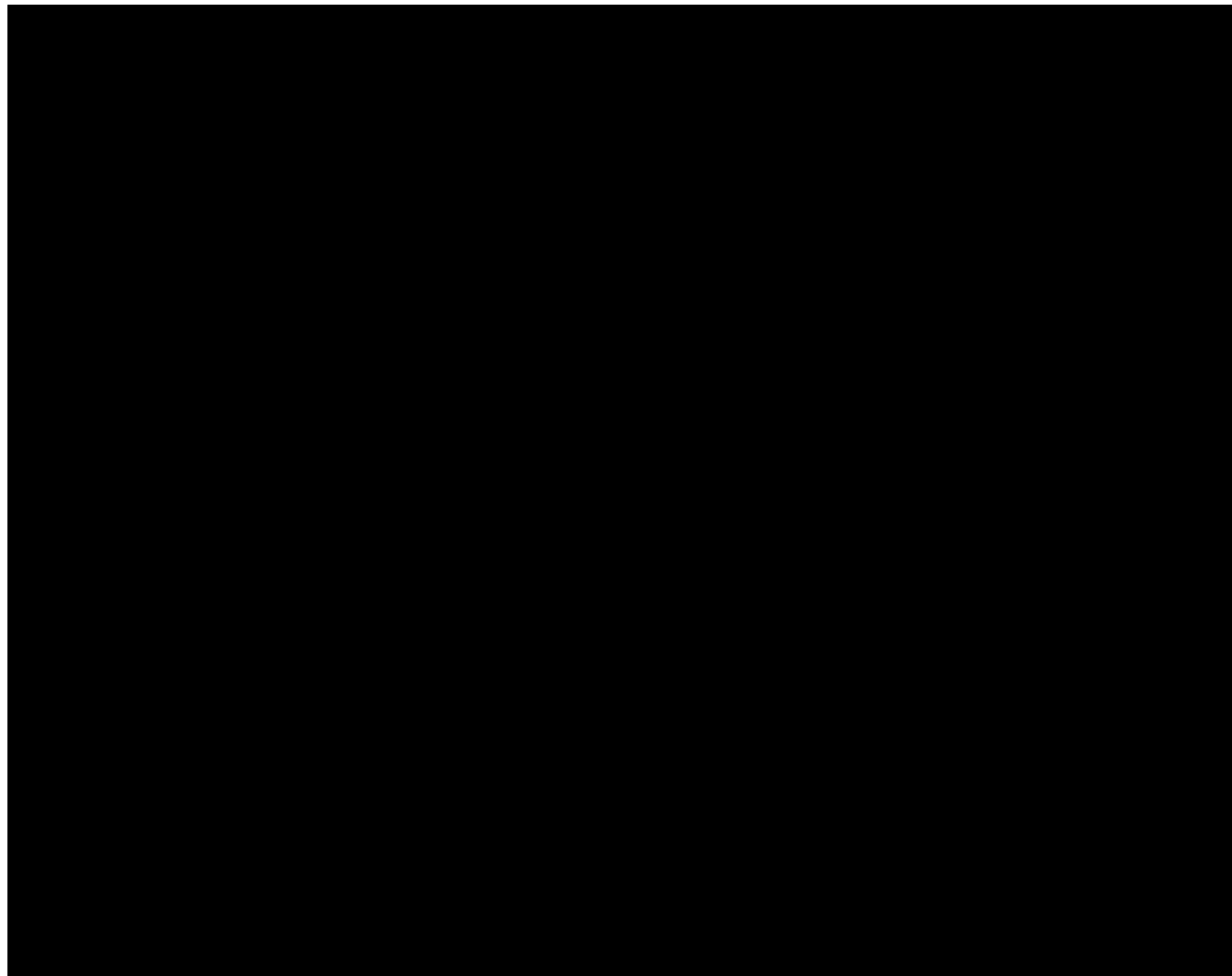












State of Arkansas  
Bid Number 0710-19-1001  
Prior Authorization and Retrospective Reviews



Health  
SOLUTIONS

# CNA SURETY

One Galleria Boulevard Suite 1530 Metairie LA 70001

**Darlene T. Chanove**

Underwriting Consultant

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E-Mail [darlene.chanove@cna.com](mailto:darlene.chanove@cna.com)

July 24, 2018

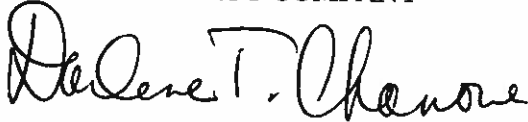
To: Arkansas Dept. of Human Services  
Office of Procurement

Re: **eQHealth Solutions, Inc.**  
**Baton Rouge, LA**

We are writing to you at the request of eQHealth Solutions, Inc.

eQHealth Solutions, Inc. has or is about to submit a proposal for Prior Authorization and Retrospective Reviews to the Department of Human Services, for the Division of Aging, Adult and Behavioral Health Services, Division of Developmental Disabilities Services and Division of Medical Services, Bid No. 0710-19-1001. If a contract for this work is awarded to eQHealth Solutions, Inc., it is our present intention to become surety on the performance bond and labor and material bond required by the RFP and resultant contract.

WESTERN SURETY COMPANY

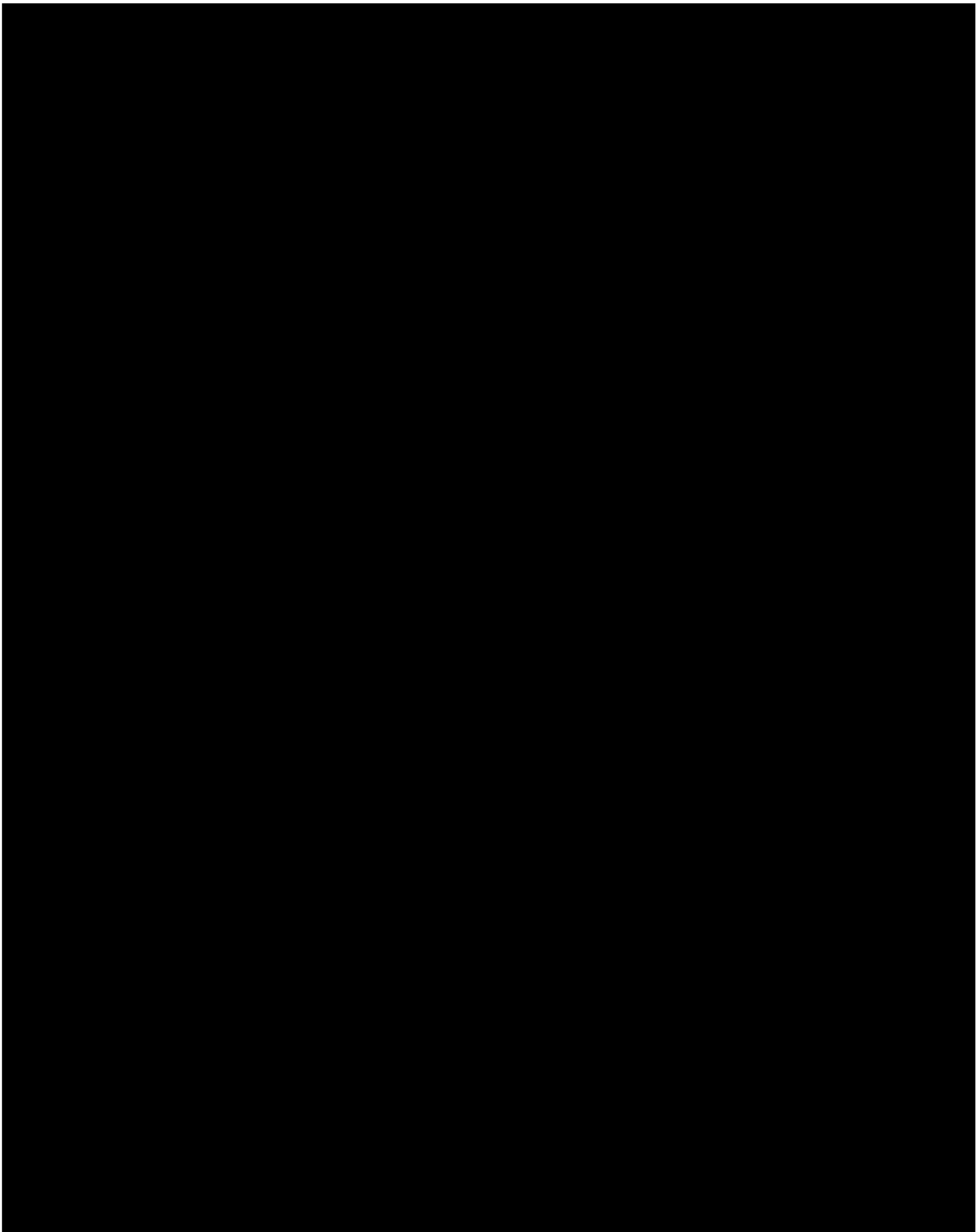


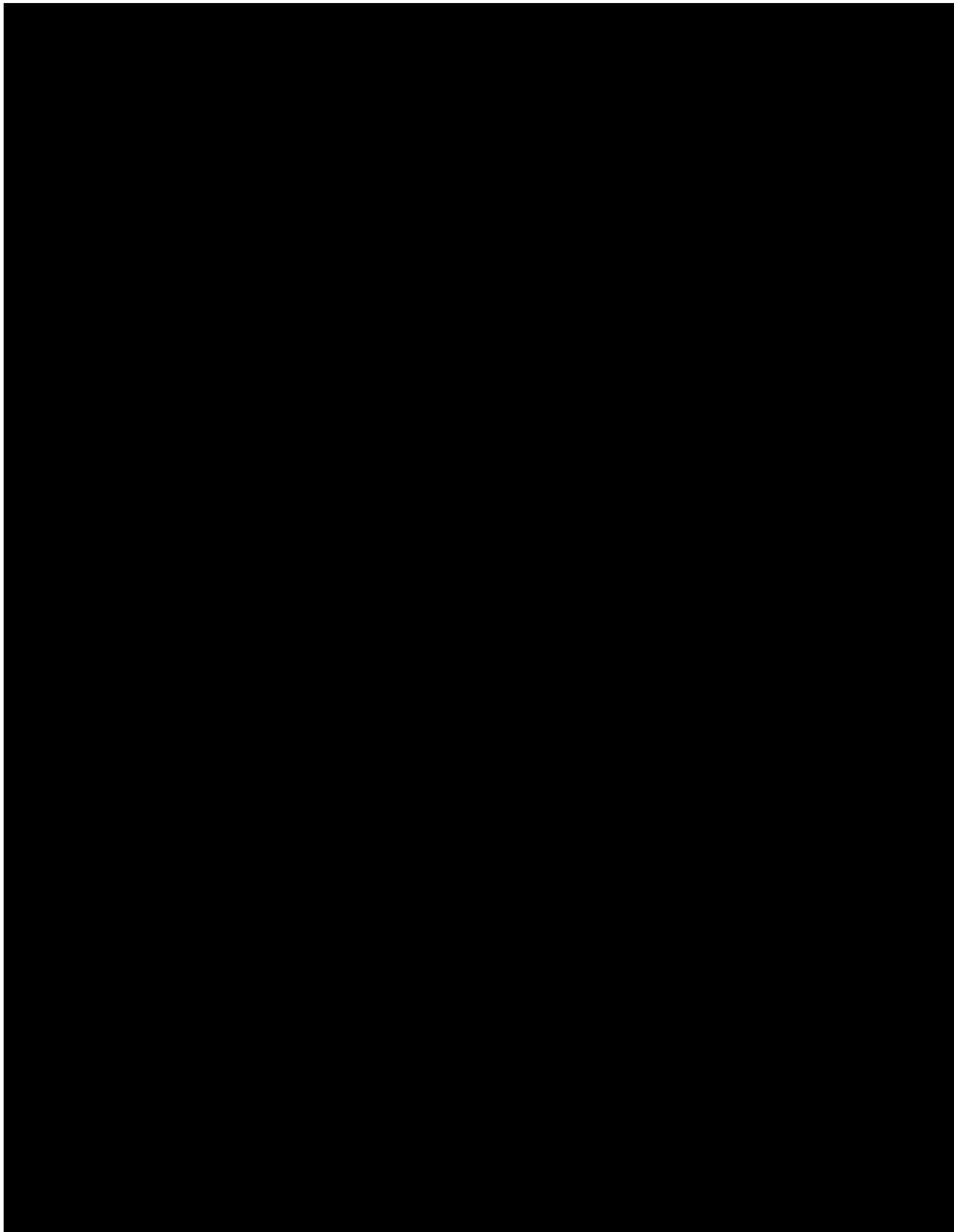
Darlene T. Chanove

Underwriting Consultant

One Galleria Blvd., Ste 1530

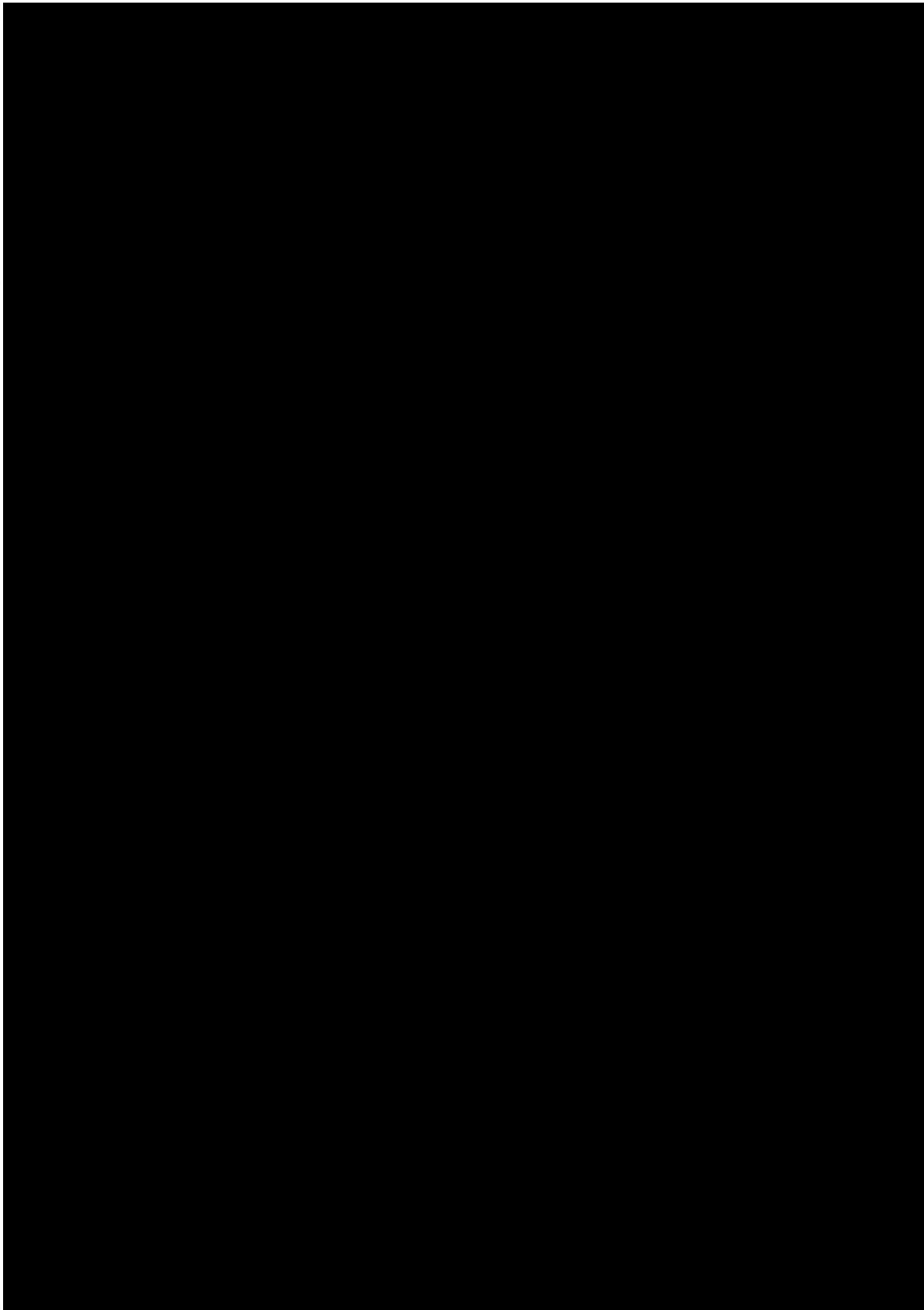
Metairie, LA 70001











Milestone



Inactive Task



Manual Task



Manual Summary



External Tasks



Progress



