

**Notification Not to Award Contract**

**Recovery Audit Contract**

**Request for Proposal (RFP) Number 2019-RAC-01**

**Alabama Medicaid Agency**

In accordance with Section VII.K of the Request for Proposal (RFP), the Alabama Medicaid Agency will not enter into a contract attached to the 2019-RAC-01 RFP. The Agency encourages vendors to continue to monitor the website for future procurement opportunities.



# ALABAMA MEDICAID AGENCY REQUEST FOR PROPOSALS

<b>RFP Number: 2019-RAC-01</b>	<b>RFP Title: Medicaid Recovery Audit Contractor (RAC) Services</b>
<b>RFP Due Date and Time: September 12, 2019 by 5pm Central Time</b>	<b>Number of Pages: 48</b>
<b>PROCUREMENT INFORMATION</b>	
<b>Project Director: Yulonda Carter, BSN, RN</b>	<b>Issue Date: <u>August 7, 2019</u></b>
<b>Phone: 334-242-5161</b> <b>E-mail Address:</b> <b><a href="mailto:RAC.RFP@medicaid.alabama.gov">RAC.RFP@medicaid.alabama.gov</a></b> <b>Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a></b>	<b>Issuing Division: Program Integrity</b>
<b>INSTRUCTIONS TO CONTRACTORS</b>	
<b>Return Proposal to:</b> <b>Yulonda Carter, BSN, RN</b> <b>Alabama Medicaid Agency</b> <b>Lurleen B. Wallace Building</b> <b>501 Dexter Avenue</b> <b>PO Box 5624</b> <b>Montgomery, AL 36103-5624</b>	<b>Mark Face of Envelope/Package:</b> <b>RFP Number: 2019-RAC-01</b> <b>RFP Due Date: September 12, 2019 by 5pm CT</b> <b>Firm and Fixed Contingency Fee Rate:</b>
<b>CONTRACTOR INFORMATION</b> <i>(Contractor must complete the following and return with RFP response)</i>	
<b>Contractor Name/Address:</b>	<b>Authorized Contractor Signatory: (Please print name and sign in ink)</b>
<b>Contractor Phone Number:</b>	<b>Contractor FAX Number:</b>
<b>Contractor Federal I.D. Number:</b>	<b>Contractor E-mail Address:</b>

## Section A. RFP Checklist

1. \_\_\_\_ **Read the entire document.** Note critical items such as: mandatory requirements; supplies/services required; submittal dates; number of copies required for submittal; licensing requirements; contract requirements (i.e., contract performance security, insurance requirements, performance and/or reporting requirements, etc.).
2. \_\_\_\_ **Note the project director's name, address, phone numbers and e-mail address.** This is the only person you are allowed to communicate with regarding the RFP and is an excellent source of information for any questions you may have.
3. \_\_\_\_ **Take advantage of the "question and answer" period.** Submit your questions to the project director by the due date(s) listed in the Schedule of Events and view the answers as posted on the WEB. All addenda issued for an RFP are posted on the State's website and will include all questions asked and answered concerning the RFP.
4. \_\_\_\_ **Use the forms provided**, i.e., cover page, disclosure statement, etc.
5. \_\_\_\_ **Check the State's website for RFP addenda.** It is the Contractor's responsibility to check the State's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) for any addenda issued for this RFP, no further notification will be provided. Contractors must submit a signed cover sheet for each addendum issued along with your RFP response.
6. \_\_\_\_ **Review and read the RFP document again** to make sure that you have addressed all requirements. Your original response and the requested copies must be identical and be complete. The copies are provided to the evaluation committee members and will be used to score your response.
7. \_\_\_\_ **Submit your response on time.** Note all the dates and times listed in the Schedule of Events and within the document, and be sure to submit all required items on time. Late proposal responses are **never** accepted.
8. \_\_\_\_ **Prepare to sign and return the Contract, Contract Review Report, Business Associate Agreement and other documents** to expedite the contract approval process. The selected Contractor's contract will have to be reviewed by the State's Contract Review Committee which has strict deadlines for document submission. Failure to submit the signed contract can delay the project start date but will not affect the deliverable date.

