

Section IX. Offerors RFP Proposal and Response

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A. Minimum Qualifications Table

The Offeror must demonstrate it meets Minimum Qualifications to have its response evaluated by the Department. The Offeror must agree to the terms below by checking the boxes and providing the information, documentation, including letters, or other details to demonstrate its adherence to each requirement, as applicable and required herein, and signing below.

1. Attestation of Eligibility to Apply and Acknowledgement

The Offeror must meet the definition of Prepaid Health Plan (PHP) as defined under NCGS § 58-93-5 or S.L.2023-134, s.9E.22.(k) to be codified as NCGS § 108D-62 or be a consortium established under NCGS § 122C-116.

The Offeror certifies that as of the issuance date of this RFP, Offeror is:

- ☐ A Prepaid Health Plan (PHP) as defined under NCGS § 58-93-5.
- ☐ A Prepaid Health Plan (PHP) as defined under NCGS § 108D-62.
- ☐ A consortium established under NCGS § 122C-116.

2. Agreement for a Single Submission

- ☐ The Offeror agrees to submit only one (1) response to this RFP as an entity that meets the definition of PHP as defined under NCGS § 58-93-5 or S.L.2023-134, s.9E.22.(k) to be codified as NCGS § 108D-62 or as a consortium established under NCGS § 122C-116.

- a. Offeror confirms that it does not own five percent (5%) or more in any other Offeror submitting a response to this RFP.

☐ Offeror Confirms

☐ Offeror Does Not Confirm

- b. Offeror is not serving as a lead entity on another proposal or participating in any other Offeror consortium responding to this RFP.

☐ Offeror Confirms

☐ Offeror Does Not Confirm

3. Agreement to Terms and Condition

- ☐ The Offeror agrees and accepts, without exception, all of the terms and conditions, including confidentiality, privacy and security protections and public records and trade secrets protections, specified in *RFP Section III*. The Offeror may suggest modifications to the terms and conditions per the instructions in *RFP Section II.C.3.c* and acknowledges such suggestions are not part any subsequent Contract unless explicitly accepted by the Department in accordance with *RFP Section II.C.3.c*.

4. **Agreement to Conflict of Interest Requirements**

- ☐ The Offeror agrees to comply with the Conflict of Interest requirements within this RFP, as outlined in *RFP Section III.D.18. **DISCLOSURE OF CONFLICTS OF INTERESTS*** and *RFP Section V.A.9.m. **Conflict of Interest***.

5. **Agreement to Performance Bond Requirements**

- ☐ The Offeror agrees to comply with the Performance Bond requirements within this RFP, as outlined in *Section III.C.41. **PERFORMANCE BOND***.

6. **Certification of Location within the United States**

- ☐ The Offeror certifies the Offeror is not located outside of the United States in accordance with 42 C.F.R. § 438.602(i).

7. **Confirmation of Experience**

- ☐ The Offeror confirms it demonstrates in *Section IX.B. Response to Technical Evaluation Questions, Question 4.* that the Offeror has at least five (5) years of experience in operating a fully at-risk managed care contract for children engaged in child welfare system in a Medicaid Program. Experience must be within the last ten (10) years.

8. **Financial Stability and Legal Disclosure**

The Offeror is financially stable and has disclosed any legal actions that could adversely affect its financial condition or ability to meet the requirements of this RFP as required by *Section IX. Attachment E: Certification of Financial Condition and Legal Action Summary*.

☐ **Offeror Confirms**

☐ **Offeror Does Not Confirm**

By completing and signing this Response to Minimum Qualifications, the Offeror affirms adherence to the required Minimums Qualifications and attests the information provided herein is accurate, and the individual signing certifies he or she is authorized to make the foregoing statements on behalf of the Offeror.

Signature

Date

Printed Name

Title

B. Response to Technical Evaluation Questions

Instructions:

Offeror must respond to all questions and each part and subpart to each question in *Section IX.B. Response to Technical Evaluation Questions*. Offeror's response to each question must follow the corresponding question. The Offeror must confirm adherence to and describe its approach to meet the requirements of the Contract as indicated. This includes providing a detailed narrative, diagrams, exhibits, examples, sketches, descriptive literature and/or detailed information specifically tailored for the North Carolina Medicaid program to demonstrate Offeror's ability to meet specifications of the Children and Families Standard Plan RFP. The Offeror's Response to Technical Evaluation Questions should clearly indicate the citation and/or location of exhibits, attachments, flows, etc. that supplement responses in this *Section IX.B Response to Technical Evaluation Questions* and demonstrate understanding and the ability to meet each specification. The Department is not required to look for or consider information outside of the response for individual questions where the Offeror fails to clearly indicate the location of supplemental exhibits, attachments, flows, etc. Further, where indicated and applicable, Offeror must describe any limitations or issues it has with meeting the requirements of the question. Offeror's response to each question must follow the corresponding question. While the Department has not set page limits for responding to each question, Offerors should be mindful to avoid providing superfluous information that unnecessarily lengthens the response. The Department reserves the right to validate information provided within Offeror's response.

The table below provides an overview of the evaluation criteria and the questions within this *Section IX.B Response to Technical Evaluation Questions* that correspond to each criterion. The table below is provided for convenience only, and each question may encompass requirements from multiple sections of the RFP. The evaluation process is explained further in *Section IX.R. Evaluation Methodology*.

Section IX.B. Table 1: Summary of Evaluation Criteria and Corresponding Questions		
Questions	Question Number and RFP Section Reference	Evaluation Methodology Rating Scale
1.-6.	I. Qualifications and Experience	
	1. Entity Information	Section IX.R. Table 2: Information Request Rating Scale
	2. Entities Performing Core Functions or with Proposed Experience	Section IX.R. Table 3: Entities Performing Core Functions or with Proposed Experience Rating Scale
	3. Experience in Provision of Services to Populations Specified in RFP	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	4. Medicaid Managed Care Contract Experience	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	5. Managed Care Contract Termination, Non-Renewal, Withdrawal, or Enrollment Level Reduction in the Past Seven (7) Years	Section IX.R. Table 5: Risks Rating Scale

Section IX.B. Table 1: Summary of Evaluation Criteria and Corresponding Questions		
	6. Disclosure of Imposed Monetary Penalties as part of a Managed Care Contract in Past Seven (7) Years	Section IX.R. Table 5: Risks Rating Scale
7.-13.	II. Administration and Management	
	7. Section V.A.1. Program Administration	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	8. Section V.A.2. Entity Requirements	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	9. Section V.A.3. National Committee for Quality Assurance (NCQA) Accreditation	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	10. Section V.A.5. Implementation and Section V.A.6 Readiness Review	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	11. Section V.A.7. Non-discrimination	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	12. Section V.A.8. Advance Directives	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	13. Section V.A.9. Staffing and Facilities	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
14.-20.	III. Members and Recipients	
	14. Section V.B.1. Eligibility and Enrollment for the CFSP, Section V.B.2. Medicaid Managed Care Enrollment and Disenrollment, and the Managed Care Enrollment Policy	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	15. Section V.B.3. Transitions of Care Across Plans and Delivery Systems	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	16. Section V.B.4. Member Engagement	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	17. Section V.B.5. Marketing	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	18. Section V.B.6. Member Rights and Responsibilities	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	19. Section V.B.7. Member Grievances and Appeals	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	20. Section V.B.8. Advance Medical Home (AMHs) as Primary Care Providers (PCPs)	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
21.-25.	IV. Benefits and Services	
	21. Section V.C.1. Benefits Package	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale

Section IX.B. Table 1: Summary of Evaluation Criteria and Corresponding Questions		
	22. Section V.C.1.g. In Lieu of Services (ILOS) and Section V.C.1.h. Value-Added Services	Section IX.R. Table 2: Information Request Rating Scale
	23. Section V.C.2. Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	24. Section V.C.3. Pharmacy Benefits	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	25. Section V.C.4. Non-Emergency Medical Transportation	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
26.-32.	V. Care Management	
	26. Section V.D. Care Management – Care Management and Care Coordination	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	27. Section V.D. Care Management – Care Management Continuum	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	28. Section V.D. Care Management – Transitional Care Management	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	29. Section V.D. Care Management – Populations Requiring LTSS	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	30. Section V.D.8. Prevention and Population Health Programs	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	31. Section V.D. Care Management – Members’ Unmet Health-related Resource Needs	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	32. Section V.C.1.m. Moral and Religious Objection	Section IX.R. Table 2: Information Request Rating Scale
33.-37.	VI. Providers	
	33. Section V.E.1. Provider Network	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	34. Section V.E.2. Provider Network Management	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	35. Section V.E.3. Provider Relations and Engagement	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	36. Section V.E.4. Provider Payments	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	37. Section V.E.5. Provider Grievances and Appeals	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
38.-39.	VII. Quality and Value	
	38. Section V.F.1. Quality Management and Quality Improvement	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale

Section IX.B. Table 1: Summary of Evaluation Criteria and Corresponding Questions		
	39. Section V.F.2. Value Based Payments/Alternative Payment Models	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
40.-43.	VIII. Stakeholder Engagement	
	40. Section V.G.1 Engagement with Federally Recognized Tribes	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	41. Section V.G.2. Engagement with Community and County Organization	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	42. Section V.G.3. Integration with Other Department Partners	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	43. Section V.G.4. Community Crisis Services Plan	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
44.-48.	IX. Program Operations	
	44. Section V.H.1. Service Lines	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	45. Section V.H.2. Staff Training	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	46. Section V.H.3. Reporting and Section VII. Attachment I. Reporting Requirements	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	47. Section V.H.4. CFSP Policies	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	48. Section V.H.5. Business Continuity	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
49.-50.	X. Claims and Encounter Management	
	49. Section V.I.1. Claims	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	50. Section V.I.2 Encounters	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
51.-53.	XI. Financial Requirements	
	51. Section V.J.1. Capitation Payments and CFSP Data Book and Capitation Rate Methodology	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	52. Section V.J.2. Medical Loss Ratio	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	53. Section V.J.3. Financial Management	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
54.-58.	XII. Compliance	
	54. Section V.K.1. Compliance Program	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale

Section IX.B. Table 1: Summary of Evaluation Criteria and Corresponding Questions		
	55. Section V.K.2. Program Integrity	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	56. Section V.K.3. Fraud, Waste and Abuse Prevention	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	57. Section V.K.4. Third Party Liability	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	58. Section V.K.5. Recipient Explanation of Medical Benefit (REOMB)	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
59.-60.	XIII. Technical Specifications	
	59. Section V.L. Technical Specifications	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	60. Section III.E. Confidentiality, Privacy and Security Protections and Section V.L. Technical Specifications	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
61.-62.	XIV. Historically Underutilized Businesses and Diversity, Equity and Inclusion	
	61. Section III.D.29. <u>HISTORICALLY UNDERUTILIZED BUSINESS (HUBs)</u>	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale
	62. Section III.D.16. <u>CULTURAL AND LINGUISTIC COMPETENCY AND SENSITIVITY</u>	Section IX.R. Table 4: Strengths and Weaknesses Rating Scale

I. Qualifications and Experience

Evaluation Question	
1.	<p>The Offeror shall provide the following:</p> <ul style="list-style-type: none">a. Name, address, telephone number, fax number, and e-mail address of the legal entity with whom the contract is to be written;b. Federal Employer ID Number (FEIN);c. Name, address, telephone numbers of principal officers (president, vice-president, treasurer, chair of the board of directors, and other executive officers);d. List of board members and their organizational affiliations; ande. Legal status and whether it is a profit or a nonprofit company.
<p>Offeror's Response:</p>	

Evaluation Question	
2.	<p>The Offeror shall provide information requested in <i>Section IX. Offeror's RFP Proposal and Response Table 2: Entities Performing Core Medicaid Operational Function or with Proposed Experience</i> for each entity, including parent entities, subcontractors, partners, subsidiaries, and any other individual or organization:</p> <ul style="list-style-type: none"> a. That will perform Core Medicaid Operations Functions, as defined in <i>Section V.2.c.iii.</i>, for the Offeror under the Contract; and b. Whose experience has been provided by the Offeror for consideration by the Department for the purposes of this RFP and Contract award, including all entities with experience referenced in responding to the RFP evaluation questions. <p>The Offeror shall be fully transparent in describing the experience of the entity and shall include all experience, both positive and negative, related to the entity's role(s) or responsibilities. The Department may exercise, at its sole discretion, in the CFSP RFP evaluation process, whether or not to consider the experience or to what extent the experience applies for entities not performing core functions.</p> <p>The Offeror must list below and complete <i>Table 2: Entities Performing Core Medicaid Operational Functions</i> for each entity, including parent entities, subcontractors, partners, subsidiaries, and any other individual or organization that meet the criteria listed in 2.a. and/or 2.b.</p>
<p>Offeror's Response:</p> <p>Offeror submits a completed <i>Section IX. Offeror's RFP Proposal and Response Table 2: Entities Performing Core Medicaid Operational Function or with Proposed Experience</i> for the following list of entities that are performing core functions or proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. 	

Section IX. Offeror's Proposal and Response Table 2: Entities Performing Core Medicaid Operational Functions or with Proposed Experience	
Organization/Individual Name: _____	
Part 1	
Performing Core Medicaid Operational Function [Yes/No]	
Ownership or controlling interest [Yes/No]	
Primary Address	
Mailing Address	
Tax ID (if organization)	
DOB (if individual)	
SSN (if individual)	
Description of the entity's role(s) in performing the functions or responsibilities described in Offeror's Proposal	
Description of the entity's experience related to the role(s) and responsibilities described above (include positive and negative experience)	
Description of how the entity will be integrated into the Offeror's proposal performance of their obligations under the Contract to ensure a streamlined experience for the Members, providers and the Department	
Part 2	
<p>4. Is proposed non-government entity/subcontractor owned by a HUB?</p> <p> <input type="checkbox"/> Yes (if yes, complete Question 2) <input type="checkbox"/> No (if no, skip to Question 3) <input type="checkbox"/> Unknown (if unknown, skip to Question 3) </p> <p>Owned means at least fifty-one percent (51%) of the business is owned by one or more citizens or lawful permanent residents of the United States who are members of at least one of the groups listed in question b. below, or in the case of a corporation, at least fifty-one percent (51%) of the stock is owned by one or more citizens or lawful permanent residents of the United States who are members of at least one of the groups listed in Question 2. Below.</p>	
<p>5. Identify the Type of minority business group(s). Check all that apply.</p> <p> <input type="checkbox"/> Black A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Hispanic A person of Spanish or Portuguese culture having origins in Mexico, South or Central America, or the Caribbean islands, regardless of race. <input type="checkbox"/> Asian American A person having origins in any of the original peoples of the Far East, Southeast Asia, Asia, Indian continent, or Pacific islands. <input type="checkbox"/> American Indian A person having origins in any of the original Indian peoples of North America. <input type="checkbox"/> Female <input type="checkbox"/> Disabled A person with a disability as defined in G.S. 168-1 or G.S. 168A-3. <input type="checkbox"/> Disadvantaged A person who is socially and economically disadvantaged as defined in 15 U.S.C. § 637. </p>	
<p>6. Is the proposed non-government entity/subcontractor operated by a HUB?</p>	

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<p><input type="checkbox"/> Yes (if yes, complete Question 4)</p> <p><input type="checkbox"/> No (if no, skip to Question 5)</p> <p><input type="checkbox"/> Unknown (if unknown, skip to Question 5)</p> <p>Operated means the management and daily business operations are controlled by one or more owners of the business who are citizens or lawful permanent residents of the United States of at least one of the groups listed in Question 4. Below.</p>
<p>7. Identify the type of minority business group(s). Check all that apply.</p> <p><input type="checkbox"/> Black A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Hispanic A person of Spanish or Portuguese culture having origins in Mexico, South or Central America, or the Caribbean islands, regardless of race.</p> <p><input type="checkbox"/> Asian American A person having origins in any of the original peoples of the Far East, Southeast Asia, Asia, Indian continent, or Pacific islands.</p> <p><input type="checkbox"/> American Indian A person having origins in any of the original Indian peoples of North America.</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Disabled A person with a disability as defined in G.S. 168-1 or G.S. 168A-3.</p> <p><input type="checkbox"/> Disadvantaged A person who is socially and economically disadvantaged as defined in 15 U.S.C. § 637.</p>
<p>8. Is the proposed non-government Subcontractor Certified with North Carolina as a HUB?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>

Evaluation Question	
3.	<p>The Offeror shall describe its proposed approach and experience in the provision of services to the populations specified in this RFP, including:</p> <ul style="list-style-type: none">a. Commitment to integrating the Department’s goals for CFSP and Medicaid Managed Care into its day-to-day operations;b. Experience with Medicaid populations similar to those included in this Contract; andc. Lessons learned from other Medicaid Managed Care programs.
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none">1.2.3.	
<p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
4.	<p>The Offeror shall provide information for prior Medicaid Managed Care contracts, including states and regions that operated under a full risk Medicaid Managed Care capitated contract in or since 2012 in <i>Section IX. Offeror's RFP Proposal and Response Table 3: Medicaid Managed Care Contract Experience</i>. The completed tables shall include the experience of the Offeror and any relevant entity identified in Question #2.</p> <p>Quality metrics results included in <i>Section IX. Offeror's RFP Proposal and Response Table 3: Medicaid Managed Care Contract Experience</i> shall be for the three (3) consecutive most recent annual HEDIS reporting periods within the past five (5) years available for the specific HEDIS metrics below and audited by a NCQA-approved auditing firm.</p> <p>Offeror must list below and complete one <i>Section IX. Offeror's RFP Proposal and Response Table 3: Medicaid Managed Care Contract Experience</i> for each state, region, and/or contract that meets the criteria listed in this question.</p> <p>If the Offeror is unable to provide quality metrics for the requested HEDIS reporting periods or the specific HEDIS metrics within <i>Section IX. Offeror's RFP Proposal and Response Table 3: Medicaid Managed Care Contract Experience</i>, Offeror must provide a detailed response indicating the reason.</p>
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. ... 	
<p>Offeror's Response:</p> <p>Offeror submits a completed <i>Section IX. Offeror's RFP Proposal and Response Table 3: Medicaid Managed Care Contract Experience</i> for the following list of entities:</p> <ol style="list-style-type: none"> 1. 2. 3. 	

Section IX. Offeror's Proposal and Response Table 3: Medicaid Managed Care Contract Experience			
State / Region _____	Year _____	Year _____	Year _____
	Measure Result	Measure Result	Measure Result
Entity (as identified in Question #4)			
Performing Core Medicaid Operations Function (as identified in Question #4)			
Description of the entity's role(s) in performing the functions or responsibilities described in Offeror's Proposal (as identified in Question #4)			
Contract Start Date			
Contract End Date			
Number of Beneficiaries Covered			
1) Children and Adolescents' Access to Primary Care Practitioners (CAP)			
2) Comprehensive Diabetes Control (CDC): Hemoglobin A1c (HbA1c) Poor Control (> 9.0%)			
3) Follow-Up After Hospitalization for Mental Illness (FUH): seven (7) and thirty (30) day periods			
4) Frequency of Ongoing Prenatal Care (FPC): all 5 percentage ranges			
5) Well-Child Visits in the First fifteen (15) Months of Life (6 or More Visits) (W15)			

Evaluation Question	
5.	<p>The Offeror shall disclose, in <i>Section IX. Offeror's RFP Proposal and Response Table 4: Managed Care Contract Termination, Non-Renewal, Withdrawal, or Enrollment Level Reduction in the Past Seven (7) Years</i>, whether, in the past seven (7) years, the Offeror has voluntarily terminated all or part of a managed care contract under which it provided health care services as the licensed entity; has had such a contract partially or fully terminated before the contract end date (with or without cause); has had a contract not renewed; has withdrawn from a contracted service area; or has had a reduction of enrollment levels imposed. The Offeror's response shall include information for the Offeror as well as <u>all</u> entities identified in Question #2.</p> <ul style="list-style-type: none"> a. If so, the Offeror shall describe the type of contract and the services provided; the month and year of the contract action; the reason(s) for the termination, non-renewal, withdrawal, or enrollment level reduction; the parties involved; and provide the name, address and telephone number of the client/other party. b. If the Contract was terminated/non-renewed based on the Offeror's performance, The Offeror shall describe any corrective actions taken to prevent any future occurrence of the problem leading to the termination/non-renewal. c. If the violation(s) was the subject of an administrative proceeding or litigation, the Offeror shall indicate the result of the proceeding/litigation. <p>Offeror must list below and complete one <i>Section IX. Offeror's RFP Proposal and Response Table 4: Managed Care Contract Termination, Non-Renewal, Withdrawal, or Enrollment Level Reduction in the Past Seven (7) Years</i> for each contract.</p>
<p>Offeror's Response:</p> <p>Offeror submits a completed <i>Section IX. Offeror's RFP Proposal and Response Table 4: Managed Care Contract Termination, Non-Renewal, Withdrawal, or Enrollment Level Reduction in the Past Seven (7) Years</i> for the following list of entities:</p> <ul style="list-style-type: none"> 1. 2. 3. 	

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Section IX. Offeror's RFP Proposal and Response Table 4: Managed Care Contract Termination, Non-Renewal, Withdrawal, or Enrollment Level Reduction in the Past Seven (7) Years	
Entity (as identified in Question #2)	
Type of Contract	
Services Provided	
Month & Year of Corrective Action	
Reason(s) for Termination, Non-Renewal, Withdrawal, or Enrollment Level Reduction	
Involved Parties	
Name of Client/Other Party	
Was the contract terminated/non-renewed based on the Offeror's performance?	
If answered 'Yes' to the question above, describe any corrective actions taken to prevent future occurrence of the problem leading to the termination/non-renewal. If answered 'No' to the question above, insert 'N/A'	
Was the violation the subject of an administrative proceeding or litigation?	
If answered 'Yes' to the question above, indicate the result of the proceeding/litigation. If answered 'No' to the question above, insert 'N/A'	

Evaluation Question	
6.	<p>The Offeror shall disclose all sanctions imposed against the Offeror as part of a managed care contract in the past seven (7) years in <i>Section IX. Offeror's RFP Proposal and Response Table 5: Disclosure of Imposed Monetary Penalties as part of a Managed Care Contract in Past Seven (7) Years</i>. For the purposes of this question, a sanction shall include any monetary penalty, including e.g., civil monetary penalty or liquidated damage. The Offeror's response shall include information for the Offeror as well as <u>all</u> entities identified as performing a Core Medicaid Operations Function in Question #2.</p> <ol style="list-style-type: none"> If imposed, describe the nature of the sanction, the underlying action leading to the sanction, the market in which the sanction was imposed, and the assessed monetary amount (if applicable). Describe any corrective actions taken to prevent any future occurrence of the problem leading to the sanction(s). If the sanction(s) was the subject of an administrative proceeding or litigation, indicate the result of the proceeding/litigation. <p>Offeror must list below and complete one (1) <i>Section IX. Offeror's RFP Proposal and Response Table 5: Disclosure of Imposed Monetary Penalties as part of a Managed Care Contract in Past Seven (7) Years</i> for each imposed sanction.</p>
<p>Offeror's Response:</p> <p>Offeror submits a completed <i>Section IX. Offeror's RFP Proposal and Response Table 5: Disclosure of Imposed Monetary Penalties as part of a Managed Care Contract in Past Seven (7) Years</i> for the following list of entities:</p> <ol style="list-style-type: none"> 	

Section IX. Offeror's RFP Proposal and Response Table 5: Disclosure of Imposed Monetary Penalties as part of a Managed Care Contract in Past Seven (7) Years	
Entity (as identified in Question #2)	
Type of Contract	
Services Provided	
Describe the nature of the sanction	
Describe the underlying action leading to the sanction	
Describe the market in which the sanction was imposed	
Describe the assessed monetary amount, if applicable	
Describe the corrective actions taken to prevent any future occurrence of the problem leading to the sanction(s)	
Was the sanction the subject of an administrative proceeding or litigation?	
If answered 'Yes' to the question above, indicate the result of the proceeding/litigation. If answered 'No' to the question above, insert 'N/A'	

II. Administration and Management

Evaluation Question	
7.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.A.1. Program Administration</i>. The response shall include Offeror’s approach to integrating feedback from stakeholders, including Member and providers, to drive improvements in the Program.</p>
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <p>1. 2. 3.</p>	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
8.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.A.2. Entity Requirements</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Confirmation of adherence and approach for Operational Authority and Licensure, Governance and Operations requirements; b. Confirmation of adherence and approach for Consortium Governance and Operations requirement (if applicable); c. Confirmation of adherence and approach for Ownership and Control requirements; d. Confirmation of adherence and approach for Third Party (Subcontractor) Contractual Relationships; and e. Supporting documentation: <ul style="list-style-type: none"> i. Draft plan address reconciliation of the statewide objectives for the CFSP and its regional governance structure and authority; ii. Draft PLE Governance Plan (if applicable); iii. Draft Consortium Governance Plan to include all items in <i>Section V.A.2.b.iv.b)</i> (if applicable); iv. Draft CFSP Operating Plan; v. If Offeror is operating as a PLE; Offeror shall provide a signed attestation affirming that a majority of the entity's ownership is held by an individual or entity that has as its primary business purpose the ownership or operation of one or more capitated contracts or North Carolina Medicaid providers as described under the Contract. A nonprofit entity submitting an offer as a PLE shall provide a signed attestation affirming that the primary business purpose of the entity is the operation of one or more capitated contracts or North Carolina Medicaid providers. The attestation must be signed by a Corporate Officer with authority to bind the PLE (if applicable).
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. 	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </div> <p>Is Offeror a PLE?</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below. </div>	

Evaluation Question	
9.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.A.3. National Committee for Quality Assurance (NCQA) Accreditation</i> . The response shall include expected timeline to receive NCQA accreditation for the North Carolina Medicaid Market.
List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response. 1. 2. 3.	
<div><input type="checkbox"/> Offeror confirms adherence</div> <div><input type="checkbox"/> Offeror does not confirm adherence</div> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</div> <div><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</div>	

Evaluation Question	
10.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.A.5. Implementation</i> and <i>Section V.A.6 Readiness Review</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Approach for required workstreams; b. Confirmation of adherence to all timelines; c. Confirmation and approach for testing and technology operations requirements; d. Confirmation of adherence and approach for Readiness review requirements; and e. Offeror's draft Implementation Plan (from Contract Award through one hundred-twenty (120) Calendar Days after CFSP Launch). The plan shall include: <ul style="list-style-type: none"> i. Key milestones, activities and deliverables; ii. Proposed staffing and resources to support implementation and readiness; iii. System and operational implementation milestones; and iv. Required CFSP, Department and other partner resources to ensure successful implementation.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
11.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.A.7. Non-discrimination</i> . The response must include Offeror’s draft Non-Discrimination Policy.
List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response. 1. 2. 3.	
<div><input type="checkbox"/> Offeror confirms adherence</div> <div><input type="checkbox"/> Offeror does not confirm adherence</div> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</div> <div><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</div>	

Evaluation Question	
12.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.A.8. Advance Directives</i> .
List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response. 1. 2. 3.	
<input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence Offeror’s Response: The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question. <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.	

Evaluation Question	
13.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.A.9. Staffing and Facilities</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Approach to ensuring the appropriate staff are in place and properly trained to fulfill all the duties and responsibilities of the Contract, including Member Services, Care Management, and Provider Relations staff; b. Approach must include an estimate of the number of staff anticipated to fulfill all duties and responsibilities of the Contract, including those delineated by the categories defined in <i>Section V.A.9. Table 1: CFSP Key Personnel Requirements</i>; c. Location of key personnel and offices providing Core Medicaid Operations Function; d. Approach to recruitment and retention of Key Personnel and how the Offeror proposes minimizing employee turnover; e. Description of the Offeror's internal organizational structure highlighting the Offeror's management structure, including: <ul style="list-style-type: none"> i. Definitions of the lines of responsibility, authority, communication and coordination across the organization; ii. A description of how the organizational structure supports Members, providers, advocates, community partners, and the Department and facilitates creative thinking and innovative solutions while ensuring compliance with federal, state and contractual requirements; f. Description of the Offeror's efforts in other markets to address potential CFSP workforce shortages (i.e. care management and UM staff, clinical expertise, provider contract management, call center staff), the interventions CFSP used to address them, and the outcomes; g. Description of how the Offeror will establish an organizational structure and culture that supports whole-person integrated care, including partnerships among PHPs, PIHPs, BH I/DD TPs, providers, advocates, community-based organizations, and Members with regards to BH-related issues; h. Description of how the Offeror will have sufficient and appropriate staff to support ongoing county engagement and support, including after-hours coordination of Member needs; i. Approach to meetings the Department's health equity goals; and j. Supporting documentation: <ul style="list-style-type: none"> i. Draft Organizational Charts; ii. A detailed staffing plan to address the requirements of <i>Section V.A.9. Staffing and Facilities</i>; iii. Completed <i>Section IX. C. CFSP Organization Roles and Positions</i>; and iv. Draft Conflict of Interest Policy.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. 	

Section IX. Offerors RFP Proposal and Response

- ☐ Offeror confirms adherence
- ☐ Offeror does not confirm adherence

Offeror’s Response:

The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.

- ☐ Offeror has no limitation(s) or issue(s).
- ☐ Offeror has limitation(s) or issue(s) described following their response below.

III. Members and Recipients

Evaluation Question	
14.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.B.1. Eligibility and Enrollment for the CFSP</i>, <i>Section V.B.2. Medicaid Managed Care Enrollment and Disenrollment</i>, and the Managed Care and CFSP Enrollment Policy. The response shall include:</p> <ul style="list-style-type: none">a. Necessary system interfaces to accept and process Member enrollment and disenrollment; andb. Integration approach with Enrollment Broker and local DSS offices or EBCI Public Health and Human Services (PHHS) offices.
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none">1.2.3.	
<div><input type="checkbox"/> Offeror confirms adherence</div> <div><input type="checkbox"/> Offeror does not confirm adherence</div> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</div> <div><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</div>	

Evaluation Question	
15.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.B.3. Transitions of Care Across Plans and Delivery Systems</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Approach to meeting Ongoing Requirements for transitions; b. Approach for Cross-Over Population requirements, including strategies to minimize the disruption of benefits; c. Approach for Transition of Care for Members enrolled in the Healthy Opportunities Pilot; and d. Supporting documentation: <ul style="list-style-type: none"> i. Offeror's draft CFSP Transition of Care Policy; and ii. Offeror's draft Provider Transition of Care Policy.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
16.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements for engaging Members prior to and after CFSP program launch, as outlined in <i>Section V.B.4. Member Engagement</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Overall approach to educating and engaging Members and Member Authorized Representatives on Medicaid Managed Care, accessing care, and improving overall health; b. Key integration points with other Departments, local DSS offices, and other local partners operating within Medicaid Managed Care; c. Methods of leveraging appropriate communication to meet the diverse needs and communication preferences of Members, including individuals with LEP and needing adaptive communication; d. Commitment and process for making qualified interpreters (including sign language) available to Members and potential Members when requested, and at other times as needed in accordance with the Contract; e. Description of how oral, written and sign language translation or interpreter services are certified; f. Method to ensure Member language preferences and communication needs are documented in Offeror's information system; g. Design and approach for its Member Services Website; h. Proposed approach to assess Member and Member Authorized Representative satisfaction at each point of contact (call, online and in-person), including tools, frequency and process to measure trends in Member satisfaction to support ongoing improvement to the program; i. Approach for engagement with Members, NCDSS, County DSS, advisory committees, stakeholders, and Members utilizing LTSS; j. The following supporting documentation: <ul style="list-style-type: none"> i. Draft Welcome Packet and Member ID card aligned with the requirements of RFP; ii. Sample Member Handbook; iii. Three (3) sample educational materials with taglines; and iv. Three (3) sample education materials demonstrating ability to meet RFP's requirements for translation, accessibility, and cultural competency.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. 	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </div> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below. </div>	

Evaluation Question	
17.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.B.5. Marketing</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Proposed marketing locations, distribution methods, and activities planned for the time period between six (6) months prior to and three (3) months after the Offeror has enrolled its first Member; b. Demonstration of understanding of the diverse populations that the Offeror may serve throughout its covered Region(s) (e.g., individuals living in different geographic locations, individuals with different racial backgrounds, individuals with different literacy levels) and approach for how the Offeror will adapt its marketing materials to reach the various populations and audiences within its covered service area; c. Process and distribution plan to ensure marketing materials are widely available statewide to Members and potential Members; and d. Five (5) samples of marketing material. Samples may include brochures, giveaways, radio/TV ads, flyers, and billboards.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
18.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.B.6. Member Rights and Responsibilities</i> .
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <p>1. 2. 3.</p>	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
19.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.B.7. Member Grievances and Appeals</i>, including how the Offeror intends to identify, track and analyze Member grievances, appeals, and State Fair Hearing data. The response shall include:</p> <ul style="list-style-type: none"> a. Approach for educating Members and Member Authorized Representatives about the grievance and appeals process; b. Confirmation of the ability to process standard and expedited appeal and grievance requests within the timeframes described in the Contract; c. Approach to meeting each of the applicable appeal and grievance timely processing standards processing of requests; d. Process for acknowledging receipt of Member appeals and grievance requests; e. Protocols, procedures and staffing levels and requirements for reviewing Member appeals and grievances; f. How information and data resulting from the grievance and appeals system is tracked and trended, including how the Offeror uses the data to make program improvements; g. Methods and strategies used throughout the Offeror's proposed approach to resolve grievance and appeals efficiently and effectively at the lowest level of escalation that meets a Member's needs and in a manner, which does not discourage Member's from exercising their rights; and h. Draft grievance and appeals process flows detailing the process for standard and expedited review.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
20.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.B.8. Advance Medical Home (AMHs) as Primary Care Providers (PCPs).</i>
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <p>1. 2. 3.</p>	
<div><input type="checkbox"/> Offeror confirms adherence</div> <div><input type="checkbox"/> Offeror does not confirm adherence</div> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</div> <div><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</div>	

IV. Benefits and Services

Evaluation Question	
21.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.C.1. Benefits Package</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Experience and approach to ensure Members experience whole-person care that integrates their medical and behavioral health benefits; b. Experience and approach to providing substance use disorder services, including opioid and MAT treatment; c. Experience with innovative telemedicine modalities and pilot programs in other states/markets, and the proposed telemedicine approach to encourage use of telemedicine, including types of programs, and targeted providers, geographies (including rural), services, and members; d. Experience with and approach for integration with carved-out services (i.e. dental services, LEAs, CDSAs, eyeglasses); e. Approach to align the Offeror's Utilization Management (UM) program with the Department's required clinical coverage policies; f. Proposed evidence-based decision support tool; g. Approach for Electronic Visit Verification (EVV) system; h. Approach to reduce provider administrative burden under the CFSP's UM Program, including overall provider experience for prior authorization requests; i. Methods and approach to balance timely access to care for Members with the administration of the UM Program; j. Approach to integrate medical and behavioral health services in the UM program; k. Role of behavioral health assessment in the Offeror's UM Program; and l. Approach to ensure UM Program is compliant with mental health parity.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. 	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </div> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
22.	<p>The Offeror shall describe the <i>In Lieu of Services</i> and value-added services that the Offeror plans to propose to the Department for approval in accordance with the requirements of RFP <i>Section V.C.1.g. In Lieu of Services (ILOS)</i> and <i>Section V.C.1.h. Value-Added Services</i>. The response shall include:</p> <ul style="list-style-type: none">a. Description of the service;b. Proposed population to cover; andc. Rationale to provide those services based on NC Medicaid population needs.
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none">1.2.3. ...	
<p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
23.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.C.2. Early and Periodic Screening, Diagnostic and Treatment (EPSDT)</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Approach to ensuring Members and providers are aware of the EPSDT program; b. Description of medical necessity review process, including two (2) examples of how the Offeror has applied the process in other markets for each: <ul style="list-style-type: none"> i. Approved services; ii. Denied services; c. Outreach methods to remind Members of missed screenings and preventive services; and d. Offeror's draft EPSDT Policy.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </div> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
24.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.C.3. Pharmacy Benefits</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Methods to ensure adherence to the PDL in accordance with the requirements of this RFP; b. Approach to engage Members in understanding the pharmacy benefit and to providing medication-related clinical services which promote appropriate medication use and adherence; c. Prior authorization process, including overall prescriber experience when requesting prior authorization; d. Prior authorization policies and procedures and pharmacy point of service edits process consistent with the A+KIDS program as part of its UM program to prevent overprescribing and inappropriate prescribing of antipsychotics in Members under the age of eighteen (18); e. Description of process and procedures to ensure access to medications during a state of emergency or disaster; f. Integration approach with PBM (if applicable); and g. Approach to provide timely, accurate and complete data to support the Department's rebate claiming process and ensure the Department maintain current rebates levels.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
25.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.C.4. Non-Emergency Medical Transportation</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Approach to building an adequate NEMT network; b. Innovative transportation solutions to most effectively meet needs of Members; c. Oversight model of NEMT providers to ensure Member rights and maintain high Member satisfaction; and d. Offeror's draft NEMT Policy.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

V. Care Management

Evaluation Question	
26.	<p>The Offeror shall describe in detail its capacity and proposed approach to meeting the Department's requirements for care management and care coordination as stated in <i>Section V.D. Care Management</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Approach to addressing the Department's vision for care management including plan to ensure high levels of care management penetration for all Members, including: <ul style="list-style-type: none"> i. Description of levels of Member stratification (i.e. risking risk, low, medium, high risk), interventions, and staffing for each level of Member stratification; ii. Expected levels of penetration across priority populations; b. Approach for local care management staffing detailing how the Offeror expects to ensure that its care management workforce is sufficiently distributed across North Carolina for care managers to provide care management and care coordination for all Members regardless of geographic location (including Members in out-of-state placements), including what the Offeror envisions delegating to approved entities; c. Proposed subcontracting with any Delegated Care Management Entities; d. Approach for physical co-location of care management staff in County DSS offices; e. Approach to ensuring timely, seamless communication, including: <ul style="list-style-type: none"> i. Approach to standards of communication between care management staff and County DSS staff; ii. Approach to coordinating communications with legal guardians of minor children including parents and County DSS; iii. Approach to engaging foster parents and others who are providing substitute care for minors in foster care; and iv. Approach to ensuring provider network obtains required consent from the appropriate individual for psychotropic medications for minors in foster care; f. Approach to coordinating timely care for Members, including: <ul style="list-style-type: none"> i. Approach to coordinating care for members with high-acuity care needs; and ii. Approach to preventing boarding in County DSS offices and Emergency Departments; g. Necessary technology to support care management, including: <ul style="list-style-type: none"> i. Solutions to facilitate coordinated care and communication among the PHPs, providers (including facility based providers), Members, and care managers; ii. Data sharing with other health plans' systems and delegated care management entities in the case of Member transfer or overlap in programs; iii. Data sharing with County DSS; iv. Experience using ADT feeds and/or HIE; and h. Offeror's experience, including lessons learned, in other states or markets, including historical cost and quality outcomes.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p>	

Offeror’s Response:

The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.

- ☐ Offeror has no limitation(s) or issue(s).
- ☐ Offeror has limitation(s) or issue(s) described following their response below.

Evaluation Question	
27.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements for the care management continuum as stated in <i>Section V.D. Care Management</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Conduct Care Needs Screenings, including but not limited to: <ul style="list-style-type: none"> i. Question/domains and method for screening based on historical experience, tailored to specific populations; ii. Prior experience with and success rates in administering screenings within required timelines and results of those efforts; iii. Expected Care Needs Screening rates, strategies to increase completion rates, and processes and timelines for reassessment based on CFSP analytics or other best practices; iv. Proposed strategies to use over time to screen CFSP Members for unmet health-related resource needs routinely, in addition to at initial enrollment; b. Risk scoring and stratification, including but not limited to: <ul style="list-style-type: none"> i. Required sources of data are incorporated; ii. Method to identify Members of each of North Carolina's priority populations; iii. Additional priority populations the Offeror proposes in addition to the required populations; iv. Definition of "rising risk" and overview of methodology for identifying the rising risk group; v. Evidence of effectiveness of the CFSP's risk scoring and stratification approach in identifying Members for care management, including cost and quality outcomes; c. Comprehensive Assessment, including but not limited to: <ul style="list-style-type: none"> i. Required components; ii. Variation in Comprehensive Assessment based on population; iii. Expected volume of Comprehensive Assessment by priority population monthly and annually; iv. How it may work with delegated care management entities, to carry out the Comprehensive Assessment process; d. Care plan development with Members including: <ul style="list-style-type: none"> i. Approach for involving multi-disciplinary care team; ii. Process for individualized and person-centered care plans and ensuring the Member and the Member's family, advocates, caregivers, and/or legal guardians are actively involved; iii. Process for and frequency of Care Plan updates; e. The following supporting documentation: <ul style="list-style-type: none"> i. Care Management workflow for North Carolina, or other states ; ii. Four (4) Care Plan examples, including one (1) care plan for each of the following: adult, child, individual with LTSS, individual with high unmet resource needs; and iii. Comprehensive assessment tool—including assessment portions aimed at specific populations (i.e. LTSS Members exposed to ACEs or other trauma)). iv. Trauma-based standardized assessment tool for children and adolescents
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. ... 	

Section IX. Offerors RFP Proposal and Response

- ☐ Offeror confirms adherence
- ☐ Offeror does not confirm adherence

Offeror's Response:

The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.

- ☐ Offeror has no limitation(s) or issue(s).
- ☐ Offeror has limitation(s) or issue(s) described following their response below.

Evaluation Question	
28.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements for providing transitional care management in <i>Section V.D. Care Management</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Risk methodology for identifying Members who would benefit from transitional supports, including method for identifying the type and duration of support needed; b. Plans for and experience with using ADT feeds and similar techniques to identify high-risk transitions, and the results of those efforts; c. Plans for and experience with developing processes and partnerships with health plans, providers and County DSS during coverage transitions and with providers during service transitions; d. Plans for and experience with developing processes and partnerships with SNF, NICUs, hospitals, rehabs, and other levels of care in order to facilitate transitions; e. Plans to partner with delegated care management entities to provide transitional care—including data shared, roles/responsibilities; f. Any examples or plans for customization of care management, including the assessment, medication reconciliation etc., to support transitional care that differentiates the Offeror from other respondents; g. Staffing model and approach for transitional care management; h. Experience and effectiveness in identifying and addressing ACEs and trauma, and how that experience would be applied in CFSP; and i. Three (3) examples from North Carolina or other states of outcomes/return-on-investment of the Offeror's Transitional Care management model.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p> <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below. </p>	

Evaluation Question	
29.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements for populations requiring LTSS in <i>Section V.D. Care Management</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Conduct care needs screenings, including but not limited to: <ul style="list-style-type: none"> i. Prior experience with and success rates in administering screenings within required timelines and results of those efforts, specific to individuals with LTSS needs; ii. Questions aimed at identifying specific needs for individuals with LTSS needs; iii. Expected Care Needs Screening rates, strategies to increase completion rates, and processes and timelines for reassessment based on CFSP analytics or other best practices; iv. Proposed strategies to use over time to screen Medicaid Managed Care Members for unmet health-related resource needs routinely, in addition to at initial enrollment; b. Risk scoring and stratification, including but not limited to: <ul style="list-style-type: none"> i. Required sources of data; ii. Method to identify Members with LTSS needs; iii. Evidence of effectiveness of the CFSP's risk scoring and stratification approach in identifying Members with LTSS needs for care management, including cost and quality outcomes; c. Comprehensive Assessment, including: <ul style="list-style-type: none"> i. Contents of the comprehensive assessment used to assess beneficiaries requiring LTSS; ii. How it may work with delegated care management entities to carry out the Comprehensive Assessment; iii. Approach to developing a "person-centered" care plan for Members determined to need LTSS based on the comprehensive assessment; iv. Strategies for reassessing Members with LTSS needs; d. Providing initial and ongoing training and support for care managers in LTSS-specific care management techniques; and e. Utilize NCQA standards in developing an LTSS care management program.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </div> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below. </div>	

Evaluation Question	
30.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.D.8. Prevention and Population Health Programs</i>. The response shall include:</p> <ul style="list-style-type: none"> a. The Offeror's planned prevention and population health management program designs in priority domains (asthma, early childhood health and development, tobacco cessation, behavioral-physical integration, diabetes management, obesity, hypertension, birth outcomes, maternal health), and additional prevention and population health management programs to encourage improved health and wellness among Members, such as depression screening and follow-up and, and other interventions that will improve functional status and quality of life among Members with BH issues, I/DD or TBI. Include description of program, planned interventions at provider, Member, system level and expected outcomes; b. Experience and approaches used to address opioid misuse. Include three (3) examples including different locations (state or North Carolina counties/region) interventions, impact and outcomes; c. Experience and approaches used to reduce tobacco use in populations. Three examples including different (state or North Carolina counties/region) where full population health programs were used, including outcomes; and d. Three (3) initiatives the Offeror has deployed to collaborate or align with public health programs at the community level (for example, with health departments) or the state level. Response shall include, one community and one state-level example, the objective of each, the methodology and the outcome.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
31.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements for addressing Members' unmet health-related resource needs as outlined in <i>Section V.D. Care Management</i>. Response shall include:</p> <ul style="list-style-type: none"> a. Offeror's methodology for identifying Members with "unmet health-related resource needs" for care management (methodology must address unmet resource needs in at least one of the priority domains); b. Planned and Historic Examples of Methods to: <ul style="list-style-type: none"> i. Partner with Community-Based Organization (CBOs) and state, regional or private human service agencies to address unmet health-related resource needs of Members; ii. Offer non-medical resource supports to Members; iii. Provide in-person assistance securing non-medical, health-related services that can improve health and family well-being (i.e., assistance filling out and submitting applications for government assistance programs); iv. Assist individuals in securing and maintaining safe and stable housing; and v. Provide access to medical-legal support for legal issues adversely affecting health; c. Experience and success within North Carolina or in other states or regions with addressing unmet health related resource needs for populations similar to those included under this RFP; d. Experience and success within North Carolina or in other states or regions in collaborating with health and health-related community stakeholders in addressing Members' unmet health-related resource needs, including with: <ul style="list-style-type: none"> i. Health care providers (e.g., primary care provider, care manager); ii. Local public agencies (e.g., local health departments or departments of social services); and iii. Community-based organizations (e.g., homeless shelters, food banks); e. Strategies the Offeror would employ to address key Healthy Opportunities domains (housing, food, transportation and interpersonal safety/toxic stress), and other Healthy Opportunities domains identified by the CFSP, in each of North Carolina's Regions that the CFSP is submitting an offer on, including: <ul style="list-style-type: none"> i. Specific strategies the Offeror intends to employ in North Carolina to address unmet resource needs for individual Members based on needs documented through Care Needs Screening, Care Management Assessment, or other identification methods; and ii. Experience in other states or contracts to address unmet resource needs at the community or population-level based on aggregate population needs. Detail types of community-based intervention, rationale behind activities, and health outcomes related to the population interventions.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. ... 	
<input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence	

Offeror's Response:

The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.

- ☐ Offeror has no limitation(s) or issue(s).
- ☐ Offeror has limitation(s) or issue(s) described following their response below.

Evaluation Question	
32.	Offeror must indicate its response to requirements in <i>Section V.C.1.m. Moral and Religious Objection</i> by checking the appropriate boxes in Part 1 and Part 2 below and describe any services the Offeror proposes excluding from coverage for Members based on the Offeror's moral or religious objection.
Response	
<p>Offeror's Response:</p> <p><u>Part 1</u></p> <p><input type="checkbox"/> Offeror does not propose excluding any services from coverage for Members based on the Offeror's moral or religious objection.</p> <p><input type="checkbox"/> Offeror does propose excluding any services from coverage for Members based on the Offeror's moral or religious objection. The proposed excluded services are listed below:</p> <p><u>Part 2</u></p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below:</p>	

VI. Providers

Evaluation Question	
33.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements for its provider network development strategy, including, but not limited to ensuring the development of a comprehensive network of specialty and behavioral health providers for children and adults as required in <i>Section V.E.1. Provider Network</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Innovative approaches that will be used to develop and maintain the Offeror's provider network to ensure network adequacy standards and highest quality care; b. Methods for monitoring and ensuring compliance with access to care standards, including the frequency of reviewing of these standards; c. Methods for ensuring all covered services are available and accessible to Members in a timely manner, including: <ul style="list-style-type: none"> i. Offeror's plan to address the needs of all Members, including those with limited English proficiency or illiteracy, and ii. Offeror's plan to ensure that Network Providers provide physical access, reasonable accommodations, and accessible equipment for Members with physical or mental disabilities; d. Description of how the Offeror will ensure access to care on an out-of-network basis when timely access to a Network Provider is not possible., including the Offeror's plan to educate Members on accessing out-of-network benefits; e. Methods to educate providers on North Carolina's Medicaid Managed Care program and ease the transition from Medicaid Fee-for-Service to Medicaid Managed Care; f. Description of how Offeror will meet required time and distance standards and appointment wait time standards for adult service and pediatric service providers; g. Address specific health needs of specific populations and identify any opportunities or challenges in addressing those needs with the existing provider availability; h. Strategies to recruit providers in traditionally underserved areas, by health need, and overcome expected accessibility challenges; i. Strategies to support and sustain providers, including hospitals, in rural and other traditionally underserved areas; and j. Strategies to ensure access for children to the full range of age-appropriate health care providers, subspecialists and facilities.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p>	

Section IX. Offerors RFP Proposal and Response

The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.

☐ Offeror has no limitation(s) or issue(s).

☐ Offeror has limitation(s) or issue(s) described following their response below.

Evaluation Question	
34.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.E.2. Provider Network Management</i>. Response shall include:</p> <ul style="list-style-type: none"> a. A description of the Offeror's process and policies for terminating a provider from its network. Provide three (3) examples of the Offeror terminating a provider with cause; b. A description of the process for notifying Members and ensuring a Member's continued access to covered services in the event of provider termination. Include details as to how Offeror will assign a new PCP as well as maintain continuity of care for Members who had scheduled appointments with the terminated provider; c. A description of Offeror's practices and procedures used to ensure that contracting will be limited to Medicaid Enrolled Providers only. Include five (5) examples of the conditions under which the Offeror would issue to a provider an adverse quality determination during the contracting process; d. A description of the Offeror's practices and procedures to provide technical assistance and ensure the quality of contracted Local Health Departments and Advanced Medical Homes; e. A description of Offeror's approach to ensure provider network processes and procedures is sufficient to ensure Members are able to access and receive services for high-acuity, complex care through network providers, or OON providers, if service is not available in-network; f. A description of the operational policies, procedures and processes the Offeror will utilize to load the terms of the provider contracts into the Offeror claim payment platform to accurately pay providers consistent with agreed upon contract terms; g. A description of Offeror's process for enrolling providers in its network consistent with the operational timeframes and requirements including communication of the welcome notice, enrollment information, onboarding, and training; h. A description of the Offeror's strategy for developing and monitoring the consumer-facing Provider Directory, including innovative strategies for ensuring data accuracy, timely updates, and accessibility to Members, including those with limited English proficiency or illiteracy; and i. The following supporting documentation: <ul style="list-style-type: none"> i. Offeror's proposed practitioner Provider contract template. ii. Offeror's proposed facility Provider contract template. iii. Offeror's draft Good Faith Provider Contracting Policy. iv. Offeror's draft Credentialing and Re-credentialing Policy.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </div> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below. </div>	

Evaluation Question	
35.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.E.3. Provider Relations and Engagement</i>. The response shall include:</p> <ul style="list-style-type: none"> a. A description of the Offeror’s provider onboarding and training approach; b. A description of the Online Provider Portal, including information topics accessed there and key functionality in the Online Provider Portal useful to providers; and c. The following supporting documentation: <ul style="list-style-type: none"> i. Draft Provider Manual; and ii. Sample Online Provider Portal screen shots demonstrating functionality to meet requirements.
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
36.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.E.4. Provider Payments</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Description of the processes the Offeror will have in place to ensure provider payment requirements are met. Include in your response how quickly the CFSP can update its claim system to incorporate changes to provider contracting terms or to rate floors or schedules; b. Description of the Offeror's approach to negotiating rates with providers; and c. Description of any alternative payment arrangements the Offeror plans to offer providers in lieu of the rate floor.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
37.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.E.5. Provider Grievances and Appeals</i>. The response shall include:</p> <ul style="list-style-type: none"> a. A description of the Offeror's grievance and appeals processes; b. A description of the Offeror's approach to educate Providers on their rights within the Grievance and Appeals process; c. Three (3) examples of communication materials regarding Provider Grievance and Appeals process; d. Identification of any provider appeal rights that will be provided in addition to those required in the RFP; e. A description of the Offeror's process to self-audit the Provider Grievance and Appeals determinations, including the frequency and how the results are used to drive improvements; and f. Three (3) examples of provider complaints, grievances, and/or appeals that have been received and resolved in the past.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p> <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below. </p>	

VII. Quality and Value

Evaluation Question	
38.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements for performance measurement, assurance, and improvement, outlined in <i>Section V.F.1. Quality Management and Quality Improvement</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Description of Offeror's quality management strategy; b. Description of Offeror's quality management program including staffing and tools; c. Description of the Offeror's IT infrastructure and data analytics capabilities to support quality and value, including a description of how such systems can support stratification and analysis of quality measures at a regional level; d. Description of all associated standing (permanent) and innovative QM/QA/QI programs; e. Two (2) samples of multi-year [at least three (3) years] Quality Assessment and Performance Improvement (QAPI) reports that demonstrate measure targets and planned interventions, as well as annual updates to the QAPI. Both QAPI samples must include all of the following items: <ul style="list-style-type: none"> i. IT infrastructure used to support measure analysis and quality improvement efforts; ii. Measures results compared to national benchmarks; including measures that did not meet state targets; iii. Evidence of measure indicators; analysis to find drivers; PDSA or other methodological approach for improvement; iv. Two (2) specific Performance Improvement Projects (PIP). At least one (1) PIP example should focus on children and one (1) PIP example should focus on behavioral health pregnancy/maternal health. Each PIP should include measures tracked, data on measures over time, and specific interventions tested; v. Associated quality improvement training plans—including methodology to target Providers; macro and micro practice interventions, methodology for sharing data and tools and any relationship to advanced payment (AP) or other incentive methods; vi. Associated examples of how quality data was shared with providers describing utilization penetration rates among providers and outcomes of using the data and tools/applications; and vii. Overall impact of the QI interventions and PIPs; f. Ten (10) examples of HEDIS measures stratified by geography, race/ethnicity, and gender. The Offeror shall describe the IT infrastructure and data analytic capabilities used to support the analysis, analysis of the measures, and associated QI programs implemented to address health disparities. Include measure indicators; analysis to find drivers; PDSA or other methodological approach for evaluation; interventions; planned metrics, realized metrics, and overall impact of the QI/PIP; and g. Two (2) state examples of using public health measures (i.e. BRFSS, state health statistics) and data on unmet resource needs in the development of quality improvement activities and PIPs. Include IT infrastructure, data used and data/metrics collected, collaboration strategies with State and local agencies, quality improvement interventions, and overall impact of the QI/PIP. Using NC state health statistics to then demonstrate how the Offeror might develop a similar program here and measure outcomes.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. ... 	

Section IX. Offerors RFP Proposal and Response

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- ☐ Offeror does not confirm adherence

Offeror’s Response:

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- ☐ Offeror has no limitation(s) or issue(s).
- ☐ Offeror has limitation(s) or issue(s) described following their response below.

Evaluation Question	
39.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements for Value Based Payments outlined in <i>Section V.F.2. Value Based Payments/Alternative Payment Models</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Description of the Offeror's approach to ensuring payments to Providers include a focus on population health, appropriateness of care and other measures related to value; b. Description of Offeror's IT infrastructure and how that system will support moving toward value-based payment, including shared savings and/or performance incentives across different provider types, care settings and locations; c. Description of value-based payment arrangements the Offeror has used in two (2) other locations (e.g., another state or region). Include the corresponding LAN frameworks, the location, the volume of payments and patients, and the percent of total premium flowing to providers through shared savings and other incentive arrangements in the response; d. Description of how Offeror made progress over time and used VBP to improve outcomes. Include outcome and cost measures in your response; e. Description of the value-based payment/alternative payment models the Offeror has used to date for contracting with Medicaid, Medicare and Commercial providers in North Carolina, plans to align Medicaid payment models in NC with the Offeror's other payor contracts; f. Description on the Offeror's IT capabilities and how it proposes to build out these capabilities, over time, in order meet the Department's goals on ensuring that provider payments include a focus on measures related to value. The description should include specific IT, data sharing and data analytic capabilities currently in place versus those planned that will support shared savings and incentive models, including total cost of care. Specific functionalities to address include: <ul style="list-style-type: none"> i. Risk adjustment, ii. Receiving administrative, clinical, and claims/encounter data and sharing such data with providers and the Department, iii. Sharing quality measurement across different practices and for specific providers within practices for attributable populations under these contracts, iv. Sharing cost measurement across different practices and for specific providers within practices for attributable populations under these contracts, v. Reporting capabilities, and vi. Payment functions; and g. Based on the Offeror's assessment of the North Carolina landscape and Medicaid Transformation design, explain three (3) approaches for developing value-based payment arrangements with providers used in other state Medicaid programs and how the Offeror would employ or modify them over the initial three (3) years of the CFSP program.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	

Section IX. Offerors RFP Proposal and Response

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- ☐ Offeror does not confirm adherence

Offeror’s Response:

The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.

- ☐ Offeror has no limitation(s) or issue(s).
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VIII. Stakeholder Engagement

Evaluation Question	
40.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.G.1 Engagement with Federally Recognized Tribes</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Approach to design and implement the Tribal Engagement Strategy; b. Approach to integrate with EBCI Public Health and Human Services (PHHS) offices; c. Experience working with members of Federally recognized tribes in which culturally competent care is achieved, including the following metrics: <ul style="list-style-type: none"> i. Number of beneficiaries the Offeror serves who are members of Federally recognized tribes by state; and ii. Volume, type, and availability of services; d. Experience and approach for working with IHCP providers, including: <ul style="list-style-type: none"> i. Proposed training methods for Tribal Provider Contracting Specialist; and ii. Proposed plan to contract with IHCPs as required under the Contract; and e. Draft Tribal Engagement Plan that reflects the unique needs of the North Carolina Medicaid program and tribal Members in North Carolina, including EBCI.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
41.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.G.2. Engagement with Community and County Organization</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Approach to design and implement Local Community Collaboration Strategy; b. Prior experiences supporting and working with communities and community-based organizations and implementing a similar strategy that the Department is looking to implement through the Contract; c. Considerations for magnitude of the state/number of county and community-based services while remaining cost effective; d. Approach to reducing burden on agencies/partners; and e. Draft Local Community Collaboration Strategy that demonstrates an understanding of the North Carolina Medicaid, the state's geographic and cultural diversity and the different types of community of agencies engaged with Members.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p> <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below. </p>	

Evaluation Question	
42.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.G.3. Integration with Other Department Partners</i>, including the Enrollment Broker, Ombudsman Program and county DSS offices. The response shall include:</p> <ul style="list-style-type: none"> a. Experience with and approach to working collaboratively with Enrollment Broker to ensure seamless transitions and issue resolution for Members; b. Experience with and approach to collaborating with other Department and Division partners, as well as to local government agencies and community partners to ensure that Members' unique needs are met; c. Experience with and approach to engaging and collaborating with state and local child welfare agencies; and d. Approach to collaborating with NCDSS (the lead entity for FFSPA) and County DSS o to implement Family First Prevention Services Act (FFPSA).
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
43.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.G.4. Community Crisis Services Plan</i>. The response shall include:</p> <ul style="list-style-type: none">a. Approach to participation in development and implementation of BH community crisis services plans;b. Coordination with other entities to increase access to and secure sustainability of BH crisis options; andc. Draft Comprehensive Local Crisis Management Plan.
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none">1.2.3. ...	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

IX. Program Operations

Evaluation Question	
44.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.H.1. Service Lines</i>. The response shall include:</p> <ul style="list-style-type: none">a. Approach to ensure all pharmacy prior authorization requests are processed within twenty-four (24) hours;b. Experience, approach and policies with operating a behavioral health crisis line;c. Approach to customizing and training Member Service and provider relations staff on North Carolina Medicaid Managed Care program and providing specific responses to potential customer service inquiries; andd. Process to integrate the Nurse Line into the Offeror’s Care Management and health care delivery model.
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none">1.2.3. ...	
<div><input type="checkbox"/> Offeror confirms adherence</div> <div><input type="checkbox"/> Offeror does not confirm adherence</div> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</div> <div><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</div>	

Evaluation Question	
45.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.H.2. Staff Training</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Experience and approach in developing market specific trainings for staff with varying backgrounds, and educational levels; b. Description of the Offeror's process and methods for providing North Carolina Medicaid Managed Care training to its personnel, including: <ul style="list-style-type: none"> i. A description of each staff training program (i.e. Member services, provider relations, county and Department staff), including a summary of the topics, the materials used, and the media used in the training. ii. Frequency of the initial and updated training; and c. Approach to ensuring cross-functional training with other Department Medicaid Managed Care partners (including the Enrollment Broker, the Ombudsman program, and local DSS staff).
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
46.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.H.3. Reporting</i> and <i>Section VII. Attachment I. Reporting Requirements</i> .
List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response. 1. 2. 3. ...	
<input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence Offeror’s Response: The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question. <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.	

Evaluation Question	
47.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.H.4. CFSP Policies</i> .
List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response. 1. 2. 3. ...	
<input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence	
Offeror’s Response: The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question. <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.	

Evaluation Question	
48.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.H.5. Business Continuity</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Approach to meeting the Department’s restoration of service timing expectations including failover site approach (active/active, active/passive and cold, warm, or hot site), technical staffing coverage, data replication and recovery processes, and approach to testing including frequency and testing coverage; b. Approach for maintaining data security during an event that causes the implementation of the business continuity plan; c. Description of the differentiation between the technical approach (system failover, data recovery, etc.) and the business approach (alternate procedures, staffing, training, etc.) including how critical functions will be met during the initial twenty-four (24) hour recovery window; and d. Draft Business Continuity Plan.
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

X. Claims and Encounter Management

Evaluation Question	
49.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.I.1. Claims</i>. The response shall include the experience of the Offeror and any entity proposed to process and pay claims in Question #2. The response shall include:</p> <ul style="list-style-type: none"> a. Description of Offeror's ability to support a fully integrated claims platform for physical and behavioral health services. b. Description of policies and procedures to meet performance standards and prompt pay requirements; c. Market specific strategies for addressing potential provider payment issues, beginning with the contracting process and technical provider contract setup, including underpayments, overpayments, pre-and post-claims editing policies and provider billing education; and d. Proposed average days to payment from claims submission for the Offeror's proposed claims platform for pharmacy claims and medical claims (days should be separately for medical and pharmacy).
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </div> <p>Offeror's Response:</p> <p style="margin-top: 20px;">The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below. </div>	

Evaluation Question	
50.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.1.2 Encounters</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Performance management strategies to ensure complete, accurate and timely encounter data submissions are made to the Department and meet the standards required under the Contract; b. Demonstrated understanding of the importance of accurate, complete and timely Medical and Pharmacy encounter data to the Department for use in the North Carolina Medicaid. In addition, Offeror shall specifically include steps to support drug rebates and steps to support capturing all applicable diagnosis information on encounters to support risk adjustment; c. Operating model including staffing to support the encounter development and submission process; d. Description of the Offeror's past performance in complying with encounter submission SLAs for other Medicaid customers including the acceptance rates as percentages; e. Leading practices it has adopted to improve data quality in encounter submission, include applicable policies and procedures and the Offeror's use of the Post Adjudicated Claims Data Reporting (PACDR) version of the X12 837 transaction; f. Procedure to work with providers and internal operations in correcting Encounter errors; g. Describe the challenges and associated mitigation approaches with encounter data submission (including managing denied claim submission, duplicate submissions, sub capitated claims, value-based arrangements, or non-traditional services such as ILOS, value-added services, health-related resources) and specific steps taken to remediate issues. Include specific data on outcomes achieved; and h. Draft Encounter Implementation Approach.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

XI. Financial Requirements

Evaluation Question	
51.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.J.1. Capitation Payments</i> and the <i>CFSP Data Book and Capitation Rate Methodology</i>. The response shall include:</p> <ul style="list-style-type: none"> a. For all entities proposed to assume risk through the capitated contract as listed in Question #5, provide the net underwriting gain or loss for Medicaid lines of business for the last two completed contract years, by state of operation and year (for all entities proposed to bear risk). Include relevant details on context for any losses; b. Approach to managing utilization and expenditures within the capitation payments while meeting or exceeding quality standards; c. Methods for reducing administrative costs to and maintaining financial predictability of the North Carolina Medicaid Managed Care program; d. Tools and measures the Offeror uses to track actual and anticipated expenditures relative to the capitation rates to mitigate losses; and e. Measures and the targets for each measure that the Offeror will use to demonstrate value to the Department.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </div> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below. </div>	

Evaluation Question	
52.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements for managing and monitoring financial sustainability, as outlined in <i>Section V.J.2. Medical Loss Ratio</i> .
List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response. 1. 2. 3. ...	
<input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence Offeror’s Response: The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question. <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.	

Evaluation Question	
53.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements for managing and monitoring financial sustainability, as outlined in <i>Section V.J.3. Financial Management</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Approach to managing financial risk, including how financial risk will be shared across partnering entities; b. Approach to strong financial stewardship and protecting against insolvency, including plans for purchasing reinsurance/ stop loss or a proposed alternative arrangement; c. Sources and amounts of capital available to the Offeror, including the Offeror's plan for finding additional capital should the Offeror experience financial hardship; d. For all entities proposed to assume risk through the capitated contract as listed in Question #5, provide any regulatory actions related to solvency and any bankruptcy or solvency during the past ten years, including all relevant details on the context and proceedings; and e. The following supporting documentation for Offeror or any entities identified to assume risk in Question #2: <ul style="list-style-type: none"> i. Balance sheet as of the end of the month immediately preceding the month in which the Proposal is submitted. (NOTE: Offerors may provide the balance sheet from the latest filed quarterly statutory filing in lieu of the balance sheet as of the end of the month immediately preceding the month in which the Proposal is submitted.) ii. Documentation of lines of credit that are available, including maximum credit amount and available credit amount. iii. Proposed reinsurance arrangement or alternative mechanism for managing financial risk.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

XII. Compliance

Evaluation Question	
54.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements in <i>Section V.K.1. Compliance Program</i> . The response must include the Offeror’s draft Compliance Plan.
<p>List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <p>1.</p> <p>2.</p> <p>3. ...</p>	
<div><input type="checkbox"/> Offeror confirms adherence</div> <div><input type="checkbox"/> Offeror does not confirm adherence</div> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <div><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</div> <div><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</div>	

Evaluation Question	
55.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.K.2. Program Integrity</i> .
List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response. 1. 2. 3. ...	
<input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence Offeror’s Response: The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question. <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.	

Evaluation Question	
56.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.K.3. Fraud, Waste and Abuse Prevention</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Three (3) examples of initiatives to proactively prevent fraud/waste/abuse previously enacted and the outcomes achieved; include any work with law enforcement in criminal or civil prosecution fraud cases; b. Approach to design and uphold a proactive fraud prevention, detection and referral process. Include description of both internal and external policies and procedures; c. Staffing model for the SIU and how the SIU would work with state or federal investigators; d. Description of how the Offeror will work with the Department, MID or the OIG to investigate and prosecute potential fraud/waste/abuse; e. Description of how the Offeror will balance the tensions between paying Providers timely and accurately with the Offeror's responsibility: <ul style="list-style-type: none"> i. To monitor potential fraud/waste/abuse; and ii. Cost avoidance and cost recovery; and f. Offeror's draft Fraud, Waste and Abuse Plan.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p> <input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence </p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p> <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below. </p>	

Evaluation Question	
57.	The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.K.4. Third Party Liability</i> .
List all entities identified in Question #2 of the Offeror’s Proposal and Response that are performing core functions or where it has proposed experience related to this response. 1. 2. 3. ...	
<input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence Offeror’s Response: The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question. <input type="checkbox"/> Offeror has no limitation(s) or issue(s). <input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.	

Evaluation Question	
58.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section V.K.5. Recipient Explanation of Medical Benefit (REOMB)</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Procedures to exclude mailing REOMBs containing potentially sensitive clinical information; and b. Actions taken based on data from REOMB mailing responses.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ul style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

XIII. Technical Specifications

Evaluation Question	
59.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements to working with the State and State Contractors to implement and manage data integrations requirement outlined in <i>Section V.L. Technical Specifications</i>. The response shall include at a minimum:</p> <ul style="list-style-type: none"> a. Experience and approach to developing data exchanges and interfaces, including response batch, EDI, real time, and APIs. b. Innovative approaches and experience with data exchanges focused on transmitting only necessary data for business purposes (including data sharing such as data hubs and real-time data services); c. Approach to comply with the current data exchanges detailed in the Contract; d. Approach to system and service availability including the recoverability of platforms to avoid impacts to the delivery of services to Members; e. Approach to functionally testing new software releases, upgrades, and fixes prior to releasing into production (this is differentiated from the questions above around vulnerability testing); f. Approach to comply with the reconciliation processes for Member, Provider and AMH, including and any gaps in the reconciliation process as well as innovative approaches to reconciliation the Offeror has implemented with other States or clients; g. Approach and experience in conducting root cause analysis when failures or problems are identified; h. Method to create, maintain and transmit the Provider Directory; and i. Approach to follow the Department's Enterprise Architecture standards when creating the System Interface Design and throughout the maintenance of this documentation; and j. Draft System Interface Design document.
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
60.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its capacity and proposed approach to meeting RFP requirements outlined in <i>Section III.E. Confidentiality, Privacy and Security Protections</i> and <i>Section V.L. Technical Specifications</i>. The response shall include:</p> <ul style="list-style-type: none"> a. Overall approach to customer and Member data protection including internal programs and policies that minimize the risk of data breaches such as a Customer Data Protection policy; b. Experience in complying with Federal rules and regulations including HITECH and HIPAA; c. Experience with Risk Analysis and Assessments associated with NIST standards; d. Description of software and infrastructure development and release cycles including integrated security and vulnerability testing as well as the patch management process and controls (both platform and software); e. Description of the vulnerability and breach monitoring processes including internal Network Operations Centers, use of external parties such as US Cert, or other monitoring tools or processes; f. Offerors draft Security Compliance Plan; and g. The following deliverables in accordance with <i>Section III.E.9.a</i>): <ul style="list-style-type: none"> i. Offeror's draft Security Compliance Plan; ii. Vendor Readiness Assessment Report (VRAR) https://it.nc.gov/documents/vendor-readiness-assessment-report iii. System Security Plan (SSP) https://it.nc.gov/documents/system-security-plan-template iv. Vendor SOC 2 or ISO 27001 or FedRamp or equivalent compliance certificates v. Network Architecture Diagram vi. Data Flow Diagram and Description. <p>Note: If the response includes a cloud or vendor hosted solutions, these are considered extensions of the Offeror's infrastructure and should be included in the responses to the questions above.</p>
<p>List all entities identified in Question #2 of the Offeror's Proposal and Response that are performing core functions or where it has proposed experience related to this response.</p> <ol style="list-style-type: none"> 1. 2. 3. ... 	
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

XIV. Historically Underutilized Businesses and Diversity, Equity and Inclusion

Evaluation Question	
61.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, any experience working with, or efforts to create opportunities for, historically underutilized businesses (HUBs) and how it will comply with <i>Section III.D.29. <u>HISTORICALLY UNDERUTILIZED BUSINESS (HUBs)</u></i> of the RFP.</p>
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror’s Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

Evaluation Question	
62.	<p>The Offeror shall confirm adherence to the requirements of the Department and describe, in detail, its commitment and approach to diversity, equity and inclusion and how it will comply with <i>Section III.D.16. <u>CULTURAL AND LINGUISTIC COMPETENCY AND SENSITIVITY</u></i> of the RFP. Offeror should include copies or drafts of any corporate or company policies, programs or initiatives to support its response.</p>
<p><input type="checkbox"/> Offeror confirms adherence <input type="checkbox"/> Offeror does not confirm adherence</p> <p>Offeror's Response:</p> <p>The Offeror must describe any limitation(s) or issue(s) with meeting the requirements of this question.</p> <p><input type="checkbox"/> Offeror has no limitation(s) or issue(s).</p> <p><input type="checkbox"/> Offeror has limitation(s) or issue(s) described following their response below.</p>	

C. CFSP Key Personnel

The following must be completed by the Offeror as required by *Section V.A.9. Staffing and Facilities* and *Section IX.B. Response to Technical Evaluation Questions, Question #13*.

Attachment O. Offeror's Proposal and Response Table 7: CFSP Key Personnel				
Role		Duties and Responsibilities of the Role	Minimum Certifications and/or Credentials Requested by the Department	Offeror's Proposed Staff Name. Offeror must attach resume for each Proposed Staff Name.
1.	Chief Executive Officer (CEO) of North Carolina Medicaid Managed Care Program	Individual who has clear authority over the general administration and day-to-day business activities of this Contract	<ul style="list-style-type: none"> • Must reside in North Carolina. 	
2.	Chief Financial Officer (CFO) of North Carolina Medicaid Managed Care Program	Individual responsible for accounting and finance operations, including all audit activities	<ul style="list-style-type: none"> • Must reside in North Carolina. 	
3.	Chief Medical Officer (CMO) of North Carolina Medicaid Managed Care Program	Individual who oversees and is responsible for the delivery of physical health, BH, I/DD, and LTSS provided to children, youth, and families served by the child welfare system including but not limited to the proper provision of covered services to Members, developing clinical practice standards, clinical policies and procedures, utilization management, pharmacy, population health and Care Management, and quality management. Individual responsible for ensuring an integrated approach to the physical health, BH, I/DD, LTSS needs of Members.	<ul style="list-style-type: none"> • Must reside in North Carolina. • Must be a licensed pediatrician or family practice physician with a minimum of seven (7) years working with children in a clinical setting. • Minimum of two (2) years' experience in managed care. • Minimum of one (1) year of experience working with children, youth, and families served by the child welfare system and/or demonstrated familiarity with the State agencies that are involved with their care (e.g., DSS, Department of Public Instruction, Division of Juvenile Justice and Delinquency Prevention, Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS)). 	

Attachment O. Offeror's Proposal and Response Table 7: CFSP Key Personnel

Attachment O. Offeror’s Proposal and Response Table 7: CFSP Key Personnel				
Role		Duties and Responsibilities of the Role	Minimum Certifications and/or Credentials Requested by the Department	Offeror’s Proposed Staff Name. Offeror must attach resume for each Proposed Staff Name.
4.	Chief Compliance Officer (CCO) of North Carolina Medicaid Managed Care Program	Individual to oversee and manage all fraud, waste, and abuse and compliance activities	<ul style="list-style-type: none">• Must reside in North Carolina.	
5.	Chief Information Security Officer (CISO) or Chief Risk Officer (CRO) of the North Carolina Medicaid Managed Care Program	Individual responsible for establishing and maintaining the security processes to ensure information assets and technologies are protected	<ul style="list-style-type: none">• Must reside in North Carolina.• Must hold a bachelor’s degree in information security or computer science.• Must have CISSP and one of the following certifications: CISM, CISA or GSEC.	
6.	Quality Director of North Carolina Medicaid Managed Care Program	Individual responsible for all quality management/quality improvement activities, including but not limited to ensuring individual and systemic quality of care, integrating quality throughout the organization, implementing process improvement, and resolving, tracking and trending quality of care grievances.	<ul style="list-style-type: none">• Must reside in North Carolina.• Minimum of five (5) years of demonstrated quality management/quality improvement experience in a healthcare organization serving Medicaid beneficiaries.• Must be a North Carolina fully licensed clinician (e.g., LCSW, RN, MD, DO).• Certified Professional in Healthcare Quality (CPHQ) is preferred.	
7.	Provider Network Director of North Carolina Medicaid Managed Care Program	Individual responsible for providers services and provider relations, including all network development and management issues	<ul style="list-style-type: none">• Must reside in North Carolina.• Minimum of five (5) years of combined network operations, provider relations, and management experience.	
8.	Behavioral Health Director of North Carolina Medicaid Managed Care Program	Individuals responsible for providing oversight and leadership of integrated behavioral health benefit, including UM program, network development and care management.	<ul style="list-style-type: none">• Must reside in North Carolina.• NC-licensed psychiatrist or Psychologist.• Minimum experience of five (5) years in a BH clinical setting and two (2) years in managed care.	

Attachment O. Offeror's Proposal and Response Table 7: CFSP Key Personnel

Role		Duties and Responsibilities of the Role	Minimum Certifications and/or Credentials Requested by the Department	Offeror's Proposed Staff Name. Offeror must attach resume for each Proposed Staff Name.
9.	Deputy Chief Medical Officer of North Carolina Medicaid Managed Care Program	Individual who oversees and is responsible for the delivery of medical services provided to children, youth and families served by the child welfare system as assigned by the Chief Medical Officer including but not limited to the proper provision of covered services to Members, developing clinical practice standards, clinical policies and procedures, utilization management, pharmacy, population health and Care Management, and quality management. Individual responsible for supporting the Chief Medical Officer in ensuring an integrated approach to the physical health, Behavioral Health I/DD and TBI needs of Members. Individual reports to the Chief Medical Officer.	<ul style="list-style-type: none"> • Must reside in North Carolina. • Must be a Child/ Adolescent Psychiatrist fully licensed to practice in NC and in good standing. • Minimum of five (5) years clinical experience and two (2) years' experience in managed care. • Minimum of one (1) year of experience working with children, youth and families served by the child welfare system and/or demonstrated familiarity with the State agencies that are involved with their care (e.g., DSS, Department of Public Instruction, Division of Juvenile Justice and Delinquency Prevention, DMH/DD/SUS). 	
10.	Director of Population Health and Care Management of North Carolina Medicaid Managed Care Program	Individual responsible for providing oversight and leadership of all prevention/population health, Care Management and Care Coordination programs, including oversight of the statewide CFSP Care Management model and required coordination and co-location with County DSS. Individual responsible for providing oversight of LHDs delegated Care Management entities, if applicable.	<ul style="list-style-type: none"> • Must reside in North Carolina. • Must be a fully licensed clinician (e.g., LCSW, LCMHC, RN, MD, DO, LMFT). • Minimum of five (5) years of demonstrated Care Management/population health experience in a healthcare organization serving Medicaid beneficiaries. • Minimum of two (2) years of experience working with children, youth and families served by the child welfare system and/or familiarity with the State agencies that are involved with their care (e.g., DSS, Department of Public 	

Attachment O. Offeror's Proposal and Response Table 7: CFSP Key Personnel				
Role		Duties and Responsibilities of the Role	Minimum Certifications and/or Credentials Requested by the Department	Offeror's Proposed Staff Name. Offeror must attach resume for each Proposed Staff Name.
			Instruction, Division of Juvenile Justice and Delinquency Prevention, DMH/DD/SUS).	
11.	Pharmacy Director of North Carolina Medicaid Managed Care Program	<p>Individual who oversees and manages the CFSP pharmacy benefits and services.</p> <p>The Pharmacy Director shall lead the Plan's efforts implementing the Medication Reconciliation and management requirements in accordance with the contract.</p>	<ul style="list-style-type: none"> • Must reside in North Carolina. • Must be a North Carolina-registered pharmacist with a current NC pharmacist license. • Minimum of three (3) working years of Medicaid pharmacy benefits management experience. • Minimum of two (2) years of experience in Medication Reconciliation and management for high-risk children, including children who are served by the child welfare system. 	
12.	Healthy Opportunities Pilot Program Director of North Carolina Medicaid Managed Care Program	<p>Individual who is responsible for:</p> <p>a. Serving as the CFSP's liaison with the Department and other Healthy Opportunities Pilot entities (including Network Leads, HSOs, NCCARE360 vendor, and "Care Management Team" on Healthy Opportunities Pilot-related issues-topics) on the CFSP's Healthy Opportunities Pilot-related roles and responsibilities;</p> <p>b. Overseeing the Healthy Opportunities Pilots on behalf of the CFSP and coordinating within the organization to ensure all CFSP Healthy Opportunities Pilot responsibilities are met;</p>	<ul style="list-style-type: none"> • Must reside in North Carolina. • Minimum of two (2) years of experience serving or working on behalf of Medicaid beneficiaries. • Minimum of two (2) years of experience project managing large and complex engagements. • Minimum of two (2) years of experience coordinating across different types of stakeholders. • Minimum of two (2) years of experience in an organization or field that demonstrates an understanding of the impact of social needs on individuals' health and well-being. 	

Attachment O. Offeror's Proposal and Response Table 7: CFSP Key Personnel

Role		Duties and Responsibilities of the Role	Minimum Certifications and/or Credentials Requested by the Department	Offeror's Proposed Staff Name. Offeror must attach resume for each Proposed Staff Name.
		<p>c. Tracking CFSP's compliance and performance against Healthy Opportunities Pilot-related deadlines and milestones;</p> <p>d. Submitting Healthy Opportunities Pilot-related reports to the Department by required deadlines;</p> <p>e. Supporting HSOs to ensure their capacity to receive payment for Healthy Opportunities Pilot services delivered (e.g., via direct deposit);</p> <p>f. Ensuring the CFSP and its "Care Management Team" (as appropriate) are onboarded onto and using NCCARE360 for its Healthy Opportunities Pilot-related functionalities; and</p> <p>g. Ensuring CFSP staff who use NCCARE360 have proper access to the platform.</p>		
13.	Liaison to the DSS	Individual who serves as the primary liaison with the DSS coordinating outreach, distribution of materials, and understanding the scope of services/programs coordinated through County DSS Offices.	<ul style="list-style-type: none"> • Must reside in North Carolina. • Must have experience working with North Carolina DSS staff and knowledge of North Carolina's child welfare system. 	

D. Contractor's Contract Administrators

Contract Administrators are the persons to whom notices provided for in this Contract shall be given, and to whom matters relating to the administration of this Contract shall be addressed. The Department and Contractor may change its respective administrator, address, and telephone number by providing written notice.

A. For the Department

1. Contract Administrator for contractual issues:

Name & Title	Danielle Dodson Senior Contract Development Specialist
Physical Address	820 S. Boylan Avenue Raleigh, NC 27603
Mail Service Center Address	2501 Mail Service Center Raleigh, NC 27699-1950
Telephone Number	919-527-7231
Email Address	Danielle.Dodson@dhhs.nc.gov Medicaid.Contractadministrator@dhhs.nc.gov

2. Contract Administrator for day-to-day activities:

Name & Title	Sarah Gregosky, MSPH Chief Operating Officer
Physical Address	820 S. Boylan Avenue Raleigh, NC 27603
Mail Service Center Address	2501 Mail Service Center Raleigh, NC 27699-1950
Telephone Number	919-628-7396
Email Address	Sarah.Gregosky@dhhs.nc.gov Medicaid.Contractadministrator@dhhs.nc.gov

3. Contract Administrator for Federal, State, and Department security matters:

Name & Title	Pyreddy Reddy, NCDHHS CISO
Address 1	695 Palmer Drive, Raleigh, NC 27603
Telephone Number	919-855-3090
Email Address	Pyreddy.Reddy@dhhs.nc.gov Medicaid.Contractadministrator@dhhs.nc.gov

4. Contract Administrator for HIPAA and Policy Coordinator for Federal, State, and Department privacy matters:

Name & Title	Andrew Albright, Privacy Officer
Physical Address	1985 Umstead Drive, Kirby Building Raleigh, NC 27603
Mail Service Center Address	2501 Mail Service Center Raleigh, NC 27699-2501
Telephone Number	919-527-7747
Email Address	andrew.a.albright@dhhs.nc.gov Medicaid.Contractadministrator@dhhs.nc.gov

B. For the Contractor

1. Contract Administrator for contractual issues:

Name & Title	
Address	
Telephone Number	
Email Address	

2. Contract Administrator for day-to-day activities:

Name & Title	
Address	
Telephone Number	
Email Address	

3. Contractor's Coordinator for Privacy and Security matters:

Name & Title	
Address	
Telephone Number	
Email Address	

E. Certification of Financial Condition

The Offeror must complete and sign this Form, and include the required documents as indicated herein.

The undersigned hereby certifies that:

- ☐ The Offeror has included the following documents with this completed Certification of Financial Condition.
- a. ☐ Audited or reviewed financial statements (preferably audited) prepared by an independent Certified Public Accountant (CPA for the two most recent fiscal years, including at a minimum balance sheet, income statement, and cash flow statement for each year. Must provide the contact information for the CPA/audit firm.
 - b. ☐ The current Month End Balance Sheet and Year-to-Date Income Statement at the time of proposal submission.
 - c. ☐ The most recent corporate tax filing OR independent audit report. If submitting the independent audit report, must include contact information for the audit firm.
- ☐ The CFSP is in sound financial condition and, if applicable, has received an unqualified audit opinion for the latest audit of its financial statements.
- ☐ The Offeror has included a brief statement outlining and describing its financial stability.
- ☐ The Offeror has no outstanding liabilities, including tax and judgment liens, to the Internal Revenue Service or any other government entity.
- ☐ The Offeror is current in all amounts due for payments of federal and state taxes and required employment-related contributions and withholdings.
- ☐ The Offeror acknowledges that this is a continuing certification, and the PHP shall notify the Department

If any one or more of the foregoing boxes is NOT checked, the Offeror shall explain the reason in the space below:

The Offeror is encouraged to explain any negative financial information in its financial statement below and are encouraged to provide documentation supporting those explanations:

By completing this Certification of Financial Condition and Legal Action Summary, the Offeror affirms the ability to financially support implementation and on-going costs associated with this Contract, and the individual signing certifies he or she is authorized to make the foregoing statements on behalf of the Offeror.

Signature	Date
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Printed Name	Title
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The remainder of this page is intentionally left blank.

F. Disclosure of Litigation and Criminal Conviction

The Offeror must provide information regarding litigation and criminal conviction in response to the RFP by completing this Form.

1. The Offeror shall disclose, if it, or any of its subcontractors, or their officers, directors, or key personnel who may provide Services under any contract awarded pursuant to this solicitation, have ever been convicted of a felony, or any crime involving moral turpitude, including, but not limited to fraud, misappropriation, or deception.
2. The Offeror shall disclose if it, or its any of its subcontractors, are the subject of any current litigation or investigations of noncompliance under federal or state law.
3. The Offeror shall disclose any civil litigation, regulatory finding or penalty, arbitration, proceeding, or judgments against it or its subcontractors during the three (3) years preceding its offer that involve (1) Services or related goods similar to those provided pursuant to any contract and that involve a claim that may affect the viability or financial stability of the Contractor, or (2) a claim or written allegation of fraud by the Contractor or any subcontractor hereunder, arising out of their business activities, or (3) a claim or written allegation that the Contractor or any subcontractor violated any federal, state or local statute, regulation or ordinance. Multiple lawsuits and or judgments against the Offeror or subcontractor shall be disclosed to the State to the extent they affect the financial solvency and integrity of the Offeror or subcontractor.
4. In the event the Offeror, an officer of the Offeror, or an owner of a twenty-five percent (25%) or greater share of the Offeror, is convicted of a criminal offense incident to the application for or performance of a State, public or private Contract or subcontract; or convicted of a criminal offense including but not limited to any of the following: embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, attempting to influence a public employee to breach the ethical conduct standards for State of North Carolina employees; convicted under State or federal antitrust statutes; or convicted of any other criminal offense which, in the sole discretion of the State, reflects upon the Offeror's business integrity, such Offeror shall be prohibited from entering into a contract for goods or Services with any department, institution, or agency of the State.
5. The Offeror shall disclose any legal action that could adversely affect the Offeror's financial conditions or ability to meet the requirements any Contract resulting from the RFP.

By signing the RFP, Offeror certifies that the information provided in this response to the RFP is true to the best of its information and belief. Offeror agrees to notify Department of any changes to the information provided that arise prior to award of any Contract resulting from the RFP. By signing the RFP, Offeror further acknowledges the requirements set forth in RFP *Section III.D.19. **DISCLOSURE OF LITIGATION AND CRIMINAL CONVICTION OR ADVERSE FINANCIAL CONDITION***, and the resulting obligations should a Contract be awarded to the Offeror.

G. Disclosure of Conflicts of Interest

Offeror must provide conflict of interest information by completing this form in its response to the RFP.

Offeror shall:

1. Disclose any relationship to any business or associate with whom the Contractor is currently doing business that creates or may give the appearance of conflict of interest related to this RFP and any Contract that may be awarded to Offeror because of the RFP.

2. Disclose any firm principal, staff member or subcontractor, known by the Offeror to have a conflict of interest or potential conflict of interest related to this RFP and any Contract that may be awarded to Offeror because of the RFP.

By signing the RFP, Offeror certifies that the information provided in this response to the RFP is true to the best of its information and belief. Offeror agrees to notify Department of any changes to the information provided that arise prior to award of any Contract resulting from the RFP. By signing the RFP, Offeror further acknowledges the requirements regarding conflicts of interest set forth in RFP *Section III.D.18. **DISCLOSURE OF CONFLICTS OF INTEREST***, and the resulting obligations should a Contract be awarded to the Offeror.

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H. Disclosure of Ownership Interest

Offeror must provide information regarding ownership and control as described in 42 C.F.R. § 455.104 by completing this Attachment.

Offeror shall provide, for the Offeror, the following information:

1. The Name, Address, Date of Birth and Social Security Numbers of any individual with an ownership or control interest in the Offeror, including those individuals who have direct, indirect, or combined direct/indirect ownership interest of 5% or more of the Offeror's equity, owns 5% or more of any mortgage, deed of trust, note, or other obligation secured by the Offeror if that interest equals at least 5% of the value of the Offeror's assets, is an officer or director of a Offeror organized as a corporation, or is a partner in a Offeror organized as a partnership (Sections 1124(a)(2)(A) and 1903(m)(2)(A)(viii) of the Social Security Act and 42. § C.F.R 455.100-104);
2. The Name, Address, and Tax Identification Number of any corporation with an ownership or control interest in the Offeror, including those individuals who have direct, indirect, or combined direct/indirect ownership interest of 5% or more of the Offeror's equity, owns 5% or more of any mortgage, deed of trust, note, or other obligation secured by the Offeror if that interest equals at least 5% of the value of the Offeror's assets, is an officer or director of a Offeror organized as a corporation, or is a partner in a Offeror organized as a partnership (Sections 1124(a)(2)(A) and 1903(m)(2)(A)(viii) of the Social Security Act and 42 C.F.R. § 455.100-104). The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address;
3. Whether the person (individual or corporation) with an ownership or control interest in the Offeror is related to another person with ownership or control interest in the Offeror as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Offeror has a 5% or more interest is related to another person with ownership or control interest in the Offeror as a spouse, parent, child, or sibling;
4. The name of any disclosing entity, other disclosing entity, fiscal agent or managed care entity, as defined in 42 C.F.R. § 455.101 in which an owner of the Offeror has an ownership or control interest; and
5. The Name, Address, Date of Birth and Social Security Number of any agent or managing employee (including Key Staff personnel as noted in Section D, Paragraph 15, Staffing Requirements) of the Offeror as defined in 42 C.F.R. § 455.101.

By signing the RFP, Offeror certifies that the information provided in this response to the RFP is true to the best of its information and belief. Offeror agrees to notify Department of any changes to the information provided that arise prior to award of any Contract resulting from the RFP. By signing the RFP, Offeror further acknowledges the requirements set forth in RFP *Section III.D. 20. **DISCLOSURE OF OWNERSHIP INTEREST.***

I. Subcontractor Identification Form

The Offeror must complete a *Subcontractor Identification Form* for each known Subcontractor, as defined in Contract Section II. *Definitions and Abbreviations, A. Definitions*, who will be used to meet the Contract requirement or otherwise perform any services pursuant to the Contract (i.e., there should be one form for each Subcontractor). Offeror is not required to submit a completed Subcontractor Identification Form for entities that are included in Section IX. *Offeror's RFP Proposal and Response, Question #2* where a Section IX. *Offeror's RFP Proposal and Response Table 2: Entities Performing Core Functions or with Proposed Experience* was included. After Contract Award, the *Subcontractor Identification Form* must be submitted by the Contractor to the Department in accordance with Contract Section III.D.51. **SUBCONTRACTORS** for review and approval of all new subcontractors.

By executing the Contract, or submitting this form after Contract Execution in accordance with the **Subcontractor** clause of the Contract, the Offeror:

1. Certifies that the information provided in this section is true to the best of its information and belief;
2. Acknowledges the requirements set forth in the Terms and Conditions related to Subcontractors and the resulting obligations, including requiring Department approval of any Subcontractors used in the performance of the Contract; and
3. Agrees to notify the Department of any material changes to the information provided in this form that arise prior to execution or during the term of the Contract.

A: Subcontractor Identification	
1. Business Information. Provide the requested Information in the space provided:	
Legal Name of Subcontractor	Click or tap here to enter text.
Name Used for Business if Different	Click or tap here to enter text.
FEIN/Taxpayer ID	Click or tap here to enter text.
Address	Click or tap here to enter text.
Contract Executed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Term of Contract	Click or tap here to enter text.
Name of Contact Person	Click or tap here to enter text.
Title	
Phone Number	
Email Address	
2. Scope of Subcontracted Services. Identify the scope of services and activities that will be provided by the Subcontractor; cite specific Sections of the Contract as applicable:	
Click or tap here to enter text.	
3. Is Subcontractor a government entity? If no, complete Section B: Historically Underutilized Businesses below.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

B: Historically Underutilized Businesses (HUB)	
1. Is proposed non-government entity Subcontractor owned by a HUB?	
<input type="checkbox"/> Yes (if yes, complete Question 2) <input type="checkbox"/> No (if no, skip to Question 3) <input type="checkbox"/> Unknown (if unknown, skip to Question 3)	
<p>Owned means at least fifty-one percent (51%) of the business is owned by one or more citizens or lawful permanent residents of the United States who are members of at least one of the groups listed in question b. below, or in the case of a corporation, at least fifty-one percent (51%) of the stock is owned by one or more citizens or lawful permanent residents of the United States who are members of at least one of the groups listed in Question 2. below.</p>	
2. Identify the Type of minority business group(s). Check all that apply.	
<input type="checkbox"/> Black A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Hispanic A person of Spanish or Portuguese culture having origins in Mexico, South or Central America, or the Caribbean islands, regardless of race. <input type="checkbox"/> Asian American A person having origins in any of the original peoples of the Far East, Southeast Asia, Asia, Indian continent, or Pacific islands. <input type="checkbox"/> American Indian A person having origins in any of the original Indian peoples of North America. <input type="checkbox"/> Female <input type="checkbox"/> Disabled A person with a disability as defined in G.S. 168-1 or G.S. 168A-3. <input type="checkbox"/> Disadvantaged A person who is socially and economically disadvantaged as defined in 15 U.S.C. § 637.	
3. Is the proposed non-government Subcontractor operated by a HUB?	
<input type="checkbox"/> Yes (if yes, complete Question 4) <input type="checkbox"/> No (if no, skip to Question 5) <input type="checkbox"/> Unknown (if unknown, skip to Question 5)	
<p>Operated means the management and daily business operations are controlled by one or more owners of the business who are citizens or lawful permanent residents of the United States of at least one of the groups listed in Question 4. below</p>	
4. Identify the type of minority business group(s). Check all that apply.	
<input type="checkbox"/> Black A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Hispanic A person of Spanish or Portuguese culture having origins in Mexico, South or Central America, or the Caribbean islands, regardless of race.	

<p><input type="checkbox"/> Asian American A person having origins in any of the original peoples of the Far East, Southeast Asia, Asia, Indian continent, or Pacific islands.</p> <p><input type="checkbox"/> American Indian A person having origins in any of the original Indian peoples of North America.</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Disabled A person with a disability as defined in G.S. 168-1 or G.S. 168A-3.</p> <p><input type="checkbox"/> Disadvantaged A person who is socially and economically disadvantaged as defined in 15 U.S.C. § 637.</p>
<p>5. Is the proposed non-government Subcontractor Certified with North Carolina as a HUB?</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>

J. Business Associate Agreement

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUSINESS ASSOCIATE AGREEMENT

This Agreement is made effective the ____ of _____, 20____, by and between the North Carolina Department of Health and Human Services ("Covered Entity") and _____ ("Business Associate") (collectively the "Parties").

1. BACKGROUND

- a. Covered Entity and Business Associate are parties to a contract entitled #30-2024-001-DHB Children and Families Specialty Plan, whereby Business Associate agrees to perform certain services for or on behalf of Covered Entity.
- b. Covered Entity is an organizational unit of the North Carolina Department of Health and Human Services (the "Department") that has been designated in whole or in part by the Department as a health care component for purposes of the HIPAA Privacy Rule.
- c. The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a "business associate" within the meaning of the HIPAA Privacy Rule.
- d. The Parties enter into this Business Associate Addendum to the Contract with the intention of complying with the HIPAA Privacy Rule provision that a covered entity may disclose protected health information to a business associate, and may allow a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

2. DEFINITIONS

Unless some other meaning is clearly indicated by the context, the following terms shall have the following meaning in this Agreement:

- a. "Electronic Protected Health Information" shall have the same meaning as the term "electronic protected health information" in 45 C.F.R. § 160.103.
- b. "HIPAA" means the Administrative Simplification Provisions, Sections 261 through 264, of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as modified and amended by the Health Information Technology for Economic and Clinical Health ("HITECH") Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009, Public Law 111-5.
- c. "Individual" shall have the same meaning as the term "individual" in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).
- d. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. § Part 160 and Part 164.
- e. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- f. "Required by Law" shall have the same meaning as the term "required by law" in 45 C.F.R. § 164.103.
- g. "Secretary" shall mean the Secretary of the United States Department of Health and Human Services or the person to whom the authority involved has been delegated.
- h. Unless otherwise defined in this Agreement, terms used herein shall have the same meaning as those terms have in the Privacy Rule.

3. OBLIGATIONS OF BUSINESS ASSOCIATE

- a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required by Law.

- b. Business Associate agrees to use appropriate safeguards and comply, where applicable, with subpart C of 45 C.F.R. § 164 with respect to electronic protected health information, to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware, including breaches of unsecured protected health information as required by 45 C.F.R. § 164.410.
- e. Business Associate agrees, in accordance with 45 C.F.R. § 164.502(e)(1) and 164.308(b)(2), to ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of Business Associate agree to the same restrictions and conditions that apply to Business Associate with respect to such information.
- f. Business Associate agrees to make available protected health information as necessary to satisfy Covered Entity's obligations in accordance with 45 C.F.R. § 164.524.
- g. Business Associate agrees to make available Protected Health Information for amendment and incorporate any amendment(s) to Protected Health Information in accordance with 45 C.F.R. § 164.526.
- h. Unless otherwise prohibited by law, Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- i. Business Associate agrees to make available the information required to provide an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

4. PERMITTED USES AND DISCLOSURES

- a. Except as otherwise limited in this Agreement or by other applicable law or agreement, if the Contract permits, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Contract, provided that such use or disclosure:
 - 1) would not violate the Privacy Rule if done by Covered Entity; or
 - 2) would not violate the minimum necessary policies and procedures of the Covered Entity.
- b. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the Contract permits, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that:
 - 1) The disclosures are Required by Law; or
 - 2) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- c. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the Contract permits, Business Associate may use Protected Health Information to provide data aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).
- d. Notwithstanding the foregoing provisions, Business Associate may not use or disclose Protected Health Information if the use or disclosure would violate any term of the Contract or other applicable law or agreements.

5. TERM AND TERMINATION

- a. Term. This Agreement shall be effective as of the effective date stated above and shall terminate when the Contract terminates.
- b. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:

- 1) Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement and services provided by Business Associate, to the extent permissible by law, if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
 - 2) Immediately terminate this Agreement and services provided by Business Associate, to the extent permissible by law; or
 - 3) If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.
- c. Effect of Termination.
- 1) Except as provided in paragraph (2) of this section or in the Contract or by other applicable law or agreements, upon termination of this Agreement and services provided by Business Associate, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
 - 2) If Business Associate determines that returning or destroying the Protected Health Information is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

6. GENERAL TERMS AND CONDITIONS

- a. This Agreement amends and is part of the Contract.
- b. Except as provided in this Agreement, all terms and conditions of the Contract shall remain in force and shall apply to this Agreement as if set forth fully herein.
- c. In the event of a conflict in terms between this Agreement and the Contract, the interpretation that is in accordance with the Privacy Rule shall prevail. If a conflict then remains, the Contract terms shall prevail so long as they are in accordance with the Privacy Rule.
- d. A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the Contract for cause.

Signature of Authorized Representative

Name of Entity

Name and Title

DATE

K. National Correct Coding Initiative Confidentiality Agreement

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL CORRECT CODING INITIATIVE EDITS CONFIDENTIALITY AGREEMENT

This Agreement is made effective upon the date of execution of Contract #30-2024-001-DHB-Children and Families Standard Plan, by and between the North Carolina Department of Health and Human Services, Division of Health Benefits ("Department") and <TEXT FIELD Entity Name> ("Contractor"). The Department and Contractor may be collectively referred to as the "Parties."

I. BACKGROUND

The Center for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and is intended to reduce improper coding that may result in inappropriate payments of Medicare Part B claims and Medicaid claims. In 2010, Section 6507 of the Patient Protection and Affordable Care Act amended Section 1903(r) of the Social Security Act and required CMS to notify state Medicaid agencies of the NCCI Methodologies used in the Medicare Part B program that were compatible with Medicaid. As of October 2010, state Medicaid agencies have been required to incorporate the Compatible Medicaid NCCI Methodologies in their systems for processing applicable Medicaid Fee-for-Service (FFS) claims which are submitted with, and reimbursed on the basis of, Healthcare Common Procedure Coding System (HCPCS) codes and Current Procedural Terminology (CPT) codes from the following types of providers: (1) practitioners and ambulatory surgical centers; (2) services provided to outpatients in hospitals (including services rendered in emergency rooms, observation units, laboratories, and radiology departments, and other diagnostic and therapeutic services); and (3) providers of durable and home medical equipment.

The implementation of the NCCI Edits is mandatory for all Medicaid FFS programs, but the application of the Compatible Medicaid NCCI Methodologies to FFS claims processed by managed care organizations within states' Medicaid managed care programs is optional. In accordance with federal law, the Department has implemented the Compatible Medicaid NCCI Methodologies into its FFS program, NC Medicaid Direct, and has opted to use the Compatible Medicaid NCCI Methodologies its Medicaid Managed Care program and share the Non-public State Medicaid NCCI Edit Files, provided by CMS to the Department, with the Prepaid Health Plans (PHPs) for processing claims that are paid by the PHPs on a FFS basis.

II. PURPOSE

This Agreement sets forth the terms and conditions under which the Department will share with Contractor the Non-public State Medicaid NCCI Edit Files posted by CMS on a quarterly basis to the secure Regional Information Sharing Systems (RISSNET) portal that is only accessible to state Medicaid agencies. The Agreement further specifies Contractor's obligations for use and disclosure of the Non-public State Medicaid NCCI Edit Files once provided to Contractor by the Department.

III. DEFINITIONS

1. **COMPATIBLE MEDICAID NCCI METHODOLOGIES.** The six NCCI Methodologies used in the Medicare Part B program and determined by CMS as compatible methodologies for claims filed in Medicaid: (1) a methodology with procedure-to-procedure edits for practitioner and ambulatory surgical center services; (2) a methodology with procedure-to-procedure edits for outpatient services in hospitals (including emergency department, observation, and hospital laboratory services); (3) a methodology with procedure-to-procedure edits for durable medical equipment; (4) a methodology with medically unlikely edits for practitioner and ambulatory surgical center services; (5) a methodology with medically unlikely edits for outpatient services in

hospitals; and (6) a methodology with medically unlikely edits for durable medical equipment. Although the Medicare methodologies are compatible for Medicaid, the actual edits used are not identical between programs.

2. **CONTRACTED PARTIES.** Any contractor or subcontractor (including Commercial Off-the-Shelf (COTS) software vendors) which assist Contractor with implementation of claims processing or encounter data, and who must use the Non-public Medicaid NCCI Edit Files for processing purposes.
3. **NATIONAL CORRECT CODING INITIATIVE (NCCI).** The CMS-developed coding policies based on coding conventions defined in the American Medical Association's Current Procedural Terminology Manual and national and local policies and edits to promote correct coding and control improper coding that may lead to inappropriate payment of claims under Medicaid.
4. **NCCI EDITS.** Edits applied to services performed by the same provider for the same beneficiary on the same date of service. They consist of two types of edits: (1) NCCI edits, or procedure-to-procedure edits that define pairs of HCPCS/CPT codes that should not be reported together for a variety of reasons; and (2) MUEs, or units-of service edits that define for each HCPCS/CPT code the number of units of service beyond which the reported number of units of service is unlikely to be correct.
5. **NCCI METHODOLOGIES.** NCCI methodologies have four components: (1) a set of edits; (2) definitions of types of claims subject to the edits; (3) a set of claims adjudication rules for applying the edits; and (4) a set of rules for addressing provider/supplier appeals of denied payments for services based on the edits.
6. **NON-PUBLIC MEDICAID NCCI EDIT FILES.** The quarterly Medicaid NCCI edit files that are not accessible by the general public and are only made available to state Medicaid agencies by CMS and posted by CMS on the secure RISSNET portal.

IV. AGREEMENT

The Parties agree to the following provisions of this Agreement:

1. **USE AND DISCLOSURE**

- a. The Department will share the Non-public Medicaid NCCI Edit Files received from CMS with Contractor when available, but no later than ten (10) Calendar Days after the files have been made available by CMS.
- b. Contractor is required to incorporate the Non-public Medicaid NCCI Edit Files into its claims payment systems for processing Medicaid claims that the Contractor pays on an FFS basis. The NCCI editing should occur prior to current procedure code review and any other editing by the Contractor's claims payment systems.
- c. Contractor agrees to use any non-public information from the Non-public Medicaid NCCI Edit Files only for business purposes directly related to the implementation of the Compatible Medicaid NCCI Methodologies in the State of North Carolina.
- d. Except as otherwise permitted in this Agreement, after the start of the calendar quarter, Contractor may disclose only nonconfidential information that is also available to the general public about the Non-public Medicaid NCCI Edit Files found on the Medicaid NCCI webpage (<https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative-medicaid/index.html>).
- e. Contractor may share the Non-public Medicaid NCCI Edit Files with a Contracted Party assisting with the implementation of the State's Medicaid NCCI program in the processing of claims or encounter data, only after execution of the appropriate confidentiality agreements that include the same restrictions on use and disclosure as contained herein. Such agreements with any Contracted Party shall be provided to the Department upon request.

2. RESTRICTIONS ON USE AND DISCLOSURE

- a. Except as permitted by this Agreement, Contractor shall not disclose, publish, or share with any party, not involved in the implementation of the Compatible Medicaid NCCI Methodologies covered by this Agreement, the Non-public Medicaid NCCI Edit Files.
- b. Contractor shall not publish or otherwise share new, revised, or deleted edits contained in the Non-public Medicaid NCCI Edits Files with individuals, medical societies, or any other entities, unless it is a Contracted Party, prior to the posting of the Medicaid NCCI Edits on the Medicaid NCCI webpage (<https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative-medicaid/index.html>).
- c. Contractor shall not implement any new, revised, or deleted edits contained in the Non-public Medicaid NCCI Edit Files prior to the first day of the calendar quarter for which the edits are effective.
- d. Contractor shall not release to the public any non-public information contained in the Non-public Medicaid NCCI Edit Files, at any time. Only the Department shall have the discretion to release additional information for selected individual edits or limited ranges of edits from the files posted on the secure RISSNET portal.
- e. Contractor shall not use the Non-public Medicaid NCCI Edit Files for any non-Medicaid purpose, at any time.

- 3. REPORTING.** Contractor shall report in writing to the Department any unauthorized access, uses, or disclosures of the Non-public Medicaid NCCI Edit Files by Contractor, or by its Contracted Party, within twenty-four (24) hours after it becomes aware of the unauthorized access, use, or disclosure. Notice shall be provided to the Department Contract Administrators in accordance with the terms and conditions of *Section III.D.12. **CONTRACT ADMINISTRATORS*** of the Contract which are incorporated herein by reference. In addition, Contractor shall reasonably cooperate with the Department to mitigate the damage or harm of any such incidents of unauthorized access, use, or disclosure of the Non-public Medicaid NCCI Edit Files.

4. GENERAL TERMS AND CONDITIONS.

- a. This Agreement amends and is part of the Contract.
- b. Except as provided in this Agreement, all terms and conditions of the Contract shall remain in force and shall apply to this Agreement as if set forth fully herein.
- c. The Department may impose remedial actions, intermediate sanctions, liquidated damages and/or terminate the Contract in accordance with the terms and conditions of *Section III.D.55. **TERMINATION*** and *Section VI. **Contract Performance*** of the Contract, which are incorporated herein by reference, for violations of this Agreement.

5. TERM AND TERMINATION:

- a. Term. This Agreement shall be effective as of the effective date stated above and shall terminate when the Contract expires or terminates, whichever occurs first.
- b. Termination Without Cause. The Department may terminate this Agreement without cause by providing thirty (30) Calendar Days written notice of the termination to Contractor.
- c. Termination for Cause. Any use of the Non-public Medicaid NCCI Edit Files, except as contemplated under this Agreement or approved in writing by the Department, shall be a violation of the Agreement and any such violation shall be considered a material breach of the Agreement. A material breach of this Agreement by Contractor shall be considered sufficient basis for the Department to terminate this Agreement for cause. Upon the Department's knowledge of a material breach by Contractor, the Department may, at its discretion:

Section IX. Offerors RFP Proposal and Response

- i. Provide an opportunity for Contractor to cure the breach or end the violation, and terminate this Agreement if Contractor does not cure the breach or end the violation within the time specified by the Department; or
 - ii. Immediately terminate this Agreement and/or the Contract as specified in *Section III.D. TERMS AND CONDITIONS* of this Agreement.
- d. **Effect of Termination.** Upon termination of this Agreement, for any reason, all the following shall occur:
 - i. The Department shall cease sharing the Non-public Medicaid NCCI Edit Files covered by this Agreement with Contractor; and
 - ii. Contractor shall only be allowed to continue using any Non-public Medicaid NCCI Edit Files shared by the Department prior to the termination of this Agreement for the remainder of the calendar quarter in which the edits are effective.
- e. **Survival.** All terms and conditions regarding the restrictions on use and disclosure of the Non-public Medicaid NCCI Edit Files set forth in this Agreement shall survive the termination of this Agreement and shall remain fully enforceable by Department against Contractor.

< TEXT FIELD Representative Name, Title>

<TEXT FIELD Entity Name>

Date

L. Location of Workers Utilized by the Contractor

Upon Contract Award, the successful Offeror becomes a Contractor providing goods and or services to the State. In addition to any other evaluation criteria identified in this RFP, the Department may, for purposes of evaluating proposed or actual contract performance outside of the United States, also consider how that performance may affect the following factors to ensure that any award will be in the best interest of the Department:

1. Total cost to the Department;
2. Level of quality provided by the Contractor;
3. Process and performance capability across multiple jurisdictions;
4. Protection of the State's information and intellectual property;
5. Availability of pertinent skills;
6. Ability to understand the Department's business requirements and internal operational culture;
7. Identified risk factors such as the security of the State's information technology;
8. Relations with citizens and employees; and
9. Contract enforcement jurisdictional issues.

In accordance with G.S. § 143-59.4, the Contractor shall detail the location(s) at which performance will occur, as well as the way it intends to utilize resources or workers outside of the United States in the performance of this Contract. The Department will evaluate the additional risks, costs, and other factors associated with such utilization prior to making an award. Items a, b, and c below MUST BE COMPLETED.

a) Will any work under this Contract be performed outside the United States?

☐ YES

☐ NO

If the Contractor answered "YES" above, the Contractor shall complete items 1 and 2 below:

1. List the location(s) outside the United States where work under this Contract will be performed by the Contractor, any subcontractors, employees, or other persons performing work under the Contract:
2. Describe the corporate structure and location of corporate employees and activities of the Contractor, its affiliates, or any other subcontractors that will perform work outside the U.S.:

- b) The Contractor agrees to provide notice, in writing to the Department, of the relocation of the Contractor, employees of the Contractor, subcontractors of the Contractor, or other persons performing services under the Contract outside of the United States

☐ YES

☐ NO

NOTE: All Contractor or subcontractor personnel providing call or contact center services to the State of North Carolina under the Contract **shall** disclose to inbound callers the location from which the call or contact center services are being provided.

- c) Identify all U.S. locations at which performance will occur:

Signature of Authorized Representative

Name of Entity

Name and Title

DATE

M. State Certifications – Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009):
<http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b):
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

CERTIFICATIONS

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); and
 - (b) [check one of the following boxes]
 - ☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; or
 - ☐ The Contractor or one of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 but the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been

convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within ten (10) years immediately prior to the date of the bid solicitation.

- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
- (a) He or she is a duly authorized representative of the Contractor named below;
 - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's
Name: _____

Contractor's

Authorized Agent: Signature _____

Date _____

Printed
Name _____

Title _____

Witness:

Signature _____

Date _____

Printed
Name _____

Title _____

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

N. Federal Certifications

The undersigned states that:

- (a) He or she is the duly authorized representative of the Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
- (c) He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
- (d) [Check the applicable statement]
 - ☐ He or she **has completed** the attached **Disclosure Of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
 - OR**
 - ☐ He or she **has not completed** the attached **Disclosure Of Lobbying Activities** because the Contractor **has not made**, and **has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
- (e) The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature

Title

Contractor Name

Date

[This Certification Must be Signed by the Same Individual Who Signed the Proposal Execution Page]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. The Contractor certifies that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - i. The dangers of drug abuse in the workplace;
 - ii. The Contractor's policy of maintaining a drug-free workplace;
 - iii. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - iv. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - i. Abide by the terms of the statement; and
 - ii. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. Notifying the Department within ten days after receiving notice under subparagraph (d)(ii) from an employee or otherwise receiving actual notice of such conviction;
 - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(ii), with respect to any employee who is so convicted:

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- i. Taking appropriate personnel action against such an employee, up to and including termination; or
 - ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Address

Street

City, State, Zip Code

Street

City, State, Zip Code

3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. § 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originates may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 C.F.R. Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal

Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

1. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

VI. Disclosure Of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

1. Identify the status of the covered Federal action.
2. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
3. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
4. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
5. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
6. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
7. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
8. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
9. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).

Section IX. Offerors RFP Proposal and Response

10. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
11. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
12. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
13. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
14. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
15. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

Disclosure Of Lobbying Activities
(Approved by OMB 0344-0046)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ Date Of Last Report: _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier (if known) _____ Congressional District (if known) _____		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District (if known) _____
6. Federal Department/Agency:		7. Federal Program Name/Description: CFDA Number (if applicable) _____
8. Federal Action Number (if known)		9. Award Amount (if known) \$
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): (attach Continuation Sheet(s) SF-LLL-A, if necessary)		b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI): (attach Continuation Sheet(s) SF-LLL-A, if necessary)
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned		13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11(attach Continuation Sheet(s) SF-LLL-A, if necessary):		
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: _____ Print Name: _____ Title: _____ Telephone No: _____ Date: _____
Federal Use Only		Authorized for Local Reproduction Standard Form - LLL

O. Historically Underutilized Businesses

Historically Underutilized Businesses (HUBs) consist of minority, women and disabled business firms that are at least fifty-one percent (51%) owned and operated by an individual(s) of the categories. Also included in this category are disabled business enterprises and non-profit work centers for the blind and severely disabled.

Pursuant to NCGS § 143B-1361(a), NCGS § 143-48 and NCGS § 143-128.4, the State invites and encourages participation in this procurement process by businesses owned by minorities, women, disabled, disabled business enterprises and non-profit work centers for the blind and severely disabled. This includes utilizing subcontractors to perform the services and required functions in this Contract. Information pertaining to the HUB Status of subcontractors shall be provided in *Section IX.I. Subcontractor Identification Form*. Any questions concerning NC HUB certification, contact the **North Carolina Office of Historically Underutilized Businesses** office at (919) 807-2330.

The Contractor shall respond to the questions below.

A. Is Contractor a government entity?

☐ **Yes** HUB does not apply.

☐ **No** Proceed to Question B.

B. If Contractor checked No in Question A above, Contractor shall complete the Historically Underutilized questionnaire below.

Historically Underutilized Businesses (HUB) Questionnaire	
1. Is proposed non-government entity Contractor owned by a HUB?	
<input type="checkbox"/>	Yes (if yes, complete Question 2)
<input type="checkbox"/>	No (if no, skip to Question 3)
<input type="checkbox"/>	Unknown (if unknown, skip to Question 3)
<p>Owned means at least fifty-one percent (51%) of the business is owned by one or more citizens or lawful permanent residents of the United States who are members of at least one of the groups listed in question b. below, or in the case of a corporation, at least fifty-one percent (51%) of the stock is owned by one or more citizens or lawful permanent residents of the United States who are members of at least one of the groups listed in Question 2. below.</p>	

2. Identify the Type of minority business group(s). Check all that apply.		
<input type="checkbox"/>	Black	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Hispanic	A person of Spanish or Portuguese culture having origins in Mexico, South or Central America, or the Caribbean islands, regardless of race.
<input type="checkbox"/>	Asian American	A person having origins in any of the original peoples of the Far East, Southeast Asia, Asia, Indian continent, or Pacific islands.
<input type="checkbox"/>	American Indian	A person having origins in any of the original Indian peoples of North America.
<input type="checkbox"/>	Female	
<input type="checkbox"/>	Disabled	A person with a disability as defined in NCGS § 168-1 or NCGS § 168A-3.
<input type="checkbox"/>	Disadvantaged	A person who is socially and economically disadvantaged as defined in 15 U.S.C. § 637.
3. Is the proposed non-government Contractor operated by a HUB?		
<input type="checkbox"/>	Yes (if yes, complete Question 4)	
<input type="checkbox"/>	No (if no, skip to Question 5)	
<input type="checkbox"/>	Unknown (if unknown, skip to Question 5)	
<p>Operated means the management and daily business operations are controlled by one or more owners of the business who are citizens or lawful permanent residents of the United States of at least one of the groups listed in Question 4. below</p>		
4. Identify the type of minority business group(s). Check all that apply.		
<input type="checkbox"/>	Black	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Hispanic	A person of Spanish or Portuguese culture having origins in Mexico, South or Central America, or the Caribbean islands, regardless of race.
<input type="checkbox"/>	Asian American	A person having origins in any of the original peoples of the Far East, Southeast Asia, Asia, Indian continent, or Pacific islands.
<input type="checkbox"/>	American Indian	A person having origins in any of the original Indian peoples of North America.
<input type="checkbox"/>	Female	
<input type="checkbox"/>	Disabled	A person with a disability as defined in NCGS § 168-1 or NCGS § 168A-3.
<input type="checkbox"/>	Disadvantaged	A person who is socially and economically disadvantaged as defined in 15 U.S.C. § 637.
5. Is the proposed non-government Contractor Certified with North Carolina as a HUB?		
<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown

P. Request for Proposed Modifications to the Terms and Conditions

As provided in *Section III. C. 3.*, Offeror may submit proposed modifications to the terms and conditions of the RFP for consideration by the Department. The proposed modifications do not alter the terms and conditions of the RFP and have no force or effect on the RFP or any resulting Contract unless accepted by the Department and incorporated through a BAFO, negotiation document, addenda to the RFP or amendment to the Contract.

The Department at its sole discretion may consider any proposed modifications submitted in this Attachment.

The Offeror must check one of the boxes below to indicate whether it is proposing modifications to the terms and conditions of the RFP:

- ☐ The Applicant **DOES NOT** propose modifications.
- ☐ The Applicant **DOES** propose modifications as provided in the following table:

	RFP Citation (i.e., section & page number)	Redline of Proposed Modification (i.e., include text as published in RFP and strikethrough words, phrases or sentences proposed to be deleted and underline words, phases, or sentences proposed to be added)
1.		
2.		
3.		
4.		
5.		

Q. Legal Grounds for Marking Information Confidential

Pursuant to *Section II. F. Confidentiality and Prohibited Communications During Evaluation*, Offeror shall identify the legal grounds for asserting that pages and sections of its proposal marked as Confidential is confidential, including the citation to state law.

Proposal Section / Location	Page Number	Description of Redaction	Statement of Legal Grounds	State Law Citation

By signing the RFP, the Offeror warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors, that the portions marked ***Confidential*** meet the requirements of NCGS § 132 and § 66-152(3). Under no circumstances shall price information be designated as confidential.

R. Evaluation Methodology

Offeror's responses will be evaluated using the applicable evaluation methodologies described within this *Section IX. R: Evaluation Methodology* and the process described in *Section II.G Evaluation Process and Contract Award*.

a. Minimum Qualifications Rating

The Evaluation Committee will review the Offeror's responses to the questions in *Section IX. Offeror's RFP Proposal and Response, A. Response to Minimum Qualifications* and evaluate the responses based on the requirements described in the RFP. Based upon this review, the Evaluation Committee will record a rating for each question using *Section IX.R. Table 1: Minimum Qualifications Rating Scale*.

Section IX.R. Table 1: Minimum Qualifications Rating Scale	
Rating	Definition
Meets	<ul style="list-style-type: none"> The Proposal meets the stated requirements, and Offeror provided any required confirmation.
Does Not Meet	<ul style="list-style-type: none"> The Proposal has NOT met the stated requirements, or Offeror fails to provide all required confirmation.

b. Question Level Evaluation

For each question in *Section IX. Offeror's RFP Proposal and Response, B. Response to Technical Evaluation Questions*, the Evaluation Committee will review Offeror's response and evaluate the response at the question level based on the requirements described in the RFP. Based upon this review, the Evaluation Committee will describe a response using the categories and rating scale tables provided within this section for the corresponding question numbers which is also provided in *Section IX.B. Table 1: Summary of Evaluation Criteria and Corresponding Questions*.

i. Information Request Rating Scale

Section IX.R. Table 2: Information Request Rating Scale will be used in evaluating Questions 1, 22 and 32. A rationale will be documented when a rating of Does Not Meet is determined. No rationale will be provided for a determination Meets.

Section IX.R. Table 2: Information Request Rating Scale	
Rating	Definition
Meets	<ul style="list-style-type: none"> The response meets the requirements of the State, and Offeror provided all information requested.
Does Not Meet	<ul style="list-style-type: none"> The response does not meet the requirements of the State, or Offeror did not provide all information requested.

ii. Entities Performing Core Functions or with Proposed Experience Rating Scale

Section IX.R. Table 3: Entities Performing Core Medicaid Operational Functions or with Proposed Experience Rating Scale will be used in evaluating Question 2. A rationale will be documented when a Strength or Weakness is identified. No rationale will be provided for a determination of Acceptable.

Section IX.R. Table 3: Entities Performing Core Functions or with Proposed Experience Rating Scale	
Rating	Definition
Strength	<ul style="list-style-type: none"> The response meets the requirements of the State; Offeror has included information for all Core Medicaid Operational Functions; and Information disclosed, described, or provided related to the experience of the included entities enhances the potential for successful contract performance and/or that exceeds specified performance or capability requirements in a way that will be advantageous to the State.
Acceptable	<ul style="list-style-type: none"> The response meets the requirements of the State; Offeror has included information for all Core Medicaid Operational Functions; and Information disclosed, described, or provided related to the experience of the included entities is responsive to the question and does not raise concerns that the offeror will be able to meet the RFP requirements.
Weakness	<ul style="list-style-type: none"> The response meets some of the requirements of the State; or Offeror has not included information for all Core Medicaid Operational Functions; or Information disclosed, described, or provided related to the experience of the included entities exposes a potential flaw that increases the risk of unsuccessful contract performance.

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iii. Strengths and Weaknesses Rating Scale

Section IX.R. Table 4: Strengths and Weaknesses Rating Scale will be used in evaluating Questions 3-4, 7–21, 23–31, and 33–62. A rationale will be documented when a Significant Strength, Strength, Weakness or Significant Weakness is identified. No rationale will be provided for a determination of Acceptable.

Section IX.R. Table 4: Strengths and Weaknesses Rating Scale	
Rating	Definition
Significant Strength	<ul style="list-style-type: none"> The response meets the requirements of the State; and Information disclosed, described, or provided greatly enhances the potential for successful contract performance and/or appreciably exceeds specified performance or capability requirements in a way that will be advantageous to the State.
Strength	<ul style="list-style-type: none"> The response meets the requirements of the State; and Information disclosed, described, or provided enhances the potential for successful contract performance and/or that exceeds specified performance or capability requirements in a way that will be advantageous to the State.
Acceptable	<ul style="list-style-type: none"> The response meets the requirements of the State; and Information disclosed, described, or provided is responsive to the question and does not raise concerns that the offeror will be able to meet the RFP requirements.
Weakness	<ul style="list-style-type: none"> The response meets some of the requirements of the State; and Information disclosed, described, or provided exposes a potential flaw that increases the risk of unsuccessful contract performance.
Significant Weakness	<ul style="list-style-type: none"> The response meets either some or none of the requirements of the State; and <ul style="list-style-type: none"> Information disclosed, described, or provided exposes a significant potential flaw that increases the risk of unsuccessful contract performance; or The response contained insufficient information to evaluate.

iv. Risks Rating Scale

Section IX.R. Table 5: Risks Rating Scale will be used in evaluating Questions 5–6. A rationale will be documented when a Risk or Significant Risk is identified. No rationale will be provided for a determination of Acceptable.

Section IX.R. Table 5: Risks Rating Scale	
Rating	Definition
Acceptable	<ul style="list-style-type: none"> • The response meets the requirements of the State; and • Information disclosed, described, or provided is responsive to the question and does not raise concerns or risks that the offeror will be able to meet the RFP requirements.
Low Risk	<ul style="list-style-type: none"> • The response meets some of the requirements of the State; and • Information disclosed, described, or provided exposes concerns that creates a risk of unsuccessful contract performance.
Significant Risk	<ul style="list-style-type: none"> • The response meets some of the requirements of the State; and • Information disclosed, described, or provided exposes concerns that creates a significant risk of unsuccessful contract performance, especially during the performance of Core Functions.

c. Criterion Level Rating

After the Evaluation Committee has reviewed and evaluated each of the Offeror's responses at the question level, the Evaluation Committee will evaluate Offeror's overall response at the criterion level and determine a consensus rating for each criteria using *Section IX.R. Table 7: Criterion Level Rating Scale*. The Evaluation Committee will determine a criterion level rating based upon the Committee's overall impression of an Offeror's response to the questions within the criterion. Any strengths or weaknesses recorded by the Committee during the question level evaluation are not dispositive and do not necessarily result in any specific criterion level rating being assigned.

Section IX.R. Table 7: Criterion Level Rating Scale	
Rating	Definition
Exceeds Requirements	<p>The responses demonstrate that the Offeror:</p> <ul style="list-style-type: none"> • Understands the requirements of the RFP; • Has proposed an approach that meets and, in some areas, exceeds requirements in a way that adds value to the Department; • Demonstrates Offeror has the capacity, capability, and/or experience to implement or operationalize the approach; and/or • The information disclosed, described, or provided is responsive and increases Department's confidence Offeror will be able to meet and, in some areas, exceeds, the requirements of the RFP.
Meets Requirements	<p>The responses demonstrate that the Offeror:</p> <ul style="list-style-type: none"> • Understands the requirements of the RFP and has proposed an approach that meets the requirements; • Demonstrates the Offeror's capacity, capability, and/or experience needed implement or operationalize the approach; and/or • The information disclosed, described, or provided is responsive and does not raise concerns the Offeror will be able to meet the requirements of the RFP.
Partially Meets Requirements	<p>The responses demonstrate the Offeror:</p> <ul style="list-style-type: none"> • Demonstrate the Offeror has a fair understanding of the requirements of the RFP; • Proposed an approach that demonstrates limited capacity, capability, and/or experience to implement or operationalize the requirements; and/or • The information disclosed, described, or provided raise concerns Offeror will be able to meet the requirements of the RFP and may have performance issues.
Does Not Meet Requirements	<p>No response provided or the responses provided:</p> <ul style="list-style-type: none"> • Demonstrates Offeror has an insufficient understanding of the requirements; or • Demonstrates a proposed approach that does not meet requirements; or • Does not demonstrate sufficient capacity, capability, and/or experience to meet the requirements; and/or • The information disclosed, described, or provided, raise substantial concerns the Offeror will be able to meet the requirements of the RFP and may have performance issues.

d. Final Ranking

The Evaluation Committee will conduct an analysis of the Offerors' proposals, comparing the ratings of each response, and rank responses following the criteria, listed in descending order of importance, in *Section II.G.8*. The Department will use a narrative of relative strengths and weaknesses to support this ranking. Offeror proposals will be ranked from most advantageous to least advantageous using the evaluation factors stated in this RFP and their relative importance.