

ATTACHMENT H



Dr. Courtney Phillips, Executive Commissioner

**Open Enrollment For
Health and Allied Services Providers**

Enrollment Number: HHS0001931

Enrollment Period Opens: December 19, 2018

Enrollment Period Closes: November 30, 2019

CPA Class/Item Code: 948-74

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I. GENERAL INFORMATION

1.1 EXECUTIVE SUMMARY

- 1.1.1 The Health and Human Services Commission (“**HHSC**”), on behalf of the Office of Inspector General (“**OIG**”) seeks to procure qualified health or allied health service providers (the “**Providers**”) to evaluate professional actions and decisions made by providers within the programs that Health and Human Services (“**HHS**”) oversees, including Medicaid and the Children’s Health Insurance Program (“**CHIP**”). The contracted Providers assist the OIG by conducting case reviews, providing professional expertise regarding the information reviewed, and providing testimony, as needed, to substantiate review findings. These services are an integral part of the OIG’s ability to promote program integrity and detect/combat fraud, waste, and abuse throughout the HHS service delivery system.
- 1.1.2 For the purpose of this Open Enrollment (“**OE**”), Providers include, but are not limited to, the following categories:
- (a) Dentists;
 - (b) Speech therapists;
 - (c) Physical therapists;
 - (d) Occupational therapists;
 - (e) Behavioral analysts;
 - (f) Psychiatrists;
 - (g) Audiologists;
 - (h) Pharmacists;
 - (i) Optometrists;
 - (j) Anesthesiologists;
 - (k) Radiologists;
 - (l) Nurses; and
 - (m) Any other category of a health or an allied health profession for which an individual is licensed, certified, registered, or otherwise authorized by the state of Texas, and who is acting within the scope of the individual’s license, certification, registration, or other authorization.
- 1.1.3. Physician services are not within this scope of this OE. Physicians interested in providing case review services for the OIG should review HHSC’s Request for Qualifications, which may be located at: <http://www.txsmartbuy.com/sp>.
- 1.1.4 An Applicant may be either an individual provider, or a provider through a Texas legal or professional entity.
- 1.1.5 To be considered for an award, an Applicant must sign and return to the OIG (1) Exhibit A, Application, (2) Exhibit B, Affirmations and Solicitation Acceptance, (3) Résumé with Curriculum Vitae, if applicable, for each Provider that will provide services under a resultant contract, and (4) provide all other required information and documentation as stated in Section 5.3 of this **OE**.

1.1.6 Information regarding HHSC and its programs is available online and can be accessed at <https://hhs.texas.gov>.

1.2 POINT OF CONTACT

Unless specifically instructed to an alternate contact by the OIG, potential Applicants must direct all procurement communications relating to this OE to the following Point of Contact:

Helen Oh, Contract Manager
Phone Number: 512.491.2847
Email: OIG_ProcurementResponses@hpsc.state.tx.us
Mailing Address: Attn: OIG Contract Management
P.O. Box 85200, Mail Code 1300
Austin, TX 78708

1.3 PROCUREMENT SCHEDULE

All dates are subject to change at HHSC's discretion. Applications must be received by the Point of Contact identified in section 1.2 of this OE by the enrollment closing period provided in the following Procurement Schedule:

Procurement Schedule	
Open Enrollment Period Opens	December 19, 2018
Open Enrollment Period Closes	November 30, 2019
Anticipated Contract Start Date	Upon contract execution

Note: These dates are a tentative schedule of events. HHSC reserves the right to modify these dates at any time upon notice posted to the HHS Enrollment Opportunities web page located at: <https://apps.hhs.texas.gov/pcs/openenrollment.cfm>.

Late applications will be deemed non-responsive and will not be considered.

1.4 SAM REQUIREMENT

The System for Award Management (“SAM”) is the Federal registrant database and repository into which an entity must provide information required for the conduct of business as a recipient. Applicants are strongly encouraged to register at SAM well in advance of the Application due date. Registration may be made at <https://www.sam.gov>.

II. SCOPE OF WORK, ELIGIBILITY REQUIRMENTS, AND RELATED MATTERS

2.1 SCOPE OF WORK

The purpose of the contracts resulting from this OE is to obtain qualified Providers to assist the OIG's program integrity mission.

- 2.1.1 An awarded Contractor must be willing to and be capable of reviewing medical/dental records in a timely manner in his or her area of expertise.
- 2.1.2 An awarded Contractor must be capable of rendering opinions as to the reasonableness of the services and whether or not the treatment in question meets the applicable standard of care.
- 2.1.3 An awarded contractor must be willing to reduce his or her opinions to writing in an expert witness report.
- 2.1.4 If required and upon reasonable notice, an awarded contractor must be willing and available to testify in person or by deposition in all legal proceedings related to the services performed by the awarded Contractor.
- 2.1.5 Dental professionals (acting in an expert rather than treating dentist capacity) may be required to perform clinical exams (Independent Dental Review) on a number of individuals to verify or refute, or both, that the treating dentist did or did not perform services. The dental professional would be required to document said examination and if needed, testify in a manner consistent with the obligations set forth in section 2.1 of this OE.
- 2.1.6 Awarded Contractors must be reasonably available to OIG counsel, and other employees of the OIG, to discuss work assignments, findings, opinions and all other matters ancillary to the record review or testifying, or both.
- 2.1.7 An awarded Contractor must comply with all applicable HHSC, including OIG, guidelines, and federal, state, and local laws, rules and regulations in the performance of services under the resultant contract.

2.2 ELIGIBILITY REQUIREMENTS

To be eligible to participate in this OE, an Applicant/Provider must meet the requirements stated in this section 2.2. In addition, HHSC may, in its sole discretion, reject an Application if the Applicant replies “No.” to any question in section 4 (“Other Information”) of Exhibit A, Application.

- 2.2.1 An Applicant must be a Provider as that word is defined in section 1.1.2 of this OE.
- 2.2.2 A Provider must be eligible to receive federal or state funds (e.g. not debarred or not excluded or terminated from a Medicaid or Medicare program). For the purpose of this requirement, “you” includes an individual Provider, or a Provider through a Texas legal or professional entity.

- 2.2.3 A Provider must not be debarred from receiving any federal or state funds at the time of the contract award. A list of debarred vendors may be viewed at:
http://comptroller.texas.gov/procurement/prog/vendor_performance/debarred/
- 2.2.4 If the Applicant is a Texas legal or professional entity, the Applicant must be “active” or willing to become an “active” business entity authorized to do business in the state of Texas, as listed on the Texas Comptroller of Public Accounts’ database located at:
<https://comptroller.texas.gov/purchasing/vendor/information.php>.
- 2.2.5 A Provider must be in good standing with the state of Texas, or another state’s, board or commission that licensed, certified, registered, or provided another form of authorization, to practice within the category of a health or allied health profession stated in section 1.1.2 of this OE.
- 2.2.6 A Provider must accept the terms of this OE, and all Exhibits, including the Data Use Agreement (“DUA”), without exception.
- 2.2.7 A Provider must agree to the fee, payment, and volume usage and compensation provisions stated in section 3.3 of this OE.
- 2.2.8 A Provider must not have been subject to disciplinary or adverse actions or have been required to obtain additional continuing education that is above and beyond what is required for licensure, certification, registration or other form of authentication by the Texas board or commission that issued the license, certification, registration or other form of authorization.
- 2.2.9 A Provider must not have been subject of a legal proceeding challenging his or her professional competence in which a judgment or finding was made against the Provider.
- 2.2.10 An Applicant must not have any impediments to conducting business in the state of Texas.
- 2.2.11 A Provider must have five years’ clinical practice experience in your respective category of Provider service.

III. CONTRACT AWARD, TERM AND AMOUNT

3.1 CONTRACT AWARD AND EXECUTION

- 3.1.1 HHSC intends to award multiple contracts as a result of this OE. Any award is contingent upon approval of the Executive Commissioner or designee.
- 3.1.2 HHSC is not obligated to process any or all applications submitted. HHSC reserves the right to cancel, make partial award, or decline to award a contract under this OE at any time at its sole discretion. Applicants understand that issuance of this OE in no way constitutes a commitment by HHSC to award a contract or to pay any costs incurred by an Applicant in the preparation of a response to this Solicitation. HHSC is not liable for any costs incurred by an Applicant prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing Applications, or any other similar

expenses incurred by an Applicant are entirely the responsibility of the Applicant, and will not be reimbursed in any manner by the state of Texas.

3.2 **CONTRACT TERM**

3.2.1 HHSC anticipates that the initial duration of any contract resulting from this OE shall be for a period of five years (the "Initial Term"). Following the Initial Term, HHSC may extend any resulting Contract for the purpose of completing a new procurement or to complete ongoing service provision to avoid interruption in HHSC services, or both.

3.3 **Fee, Payment, and Volume Usage and Compensation**

3.3.1 **Fee**

Except as otherwise provided in this section 3.3.1, compensation for any work under contract resulting from this OE will be limited to \$150 per hour. If an awarded Contractor is required to testify in person or at a deposition related to the services performed by Contractor, compensation will be at the rate of \$250 per hour for testimony.

HHSC reserves the right to modify the forgoing rates amount if an alternative negotiated rate is agreed upon for a particular assignment by both parties in advance of work performed or should additional state or federal funding become available during the term of a resultant Contract, including any extensions.

3.3.2 **Payment**

Payment for services provided to an awarded Contractor will be on a fee-for-service basis as stated in section 3.3.1 of this OE.

- A. An awarded Contractor shall not be entitled to payment in the absence of a signed contract to provide services.
- B. An awarded Contractor shall recover once for each medical professional service delivered under an awarded contract. An awarded Contractor shall not bill for or retain any additional compensation for such services from HHSC or any other entity.
- C. An awarded Contractor must seek payment or adjustments to payments within 30 days after services have been satisfactorily completed and submitted to the HHSC Inspector General's office.
- D. An awarded Contractor will only be paid for services provided upon OIG's receipt and approval of Contractor's itemized invoice for reimbursement.

3.3.2 **No Guarantee of Volume, Usage or Compensation**

- A. HHSC makes no guarantee of volume, usage, or total compensation to be paid to any Contractor under any awarded Contract, if any, resulting from this OE. All awarded Contracts are subject to appropriations and the continuing availability of funds.
- B. OIG will assign work to awarded Contractors based on the following guidelines:
 - (1) Skills and experience of an awarded Contractor for a particular assignment.
 - (2) The ability of an awarded Contractor to provide the requested services within the time frame needed.
 - (3) The quality, flexibility and timeliness of the awarded Contractor's performance of prior assignments under the resultant Contract.
 - (4) Any other factors relevant to a particular assignment for which a Contractor's services are needed.

IV. ADDITIONAL INFORMATION

4.1 RESPONDENT INFORMATION

4.1.1 Profile

In addition to the documentation identified in section 5.3.1 of this OE, Applicant must include the following information, if applicable, in its Application:

- A. If applicable, the Applicant's company's ownership structure (corporation, partnership, LLC, or sole proprietorship), including any wholly-owned subsidiaries, affiliated companies, or joint ventures. (*Please provide this information in a narrative and as a graphical representation.*) If Applicant is an Affiliate of, or has a joint venture or strategic alliance with, another company, Applicant must identify the percentage of ownership and the percentage of the parent's ownership. The entity performing the majority of the services under a contract, throughout the duration of the contract, must be the Applicant. Finally, please provide your proposed operating structure for the services requested under this OE and which entities (i.e. parent company, Affiliate, Joint Venture, subcontractor) will be performing them
- B. If applicable, the year the company was founded and/or incorporated. If incorporated, please indicate the state where the company is incorporated and the date of incorporation;
- C. If applicable, the location of your company headquarters and any field office(s) that may provide services for any resulting contract under this OE;
- D. If applicable, the number of employees in your company, both locally and nationally, and the location(s) from which employees may be assigned;
- E. The name, address, and telephone number of Applicant's point of contact for any resulting contract under this OE; and

- F. Indicate whether you or your company has ever been engaged under a contract by any Texas state agency. If “Yes,” specify when, for what duties, and for which agency.

Note: If Applicant is an out-of-state company, a Certificate of Authority from the Secretary of State to do business in Texas must be provided as well.

4.1.2 Conflicts

Each Applicant must certify that it does not have any personal or business interests that present a conflict of interest with respect to the OE and any resulting contract. Additionally, if applicable, the Applicant must disclose all potential conflicts of interest. The Applicant must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. HHSC will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. Failure to identify actual and potential conflicts of interest may result in disqualification of an Application or termination of a contract.

Please include any activities of affiliated or parent organizations and individuals who may be assigned to this Contract, if any.

Additionally, pursuant to Section 2252.908 of the Texas Government Code, a successful Respondent awarded a contract greater than \$1 million dollars, or that requires an action or vote of the governing body, must submit a disclosure of interested parties to the state agency at the time the business entity submits the signed contract. Rules and filing instructions may be found on the Texas Ethics Commission's public website and additional instructions will be given by HHSC to successful Respondents.

4.1.3 Historically Underutilized Business (HUB) Applicability Subcontracting Plan

An evaluation of potential subcontracting opportunities was conducted for this OE in accordance with Texas Government Code section 2161.252, and it was determined that this RFQ does not contain any probable subcontracting opportunities. Therefore, Applicants are not required to submit a HUB Subcontracting Plan (“HSP”) with their Applications.

V. ADMINISTRATIVE INFORMATION

5.1 AMENDMENTS AND ANNOUNCEMENTS REGARDING THIS OPEN ENROLLMENT

- 5.1.1 HHSC will post all official communication regarding this OE on the HHS Enrollment Opportunities web page located at: <https://apps.lhs.texas.gov/pcs/openenrollment.cfm>. HHSC reserves the right to revise this OE at any time and to make unilateral amendments to correct grammar, organization and clerical errors. It is the responsibility of each Applicant to comply with any changes, amendments, or clarifications posted to the HHS Enrollment Opportunities page. Applicant must check the ESBD HHS Enrollment Opportunities page frequently for changes and notices of matters affecting this OE.

- 5.1.2 Applicant's failure to periodically check the HHS Enrollment Opportunities page will in no way release the Applicant from "addenda or additional information" resulting in additional costs to meet the requirements of the Open Enrollment.
- 5.1.3 All questions and comments regarding this OE should be sent to the OIG Point of Contact identified in Section 1.2 of this OE. Questions must reference the appropriate OE page and section number. HHSC will post subsequent answers to questions to the HHS Enrollment Opportunities page as appropriate. HHSC reserves the right to amend answers prior to the OE closing date.
- 5.1.4 Applicants must notify HHSC of any ambiguity, conflict, discrepancy, omission or other error in the OE.

5.2 DELIVERY OF NOTICES

- 5.2.1 Any notice required or permitted under this announcement by one party to the other party must be in writing and correspond with the contact information noted in Section 1.2 of this Open Enrollment. At all times, Applicant will maintain and monitor at least one active email address for the receipt of application-related communications from HHSC. It is the Applicant's responsibility to monitor this email address for application-related information.

5.3 APPLICATION SUBMITTAL INSTRUCTIONS

5.3.1 Overview

Respondent shall fully complete the Application, Exhibit A, and submit it to the OIG along with the following additional documents:

- A. Résumé with Curriculum Vitae, if applicable, for each Provider that will provide services under a resultant contract;
- B. Proof that the Provider or Providers that will provide services under the resultant contract, are either licensed, registered, certified, or have received another form of authorization from a Texas board or Texas commission, or that of another state, that regulates the respective service category type (see section 1.1.2 of this OE).
- C. Documentation regarding the Provider's number of years' relevant experience with professional and/or case reviews, experience adjudicating proceedings, and providing professional testimony (e.g. a written summary to supplement the résumé and curriculum vitae).
- D. Exhibit B-Contractor's Affirmations
- E. Exhibit E-Federal Assurances;
- F. Exhibit F-Lobbying Certification; and
- G. Respondent Profile, if applicable (see section 4.1.1).

5.3.2 Submission

- A. Applicant must submit one electronic copy of all required documents as scanned versions (.pdf) in searchable portable document format (.pdf) via email to OIG_ProcurementResponses@hhsc.state.tx.us. Applicants must ensure there are no encryptions on their response documents, so as to prevent the OIG from opening the documents.
- B. Submission of an Application does not execute a contract.
- C. The completed Application, including the documents identified in section 5.3.1 of this OE must be submitted to:

OIG_ProcurementResponses@hhsc.state.tx.us

- D. The subject line on the submission should state: “Open Enrollment for Health and Allied Services Providers.”

5.3.3 Performance Measures

- A. In addition to the Contractor's compliance with all of its obligations and duties under the Contract resulting from this OE, HHSC OIG will monitor the performance of the contracts issued under this open enrollment.
- B. All services under the contracts shall be provided at a quality level acceptable to the OIG and in a manner consistent with Contractor’s industry and professional standards.

VI. ELIGIBILITY SCREENING

6.1. INITIAL COMPLIANCE SCREENING

HHSC will perform an initial screening of all applications received. Unsigned applications and applications that do not include all required forms and sections are subject to rejection without further evaluation.

If the application passes the initial screening, the applicant will be contacted by OIG staff for further instructions or actions.

6.2. NON-RESPONSIVE APPLICATIONS

Unless Applicant has taken action to withdraw application for this OE, an application will be considered nonresponsive and will not be considered further when any of the following conditions occurs:

6.2.1 Applicant fails to meet OE specifications, including;

- A. Applicant fails to submit the required application, supporting documentation, or forms;
- B. Applicant is not eligible under Section 2.2 of this Open Enrollment;
- C. Application is not signed;
- D. Applicant's response is not clearly legible. Typewritten is preferred;
- E. Application is not received by the closing of the Open Enrollment period provided in Section 1.3 of this Open Enrollment.

6.3 **ADDITIONAL INFORMATION**

6.3.1 By submitting an application, the Applicant grants HHSC the right to obtain information from any lawful source regarding the Applicant's, its directors', officers', and employees.

6.3.2 By submitting an application, an Applicant generally releases from liability and waives all claims against any party providing HHSC information about the Applicant. HHSC may take such information into consideration in screening or the validation of information on applications or supporting documentation.

6.4 **WITHDRAWAL OF APPLICATIONS**

Applicants may withdraw their Application from consideration by submitting a written request for withdrawal to the Point of Contact in section 1.2 of this Open Enrollment.

VII. EXHIBITS AND FORMS

Exhibit A - Application

Double click on the icon below to open the document.



Open Enrollment
HHS0001931 Attach

Exhibit B Affirmations and Solicitation Acceptance

Double click on the icon below to open the document.



Exhibit B - Contract
Affirmations version

Exhibit E Federal Assurances – Non-Construction Programs

Double click on the icon below to open the document.



Exhibit E - Federal
Assurances.pdf

Exhibit F Certification Regarding Lobbying

Double click on the icon below to open the document.



Exhibit F -
Certification Regard