**This checklist is provided for assistance only and should not be submitted with Contractor's Response.**

## Section B. Schedule of Events

The following RFP Schedule of Events represents the State's best estimate of the schedule that shall be followed. Except for the deadlines associated with the Contractor question and answer periods and the proposal due date, the other dates provided in the schedule are estimates and will be impacted by the number of proposals received. The State reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. Notification of any adjustment to the Schedule of Events shall be posted on the RFP website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

<b>EVENT</b>	<b>DATE</b>
RFP Issued	8/7/19
Deadline for Submitting Questions	8/19/19
Posting of Questions and Answers	8/29/19
Proposals Due by 5 pm CT	9/12/19
Evaluation Period	9/19/19 – 10/3/19
Contract Award Notification	10/17/19
**Contract Review Committee	12/5/19
Official Contract Award/Begin Work	1/1/20**

\* \*By State law, this contract must be reviewed by the Legislative Contract Review Oversight Committee. The Committee meets monthly and can, at its discretion, hold a contract for up to forty-five (45) days. The "Contractor Begins Work" date above may be impacted by the timing of the contract submission to the Committee for review and/or by action of the Committee itself.

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## I. Background

The Alabama Medicaid Agency, hereinafter referred to as Medicaid, issues this request for proposal (RFP) soliciting competitive proposals from responsible organizations interested in entering into a firm and fixed contingency fee-based contract with Medicaid to provide RAC services to identify underpayments and to identify and recover overpayments (hereinafter referred to as improper payments) made by Medicaid to enrolled Medicaid providers. The Contractor will be responsible for reviewing claims data, medical, professional and/or financial records to determine if billings to, and payments from, Medicaid were appropriate and accurate.

All payments for validated improper payments will be on a firm and fixed contingency fee basis. Firm and fixed contingency fee rates must not exceed the maximum Medicare RAC rate published by CMS. The Medicare RAC firm and fixed contingency fee rate ranges from 9.0% - 12.5%. The Contractor to whom the contract is awarded will be responsible for the performance of all duties contained within this RFP for the fee quoted in the Contractor's proposal to this RFP. All proposals must state a fee for the services described.

Section 306 of the Medicare Prescription Drug Improvement and Modernization Act of 2003, directed the Department of Health and Human Services to conduct a three-year demonstration program using RACs. The purpose of the demonstration program was to determine whether the use of RACs would be a cost-effective way to identify and correct improper payments in the Medicare fee-for-service program. Section 302 of the Tax Relief and Health Care Act of 2006 made the RAC program permanent, and required the expansion of the Medicare RAC program nationwide by no later than 2010.

The Affordable Care Act is comprised of two bills, the Patient Protection and Affordable Care Act (PPACA), P.L. 111-148, enacted on March 23, 2010 and the Health Care and Education Reconciliation Act, P.L. 111-152, enacted on March 30, 2010. Section 6411(a) of the PPACA directed the expansion of the RAC program to Medicaid and requires States to establish RACs for the purpose of identifying underpayments and overpayments and recouping overpayments under the State plan and under any waiver of the State plan with respect to all services for which payment is made to any entity under such plan or waiver. Medicaid RACs will be supplemental to Medicaid Program Integrity efforts already underway and should not duplicate or interfere with processes being conducted by Medicaid.

The scope of the contract is subject to change and may require amending upon release of any future amendments to the final federal rules (42 CFR §§455.500-455.518) (the Final Rule) that may further define the requirements of Section 6411 of the PPACA, Expansion of the Recovery Audit Contractor Program.

All information contained in this RFP and any amendments reflect the best and most accurate information available to Medicaid at the time of RFP preparation. No

inaccuracies in such data will constitute a basis for change of the payments to the Contractor or a basis for legal recovery of damages, actual, consequential or punitive.

## **II. Scope of Work**

Contractor's proposal must present a plan to identify improper payments made by Medicaid to all enrolled Medicaid provider types. Contractor's proposals, at a minimum, must provide a detailed description of the plan to include the following items:

1. Independently interpret all policies, rules and regulations needed to review Medicaid claims.
2. Perform ongoing analysis of Medicaid data and information to identify vulnerabilities and potential targets of specific provider types for the detection of improper payments. Data will be transmitted via Medicaid's Fiscal Agent.
3. Hire and maintain the appropriate staff with the appropriate credentials (relevant work and educational experience). The Contractor must hire no less than 0.1 full-time equivalent named and available medical director who is a Doctor of Medicine or Doctor of Osteopathy in good standing with the relevant State licensing authorities and a full-time project manager.
4. Validate findings using trained clinical experts for clinically accurate recoveries.
5. Provide all necessary resources to implement the reviews including, but not limited to, designated staff, equipment and technology to implement the terms of the contract.
6. Implement, maintain and operate a web-based case tracking portal approved by Medicaid, which provides live update information on all cases. The Contractor must allow system access via the Internet to Medicaid staff or any designated agents working on its behalf for audit purposes. The portal must track at a minimum the following information:
  - i. Dates and status of medical records requests
  - ii. Updates and status of case review findings
  - iii. Dates and statuses of identified improper payments
  - iv. Dates and types of Provider communications (including Informal Conferences and Fair Hearing requests)
  - v. Dates and types of Provider Education
  - vi. Identification numbers for each case file and claim
  - vii. Other corresponding documentation (e.g. Transaction Control Number).

The Contractor must submit screen shots of the web-based portal application, demonstrating the ability to view the status of the above-mentioned tracked items and any other portal capabilities.

7. Maintain a case file for every improper payment identified. This case file must include all documentation concerning the improper payment, including description of all processes followed by the contractor, copies of all correspondence, and a log of all conversations held with the provider or other individuals on behalf of the provider, including complaints. The case file must be electronic, paper, or a combination of both.
8. Obtain Medicaid's approval prior to communicating, either in writing or orally, with any Medicaid providers regarding any audit activities. Once Medicaid has approved the audit population, the Contractor must contact and correspond with providers in a manner to complete the audit within sixty (60) days.
9. Solicit Medicaid's opinion about whether to act upon a detected improper payment. If the improper payment remains unclear after normal audit process activities have been exhausted, Medicaid will use its discretion when determining the appropriate action to take. Medicaid may adopt rules regarding certain exemptions to the recovery audit and fraud-related audit process. Contractor must adhere to those rules.
10. Obtain approval from the Medicaid Project Director regarding the content for all written and oral communication before commencing recovery audit(s) activities with the Medicaid providers. The Medicaid Project Director must also approve any changes to approved correspondence.
11. Identify improper payments only during Medicaid's defined audit period, which must not exceed a maximum three-year claims look-back period from the date the claim was filed, unless a different time period is authorized by Medicaid.
12. Conduct provider outreach and education prior to the start of an audit that includes notification of audit policies and protocols.
13. Follow all required timelines allowed to providers to respond to requests for medical documentation associated with claims identified as a potential improper payment and must also be able to accept electronic submission of medical records on CD/DVD or via facsimile at the provider's request. Upon approval by Medicaid, the Contractor audits must be conducted either on-site or via desk review, if needed.
14. Establish a toll-free number and mail address for provider inquiries and customer support, to be included on all provider correspondence. Toll-free numbers must be staffed during normal business hours of 8:00 a.m. to 5:00 p.m. CT. Provider support must address items such as provider inquiries regarding medical record requests, rebuttal deadline extensions, audit process, medical record receipt verification, audit status, and requests for copies of provider correspondence from

the RAC.

15. Submit a report to Medicaid listing all improper payments Contractor identified during the preceding month. The report must include, but is not limited to, the claim number, the provider number, the claim paid date(s), the original amount paid, the amount that should have been paid, if known, the net underpayment and the reason for the underpayment. The Contractor must submit a sample report with their proposal. Medicaid reserves the right to request Ad Hoc reports as deemed necessary.
16. Collect all identified overpayments from providers via lockbox, provided by the Contractor.
17. Recommend system changes to prevent future overpayments.
18. Submit itemized monthly statement to Medicaid with details for all recoveries for the previous month for the firm and fixed contingency fee reimbursement. The Contractor must submit a sample report with their proposal.
19. Coordinate with other audits to avoid overlap and duplication of effort with other recovery efforts.
20. Report and refer all potential/suspected fraud cases to Medicaid.
21. Provide supporting documentation obtained by the Contractor from enrolled Medicaid providers necessary for Medicaid to conduct appeals.
22. Ensure the Auditor and other personnel must be readily available at Medicaid's request during regular business hours to provide justification for the denial, prepare for, and participate in any Informal Reviews and Fair Hearings. Personnel must be readily available via telephone for Informal Conferences and in person or via or teleconference for Fair Hearings.
23. Retain all documentation relating to each respective audit during the contract period and for three (3) years following the date the final payment is made to the Contractor.

### **III. Pricing**

The Contractor's response must specify a firm and fixed contingency fee rate for services offered. The Contractor will be compensated for actual recoveries based on the firm and fixed contingency fee rate provided on the RFP Cover Sheet response. Historically, for FY 2014 - 2016, the average annual recoupment identified was \$1,325,234.55 and the average recoupment collected was \$896,041.86 (See Appendix D). Use Appendices C and D to determine the firm and fixed contingency fee for this RFP Project.

## IV. General Medicaid Information

The Alabama Medicaid Agency is responsible for the administration of the Alabama Medicaid Program under a federally approved State Plan for Medical Assistance. Through teamwork, Medicaid strives to enhance and operate a cost-efficient system of payment for health care services rendered to low income individuals through a partnership with health care providers and other health care insurers both public and private.

Medicaid's central office is located at 501 Dexter Avenue in Montgomery, Alabama. Central office personnel are responsible for data processing, program management, financial management, program integrity, general support services, professional services, and recipient eligibility services. For certain recipient categories, eligibility determination is made by Medicaid personnel located in eleven (11) district offices throughout the state and by one hundred forty (140) out-stationed workers in designated hospitals, health departments and clinics. Medicaid eligibility is also determined through established policies by the Alabama Department of Human Resources and the Social Security Administration. The Alabama Medicaid Agency serves approximately 1,000,000 Alabama citizens each year through a variety of programs.

Services covered by Medicaid include, but are not limited to, the following:

- Physician Services
- Inpatient and Outpatient Hospital Services
- Rural Health Clinic Services
- Laboratory and X-ray Services
- Nursing Home Services
- Early and Periodic Screening, Diagnosis and Treatment
- Dental for children ages zero (0) to twenty (20)
- Home Health Care Services and Durable Medical Equipment
- Family Planning Services
- Nurse-Midwife Services
- Federally Qualified Health Center Services
- Hospice Services
- Prescription Drugs
- Optometric Services
- Transportation Services
- Hearing Aids
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Prosthetic Devices
- Outpatient Surgical Services
- Renal Dialysis Services
- Home and Community Based Waiver Services
- Prenatal Clinic Services
- Mental Health Services

Additional program information can be found at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

## **V. General**

This document outlines the qualifications which must be met in order for an entity to serve as Contractor. It is imperative that potential Contractors describe, **in detail**, how they intend to approach the Scope of Work specified in Section II of the RFP. The ability to perform these services must be carefully documented, even if the Contractor has been or is currently participating in a Medicaid Program. Proposals will be evaluated based on the written information that is presented in the response. This requirement underscores the importance and the necessity of providing in-depth information in the proposal with all supporting documentation necessary.

The Contractor must demonstrate in the proposal a thorough working knowledge of program policy requirements as described, herein, including but not limited to the applicable Operational Manuals, State Plan for Medical Assistance, Administrative Code and Code of Federal Regulations (CFR) requirements.

Entities that are currently excluded under federal and/or state laws from participation in Medicare/Medicaid or any State's health care programs are prohibited from submitting bids.

## **VI. Corporate Background and References**

### **Entities submitting proposals and all subcontractors must:**

- a. Provide evidence that the Contractor possesses the qualifications required in this RFP.
- b. Provide a description of the Contractor's organization, including
  1. Date established.
  2. Ownership (public company, partnership, subsidiary, etc.). Include an organizational chart depicting the Contractor's organization in relation to any parent, subsidiary or related organization.
  3. Number of employees and resources.
  4. Names and resumes of Senior Managers and Partners in regards to this contract.
  5. A list of all similar projects the Contractor has completed within the last three years.
  6. A detailed breakdown of proposed staffing for this project, including names and education background of all employees that will be assigned to this project.
  7. A list of all Medicaid agencies or other entities for which the Contractor currently performs similar work.

8. Evidence that the Contractor is financially stable and that it has the necessary infrastructure to complete this contract as described in the Contractor's Proposal.
  9. Contractor's acknowledgment that the State will not reimburse the Contractor until: (a) the Project Director has approved the invoice; and (b) Medicaid has received and approved all deliverables covered by the invoice.
  10. Details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Contractor or any of its officers, directors, employees, agents or subcontractors of which the Contractor has knowledge, or a statement that there are none. Medicaid reserves the right to reject a proposal solely on the basis of this information.
  11. If a subcontractor is warranted, identify the percentage of work to be performed by the subcontractor.
- d. Have all necessary business licenses, registrations and professional certifications at the time of the contracting to be able to do business in Alabama. All companies submitting proposals in response to this RFP must be qualified to transact business in the State of Alabama in accordance with to include, but not be limited to, Code of Alabama 1975, 10A-1-7.01 et seq., and shall have filed and possess a valid "Application for Registration" issued by the Secretary of State at the time of responding to this RFP. To obtain forms for the application, contact the Secretary of State, (334) 242-5324, [www.sos.state.al.us](http://www.sos.state.al.us).
- e. Furnish three (3) references for projects of similar size and scope, including contact name, title, telephone number, and address. Performance references should also include contract type, size, and duration of services rendered. **You may not use any Alabama Medicaid Agency personnel as a reference.**

## VII. Submission Requirements

### A. Authority

This RFP is issued under the authority of Section 41-16-72 of the Alabama Code and 45 CFR 75. The RFP process is a procurement option allowing the award to be based on stated evaluation criteria. The RFP states the relative importance of all evaluation criteria. No other evaluation criteria, other than as outlined in the RFP, will be used.

In accordance with 45 CFR 75, the State encourages free and open competition among Contractors. Whenever possible, the State will design specifications, proposal requests, and conditions to accomplish this objective, consistent with the necessity to satisfy the State's need to procure technically sound, cost-effective services and supplies.

## **B. Single Point of Contact**

From the date this RFP is issued until a Contractor is selected and the selection is announced by the Project Director, all communication must be directed to the Project Director in charge of this solicitation. **Contractors or their representatives must not communicate with any State staff or officials regarding this procurement with the exception of the Project Director.** Any unauthorized contact may disqualify the Contractor from further consideration. Contact information for the single point of contact is as follows:

***Project Director:*** Yulonda Carter, BSN, RN  
***Address:*** Alabama Medicaid Agency  
Lurleen B. Wallace Bldg.  
501 Dexter Avenue  
PO Box 5624  
Montgomery, Alabama 36103-5624  
***E-Mail Address:*** [RAC.RFP@medicaid.alabama.gov](mailto:RAC.RFP@medicaid.alabama.gov)

## **C. RFP Documentation**

All documents and updates to the RFP including, but not limited to, the actual RFP, questions and answers, addenda, etc., will be posted to Medicaid's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

## **D. Questions Regarding the RFP**

Contractors with questions requiring clarification or interpretation of any section within this RFP must submit questions and receive formal, written replies from the State. Each question must be submitted to the Project Director via email. Questions and answers will be posted on the website as available.

## **E. Acceptance of Standard Terms and Conditions**

Contractor must submit a statement stating that the Contractor has an understanding of and will comply with the terms and conditions as set out in this RFP. Additions or exceptions to the standard terms and conditions are not allowed. Any addition or exception to the terms and conditions are considered severed, null and void, and may result in the Contractor's bid being deemed non-responsive.

## **F. Adherence to Specifications and Requirements**

Contractor must submit a statement stating that the Contractor has an understanding of and will comply with the specifications and requirements described in this RFP.

## **G. Order of Precedence**

In the event of inconsistencies or contradictions between language contained in the RFP and a Contractor's response, the language contained in the RFP will prevail. Should the State issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Contractor's proposal in the event of an inconsistency, ambiguity, or conflict.

## **H. Contractor's Signature**

The proposal must be accompanied by the RFP Cover Sheet signed in ink by an individual authorized to legally bind the Contractor. The Contractor's signature on a proposal in response to this RFP guarantees that the offer has been established without collusion and without effort to preclude the State from obtaining the best possible supply or service. Proof of authority of the person signing the RFP response must be furnished upon request.

## **I. Offer in Effect for 180 Days**

A proposal may not be modified, withdrawn or canceled by the Contractor for a 180 day period following the deadline for proposal submission as defined in the Schedule of Events, or receipt of best and final offer, if required, and Contractor so agrees in submitting the proposal.

## **J. State Not Responsible for Preparation Costs**

The costs for developing and delivering responses to this RFP and any subsequent presentations of the proposal as requested by the State are entirely the responsibility of the Contractor. The State is not liable for any expense incurred by the Contractor in the preparation and presentation of their proposal or any other costs incurred by the Contractor prior to execution of a contract.

## **K. State's Rights Reserved**

While the State has every intention to award a contract as a result of this RFP, issuance of the RFP in no way constitutes a commitment by the State to award and execute a contract. Upon a determination such actions would be in its best interest, the State, in its sole discretion, reserves the right to:

- Cancel or terminate this RFP;
- Reject any or all of the proposals submitted in response to this RFP;
- Change its decision with respect to the selection and to select another proposal;
- Waive any minor irregularity in an otherwise valid proposal which would not jeopardize the overall program and to award a contract on the basis of such a waiver (minor irregularities are those which will not have a significant adverse effect on overall project cost or performance);

- Negotiate with any Contractor whose proposal is within the competitive range with respect to technical plan and cost;
- Adopt to its use all, or any part, of a Contractor's proposal and to use any idea or all ideas presented in a proposal;
- Amend the RFP (amendments to the RFP will be made by written addendum issued by the State and will be posted on the RFP website);
- Not award any contract.

## **L. Price**

Contractors must respond to this RFP by utilizing the RFP Cover Sheet and Appendix C to indicate the firm and fixed contingency fee rate for the implementation and updating/operation phase to complete the scope of work specified in the contract

## **M. Submission of Proposals**

Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to 2019-RAC-01. Proposals must be sent to the attention of the Project Director and received at Medicaid as specified in the Schedule of Events. It is the responsibility of the Contractor to ensure receipt of the Proposal by the deadline specified in the Schedule of Events.

## **N. Copies Required**

Contractors must submit one original Proposal with original signatures in ink, one additional hard copy in binder form, plus two electronic copies of the Proposal on CD/DVD or jump drive clearly labeled with the Contractor name. One electronic (Word and searchable PDF format) copy MUST be a complete version of the Contractor's response and the second electronic (searchable PDF format) copy MUST have any information asserted as confidential or proprietary removed. Vender must identify the original hard copy clearly on the outside of the proposal.

## **O. Late Proposals**

*Regardless of cause, late proposals will not be accepted and will automatically be disqualified from further consideration.* It shall be the Contractor's sole risk to assure delivery at Medicaid by the designated deadline. Late proposals will not be opened and may be returned to the Contractor at the expense of the Contractor or destroyed if requested.

## **P. Proposal Format**

Proposals must be prepared on standard 8 ½" x 11" paper and must be bound. All proposal pages must be numbered unless specified otherwise. All responses, as well as, any reference material presented, must be written in English.

The Contractor must structure its response in the same sequence, using the same labeling and numbering that appears in the RFP section in question. For example, the proposal would have a major section entitled "Scope of Work." Within this section, the Contractor would include their response, addressing each of the numbered sections in sequence, as they appear in the RFP: i.e. II.1, II.2, II.3, II.4, and so on. The response to each section must be preceded by the section text of the RFP followed by the Contractor's response.

Proposals must not include references to information located elsewhere, such as Internet websites. Information or materials presented by the Contractor outside the formal response or subsequent discussion/negotiation, if requested, will not be considered, and will have no bearing on any award.

This RFP and its attachments are available on Medicaid's website. The Contractor acknowledges and accepts full responsibility to ensure that no changes are made to the RFP. In the event of inconsistencies or contradictions between language contained in the RFP and a Contractor's response, the language contained in the RFP will prevail. Should Medicaid issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Contractor's proposal.

#### **Q. Proposal Withdrawal**

The Contractor may withdraw a submitted proposal at any time before the deadline for submission. To withdraw a proposal, the Contractor must submit a written request, signed by a Contractor's representative authorized to sign the resulting contract, to the RFP Project Director. After withdrawing a previously submitted proposal, the Contractor may submit another proposal at any time up to the Deadline for Submitting Proposals.

#### **R. Proposal Amendment**

Medicaid will not accept any amendments, revisions, or alterations to proposals after the Deadline for Submitting Proposals unless such is formally requested, in writing, by Medicaid.

#### **S. Proposal Errors**

The Contractor is liable for all errors or omissions contained in their proposals. The Contractor will not be allowed to alter proposal documents after the Deadline for Submitting Proposals. If the Contractor needs to change a previously submitted proposal, the Contractor must withdraw the entire proposal and may submit the corrected proposal before the Deadline for Submitting Proposals.

#### **T. Proposal Clarifications**

Medicaid reserves the right to request clarifications with any or all Contractors if they are necessary to properly clarify compliance with the requirements of this RFP. Medicaid will not be liable for any costs associated with such clarifications. The purpose of any such clarifications will be to ensure full understanding of the proposal. Clarifications will be limited to specific sections of the proposal identified by Medicaid. If clarifications are requested, the Contractor must put such clarifications in writing within the specified time frame.

## **U. Disclosure of Proposal Contents**

Proposals and supporting documents are kept confidential until the evaluation process is complete, a Contractor has been selected and the contract has been fully executed. The Contractor should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure if required by law. The Contractor should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "CONFIDENTIAL". The Contractor must also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records law and is marked as Proprietary Information. By way of illustration but not limitation, "Proprietary Information" may include trade secrets, inventions, mask works, ideas, processes, formulas, source and object codes, data, programs, other works of authorship, know-how, improvements, discoveries, developments, designs and techniques.

Information contained in the Pricing Section may not be marked confidential. It is the sole responsibility of the Contractor to indicate information that is to remain confidential. Medicaid assumes no liability for the disclosure of information not identified by the Contractor as confidential. If the Contractor identifies its entire proposal as confidential, the Agency may deem the proposal as non-compliant and may reject it.

## **VIII. Evaluation and Selection Process**

### **A. Initial Classification of Proposals as Responsive or Non-responsive**

All proposals will initially be classified as either "responsive" or "non-responsive." Proposals may be found non-responsive at any time during the evaluation process or contract negotiation if any of the required information is not provided; or the proposal is not within the plans and specifications described and required in the RFP. If a proposal is found to be non-responsive, it will not be considered further.

Proposals failing to demonstrate that the Contractor meets the mandatory requirements listed in Appendix A will be deemed non-responsive and not considered further in the evaluation process (and thereby rejected).

## **B. Determination of Responsibility**

The Project Director will determine whether a Contractor has met the standards of responsibility. In determining responsibility, the Project Director may consider factors such as, but not limited to, the Contractor's specialized expertise, ability to perform the work, experience and past performance. Such a determination may be made at any time during the evaluation process and through contract negotiation if information surfaces that would result in a determination of non-responsibility. If a Contractor is found non-responsible, a written determination will be made a part of the procurement file and mailed to the affected Contractor.

## **C. Opportunity for Additional Information**

The State reserves the right to contact any Contractor submitting a proposal for the purpose of clarifying issues in that Contractor's proposal. Contractors should clearly designate in their proposal a point-of-contact for questions or issues that arise in the State's review of a Contractor's proposal.

## **D. Evaluation Committee**

An Evaluation Committee appointed by the Project Director will read the proposals, conduct corporate and personal reference checks, score the proposals, and make a written recommendation to the Commissioner of the Alabama Medicaid Agency. The State may change the size or composition of the committee during the review in response to exigent circumstances.

## **E. Scoring**

The Evaluation Committee will score the proposals using the scoring system shown in the table below. The highest score that can be awarded to any proposal is 100 points.

<b>Evaluation Factor</b>	<b>Highest Possible Score</b>
Scope of Work	30
Corporate Background and Experience	20
References	10
Price	40
<b>Total</b>	<b>100</b>

## **F. Determination of Successful Proposal**

The Contractor whose proposal is determined to be in the best interest of the State will be recommended as the successful Contractor. The Project Director will forward this Contractor's proposal through the supervisory chain to the Commissioner, with documentation to justify the Committee's recommendation.

When the final approval is received, the State will notify the selected Contractor. If the State rejects all proposals, it will notify all Contractors. The State will post the award on Medicaid's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov). The award will be posted under the applicable RFP number.

## **IX. General Terms and Conditions**

### **A. General**

This RFP and Contractor's response thereto shall be incorporated into a contract by the execution of a formal agreement. The contract and amendments, if any, are subject to approval by the Governor of the State of Alabama.

The contract shall include the following:

1. Executed contract,
2. RFP, attachments, and any amendments thereto,
3. Contractor's response to the RFP, and shall be construed in accordance with and in the order of the applicable provisions of:
  - Title XIX of the Social Security Act, as amended and regulations promulgated hereunder by HHS and any other applicable federal statutes and regulations
  - The statutory and case law of the State of Alabama
  - The Alabama State Plan for Medical Assistance under Title XIX of the Social Security Act, as amended
  - The Medicaid Administrative Code
  - Medicaid's written response to prospective Contractor questions

### **B. Compliance with State and Federal Regulations**

Contractor shall perform all services under the contract in accordance with applicable federal and state statutes and regulations. Medicaid retains full operational and administrative authority and responsibility over the Alabama Medicaid Program in accordance with the requirements of the federal statutes and regulations as the same may be amended from time to time.

### **C. Term of Contract**

The initial contract term shall be for two years effective January 1, 2020, through December 31, 2021. Alabama Medicaid shall have three, one-year options for extending this contract after review by the Legislative Contract Review Oversight

Committee. At the end of the contract period Alabama Medicaid may at its discretion, exercise the extension option and allow the period of performance to be extended at the rate indicated on the RFP Cover Sheet. The Contractor will provide pricing for each year of the contract, including any extensions.

Contractor acknowledges and understands that this contract is not effective until it has received all requisite state government approvals and Contractor shall not begin performing work under this contract until notified to do so by Medicaid. Contractor is entitled to no compensation for work performed prior to the effective date of this contract.

#### **D. Contract Amendments**

No alteration or variation of the terms of the contract shall be valid unless made in writing and duly signed by the parties thereto. The contract may be amended by written agreement duly executed by the parties. Every such amendment shall specify the date its provisions shall be effective as agreed to by the parties.

The contract shall be deemed to include all applicable provisions of the State Plan and of all state and federal laws and regulations applicable to the Alabama Medicaid Program, as they may be amended. In the event of any substantial change in such Plan, laws, or regulations, that materially affects the operation of the Alabama Medicaid Program or the costs of administering such Program, either party, after written notice and before performance of any related work, may apply in writing to the other for an equitable adjustment in compensation caused by such substantial change.

#### **E. Confidentiality**

Contractor shall treat all information, and in particular information relating to individuals that is obtained by or through its performance under the contract, as confidential information to the extent confidential treatment is provided under State and Federal laws including 45 CFR §160.101 – 164.534. Contractor shall not use any information so obtained in any manner except as necessary for the proper discharge of its obligations and rights under this contract.

Contractor shall ensure safeguards that restrict the use or disclosure of information concerning individuals to purposes directly connected with the administration of the Plan in accordance with 42 CFR Part 431, Subpart F, as specified in 42 CFR § 434.6(a)(8). Purposes directly related to the Plan administration include:

1. Establishing eligibility;
2. Determining the amount of medical assistance;
3. Providing services for recipients; and
4. Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the Plan.

Pursuant to requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191), the successful Contractor shall sign and comply with the terms of a Business Associate agreement with the Agency (Appendix B).

## **F. Security and Release of Information**

Contractor shall take all reasonable precautions to ensure the safety and security of all information, data, procedures, methods, and funds involved in the performance under the contract, and shall require the same from all employees so involved. Contractor shall not release any data or other information relating to the Alabama Medicaid Program without prior written consent of Medicaid. This provision covers both general summary data as well as detailed, specific data. Contractor shall not be entitled to use of Alabama Medicaid Program data in its other business dealings without prior written consent of Medicaid. All requests for program data shall be referred to Medicaid for response by the Commissioner only.

## **G. