TEXAS
Health and Human Services

Dr. Courtney N. Phillips, Executive Commissioner

Request for Proposals (RFP)
For
External Quality Review Organization
RFP No. HHS0002644

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915-96 Web Page Design, Management and Maintenance Services
918-12 Analytical Predictive Studies and Surveys Consulting

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ARTICLE I - EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

The State of Texas, by and through the Texas Health and Human Services Commission (HHSC), in accordance with the specifications contained in this Request for Proposal (RFP), seeks a qualified Contractor to assume certain administrative responsibilities in support of the Title XIX Texas Medical Assistance Program (Medicaid) and the Title XXI Children's Health Insurance Program (CHIP). The successful Respondent will serve as the External Quality Review Organization (EQRO) Contractor for the Medicaid and CHIP programs.

Section 1932(c) of the Social Security Act (Act) describes quality assurance standards for states that contract with Medicaid managed care organizations. In accordance with the Act, HHSC must develop and implement a quality assessment and improvement strategy that includes access standards, examination of other aspects of care and services directly related to the improvement of quality of care, monitoring procedures, and periodic review. In addition, each contract entered into between HHSC and Medicaid managed care organization described under Section 1903(m) of the Act, must provide for an annual external independent review conducted by a qualified independent entity of the quality outcomes and timeliness of, and access to, the items and services for which the organization is responsible under its contract with HHSC.

A qualified Respondent must deliver the services requested in an efficient and effective manner while ensuring the highest standards of performance, integrity, customer service, and fiscal accountability. HHSC seeks to contract with a Respondent that understands the importance of the tasks and the impact they have both on the lives of Medicaid and CHIP members and on the performance of the providers and managed care health plans in each program.

The Respondent selected under this RFP will be paid by HHSC for the services under the Contract in accordance with fixed-price bids submitted by the Respondent in its response to this RFP. These bids are generally on a per-deliverable (or per-task) basis, and are binding; reference Section 6.1. These per-deliverable bids, when multiplied by the anticipated quantity of deliverables over the years of the Contract, form a projected aggregate cost to HHSC; this projected aggregate cost is a factor in evaluating RFP proposals submitted by Respondents. The bids submitted must include provision for all costs that may be incurred by the Respondent for the specified services; there is no cost reimbursement under this Contract.

Subpart E (Quality Measurement and Improvement; External Quality Review) of 42 C.F.R. Part 438 sets forth the parameters that states must follow when conducting an External Quality Review (EQR) of its contracted Managed Care Organizations (MCOs), prepaid ambulatory health plans (PAHPs), and prepaid inpatient health plans (PIHPs).

In accordance with 42 C.F.R. § 438.356, HHSC will enter into a single contract with one Contractor that will include the delivery for each MCO, PIHP, or PAHP of EQR and EQR-related activities described in 42 C.F.R. § 438.358 and using the federal protocols referenced in 42 C.F.R. § 438.352, along with additional agreed upon services, including the following:

1. Validation of performance improvement projects (PIPs) in accordance with 42 C.F.R. § 438.330(b)(1);
2. Validation of performance measures required in accordance with 42 C.F.R. § 438.330(b)(2);
3. A review to determine MCO's, PIHP's, or PAHP's compliance with standards set forth in 42 C.F.R. § 438.358 and the quality assessment and performance improvement requirements described in 42 C.F.R. § 438.330;
4. Validation of MCO, PIHP, or PAHP network adequacy in accordance with requirements set forth in 42 C.F.R. § 438.68 and 42 C.F.R. § 438.14(b)(1);

5. Validation of encounter data reported by MCO's, PIHPs, or PAHPs, including data certification and medical record review;
6. Administration or validation of consumer or provider surveys of Quality of Care;
7. Calculation of performance measures in addition to those reported by an MCO, PIHP, or PAHP and validated by an EQRO in compliance with number 2, listed above;
8. Conduct studies on quality that focus on a particular aspect of clinical and non-clinical services at a point in time;
9. Assist with the quality rating of MCOs, PIHPs, and PAHPs consistent with 42 C.F.R § 438.334;
10. Provision of technical guidance to groups of MCOs, PIHPs, or PAHPs to assist them in conducting activities related to activities described in 42 C.F.R. § 438.358 that provide information for the EQR and the resulting EQR technical report;
11. Maintenance of Analysis and Data Transfer Platform (ADTP);
12. Planning for contract startup and transition;
13. Provision of regularly scheduled reports and analyses as requested by HHSC;
14. Provision of ad hoc reports as requested by HHSC;
15. Support of actuarial analysis;
16. Support for the Delivery System Reform Incentive Payment (DSRIP) program;
17. Analysis and support of the *Frew Consent Decree* (available at https://hhs.texas.gov/laws-regulations/legal-information/frew-v-smith);
18. Assist with quality oversight related requirements; and
19. Performance of other quality-related activities as defined by the RFP or as agreed to by the Parties.

Consistent with 42 C.F.R. § 438.356, HHSC will follow an open, competitive procurement process that is in accordance with State law and regulations, and the federal requirements of 45 C.F.R. Part 75 as it applies to State procurement of Medicaid services.

To be considered for award, Respondents must execute **Exhibit A**, **Affirmations and Solicitation Acceptance** and **the federal assurances and certifications in Exhibit B, Assurances – Non-Construction Programs** and **Exhibit K, Certification Regarding Lobbying**, of this Solicitation and provide all other required information and documentation as set forth in this Solicitation.

Information regarding HHSC and its programs is available online and can currently be accessed at http://hhs.texas.gov.

1.2 DEFINITIONS

Refer to **Exhibit C**, **HHSC Uniform Terms and Conditions - Vendor**, **Exhibit D**, **HHSC Special Conditions,** and documents in the Procurement Library for additional definitions.

Additionally, as used in this Solicitation, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

"Accessible" means compliance with applicable laws and standards including, but not limited to, 1 Tex. Admin. Code Part 10, Chapter 206, Subchapter B; 1 Tex. Admin. Code

Part 10, Chapter 213, Subchapter B; Texas Health and Human Services Electronic and Information Resources (EIR) Accessibility Standards; and 29 U.S.C. § 794.

"Addendum" or its plural "Addenda" means a written clarification or revision to this Solicitation issued by the System Agency.

"Administrative Interview" or "AI" means an assessment of MCO and Dental Contractor compliance with federal and state regulations in accordance with 42 C.F.R. § 438.358.

"All Programs" means the Texas Medicaid and CHIP managed care programs including STAR, STAR+PLUS, STAR Health, STAR Kids, Dental, CHIP.

"Claims Administrator" means the organization responsible for processing claims and encounters submitted by MCOs and Dental Contractors. Currently, the Texas Medicaid & Healthcare Partnership (TMHP) performs this function.

"Dental Contractor" means a dental maintenance organization (DMO) that is under contract with HHSC for the delivery of dental services. Dental Contractors are prepaid ambulatory health plans.

"Dual Demonstration" means the Texas Dual Eligible Integrated Care Demonstration Project.

"Electronic State Business Daily" or "ESBD" means the electronic marketplace where State of Texas bid opportunities over $25,000 are posted. The ESBD may currently be accessed at http://www.txsmartbuy.com/sp

"External Quality Review" or "EQR" has the meaning as defined in 42 C.F.R. § 438.320.

"External Quality Review Organization" or "EQRO" has the meaning as defined in 42 C.F.R. § 438.320.

"Health and Human Services Commission" or "HHSC" means the administrative agency established under Chapter 531, Texas Government Code or its designee.

"Historically Underutilized Business" or "HUB" means a business as defined by Chapter 2161 of the Texas Government Code.

"HUB subcontracting plan" or "HSP" means written documentation regarding the use of subcontractors, which is required by Chapter 2161 Subchapter F of the Texas Government Code to be submitted with all responses to state agency Contracts with an expected value of $100,000 or more where subcontracting opportunities have been determined by the state agency to be probable. The HUB subcontracting plan will subsequently become a provision of the awarded Contract, and shall be monitored for compliance by the state agency during the term of the Contract.

"Managed Care Organization" or "MCO" means an organization that delivers and manages managed care health services under a risk based contract with HHSC.

"Medical Transportation Organization" or "MTO" means an organization that is under contract with HHSC for the delivery of non-emergency medical transportation services. MTOs are prepaid ambulatory health plans (PAHPs).

"Medicare-Medicaid Plan" or "MMP" means the MCOs participating in the Texas Dual Eligibles Integrated Care Demonstration Project.

"Non-Emergency Medical Transportation" or "NEMT" means transportation for eligible Medicaid members to and from medical providers for appointments or services that legitimately needed but do not put the health and life of the member at immediate serious risk.

"Operational Start Date" means the first day on which the Contractor is responsible for providing services under the operations phase of the Contract and occurs after the transition phase is completed.

"Potentially Preventable Events" or "PPEs" has the meaning provided in Texas Government Code Section 536.001.

"Quality" has the meaning as defined in 42 C.F.R. § 438.320.

"Quality of Care" means HHSC-specified measures that are selected on a regular basis.

"Respondent" means the entity responding to this Solicitation.

"Technical Assistance" means providing information, consultation, or expertise via email, phone call, or meeting to HHSC, MCOs, Dental Contractors, or other stakeholders as needed.

"Validation" has the meaning as defined in 42 C.F.R. § 438.320.

1.3 AUTHORITY

The System Agency is soliciting the services listed herein under Title 10, Subtitle D of the Texas Government Code, Section 2155.144.

ARTICLE II - SCOPE OF WORK

2.1 SCOPE OF WORK

The Sections below comprise the Scope of Work (SOW). HHSC reserves the option to decouple business functions and/or the functionality in the SOW at any time during the Contract. This may include removal of discrete components from the SOW. The Contractor must be willing to commence the transition of any business or technology components at the request of HHSC.

2.1.1 Contractor and Subcontractor Qualifications

Contractor may use Subcontractors. Contractor is accountable for, and must oversee, all Subcontractor functions.

Contractor must, at a minimum, meet the requirements of 42 C.F.R. § 438.354(b) and (c). Contractor must have competent staff and, as applicable, competent Subcontractor staff to perform research, evaluation, and analysis as requested by HHSC. This includes the Contractor staff and Subcontractor staff having appropriate skillsets and experience to compile, analyze, monitor, and evaluate information on Quality of Care, timeliness and

access to care, member satisfaction, and the effectiveness and outcomes of the health care services furnished by fee-for-service (FFS) providers, MCOs, Dental Contractors, and providers or their contractors to Medicaid and members under All Programs as well as NEMT, and Dual Demonstration.

Req ID	Requirement
01-BG-01	Contractor must meet and maintain the competence requirements of 42 C.F.R. § 438.354 for qualifications of an of external quality review organization. Contractor must have, at a minimum, the following: 1. Staff with demonstrated experience and knowledge of: a. Medicaid and CHIP members, policies, data systems, and processes; b. FFS and managed care program delivery systems, organizations, and financing; c. Quality assessment and improvement methods; and d. Research design and methodology, including statistical and financial analysis; 2. Sufficient physical, technological, and financial resources to conduct EQR and EQR-related activities; and 3. Other clinical and non-clinical skills necessary to carry out the duties of the Contractor and other activities under the scope of this RFP, including the EQR and EQR-related activities and to oversee the work of any Subcontractors.
01-BG-02	Contractor must meet the independence requirement of 42 C.F.R. § 438.354.
01-BG-03	Contractor must have skilled staff or have access to staff with expertise in medical record review, survey implementation and techniques, and statistics and economics to support HHSC quality and performance analysis and rate setting activities.
01-BG-04	Contractor must have the requisite resources and staff to research and analyze the clinical aspects of health care delivery which affect populations of special concern to Medicaid and CHIP as directed by HHSC, including: 1. Persons 20 years of age and younger, including those eligible for the Children with Special Health Care Needs (CSHCN) program and the Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) Comprehensive Care program services, known collectively in Texas as Texas Health Steps (THSteps); 2. Individuals needing long-term services and supports (LTSS), including individuals with physical disabilities, intellectual or developmental disabilities, and the elderly; 3. Persons with the behavioral health conditions of mental illness or substance use disorders; and 4. Pregnant women and newborns.
01-BG-06	Contractor must have staff with a wide variety of clinical skills for both medical and dental disciplines, as well as experience in: 1. Statistics; 2. Economics;

Req ID	Requirement
	3. Encounter data analysis, including the use of the following case-mix adjustment systems: a. Chronic Illness and Disability Payment System; b. Adjusted Clinical Groups; c. Diagnostic Cost Groups; d. Clinical Risk Groups; e. Global Risk Assessment Model; and f. All Patients Refined Diagnosis Related Groups (APR DRG) classification system and grouping software; 4. Encounter data validation: data certification and medical record review (MRR)/dental record review (DRR) to ensure that data are sufficiently complete and accurate to support quality management and rate setting premium payments analysis and calculations; 5. Health care issues research and writing for publication; and 6. Clinical evaluation competence or direct contract access to such competence in, but not limited to, the following areas: a. Pediatrics; b. Long-term services and supports; c. Acute care; d. Behavioral health; e. Chronic illness and disability; f. Complex special health care needs; g. Women's health; and h. Pharmacy.
01-BG-07	Contractor staff must have expertise in data systems, statistics, data analysis, and economics, experienced in using or analyzing data, and performance in the following performance measurement systems and software: 1. Healthcare Effectiveness Data Information Set (HEDIS); 2. Chronic Illness and Disability Payment System (CDPS); 3. Consumer Assessment of Healthcare Providers and Systems (CAHPS); 4. Dental Quality Alliance (DQA); 5. National Core Indicators for Aging and Disability (NCI-AD); 6. Centers for Medicare and Medicaid Services Adult and Child Core Measures; 7. 3M PPEs; and 8. Other measures or systems recommended by the Contractor.
01-BG-08	CMS issues protocols that specify how EQROs are to perform their duties. Contractor is required to follow these CMS protocols, available at: https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html.
01-BG-09	Neither Contractor nor any delegated survey Subcontractor is required to be certified by the National Committee for Quality Assurance (NCQA) as a NCQA CAHPS vendor. However, HHSC requires both entities to have experience and proficiency in administering surveys to Medicaid and CHIP members and providers in both English and Spanish.

2.1.2 CMS Required Activities Related to External Quality Review

The Centers for Medicare and Medicaid Services (CMS) addresses mandatory and optional EQR-related activities in 42 C.F.R. § 438.358 and provides additional information on its website at https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html related to federal protocols required under 42 C.F.R. § 438.352. The Contractor is required to perform all activities described below in accordance with the CMS regulations and protocols.

2.1.2.1 Protocol 1 - MCO and Dental Contractor Compliance Review

Consistent with 42 C.F.R. § 438.358(b)(1)(iii), this section discusses the Contractor's obligations to review compliance of MCOs and Dental Contractors standards against (1) federal regulations; (2) state regulations; and (3) the MCOs or Dental Contractors contract with HHSC, including standards regarding access to care, structure and operations, and quality measurement and improvement.

Req ID	Requirement
02-P1-01	Contractor must establish MCO and Dental Contractor compliance thresholds for HHSC approval and perform a preliminary review of MCO and Dental Contractor compliance with 42 C.F.R. Part 438, including, but not limited to: availability of services, continuity and coordination of care, coverage and authorization of services, disease management, establishment of provider networks, enrollee rights, confidentiality, use of practice guidelines, health information systems, mechanisms to detect under and over-utilization of services.
02-P1-02	Contractor must provide annual Quality Assessment and Performance Improvement (QAPI) Reports for All Programs and Dual Demonstration within the formats, timeframes and manner agreed upon by HHSC.
02-P1-03	Contractor must provide an annual Administrative Interview Questionnaire Tool (AI Questionnaire Tool) for physical health, dental health, and behavioral health for each MCO and Dental Contractor for All Programs and Dual Demonstration within the formats, timeframes and manner agreed upon by HHSC.
02-P1-04	Contractor must conduct an onsite Administrative Interview every three years with each MCO and Dental Contractor for All Programs and Dual Demonstration and provide an Administrative Interview Report for the onsite administrative interviews to HHSC within the formats, timeframes and manner agreed upon by HHSC.
02-P1-05	Contractor must assess MCO and Dental Contractor compliance with HHSC-specified standards for quality operations including validation of required performance improvement activities and associated measures through the Administrative Interview.
02-P1-06	Contractor must provide findings, within the formats, timeframes and manner agreed upon by HHSC, on the evaluation of MCO and Dental Contractor responses on the AI Questionnaire Tool to assess compliance with state and federal regulations. Contractor must provide tables that summarize MCO and

Req ID	Requirement
	Dental Contractor responses on the AI Questionnaire Tool regarding programs in place that address member's needs.

2.1.2.2 Protocol 2 - Validation of Performance Measures Reported by the MCOs

Consistent with 42 C.F.R. § 438.358(b)(1)(ii), the requirements in this section relate to the validation of performance measures reported by the MCO. Contractor must provide Technical Assistance for HEDIS hybrid reporting.

Req ID	Requirement
03-P2-01	Contractor must assist HHSC with identifying healthcare quality measures critical to the population served in All Programs and must assist in setting performance standards. A listing of the quality measures monitored by HHSC's current EQRO Contractor is available at the Texas Healthcare Learning Collaborative portal currently accessible at http://thlcportal.com.
03-P2-02	Contractor must evaluate if the MCO followed the requirements of their contracts with HHSC for calculating measures and, at a minimum, must: 1. Annually verify that MCO-provided HEDIS hybrid measure rates are certified by a NCQA auditor; and 2. Provide a compilation of annual HEDIS hybrid rates for each MCO, for each program listed below within the formats, timeframes and manner agreed upon by HHSC: a. STAR; b. STAR Kids; c. STAR+PLUS; d. CHIP; and e. STAR Health.

2.1.2.3 Protocol 3 - Performance Improvement Project Validation

Consistent with 42 C.F.R. § 438.358(b)(1)(i), the requirements in this section relate to the validation of Performance Improvement Projects (PIPs).

Req ID	Requirement
04-P3-01	Contractor must assist HHSC in developing PIPs topics for each MCO and Dental Contractor for All Programs.
04-P3-02	Contractor must conduct an annual PIPs Workshop for MCOs and Dental Contractors and must provide prompt Technical Assistance to the MCOs and Dental

Req ID	Requirement
	Contractors in the development, evaluation, and revision of PIPs on an ongoing basis as directed by HHSC.
04-P3-03	Contractor must perform annual evaluation of half of the PIPs plans for all MCOs and Dental Contractors for All Programs. Every PIPs plan should be evaluated at least once every two years. Such evaluation must include an assessment of the study methodology within the formats, timeframes and manner agreed upon by HHSC. *See* PIPs activities 1 through 7 in **Procurement Library, Uniform Managed Care Manual (UMCM)** Chapter 10.2.5.
04-P3-04	Contractor must provide annual evaluation of PIPs progress reports for all MCOs and Dental Contractors for All Programs within 60 calendar days of Contractor's receipt of PIP progress reports from each MCO or Dental Contractor within the formats, and manner agreed upon by HHSC. *See* **Procurement Library, UMCM** Chapter 10.2.9 for examples of the reports that MCOs will submit to Contractor.
04-P3-05	Contractor must perform annual evaluation of half of the PIPs final reports for all MCOs and Dental Contractors for All Programs. Each PIPs final report must be evaluated at least once every two years. Such evaluation must include a verification of PIPs report findings and an assessment of the overall validity and reliability of the PIPs results within the formats, timeframes and manner agreed upon by HHSC. *See* PIP activities 8 through 11 in **Procurement Library, UMCM** Chapter 10.2.5.
04-P3-06	Contractor must provide MCOs with Technical Assistance and evaluations of the 2019 statewide PIPs addressing members with complex needs ("super utilizers") to assist MCOs in creating impactful interventions that will improve health outcomes and reduce inappropriate utilization of health services. This PIP targets members who, because of their health or social conditions may experience high levels of costly, but preventable service utilization.

2.1.2.4 Protocol 4 - Encounter Data Validation

Consistent with 42 C.F. R. § 438.358(c)(1), the requirements in this section relate to validation of encounter data reported by the MCO and Dental Contractor. Contractor must provide Technical Assistance and support related to the provision of deliverables and related data requests.

Req ID	Requirement
05-P4-01	Contractor must use data available, including the Medicaid Master Provider Filer, for mailing address and other information to generate correspondence and mail outs for purposes of data validation. Contractor must track compliance with requests and accuracy of address information to improve the validation process.
05-P4-02	Contractor must review requirements for collecting and submitting encounter data, review the MCO and Dental Contractor's capability to produce accurate and complete encounter data, and design and implement a process for annual certification of the quality of encounter data for each MCO and Dental Contractor

	in All Programs including CHIP Perinatal. Contractor must provide annual written verification of the quality of the data, including whether the data are sufficient to support setting premium payments. This written verification must be provided in sufficient time to enable premium payment rate setting discussions and activities to progress on a timely basis and must be within the formats, timeframes and manner agreed upon by HHSC.
05-P4-03	Contractor must design and implement biennial encounter data validation medical and dental record reviews. These reviews include validation that electronic data accurately represent care documented by participating providers; verification that the provider of the medical or dental record is the provider of service; verification the medical or dental record is complete in relation to the encounter data submitted; and providing ongoing assessment of potential data quality issues. The contractor must perform the medical or dental record review every other year and review dental records in the years medical record reviews are not performed.
05-P4-04	Contractor must provide monthly data loads and maintenance of ADTP as well as a monthly report on such actions performed within the formats, timeframes and manner agreed upon by HHSC.
05-P4-05	Contractor must perform and submit, no later than May 15 each year, a mid-year analysis of MCO and Dental Contractor encounter data received from the Claims Administrator for All Programs including CHIP Perinatal and Dual Demonstration within the formats, and manner agreed upon by HHSC.
05-P4-06	Contractor must send monthly MCO and Dental Contractor encounter data to the Department of State Health Services (DSHS) ImmTrac for immunization tracking in Texas within the formats and manner agreed upon by HHSC no later than 1 month after receipt of the encounter data.
05-P4-07	Contractor must provide a compliance report (National Institute of Standards and Technology (NIST) 800) that the data infrastructure meets contract standards for claims, encounters and other data to maintain comprehensive ADTP. The report must be provided annually by August 31.
05-P4-08	Contractor must design and implement a process to certify the integrity and completeness of the annual encounter data submissions, including submission of results for All Programs, CHIP Perinatal, and Dual Demonstration data in accordance with the CMS Encounter Data Toolkit, located on the CMS website and consistent with the requirements of Texas Government Code § 533.0131. The results must include, at a minimum, the percentage of missing encounter data, types of missing data, and overall data quality issues.

2.1.2.5 Protocol 5 - Consumer and Provider Surveys

Consistent with 42 C.F.R. § 438.358(c)(2), the requirements in this section cover the administration or validation of consumer or provider surveys of quality care.

Req ID	Requirement
06-P5-01	Contractor must document a purpose statement and objectives, develop or modify survey instruments, develop sampling strategies, develop a strategy to maximize the response rate, and develop a quality assurance plan in order to conduct the member

	surveys described in this section. Member surveys must include, at a minimum, CAHPS questions and integrate other questions as identified by the Contractor and HHSC pertinent to the target population.
06-P5-02	Contractor must implement HHSC-approved biennial member surveys of STAR (with two separate surveys, one for members age 18 and over and one for members age 17 and younger, including a segment for members carved in from the Adoption Assistance (AA) and Permanency Care Assistance (PCA) programs), STAR+PLUS (including Dual Demonstration and a segment for members carved in from the Medicaid for Breast and Cervical Cancer program), STAR Health (with two separate surveys, one for members age 18 and over, and one for members age 17 and younger), STAR Kids (with two separate surveys, one for members age 18 and over, and one for members age 17 and younger, including a segment for members carved in from the AA and PCA programs), CHIP, CHIP Dental and Children's Medicaid Dental Services, interviewing either adult members or caregivers of child members, as appropriate.
06-P5-03	Contractor must implement a biennial survey of members with behavioral health conditions in STAR (with two separate surveys, one for members age 18 and over, and one for members age 17 and younger) and STAR+PLUS within the timeframes and manner agreed upon by HHSC.
06-P5-04	Contractor must implement a biennial, in-person survey of members in STAR+PLUS and the Program of All-inclusive Care for the Elderly (PACE) to measure outcomes in LTSS and community integration within the timeframes and manner agreed upon by HHSC.
06-P5-05	Contractor must implement an HHSC-approved abbreviated annual survey of members in STAR, STAR+PLUS, STAR Kids, and CHIP for use in report cards. The survey must capture a statistically significant portion of members in each service area. The survey must include CAHPS survey items determined to be relevant to the population in each program.
06-P5-06	Contractor must provide detailed survey results to HHSC as the surveys are completed, including preparing and analyzing the data obtained from the survey, documenting the survey process and results, and providing summaries and analyses in the annual summary of activities report as described in 10-TR-01. The results must be provided within the formats, timeframes and manner agreed upon by HHSC.
06-P5-07	Contractor must either develop or modify survey instruments and develop sampling strategies in order to conduct an annual satisfaction survey for the NEMT program. The survey tool or tools must be adequate to gain feedback from transportation providers, medical providers, and members participating in the program. Contractor must provide a detailed, Accessible report of the results within the formats, timeframes and manner agreed upon by HHSC.

2.1.2.6 Protocol 6 - Calculation of Performance Measures

Consistent with 42 C.F.R. § 438.358(c)(3), the requirements in this section relate to the calculation of performance measures for MCOs and Dental Contractors.

Req ID	Requirement
07-P6-01	Contractor must implement and assess managed care performance measures, including evaluating and comparing MCO and Dental Contractor performance to state and national benchmarks, as well as other plans' performance within Texas. These assessments must be within the formats, timeframes and manner agreed upon by HHSC.
07-P6-02	In preparing for, calculating, and reporting the results of performance measures, Contractor must follow the activities described in 42 C.F.R. § 438.358(c)(3).
07-P6-03	Contractor must consult with HHSC to evaluate and periodically propose new performance measures to improve MCO and Dental Contractor oversight or to meet new state mandates and objectives. Contractor must, as needed, provide technical expertise to HHSC in identifying and evaluating potential data analysis tools and software.
07-P6-04	Contractor must perform analysis and develop reports of hospital level State Fiscal Year (SFY) PPRs and PPCs or other PPEs as identified by HHSC. The Contractor must at a minimum provide the following: hospital-level reports, underlying data, technical notes, statewide data files, and state norm files. The analysis and reports must occur on an annual and mid-year SFY cycle, or any other time frame specified by HHSC. Existing PPE reports can be found at https://hhs.texas.gov/about-hhs/process-improvement/medicaid-chip-quality-efficiency-improvement/potentially-preventable-events
07-P6-05	Contractor must provide monthly and annual summary and registry PPE data by MCO with the content, format, timeframe, and manner agreed upon by HHSC.
07-P6-06	Contractor must perform annual core set measure reporting to CMS.
07-P6-07	Contractor must provide preliminary Quality of Care data on an annual basis by each program listed below within the formats, timeframes and manner agreed upon by HHSC: 1. STAR 2. STAR Kids 3. STAR+PLUS 4. STAR Health 5. CHIP 6. CHIP Dental Services 7. Children's Medicaid Dental Services
07-P6-08	Contractor must provide annual final Quality of Care data by each program listed below within the formats, timeframes and manner agreed upon by HHSC: 1. STAR 2. STAR Kids 3. STAR+PLUS 4. STAR Health 5. CHIP 6. CHIP Dental Services 7. Children's Medicaid Dental Services
07-P6-09	In consultation with and as required by HHSC, the Contractor must propose detailed quality improvement strategies when Quality of Care shortcomings are

Req ID	Requirement
	identified for a particular MCO, Dental Contractor, program, or categorically across programs.
07-P6-10	Contractor must provide periodic analysis reports on topics of special interest to HHSC produced on a timeline agreed upon based on each of HHSC's individual ad hoc request.

2.1.2.7 Protocol 8 - Focused Studies

Consistent with 42 C.F.R. § 438.358(c)(5), the Contractor must conduct studies on quality that focus on a particular aspect of clinical or non-clinical services at a point in time. These focused studies are projects identified and defined by HHSC and are to be conducted with a minimum amount of administrative burden on the Medicaid and CHIP MCOs and Dental Contractors. Focused studies can be clinical, financial, or administrative studies that relate to patterns of care or operational issues that impact Quality of Care, financial performance, or service delivery in managed care.

Req ID	Requirement
08-P8-01	Contractor must design and implement an annual focused study on HHSC-specified topics that follows the procedures described in 42 C.F.R. § 438.358(c)(5) within the formats, timeframes, and manner agreed upon by HHSC.
08-P8-02	Contractor must provide Accessible quarterly topic reports on HHSC-specified topics focused on the quality of health care for child or adult members of Medicaid or CHIP, combining background research with analysis of claims data, survey data, or medical/dental records. These reports must be within the formats, timeframes and manner agreed upon by HHSC.

2.1.3 Non-protocol Requirements

This section contains items that are required federal requirements under 42 C.F.R Part 438 Subpart E; but do not fit within the CMS Mandatory EQR-Related Activity Protocols. CMS doesn't require that states use an EQRO to perform all activities in this section but HHSC has chosen to require Contractor to perform these activities.

2.1.3.1 MCO Quality Rating

Consistent with 42 C.F.R. § 438.358(c)(6), Contractor must develop performance measures and methodology to assist HHSC with the quality rating of MCOs.

Req ID	Requirement
09-QR-01	The Contractor must, in conjunction with HHSC and in compliance with 42 C.F.R. § 438.334, propose and develop methodology, tools, reports, and a final, Accessible deliverable, in print and electronic format, for annual MCO report cards for STAR (with two separate surveys, one for members age 18 and over, and one for members age 17 and younger), CHIP, STAR Kids, and STAR+PLUS, each broken down by service area. Report cards are designed to provide newly

	enrolled Medicaid and CHIP members and their caregivers, as appropriate, with consumer-oriented quality and member satisfaction information that helps support the selection of a managed care health plan. Report cards must be provided in English and Spanish and must be completed within the formats, timeframes and manner agreed upon by HHSC. In the context of this deliverable, "accessible" is defined as "Section 508 Compliance" in accordance with and including, but not limited to, 29 U.S.C. § 794; 1 Tex. Admin. Code Part 10, Chapter 206, Subchapter B; 1 Tex. Admin. Code Part 10, Chapter 213, Subchapter B; and Texas Health and Human Services Electronic and Information Resources (EIR) Accessibility Standards.
09-QR-02	Contractor must report findings of annual MCO report card surveys using the format, timeframes and manner agreed upon by HHSC.
09-QR-03	Contractor must provide Accessible annual MCO report card consumer product and instruction sheets within the formats, timeframes and manner agreed upon by HHSC.

2.1.3.2 Required Technical Reports

Consistent with 42 C.F.R. § 438.364, the Contractor must produce annual detailed technical reports to HHSC and CMS.

Req ID	Requirement
10-TR-01	Contractor must provide an Annual EQRO Summary of Activities report describing activities performed to meet all CMS requirements on a timeline and in a format approved by HHSC. At a minimum, the report must be Accessible and include: 1. A description of the way data from all EQRO-related conducted activities were aggregated and analyzed; and the way in which conclusions were drawn as to the timeliness, quality, and access to the care provided by MCOs and Dental Contractors; 2. For each activity conducted, the objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data; 3. An assessment, by MCO, Dental Contractor and program of strengths and weaknesses with respect to quality, timeliness, and access to health and dental care services furnished to Medicaid and CHIP members; 4. Recommendations, by MCO, Dental Contractor and program for improving the quality of health and dental care services; 5. Methodologically appropriate, comparative information about All Programs, Dual Demonstration, NEMT, FFS, and MCOs, MMP, and Dental Contractors;

	6. An assessment of the degree to which each MCO or Dental Contractor has addressed effectively the quality improvement recommendations made by the Contractor during the prior year's review; and 7. Detailed information about how each CMS protocol was addressed during the year.
10-TR-02	For areas of concern identified in the Annual EQRO Summary of Activities report, the Contractor must provide additional information to HHSC in Accessible reports called "summary of activities issues briefs" within the formats, timeframes, and manner agreed upon by HHSC.

2.1.3.3 Validation of MCO Network Adequacy

Consistent with 42 C.F.R. § 438.358(b)(1)(iv), the requirements in this section relate to the validation of MCOs' and Dental Contractors' network adequacy.

Req ID	Requirement
11-NA-01	Contractor must annually propose and develop, for HHSC approval, an appointment accessibility study, including the methodology, survey tools, and report for the direct monitoring of the length of time a Medicaid member must wait between scheduling an appointment with a provider and receiving treatment from the provider. The study must evaluate provider compliance with appointment availability standards for primary care, behavioral health, vision, and prenatal care providers on a biennial basis, so that half of these types of services are evaluated each year.
11-NA-02	Contractor must perform the appointment accessibility study, which includes sub studies for primary care, behavioral health, vision and prenatal care, within the format, timeframes and manner agreed upon by HHSC.
11-NA-03	Contractor must report appointment accessibility study and sub study results within the format, timeframes and manner agreed upon by HHSC. This report must be Accessible.
11-NA-04	Contractor must propose and develop, for HHSC approval, a PCP Referral Study including a methodology, survey tools, and reporting for an annual study that examines primary care physician (PCP) experiences when making referrals for specialty care for members in Medicaid managed care. At a minimum, the study must identify the key barriers physicians face when making specialty referrals and recommend strategies for improving access to specialty care for Medicaid and CHIP members.
11-NA-05	Contractor must perform the PCP Referral Study within the format, timeframes and manner agreed upon by HHSC.
11-NA-06	Contractor must report the PCP Referral Study results within format, timeframes and manner agreed upon by HHSC. This report must be Accessible.
11-NA-07	Contractor must provide Technical Assistance to HHSC for the activities described in this table.

2.1.4 Additional HHSC Requirements

This section contains additional requirements that are not required by CMS but that HHSC will require the Contractor to perform.

2.1.4.1 Quality Forum

Req ID	Requirement
12-QF-01	In consultation with and subject to the approval of HHSC, the Contractor must organize and execute all aspects of conference planning for HHSC's annual quality forum. The annual quality forum must be held for all MCOs, Dental Contractors, and HHSC staff. Topics must include at a minimum: 1. MCO and Dental Contractor best practices; 2. Quality improvement strategies and interventions; and 3. Discussion and development of future directions for performance improvement.
12-QF-02	Contractor must facilitate a planning committee for the quality forum that includes HHSC, MCO, and Dental Contractor staff.

2.1.4.2 Texas Healthcare Learning Collaborative Portal

The THLC portal provides HHSC, contractors, providers, and other stakeholders up-to-date MCO, Dental Contractor, and statewide performance data on key quality of care measures, including PPEs, HEDIS, CAHPS and other quality of care information.

Chapter 2054 of the Texas Government Code requires that the Department of Information Resources maintain a statewide data center which consists of consolidated data services managed by contracted vendors which is also referred to as Data Center Services (DCS). Currently, HHSC has an exemption to this requirement and the Incumbent EQRO does not operate in the DCS. HHSC is pursuing an exemption for the EQRO. Respondents must propose in the Solicitation Response a solution which operates in the DCS and one that does not. Please see http://dir.texas.gov/View-About-DIR/Data-Center/Landing.aspx and **Exhibit E**, **DCS Requirements** for additional information concerning the DCS.

Req ID	Requirement
13-LC-01	Contractor must maintain the THLC portal, including data and visualizations at various levels of specificity for: 1. Medical Quality of Care; 2. Dental Quality of Care; 3. PPAs; 4. PPRs; 5. PPVs; 6. PPCs;

Req ID	Requirement
	7. Performance indicator dashboards; and 8. Super-utilizers. The portal must be Accessible. Contractor must provide at least the level of detail and functionality currently available on the THLC portal, including the ability to download data, accessible at: https://thlcportal.com/home.
13-LC-02	Contractor must provide enhancements to the THLC portal as requested by HHSC.
13-LC-03	Contractor must provide loading and processing for the DSHS all-payer data for use in statewide data collection, analysis and posting on the THLC portal. Analysis may include data summary; ratio of actual to expected rates of potentially preventable complications (PPCs) and readmissions (PPRs); trending; demographic, geographic, provider and reason code segmentation.
13-LC-04	Contractor must update the THLC portal annually with Quality of Care results for FFS, STAR, STAR Kids, STAR+PLUS, CHIP, and STAR Health; and PPE results for STAR, STAR+PLUS, STAR Health, and CHIP, CHIP Dental Services and Children's Medicaid Dental Services.
13-LC-05	Contractor must perform a monthly refresh of MCO level PPE results to the THLC portal for STAR, STAR Kids, STAR+PLUS, STAR Health, and CHIP.
13-LC-06	Contractor must update the THLC portal annually with the hospital quality-based PPR and PPC results, or other hospital-level PPEs as identified by HHSC.
13-LC-07	Contractor must provide training and Technical Assistance to MCOs, Dental Contractors, HHSC staff, and HHSC-requested stakeholders on use of the THLC portal.

2.1.4.3 Additional Technical Assistance

Req ID	Requirement
14-TA-01	Contractor must provide ongoing technical expertise to HHSC to support medical and dental pay-for-quality programs. This expertise may include advising HHSC on appropriate measures and methodological changes or providing other recommendations to improve pay-for-quality programs.

2.1.4.4 Analysis and Data Transfer Platform (ADTP) Requirements

15-ADTP-01	The Contractor must establish and fully operationalize the ADTP no later than 3 months before the Operational Start Date.
15-ADTP-02	In addition to the files created from the Texas Encounter Data Warehouse maintained by the Claims Administrator, the Contractor must receive and store data on the ADTP from the following primary data sources for Medicaid and CHIP: 1. Medicaid FFS claims and managed care encounters data from HHSC's Claims Administrator contractor;

	2. Eligibility and enrollment data from HHSC's integrated eligibility and enrollment (IEE) broker for Medicaid and CHIP; 3. Medicaid and CHIP provider data; 4. Capitation file from the IEE broker via TMHP; 5. Premiums payable system data from the IEE broker via TMHP; and 6. Drug claim data from HHSC's vendor drug program (VDP) contractor. Contractor's management of the ADTP must include: 1. Receiving data; 2. Performing quality assurance checks against the data received; and 3. Loading, warehousing, analysis, and creation of data files for MCOs and Dental Contractors.
15-ADTP-03	The Contractor must submit the following plans for HHSC approval at least 60 calendar days prior to the Operational Start Date and at least 60 calendar days prior to implementing any substantial changes to the plans during the Contract's term: 1. Joint Interface Plan (JIP); 2. Disaster Recovery Plan (DRP); 3. Business Continuity Plan (BCP); 4. Risk Management Plan (RMP); and 5. Systems Quality Assurance Plan (SQAP).
15-ADTP-04	Contractor must submit monthly data logs detailing data file, date received, quality, ADTP load date, problems or issues identified by the Contractor, and other notations determined necessary by the Contractor and HHSC for Medicaid FFS, CHIP Perinatal, All Programs, as well as Medicare data required for MMP.
15-ADTP-05	Contractor must conduct secure data transfers to DSHS and HHSC's Pharmacy Claims and Rebate Administration (PCRA) vendor monthly.

2.1.4.5 Business Plan

16-BP-01	Contractor must provide administrative oversight and financial management activities for Contract deliverable schedules and on-going provision of deliverable related budget estimates as requested by HHSC.
16-BP-02	Within 30 calendar days of the beginning of each SFY, the Contractor must create a business plan that identifies a detailed SOW including deliverables, milestones, lead staff, and timelines. Contractor must accomplish this via an HHSC-approved online project management tool.
16-BP-03	Contractor must track the status of the business plan on a weekly basis.
16-BP-04	Contractor must participate in weekly, one-hour phone meetings with HHSC staff to review the status of deliverables and discuss questions and issues relevant to the SOW. The Contractor must provide the meeting agendas and minutes.

16-BP-05	Contractor must participate in monthly, three-hour meetings with HHSC staff to review the status of deliverables and discuss questions and issues relevant to the SOW. At least six of the meetings should be conducted in-person, and the Contractor must provide the meeting agendas and minutes.
16-BP-06	Contractor must participate, as directed by HHSC, in ad-hoc meetings with HHSC to review and discuss milestones, develop work plans, timelines for deliverables, discuss contract audit and audit findings, and develop performance improvement goals. These meetings may include advocates, members, or stakeholders as requested by HHSC.

2.1.4.6 Actuarial Analysis Related Activities

17-AA-01	Contractor must confirm HHSC fiscal year specifications, due dates for risk ratios and encounter data sets for All Programs, Dual Demonstration, and CHIP Perinatal.
17-AA-02	Contractor must provide risk ratio tables plus the weights along with technical specifications developed using CDPS to HHSC for STAR, STAR Kids, STAR+PLUS, CHIP and CHIP Perinatal. The Contractor must provide this information by March 15 each year. *See* **Procurement Library, Risk Ratio Table Example**.
17-AA-03	Contractor must review CDPS specifications with HHSC yearly and provide for any changes, such as plan changes and population additions, in compliance with timeframes established by HHSC.
17-AA-04	Contractor must respond to questions submitted by MCOs, HHSC, and other stakeholders about CDPS methodology or specific acuity results; host a CDPS seminar with HHSC, MCOs, and others designated by HHSC; and work on related ad hoc activities as needed or requested by HHS.
17-AA-05	Contractor must provide CDPS risk adjustment model output so that HHSC can validate the MCOs and SA case mix results. Contractor must provide the member level data produced by the CDPS risk adjustment model, used to produce the final MCOs case mix scores reports, for STAR, STAR+PLUS, STAR Kids, CHIP and CHIP Perinatal.
17-AA-06	Contractor must submit a report of quality assurance analysis to determine the degree to which encounter data quality is within HHSC-specified standards for accuracy, a summary of amounts paid by services type and month of services, and a comparison of amounts paid in the Contractor's data to financial summary reports provided by each MCO and Dental Contractor for All Programs as well as Dual Demonstration and CHIP Perinatal. HHSC requires one encounter data file per program for actuarial analysis activities.
17-AA-07	Contractor must provide SFY certified encounter data sets for All Programs, Dual Demonstration, and CHIP Perinatal to HHSC annually no later than March 1.

2.1.4.7 1115 Transformation Waiver: Delivery System Reform Incentive Payment (DSRIP) Program

18-TW-01	Contractor must provide a DSRIP hospital level report in a format agreed upon with HHSC annually to HHSC by March 31. This report must include all PPEs using Medicaid claims data in the format agreed upon with HHSC for each DSRIP hospital and uncompensated care hospital. HHSC will supply a provider list for use in creating this report.
18-TW-02	Contractor must provide a DSRIP regional healthcare partnership (RHP) level report in a format agreed upon with HHSC annually to HHSC by March 31. This report includes all PPEs, as well as regional prevention quality indicators (PQIs) and pediatric quality indicators (PDIs) using Medicaid claims data in the format agreed upon with HHSC for each RHP. HHSC will provide RHP breakouts for use in creating this report.
18-TW-03	Contractor must provide reports in a format agreed upon with HHSC as outlined below related to the analysis of the Texas Healthcare Transformation Quality Improvement Program Waiver (1115 Waiver) DSRIP program initiatives for alignment with and integration into Medicaid managed care. 1. Quality of Care HEDIS measures reports: Quality of Care HEDIS measures reports by RHP for both Medicaid FFS and Medicaid managed care populations. Contractor must provide this report annually to HHSC by March 31. 2. Quarterly HEDIS timeliness of prenatal care rate report: Contractor must provide quarterly reports of HEDIS timeliness of prenatal care rates to HHSC. These quarterly reports will be for selected DSRIP performing providers as requested by HHSC. Reports must include provider-specific data on which cases are included in the rate. 3. Statewide analysis report: Contractor must provide the statewide analysis report stratified by RHP, Medicaid population, uninsured and non-Medicaid population, age, and serious mental illness cohort annually to HHSC by August 31. This report must include the following: a. Summary results of outpatient and emergency department visits for Medicaid and CHIP; b. Summary results of certain PDI and PQI measures specified by HHSC for Medicaid, CHIP, and all-payer data; c. Summary PPA/PPV/PPR results for Medicaid and CHIP; and d. Summary PPR results for all-payer data. 4. Texas PPR norm files report: This report must contain PPR norms for all-payer data and PPR norms for Medicaid and CHIP data. Contractor must provide this report annually to HHSC by October 30.

2.1.4.8 Quality Oversight Related Requirements

19-QO-01	Contractor must use Medicaid FFS claims, and Dental Contractor and MCO encounter data to evaluate value-based payment models identified by HHSC. These evaluations or comparison models may be in relation to cost of care, quality of care, utilization of services, and may include PPEs or other quality metrics as defined by HHSC. Contractor must provide up to three evaluations or comparisons per year. The current value-based payment information collected from MCOs and Dental Contractors is found in **Procurement Library, UMCM** Chapter 8.10 - Value-Based Contracting Data Collection Tool. If HHSC does not use these evaluations or comparison, then these three requirements will be added to 19-QO-03, as targeted analyses or data extractions, increasing the total number of target analyses or data extractions to eight.
19-QO-02	Contractor must provide Technical Assistance and support related to requests by HHSC's Quality Oversight to participate in conference calls or to respond to inquiries related to the hospital quality-based PPR and PPC program. The Technical Assistance and support may be related but not limited to the deliverables of this program, webinars, PPE software questions, PPE logic, or data requests and may be done on an ad hoc basis.
19-QO-03	Contractor must provide up to five targeted analyses or data extractions per fiscal year based on HHSC's areas of interest that include, but not limited to: utilization analyses based on clinical conditions, more in depth analysis on PPE utilization by provider, Dental Contractor, MTO, MCO, or utilization analyses by demographic or risk group.
19-QO-04	Contractor must provide up to three targeted analyses or data extractions of Medicaid FFS claims and MCO encounter data to evaluate ways to improve birth outcomes in Medicaid per fiscal year. These studies involve work with Medicaid data linked to Texas vital statistics data, and may include risk adjustment calculations, regional variation analyses, and the incorporation of outcome and other quality measures. HHSC areas of interest include, but are not limited to: neonatal intensive care unit and overall newborn care, neonatal abstinence syndrome, and maternal mortality and morbidity. Components of these studies, including regional disaggregation and maps, must be posted on the THLC public reporting portal. Contractor must provide related underlying data to MCOs and hospitals. Contractor must also provide Technical Assistance related to these targeted analyses.

2.1.4.9 Other Requirements

20-O-01	Contractor must, annually, per MCO, calculate the number and percent of timely THSteps medical checkups for new and existing members in STAR, STAR Kids, STAR+PLUS, and STAR Health. MCOs will report this using Uniform Managed Care Manual Chapter 12.4 for the Medicaid Managed Care (MMC) THSteps Report Instructions and Chapter 12.5 for MMC THSteps

	Annual Report Template. The Contractor must develop and maintain a technical specification document describing the methods used in its calculations. Additionally, the Contractor must provide data and respond to MCO questions regarding the calculations.
20-O-02	Comply with the security controls set forth in **Exhibit F, Texas Health and Human Services Information Security and Privacy Requirements.**
20-O-03	Contractor must hold up to three quality assurance training webinars per year on topics approved by HHSC for MCOs or Dental Contractors.
20-O-04	Contractor must notify HHSC at least 90 calendar days before the effective date of any change in Contractor's ownership, excluding minor stock transactions that have no individual, aggregate, or cumulative impact on the majority ownership. For purposes of this Contract, a change in control means any of the following: (1) a sale of Contractor's stock such that the effective ability to replace the CEO and/or Chairman or a majority of the Board members of the entity changes to another party; (2) a sale of substantially all of Contractor's assets; (3) a change in a majority of Contractor's board members; (4) consummation of a merger or consolidation of Contractor with any other entity; (5) a change in majority ownership through a transaction or series of transactions; or (6) the board (or the stockholders) approves a plan of complete liquidation. In the event of a change of control, Contractor must require the successor to assume this Contract and all of its obligations under this Contract. However, HHSC shall retain the right to terminate the Contract in the event of a change in control.

2.1.5 Key Measures and Liquidated Damages

The amounts below represent the liquidated damage that may be assessed for each calendar day the key measure (KM) is late, inaccurate, or incomplete. In instances where an hourly measure is used, the assessment will be for each hour the KM is not met.

ID	Measure	Frequency	Amount
KM-1	Submit hospital-level PPR and PPC reports as described in 07-P6-04 on the timeline approved by HHSC.	Twice Yearly	$500/day the submission is late, inaccurate or incomplete.
KM-2	Provide annual PPE data and reports described in 07-P6-04 by the due date approved by HHSC.	Annual	$500/day the submission is late, inaccurate or incomplete.
KM-3	Submit final Quality of Care data described in 07-P6-07 within 62 calendar days of the receipt of complete and accurate data from all MCOs and Dental Contractors.	Annual	$1,000/day the submission is late, inaccurate or incomplete.
KM-4	Provide annual MCO report card consumer product and instruction sheets described in	Annual	$500/day the submission is late,

	09-QR-03 by the due date approved by HHSC.		inaccurate or incomplete.
KM-5	Submit annual EQRO summary of activities report as described in 10-TR-01 on the timeline approved by HHSC.	Annual	$500/day the submission is late, inaccurate or incomplete.
KM-6	Perform and report on the appointment availability study described in 11-NA-03 by the due date approved by HHSC.	Annual	$500/day the submission is late, inaccurate or incomplete.
KM-7	Maintain 99% uptime, not including scheduled maintenance agreed to in advance by HHSC, for the THLC portal described in 2.1.4.2.	Monthly	$50/hour uptime is not maintained at the required 99%.
KM-8	Provide monthly data updates to the THLC portal described in 13-LC-05	Monthly	$100/day the data is late, inaccurate, or incomplete
KM-9	Maintain 99% uptime, not including scheduled maintenance agreed to in advance by HHSC, for the ADTP described in 2.1.4.4.	Monthly	$50/hour system is down excess of 1% per month
KM-10	Follow the HHSC-approved plans described in 15-ADTP-03.	Daily	$1,000/day the submission is late, inaccurate or incomplete.
KM-11	Confirm HHSC fiscal year specifications, due dates for risk ratios and encounter data sets as described in 17-AA-01 no later than October 31	Annual	$100/day the confirmation is late, inaccurate or incomplete.
KM-12	Provide the risk ratio tables, weights, technical specifications, and cost estimates as described in 17-AA-02 no later than March 15 each year.	Annual	$1000/day the submission is late, inaccurate or incomplete.
KM-13	Review CDPS specifications and provide for changes as described in 17-AA-03, in the timeframe specified therein.	Annual	$500/day the submission is late, inaccurate or incomplete.
KM-14	Provide fiscal year certified encounter data sets as described in 17-AA-07 by March 1 each year.	Annual	$1000/day the submission is late, inaccurate or incomplete.
KM-15	Provide the hospital level report described in 18-TW-01 no later than March 31 each year.	Annual	$500/day the submission is late, inaccurate or incomplete.

KM-16	Provide the RHP level report described in 18-TW-02 no later than March 31 each year.	Annual	$500/day the submission is late, inaccurate or incomplete.

2.2 FINANCIAL REQUIREMENTS

Payment is strictly conditioned on HHSC approval and acceptance of the Contractor services and deliverables. All expenses (including travel and travel-related expenses) incurred by the Contractor will be the sole responsibility of, and paid by, the Contractor. Such expenses will not be reimbursed by HHSC. Invoices must be submitted to the HHSC Medicaid and CHIP department contract management with a list of specific deliverables completed and approved by HHSC, per the Pricing Proposal (*see* Section 6.1 and **Exhibit G, Price Proposal**). Payments will be made according to the per-deliverable prices submitted in **Exhibit G, Price Proposal**. There is no reimbursement of incurred costs. HHSC will work with the selected Respondent to develop milestones and corresponding progress payments for certain deliverables, as specified by HHSC; not all deliverables must be completed in full prior to any payment. HHSC Medicaid and CHIP department contract management must approve invoice formats for all services and deliverables.

For example, the appointment accessibility study described in Section 2.1.3.3 of the RFP is a complex project that takes at least two years to complete. Below is an example milestone plan for that project:

1. Fiscal Year 1 - 50% of payment
    a. Prenatal and vision proposals and development, including methodologies and survey tools
    b. Prenatal and vision fielding
    c. Prenatal and vision reports, including data and analysis
2. Fiscal Year 2 - 50% of payment
    a. Primary care and behavioral health proposals and development, including methodologies and survey tools
    b. Primary care and behavioral health fielding
    c. Primary care and behavioral health reports, including data and analysis

2.3 FRAUD, WASTE, AND ABUSE

The Contractor is subject to all state and federal laws and regulations relating to fraud, waste, and abuse in health care and the Medicaid and CHIP programs. The Contractor must cooperate and assist the HHSC Office of Inspector General (HHSC OIG) and any state or federal agency charged with the duty of identifying, investigating, sanctioning or prosecuting suspected fraud, waste, or abuse.

The Contractor and its subcontractors must allow access to all premises and provide originals or copies of all records and information requested free of charge to HHSC, the Centers for Medicare and Medicaid Services (CMS), the United States Department of Health and Human Services (DHHS), Federal Bureau of Investigation, the Office of the Texas Attorney General, the Texas Department of Insurance (TDI), or other units of state government.

1. The Contractor must designate one primary and one secondary contact person for all records requests from HHSC. HHSC will send records requests to the designated contact person(s) in writing by e-mail, fax, or mail, and will provide the specifics of the information being requested.

2. The Contractor must respond within the timeframe designated in the request. If the Contractor is unable to provide all of the requested information within the designated timeframe, the Contractor may request an extension in writing (e-mail) to the requestor no less than two business days prior to the due date.

3. The Contractor's response must include data for all data fields, as available. The data must be provided in the order and format requested. If any data field is left blank, an explanation must accompany the response. The Contractor must not add or delete any additional data fields in its response. All requested information must be accompanied by a notarized business records affidavit unless indicated otherwise in the record request.

2.4 CONTRACT AWARD, TERM AND AMOUNT

2.4.1 Contract Award and Execution

The System Agency intends to award one Contract as a result of this Solicitation. Any award is contingent upon approval of the Executive Commissioner or their designee.

If, for any reason, a final Contract cannot be executed with a Respondent selected for award, the System Agency may negotiate a contract with another Respondent or may withdraw, modify, or partially award this Solicitation.

2.4.2 Contract Term

The System Agency anticipates that the initial duration of any Contract resulting from this Solicitation shall be for a period of four (4) operational years (base term) from the operational start date of September 1, 2019. The System Agency, at its sole option, may extend any Contract awarded pursuant to this Solicitation for up to two (2) additional operational years.

Following the base term and any allowable extensions, the System Agency may extend any resulting Contract for the purpose of completing a new procurement, to transition to a new vendor, if necessary, to avoid interruption in System Agency services, or as necessary to complete the mission of the procurement.

2.5 DATA USE AGREEMENT

By entering into a Contract, or purchase order with the System Agency as a result of this Solicitation, Respondent agrees to be bound by the terms of the Data Use Agreement attached as **Exhibit H, Data Use Agreement and Attachment 2, Security and Privacy Inquiry**.

2.6 No Guarantee of Volume, Usage or Compensation

The System Agency makes no guarantee of volume, usage, or total compensation to be paid to any Respondent under any awarded Contract, if any, resulting from this Solicitation. Any awarded Contract is subject to appropriations and the continuing availability of funds.

The System Agency reserves the right to cancel, make partial award, or decline to award a Contract under this Solicitation at any time at its sole discretion.

2.7 Governmental Entities

The selected Respondent shall be bound to specific terms and conditions found in **Exhibit C, HHSC Uniform Terms and Conditions- Vendor** and **Exhibit D, HHSC Special Conditions.** However, to the extent Respondent is a governmental entity, responding to this Solicitation in its capacity as a governmental entity, certain terms and conditions may not be applicable. Furthermore, to the extent permitted by law, if a Solicitation response is received from a governmental entity, the System Agency reserves the right to enter into an interagency or interlocal agreement with the governmental entity in lieu of awarding a Contract as a result of this Solicitation

ARTICLE III - ADMINISTRATIVE INFORMATION

3.1 Schedule of Events

EVENT	DATE/TIME
Solicitation Release Date	December 21, 2018
Deadline for Submitting Questions	January 11, 2019 AT 5:00 PM Central Time
Anticipated Date Answers to Questions will be Posted	January 25, 2019
Deadline for submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.]	**February 4, 2019 AT 2:00 PM** Central Time
Evaluation Period	February - April 2019
Anticipated Contract Effective Date	June 7, 2019
Anticipated Operational Start Date	September 1, 2019

Note: These dates are a tentative schedule of events. The System Agency reserves the right to modify these dates at any time upon notice posted to the Electronic State Business Daily (ESBD). Any dates listed after the Solicitation Response deadline will occur at the discretion of the System Agency and may occur earlier or later than scheduled without notification on the ESBD.

3.2 Changes, Amendment or Modification to Solicitation

The System Agency reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation at any time prior to award if it is in the best interest of the System Agency. Any such revisions will be posted on the ESBD. It is the responsibility of Respondent to periodically check the ESBD to ensure full compliance with the requirements of this Solicitation.

3.3 Irregularities

Any irregularities or lack of clarity in this Solicitation should be brought to the attention of the point of contact (POC) listed in Section 3.5.1 as soon as possible so corrective Addenda may be furnished to prospective Respondents.

3.4 Informalities

The System Agency reserves the right to waive minor informalities in a Solicitation Response if it is in the best interest of the System Agency. A "minor informality" is an omission or error that, in the System Agency's determination if waived or modified when evaluating Solicitation Responses, would not give a Respondent an unfair advantage over other Respondents or result in a material change in the Solicitation Response or Solicitation requirements.

3.5 Inquiries

3.5.1 Point of Contact

All requests, questions or other communication about this Solicitation shall be made in writing to the System Agency's Purchasing Department, addressed to the person listed below. All communications between Respondents and other System Agency staff members concerning the Solicitation are strictly prohibited. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

Name:	Carolyn DeBoer
Title:	Procurement Project Manager
Address:	1100 W. 49th St, 78756 Mail Code 2020
Phone:	512-406-2447
Email:	Carolyn.DeBoer@hhsc.state.tx.us

3.5.2 Prohibited Communication

Upon HHSC issuance of this Solicitation, except for the written inquiries described in Sections 3.5.4 and 3.5.5 below, the System Agency, its representative(s), or partners will not answer any questions or otherwise discuss the contents of this Solicitation with any potential Respondent or their representative(s). Attempts to ask questions by phone or in person will not be allowed or recognized as valid. Respondent shall rely only on written statements issued by or through the System Agency's designated staff as provided by Section 3.5.1. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

3.5.3 Exception

The only exception to the single POC is the HUB coordinator. Should respondents have questions regarding proper completion of the HUB Subcontracting Plan, the HUB coordinator may be contacted at cheryl.bradley@hhsc.state.tx.us..

3.5.4 Questions

The System Agency will allow written questions and requests for clarification of this Solicitation. Questions must be submitted in writing and sent by U.S. First class mail or email to the POC listed in Section 3.5.1 above. Respondents' names will be removed from questions in any responses released. Questions shall be submitted using the template in **Exhibit I, Respondent Questions.** Submissions that fail to use **Exhibit I, Respondent Questions** or fail to include the following may not be accepted:

1. Identifying Solicitation number
2. Section Number
3. Paragraph Number
4. Page Number
5. Text of passage being questioned
6. Question

Questions or other written requests for clarification must be received by the POC by the deadline set forth in Section 3.5.1 above. Provide company name, address, phone number; fax number, email address, and name of contact person when submitting questions.

3.5.5 Clarification

Respondents must notify the POC of any ambiguity, conflict, discrepancy, exclusionary specifications, omission or other error in the Solicitation in the manner and by the deadline for submitting questions. If a Respondent fails to properly and timely notify the POC of such issues, the Respondent submits its Solicitation at its own risk, and if awarded a Contract: (1) shall have waived any claim of error or ambiguity in the Solicitation and any resulting Contract; (2) shall not contest the interpretation by any System Agency of such provision(s); and (3) shall not be entitled to additional compensation, relief, or time by reason of ambiguity, error, or later correction.

3.5.6 Responses

Responses to questions or other written requests for clarification will be posted on the ESBD. The System Agency reserves the right to amend answers prior to the deadline for submission of Solicitation Responses. Amended answers will be posted on the ESBD. It is Respondent's responsibility to check the ESBD. The System Agency also reserves the right to provide a single consolidated response of all similar questions in any manner at the System Agencies sole discretion.

3.6 SOLICITATION RESPONSE COMPOSITION

3.6.1 Generally

Respondent shall submit an original Proposal and Respondent Information and an original Pricing Proposal marked "Original" on paper and one (1) digital copy of the Proposal and Respondent Information document in searchable portable document format (PDF) on USB flash drives, compatible with Microsoft Office 2013. Respondent must also submit one (1) electronic copy of the Pricing Proposal in Excel format with active formulas on a USB flash drive. The Original hard copy must include all required documents. Failure to submit all required documents in required format(s) may result in disqualification of the Solicitation Response without further consideration. A Respondent shall prepare a Solicitation Response that clearly and concisely represents its qualifications and capabilities under this Solicitation. Expensive bindings, colored displays, promotional materials, etc. are not necessary or desired. Respondent should focus on the instructions and requirements of the Solicitation.

The System Agency, in its sole discretion, may reject any and all proposals or portions thereof.

3.6.2 Submission in Separate Parts

Solicitation Responses must be submitted in separate parts:

a. Proposal and Respondent Information
b. Pricing Proposal; and
c. HSP.

Paper documents (i.e. the original and all hard copies) must be separated by binding or separate packaging.

The entire Solicitation Response --all separated paper documents and electronic copies-- must then be submitted in one package to HHSC at the address listed in Section 3.7.

3.6.3 Page Limit and Supporting Documentation

The page length of each section of the Narrative Proposal should not exceed the page limit stated within each subsection of Section 5.1, not including appendices or attachments (for example, when the requirement within 5.1 asks Respondent to attach an example of a document it has created in the past), and should be formatted as follows: 8 1/2" x 11" paper, 12 pitch font size, and single-sided. If complete responses cannot be provided without referencing supporting documentation, such documentation must be provided with the Solicitation Response, with specific reference made to the tab, page, section, and/or paragraph where the supporting information can be found. In addition, submit one (1) electronic copy of the proposal on a portable media, (such as a CD or USB drive), compatible with Microsoft Office 2013. The electronic copy must be organized with a file format that corresponds with the checklist provided in this RFP.

3.6.4 Discrepancies

Discrepancies or disparities between the contents of original Solicitation Responses and copies will be interpreted in favor of the System Agency. If Respondent fails to designate an "ORIGINAL," the System Agency may reject the Solicitation Response or select a copy to be used as the original.

3.6.5 Exceptions

HHSC will more favorably evaluate responses that offer no or few exceptions, reservations, or limitations to the terms and conditions of the Solicitation.

Respondents are highly encouraged, in lieu of including exceptions in their Solicitation Responses, to address all issues that might be advanced by way of exception by submitting such issues pursuant to Section 3.5.4. Any exception included in a Solicitation Response may result in a Respondent not being awarded a Contract. If a Respondent includes exceptions in its Solicitation Response, Respondent is required to use the Exceptions Form included as **Exhibit J, Exceptions and Assumptions** to this Solicitation and provide all information requested on the form (Solicitation Section Number, Solicitation Section Title, Language to which Exception is Taken, Proposed Language, and Statement as to whether or not, by indicating only "yes" or "no," Respondent still wants to be considered for a Contract award if the exception is denied). Any exception that does not provide all required information without qualification in the format set forth in **Exhibit J, Exceptions and Assumptions** may be rejected without consideration.

No exception, nor any other term, condition, or provision in a Solicitation response that differs, varies from or contradicts this Solicitation will be considered to be part of any Contract resulting from this Solicitation unless expressly made a part of the Contract in writing by the System Agency.

A Solicitation Response should be responsive to the Solicitation as worded, not with any assumption that any or all terms, conditions, or provisions of the Solicitation will be negotiated. Furthermore, all Solicitation Responses constitute binding offers. **Any Solicitation Response to this Solicitation that includes any type of disclaimer or other statement indicating that the response does not constitute a binding offer may be disqualified.**

3.6.6 Assumptions

Respondent must identify on **Exhibit J, Exceptions and Assumptions** any business, economic, legal, programmatic, or practical assumptions that underlie the Respondent's response to the Solicitation. The System Agency reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into any Contract resulting from this RFP are deemed rejected by the System Agency.

3.7 Solicitation Response Submission and Delivery

3.7.1 Deadline

Solicitation Responses must be received at the address in Section 3.7.3 time-stamped by the System Agency no later than the date and time specified in Section 3.1

3.7.2 Labeling

Solicitation Responses shall be placed in a sealed box and clearly labeled as follows:

SOLICITATION NO:	HHS0002644
SOLICITATION NAME:	External Quality Review Organization
SOLICITATION RESPONSE DEADLINE:	February 4, 2019 at 2:00 PM
FOR:	External Quality Review Services
RESPONDENT'S NAME:	_____
PURCHASER'S NAME:	Carolyn DeBoer

The System Agency will not be held responsible for any Solicitation Response that is mishandled prior to receipt by the System Agency. It is Respondent's responsibility to mark appropriately and deliver the Solicitation Response to the System Agency by the specified date and time.

3.7.3 Delivery

Respondent must deliver Solicitation Responses by one of the methods below. Solicitation Responses submitted by any other method (e.g. facsimile, telephone, email) will **NOT** be considered.

U.S. Postal Service/Overnight/Express Mail/Hand Delivery
Health and Human Services Commission Procurement and Contracting Services Building ATTN: Response Coordinator 1100 W 49th. MC 2020 Austin, Texas 78756

All Solicitation Responses become the property of HHSC after submission and will not be returned to Respondent.

3.7.4 Alterations, Modifications, and Withdrawals

Prior to the Solicitation Response submission deadline, a Respondent may: (1) withdraw its Solicitation Response by submitting a written request to the POC identified in Section 3.5.1; or (2) modify its Solicitation Response by submitting a written amendment to the POC identified in Section 3.5.1. The System Agency may request Solicitation Response Modifications at any time.

ARTICLE IV - SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS

4.1 EVALUATION CRITERIA

4.1.1 Conformance with State Law

Solicitation Responses shall be evaluated in accordance with Title 10, Subtitle D of the Texas Government Code § 2155.144. The System Agency shall not be obligated to accept the lowest priced Solicitation Response, but shall make an award to the Respondent that provides the best value to the State of Texas.

4.1.2 Minimum Qualifications

Respondents must meet the minimum qualifications listed below. Furthermore, Solicitation Responses that appear unrealistic in terms of technical commitment, that show a lack of technical competence, or that indicate a failure to comprehend the risk and complexity of a potential Contract may be rejected, in the sole discretion of the System Agency.

1. Respondents have recently been in business for a minimum of five years, or the principals or owners must have had recent ownership or executive management experience in a previous company or entity that provided EQRO services for a minimum of five years;
2. Respondents shall have demonstrated experience in External Quality Review;
3. Contractor must meet the requirements of 42 C.F.R. § 438.354(b) and (c). Contractor must have competent staff and, as applicable, competent Subcontractor staff to perform research, evaluation, and analysis as requested by HHSC;
4. If Respondent has a parent company, Respondent must fulfill the requirements of Section 5.2.8;
5. Respondents must be found financially solvent and adequately capitalized in System Agency's sole discretion; and
6. Respondent must be authorized to do business in the State of Texas.

4.1.3 Specific Criteria

Solicitation Responses shall be consistently evaluated and scored in accordance with the following criteria and by using **Exhibit M, Example Evaluation Scoring Tool**. HHSC reserves the right to add, delete, or modify items in **Exhibit M, Example Evaluation Scoring Tool** and the subcriteria categories listed below; however, the overall criteria category and percentages listed below in Subsections (1) (35%), (2) (30%), (3) (20%), and (4) (15%) will not change.

1. Indicators of Probable Vendor Performance (35%)
    a. Respondent's past performance in Texas or comparable experience in other states
    b. Quality of examples of work provided as attachments to the proposal
    c. Capacity for Respondent's organizational structure to support operations

2. Qualifications and Experience (30%)
    a. The degree to which the Respondent's qualifications and the qualifications and experience of their staff align with the needs of HHSC as expressed in the RFP
    b. The extent to which the Proposal exhibits the Respondent's expertise in conducting external quality review of Medicaid or CHIP managed care or similar programs
3. Infrastructure (20%)
    a. Respondent's existing or proposed systems for receiving, storing, transmitting, and processing data
    b. The Respondent's ability to fully implement services by the Operational Start Date
    c. The Respondent's ability to maintain system operations throughout the term of the Contract;
4. Cost (15%) - The respondent with the lowest Pricing Proposal will receive 100% of the available points attributed to Pricing. All other respondents will be scored lower.

4.1.4 Other Information

HHSC may contact references provided in response to this Solicitation, contact Respondent's clients, or solicit information from any available source. HHSC will, as required by Texas Government Code Section 2262.055(d) review Respondent's records in the Comptroller's Vendor Performance Tracking System.

4.2 Initial Compliance Screening

The System Agency will perform an initial screening of all Solicitation Responses received. Unsigned Solicitation Responses, and Solicitation Responses that do not meet Section 4.1.2 above or do not include all required forms and information may be subject to rejection without further evaluation.

4.3 Competitive Range and Best and Final Offer

The System Agency may determine that certain Solicitation Responses are within the competitive range, and may use this range to award multiple Contracts or as a basis to request a best and final offer (BAFO) from Respondents. If the System Agency elects to limit award consideration to a competitive range, the competitive range will consist of the Solicitation Responses that receive the highest or most satisfactory ratings, based on the published evaluation criteria and procedures governing this procurement. The System Agency, in the interest of administrative efficiency, may place reasonable limits on the number of Solicitation Responses that will be included in the competitive range.

The System Agency may, at its discretion request that any or all Respondents provide a BAFO. A request for a BAFO from a System Agency does not guarantee an award or further negotiations.

4.4 Oral Presentations and Site Visits

Oral presentations may be conducted to assist HHSC in evaluating a Respondent's capacity and suitability to perform under the Program. Oral presentations may be scheduled for all Respondents or limited to Respondents in the competitive range. The oral presentation evaluation team will consist of Medicaid & Chip Services staff, not necessarily the same evaluators that evaluated the written proposals. The Respondent presentation team will be limited to individuals identified as Key Personnel or who are responsible for direct oversight of the program in Texas, if awarded a contract; no consultants or staff who are not Key Personnel from other offices, including headquarters, will be allowed to participate in the Oral presentation.

If HHSC determines that oral presentations are required, selected Respondents will be notified in writing of the date, place, time, and format of the presentation. Respondents will be responsible for all costs related to the presentation. Failure to participate in such oral presentation shall result in a Respondent's disqualifications from further consideration.

Responses to the oral presentation will supplement the written information and become an official part of the proposal and to be considered during final selection by the evaluation teams in conjunction with the HHS Executive Commissioner. HHSC may require site visits to any or all Respondents. HHSC will notify selected Respondents of the time and location of site visits. Failure to permit or participate in the requested site visit may eliminate a Respondent from further consideration. HHSC is not responsible for any costs incurred by the Respondent in preparation for any site visit.

4.5 Questions or Requests for Clarification By the System Agency

The System Agency reserves the right to ask questions or request clarification from any Respondent at any time during the Solicitation process, including during oral presentations, site visits, or during the BAFO process.

ARTICLE V - NARRATIVE PROPOSAL

5.1 Narrative Proposal

Attachments and exhibits requested by HHSC in the subsections of 5.1 will not be counted against respondents for the purposes of the page limits prescribed in this section.

5.1.1 Section 1 - Executive Summary

(Limit two pages)

Provide a high-level overview of the Respondent's approach to meeting the requirements contained in Article II - Scope of Work. The summary must demonstrate an understanding of HHSC's goals and objectives for this Solicitation, as laid out in Section 1.1 of the RFP.

5.1.2 Section 2 - Project Work Plan

(Limit 20 pages)

Respondent should identify principal tasks to be performed, including project activities and associated reports to be generated during the Contract period and relate them to the stated purposes and specifications described in this Solicitation. Include proposed timelines of major milestones for all tasks to be performed.

5.1.3 Section 3 - Qualifications

(Limit six pages, exclusive of key staff resumes and curricula vitae)

Describe how the respondent will meet the requirements of Section 2.1.1, including previous experience evaluating Medicaid or CHIP programs and staff skills and experience in the specific areas cited in Section 2.1.1. Provide two samples of research studies or program evaluations written by the respondent relating to Medicaid or CHIP. In describing Respondent's previous experience evaluating Medicaid or CHIP programs, include the names and contact information for the customers to whom Respondent has provided these services so HHSC may verify Respondent's past experience.

Respondent must provide a key staffing profile and resumes or curricula vitae for key staff, as defined by Respondent, who will be responsible for the performance of the services requested under this Solicitation.

5.1.4 Section 4 - MCO and Dental Contractor Compliance Review

(Limit two pages)

Describe how the Respondent will meet the requirements of Section 2.1.2.1. Respondent must include a sample of each report and tool cited in Section 2.1.2.1 or comparable tools and reports. If a sample of any specific report has already been provided, in response to another section of this RFP, the Respondent should note the section and specify the document without duplicating submission.

5.1.5 Section 5 - Validation of Performance Measures

(Limit one page)

Describe how the Respondent will meet the requirements of Section 2.1.2.2 and describe any experience Respondent has with validating HEDIS performance measures.

5.1.6 Section 6 - PIPs Validation

(Limit one page)

Describe how the Respondent will meet the requirements of Section 2.1.2.3 and describe any experience Respondent has with validating PIPs. Attach an example of a PIP evaluation tool or similar evaluation tool.

5.1.7 Section 7 - Encounter Data Validation

(Limit two pages)

Describe how the Respondent will meet the requirements of Section 2.1.2.4, including previous or current experience obtaining and reviewing dental or medical records and records regarding reimbursement to providers. If Respondent has experience providing any deliverables similar to those described in Section 2.1.2.4, attach an example of those deliverables. If a copy of any specific

deliverable has already been provided, in response to another section of this RFP, the Respondent should note the section and specify the document without duplicating submission.

5.1.8 Section 8 - Administration and Validation of Surveys

(Limit two pages)

Describe how the Respondent will meet the requirements of Section 2.1.2.5. Respondent should describe its experience with sampling and survey methods. Provide an example of a survey similar to one described in Section 2.1.2.5 and its results. If a copy of these deliverables has already been provided, in response to another section of this RFP, the Respondent should note the section and specify the document without duplicating submission.

HHSC is interested in gaining insight and more frequent reporting on provider experience working with contracted MCOs and DMOs. Propose potential methods to obtain data on provider satisfaction working with contracted MCOs and DMOs. Please include frequency of data collection, methodology used, and how different provider types would be incorporated.

5.1.9 Section 9 - Calculation of Performance Measures

(Limit three pages)

Describe how the Respondent will meet the requirements of Section 2.1.2.6. Include a description of Respondent's experience with and approach to recommending performance measures. Include a description of Respondent's experience with calculating standardized healthcare measures like HEDIS and PPEs. Include a description of Respondent's experience in producing and analyzing healthcare quality measures and identifying areas for improvement and strategies for improvement. Respondent should describe its experience creating reports similar to those required in Section 2.1.2.6 and include an example of such a report it has created in the past. If a copy of this report has already been provided, in response to another section of this RFP, the Respondent should note the section and specify the document without duplicating submission.

5.1.10 Section 10 - Focused Studies

(Limit one page)

Describe how the Respondent will meet the requirements of Section 2.1.2.7. Include a description of Respondent's experience conducting in-depth studies on a specific aspect of health care quality for Medicaid, CHIP, or similar populations. Respondent should include an example of such a study it has created in the past as an attachment. If a copy of these studies has already been provided, in response to another section of this RFP, the Respondent should note the section and specify the document without duplicating submission.

5.1.11 Section 11 - Required Technical Reports

(Limit one page)

Describe how the Respondent will meet the requirements of Section 2.1.3.2. Respondent should include an example of a report described in Section 2.1.3.2 or of reports of a similar scope and subject.

5.1.12 Section 12 - Validation of MCO Network Adequacy

(Limit one page)

Describe how the Respondent will meet the requirements of Section 2.1.3.3. Respondent should describe its approach and methodology for accomplishing these requirements.

5.1.13 Section 13 - MCO Quality Rating

(Limit two pages)

Describe how Respondent will meet the requirements of Section 2.1.3.1 and any experience Respondent has developing a methodology for rating MCO quality. If Respondent has experience creating a deliverable similar to the MCO report card described in Section 2.1.3.1, Respondent should include an example as an attachment.

5.1.14 Section 14 - Quality Forum

(Limit one page)

Describe how Respondent will meet the requirements of Section 2.1.4.1 and Respondent's experience hosting similar events related to quality improvement.

5.1.15 Section 15 - THLC Portal

(Limit one page)

Describe how Respondent will meet the requirements of Section 2.1.4.2 including Respondent's abilities, either with its own staff or through subcontracting, to provide future enhancements to the portal as needed by HHSC. Describe Respondent's experience creating Accessible, secure web portals similar the one described in Section 2.1.4.2 and include links to web portals Respondent has created that are similar to the THLC portal.

5.1.16 Section 16 - Additional Technical Assistance

(Limit one page)

Describe how Respondent will meet the requirements of Section 2.1.4.3. Describe Respondent's experience providing Technical Assistance to a variety of stakeholders such as, without limitation, MCOs, Dental Contractors, provider associations, state agencies.

5.1.17 Section 17- ADTP

(Limit two pages)

Describe how Respondent will meet the requirements of Section 2.1.4.4.

5.1.18 Section 18 - Business Plan

(Limit one page)

Describe how Respondent will meet the requirements of Section 2.1.4.5. Include a description of Respondent's approach to tracking milestones and examples of Respondent's past experience managing a project of a similar size and scope.

5.1.19 Section 19 - Actuarial Analysis Related Activities

(Limit four pages)

Describe how Respondent will meet the requirements of Section 2.1.4.6. Describe Respondent's experience with and provide examples of up to two reports, studies, or articles created by the Respondent related specifically to the use of acuity measurement as it is used in managed care capitation rate setting and certification of encounter data.

5.1.20 Section 20 - DSRIP

(Limit two pages)

Describe how Respondent will meet the requirements of Section 2.1.4.7. If Respondent has experience generating reports similar to those required in this section, describe Respondent's experience and attach up to three examples of deliverables Respondent has created in the past similar to those described in Section 2.1.4.7. If a copy of these reports has already been provided, in response to another section of this RFP, the respondent should note the section and specify the document without duplicating submission.

5.1.21 Section 21 - Quality Oversight

(Limit one page)

Describe how Respondent will meet the requirements of Section 2.1.4.8, including previous or current experience with value-based payment models, PPEs, data extractions and targeted analyses based on a certain area of interest, and analyses related to improving birth outcomes. If Respondent has experience with the requirements described in Section 2.1.4.8, attach up to five examples of any reports, tools, evaluations, or targeted analyses related to these requirements. If Respondent has already attached these examples in response to another section, Respondent should refer to those attachments in lieu of re-submitting the examples. Include descriptions of Respondent's experience conducting webinars. Include Respondent's experience in evaluating value-based payment models.

5.1.22 Section 22 - Other Requirements

(Limit one page)

Describe how Respondent will meet the requirements of Section 2.1.4.9.

5.1.23 Section 23 - Value-Added Benefits

(No page limit)

Describe any service or deliverables that are not required by this Solicitation that the Respondent proposes to provide at no additional cost to HHSC. Respondents are not required to propose value-added benefits, but inclusion of such benefits may result in a more favorable evaluation.

5.2 Required Respondent Information

5.2.1 Company Information

Respondent must demonstrate its capability to manage and coordinate the types of activities described in this Solicitation and to produce the specified goods or services on time. As a part of the Solicitation response requested in Article III, Respondent must provide the following information:

5.2.1.1 Company Narrative

(Limit one page)

Provide a detailed narrative explaining why Respondent is qualified to provide the services enumerated in Article II - Scope of Work, focusing on its company's key strengths and competitive advantages.

5.2.1.2 Company Profile

(No page limit)

Provide a company profile to include:

1. The company 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 Respondent is an affiliate of, or has a joint venture or strategic alliance with, another company, Respondent must identify the percentage of ownership and the percentage of the parent's ownership. The entity performing the majority of the work under a Contract, throughout the duration of the Contract, must be the primary bidder. Finally, please provide your proposed operating structure for the services requested under this Solicitation and which entities (i.e. parent company, affiliate, joint venture, subcontractor) will be performing them;
2. 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;
3. The location of company headquarters and any field office(s) that may provide services for any resulting Contract under this Solicitation;
4. The number of employees in the company, both locally and nationally, and the location(s) from which employees will be assigned;
5. The name, address, and telephone number of Respondent's point of contact for any resulting Contract under this Solicitation; and

6. Indicate whether the company has ever been engaged under a contract by any Texas state agency. If "Yes," specify when, for what duties, and for which agency.

If Respondent 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.

5.2.2 REFERENCES

Respondent shall provide a minimum of three (3) references from similar contracts or projects performed, preferably for state and/or local government, within the last five (5) years. Respondent must verify current contacts. Information provided shall include:

1. Client name;
2. Contract or Project Description;
3. Total Dollar amount of contract or project;
4. Key staff assigned to the referenced contract or project that will be designated for work under this Solicitation; and
5. Client contract or project manager name, telephone number, fax number and email address.

5.2.3 MAJOR SUBCONTRACTOR INFORMATION

In the context of this Contract, Major Subcontractor means any Subcontractor with whom the Respondent intends to contract to perform fifteen percent (15%) or more of the services required under this Contract. Respondent must also indicate whether or not Respondent holds any financial interest in any Major Subcontractor. HHSC may require as a condition of award that an authorized officer or agent of each proposed Major Subcontractor sign a statement to the effect that the Subcontractor has read, and will agree to abide by, Respondent's obligations under any contract awarded pursuant to this Solicitation.

5.2.4 LITIGATION AND CONTRACT HISTORY

Respondent's Solicitation Response must include complete disclosure of every allegation made and every claim asserted relating to any failure of Respondent to meet contractual requirements in providing services such as those required under this RFP. In addition, Respondent must disclose any civil or criminal litigation, or investigation pending over the last five years that involves Respondent or in which Respondent has been adjudicated guilty or liable. Failure to comply with the terms of this provision may disqualify Respondent. The RFP Proposal may be rejected based upon Respondent's prior history with the State of Texas or with any other party that demonstrates, without limitation, unsatisfactory performance, adversarial or contentious demeanor, or significant failure(s) to meet contractual obligations.

5.2.5 CONFLICTS

Respondent must certify that it does not have any personal or business interests that present a conflict of interest with respect to the RFP and any resulting Contract. Additionally, if applicable, the respondent must disclose all potential conflicts of interest. The Respondent

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. The System Agency 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 a Solicitation Response 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, that present a conflict or potential conflict of interest.

Additionally, pursuant to Section 2252.908 of the Texas Government Code, a successful respondent awarded a Contract greater than $1 million dollars must submit a disclosure of interested parties to the System 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.

5.2.6 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete and return all of the following listed forms:

a. **Exhibit A, Affirmations and Solicitation Acceptance**
b. **Exhibit B, Assurances – Non-Construction Programs**
c. **Exhibit H, Data Use Agreement and Attachment 2, Security and Privacy Inquiry**
d. **Exhibit K, Certification Regarding Lobbing**

5.2.7 OTHER REPORTS

5.2.7.1 Dun and Bradstreet Report

Respondents with a Dun and Bradstreet number must include a Comprehensive Insight Plus Report, Business Information Report or Credit eValuator Report with their Solicitation Response.

5.2.7.2 Financial Capacity and Annual Report Information

Respondent shall submit financial information, which must include the following:

1. Financial statements or tax returns, as applicable below:
    a. If either the Respondent or its ultimate owner has audited financial statements, then whichever entity has the audited statements (or both, if applicable) must submit the last two (2) years of audited financial statements, including the auditor's opinion letter, plus the most recent quarter of unaudited statements; OR
    b. If neither the Respondent nor its ultimate owner has audited financial statements, then the Respondent (and its ultimate owner) must each submit the last two (2) years of unaudited financial statements, plus the most recent quarter of unaudited statements; OR

c. If neither the Respondent nor its ultimate owner has any financial statements, unaudited or otherwise, then the Respondent (and its ultimate owner) must each submit the last two years of tax returns.
d. At a minimum, the financial statements / tax returns required above must cover, separately, each of the Respondent and its ultimate owner.

2. A full disclosure of any events, liabilities, or contingent liabilities that could affect Respondent's financial ability to perform this Contract.

5.2.8 CORPORATE GUARANTEE

If the respondent is substantially owned or controlled, in whole or in part, by one or more other legal entities, the respondent must submit the information required under the "Financial Capacity" section above for the ultimate owner, as described above. The Respondent must also include a statement that the ultimate owner will unconditionally guarantee performance by the Respondent of each and every obligation, warranty, covenant, term and condition of the Contract. If HHSC determines that the ultimate owner does not have sufficient financial resources to guarantee the Respondent's performance, HHSC may require the Respondent to obtain another acceptable external financial instrument or resource, or to obtain an acceptable guarantee from an external (unrelated) entity with sufficient financial resources to guarantee performance.

5.2.9 HUB SUBCONTRACTING PLAN

HHSC has determined that subcontracting opportunities are probable for this RFP. As a result, the respondent must submit a HUB Subcontracting Plan (HSP) with its proposal. The HSP is required whether a respondent intends to subcontract or not.

In accordance with Texas Government Code Chapter 2161, Subchapter F, §2161.252(b) a proposal that does not contain an HSP is non-responsive; and in accordance with Texas Administrative Code, Title 34, §20.285(b)(3), Responses that do not include a completed HSP shall be rejected without further evaluation. In addition, **if HHSC determines that the HSP was not developed in good faith, it will reject the proposal for failing to comply with material RFP specifications.**

Respondents must submit one (1) copy of the HSP, in accordance with this RFP, in a separate sealed envelope, with the RFP submission, labeled: **HUB Subcontracting Plan (HSP)**, and include all supporting documentation in accordance with **Exhibit L**. In addition, submit one (1) electronic copy of the HSP on a portable media, such as a flash drive, compatible with Microsoft Office 2000.

ARTICLE VI - PRICING PROPOSAL

6.1 PRICING PROPOSAL

As noted above, cost information (the pricing proposal) must not be included with the Respondent's Information and Business proposal. *See* Section 3.6.2, Submission in Separate Parts. Respondent must submit a pricing proposal for the services listed in Article II, Scope of Work. The pricing proposal provided is for the goods and/or services as specified in this Solicitation and shall include all labor, materials, tools, supplies, equipment, and personnel, including but not limited to, travel expenses, associated costs and incidental costs necessary to provide the products and services according to the minimum specifications, requirements, provisions, terms, and conditions set forth in this RFP.

The pricing proposal in **Exhibit G, Price Proposal** covers what HHSC believes to be all tasks in the SOW. However, if Respondent believes that there are additional activities described in the SOW, and wishes to charge a price for an activity covered in the SOW and not explicitly itemized in **Exhibit G**, **Price Proposal** then Respondent must include a written description of the work and its price. This would be inserted in the last tab of **Exhibit G**, **Price Proposal** labeled as "Other SoW."

In **Exhibit G**, **Price Proposal** there are deliverables related to the maintenance of the ADTP and THLC Portal. Because HHSC does not currently know if Respondent will be required to use Data Center Services (DCS), there are certain line items that appear to be duplicative but these line items differ based on whether Respondent's use their choice of data center or if HHSC requires Respondent to use the DCS facility. Respondent should indicate the price for each deliverable given these two different scenarios.

The primary method of payment under this RFP will be by pre-determined fixed prices paid by deliverable. There is no cost reimbursement. The selected Contractor will not submit invoices for costs incurred, but rather, for deliverables completed, delivered, and approved. All prices shown in **Exhibit G**, **Price Proposal** must include any and all costs which may be incurred by the Contractor.

The schedules in **Exhibit G**, **Price Proposal** indicate scheduled quantities of each deliverable. Extended prices then show how much would be paid *if* that indicated quantity of deliverables were completed, delivered, and approved. Actual payment due will depend on how many of the deliverables were actually completed, delivered, and approved. (Note that failure to deliver a required deliverable may result in liquidated damages or other remedies.) The price quoted in **Exhibit G**, **Price Proposal** by the Respondent per each specific deliverable is fixed and firm; however, the quantities shown, which extend the prices to projected aggregate amounts, are not fixed, but rather are estimates that are believed to be reliable.

HHSC generally measures many aspects of contract performance and payment on a State Fiscal Year (SFY) basis. The pricing below is done on an SFY basis. If either the Operational Start Date or the Contract end date ultimately do not correspond to either the beginning or the end of an SFY, then the first and last of the SFY periods shown below

may be for less than twelve months of performance. Payment for deliverables delivered and approved near the end of an SFY may be paid during the subsequent SFY. Certain deliverables may have multiple internal milestones established, which may allow partial payment upon completion of a milestone. HHSC will work with the selected Respondent to develop timelines and related milestones, with corresponding partial payments as may be deemed appropriate by HHSC.

Respondents must complete and attach **Exhibit G, Price Proposal**. This exhibit conveys the grand total for the proposal, as well as the specific pricing for individual deliverables. The grand total is shown in the first tab ("Summary"), and is based on: (1) firm fixed prices covering each of the identified deliverables; (2) estimated quantities of each deliverable (which quantities could be subject to change); (3) all presently identified scope; and (4) a bid allowance for implementation expenses. If the quantities change, and/or scope is added, the actual grand total paid will likely differ. Scope changes, if any, will be negotiated in advance, in writing, by the Parties, and will include specified fixed prices for additional or modified deliverables.

The details showing the actual firm fixed deliverable prices, and the projected extension by quantity of deliverables, is shown on subsequent tabs (one per year), which feed into the Summary tab. Respondents must complete each tab*:* "Implementation," "Submitted in SFY20" (where there is the pricing proposal for SFY 2020), as well as a separate tab for each additional SFY during the base Contract Term, plus a tab for each of the two option years.

ARTICLE VII - GENERAL TERMS AND CONDITIONS

7.1 General Conditions

7.1.1 Amendment

The System Agency reserves the right to alter, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of the State.

7.1.2 Offer Period

Solicitation Responses shall be binding for a period of 240 calendar days after the due date for submission of Solicitation Responses. Each Respondent may extend the time for which its Solicitation Response will be honored. Upon Contract execution, prices agreed upon by the Respondent(s) are an irrevocable offer for the term of the Contract and any Contract renewals or extension(s). No other costs, rates, or fees shall be payable to the Respondent unless expressly agreed upon in writing by the System Agency.

7.1.3 Costs Incurred

Respondents understand that issuance of this Solicitation in no way constitutes a commitment by any System Agency to award a Contract or to pay any costs incurred by a Respondent in the preparation of a response to this Solicitation. The System Agency is not

liable for any costs incurred by a Respondent prior to issuance of or entering into a formal agreement, Contract, or purchase order. Costs of developing Solicitation Responses, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by a Respondent are entirely the responsibility of the Respondent, and will not be reimbursed in any manner by the State of Texas.

7.1.4 Contract Responsibility

The System Agency will look solely to Respondent for the performance of all contractual obligations that may result from an award based on this Solicitation. Respondent shall not be relieved of its obligations for any nonperformance by its subcontractors.

7.1.5 Public Information Act

Solicitation Responses are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Subject to the PIA, certain information may be protected from public release. Respondents who wish to protect portions of the Solicitation Response from public disclosure should familiarize themselves with this law. Information pertaining to the Solicitation will be withheld or released only in accordance with the PIA.

7.1.6 Additional Terms and Conditions

Any terms and conditions attached to a Response will not be considered unless specifically referred to in the Response.

7.2 INSURANCE

7.2.1 Required Coverage

For the duration of any Contract resulting from this Solicitation, Respondent shall acquire insurance, bonds, or both, if applicable with financially sound and reputable independent insurers, in the type and amount customarily carried within the industry. Failure to maintain insurance coverage or acceptable alternative methods of insurance shall be deemed a breach of Contract. The insurance Contractor obtains must be obtained from an insurance company licensed in Texas with at least an A rating from A.M. Best Co.

7.2.2 Alternative Insurability

Notwithstanding the preceding, the System Agency reserves the right to consider reasonable alternative methods of insuring the Contract in lieu of the insurance policies customarily required. It will be the Respondent's responsibility to recommend to the System Agency alternative methods of insuring the Contract. Any alternatives proposed by Respondent should be accompanied by a detailed explanation regarding Respondent's inability to obtain the required insurance and/or bonds. The System Agency shall be the sole and final judge as to the adequacy of any substitute form of insurance coverage.

7.3 BONDS

HHSC reserves the right to require performance bonds if HHSC deems them to be necessary.

7.4 PROTEST

If a Respondent wishes to file a protest they may do so in accordance with the rules published by HHSC in the Texas Administrative Code, Title 1, Part 15, Chapter 391, Subchapter D.

ARTICLE VIII - SUBMISSION CHECKLIST, LIST OF EXHIBITS, AND PROCUREMENT LIBRARY

8.1 SUBMISSION CHECKLIST

This checklist is provided for Respondent's convenience only and identifies documents that are requested in this Solicitation.

Original Solicitation Response Package

The Solicitation Package must include the "Original" Solicitation Response in hard-copy consisting of three parts described in detail below, each under separate cover but packaged together and clearly labeled "Original" on each.

1. **Proposal and Respondent Information**
   - a. Narrative Proposal (Section 5.1) ____
   - b. Company Information (Section 5.2.1) ____
   - c. References (Section 5.2.2) ____
   - d. Major Subcontractor Information (Section 5.2.3) ____
   - e. Litigation and Contract History (Section 5.2.4) ____
   - f. Conflicts (Section 5.2.5) ____
   - g. Affirmations and Certifications (Section 5.2.6) ____
   - h. Exceptions and Assumptions (Sections 3.6.5 and 3.6.6) ____
   - i. Dun and Bradstreet Report (Section 5.2.7.1) ____
   - j. Annual Report (Section 5.2.7.2) ____
   - k. Corporate Guarantee (Section 5.2.8) ____
2. **Pricing Proposal** (Article VI) ____
3. **HUB Subcontracting Plan** (Section 5.2.9 and Exhibit L) ____

Copies to be provided (all clearly labeled as "copy")

An electronic copy of **Proposal and Respondent Information** in searchable PDF on a USB Drive.

An electronic copy of **Price Proposal** in Excel Format with active formulas on a USB Drive.

8.2 LIST OF EXHIBITS

The contract awarded is a result of this RFP and all exhibits listed below. Exhibits listed below will also be posted to the ESBD.

Exhibit A	**Affirmations and Solicitation Acceptance, Version 1.3 (Sections 1.1, 5.2.6)**	 Exhibit A - Affirmations and So
Exhibit B	**Assurances – Non-Construction Programs (Sections 1.1, 5.2.6)**	 Exhibit B - Federal Assurances.pdf
Exhibit C	**HHSC Uniform Terms and Conditions – Vendor, Version 2.15 (Sections 1.2, 2.7)**	 Exhibit C - Uniform Terms and Conditio
Exhibit D	**HHSC Special Conditions, Version 1.2 (Sections 1.2, 2.7)**	 Exhibit D - Special Conditions.docx
Exhibit E	**DCS Requirements, Version 1.0 (Section 2.1.4.2)**	 Exhibit E - DCS Requirements.docx
Exhibit F	**Texas Health and Human Services Information Security and Privacy Requirements** **(Section 2.1.4.9)**	 Exhibit F - IT Security Requiremer

Exhibit G	**Price Proposal (Sections 2.2, 6.1)**	Exhibit G - Price Proposal.xlsx
Exhibit H	**Data Use Agreement and Attachment 2, Security and Privacy Inquiry (Sections 2.5, 5.2.6)**	Exhibit H - Data Use Agreement.pdf Att 2 Security and Privacy Inquiry.pdf
Exhibit I	**Respondent Questions (Section 3.5.4)**	Exhibit I - Respondent Questic
Exhibit J	**Exceptions and Assumptions (Sections 3.6.5, 3.6.6)**	Exhibit J - Exceptions and Assu
Exhibit K	**Certification Regarding Lobbying (Sections 1.1, 5.2.6)**	Exhibit K- Lobbying Certification.pdf
Exhibit L	**HUB Subcontracting Checklist and Plan (Section 5.2.9)**	Exhibit L - HUB Subcontracting Che

Exhibit M	**Example Evaluation Scoring Tool (Section 4.1.3)**	Exhibit M - Example Evaluation Score Sh

8.3 PROCUREMENT LIBRARY

The Procurement Library listed below will also be posted to the ESBD.

Procurement Library	**HHS Information Security Controls, Version 1.0;** **Risk Ratio Table Example; and** **Uniform Managed Care Manual, Version 2.1, eff. November 15, 2015, current as of March 1, 2018**	Procurement Library.zip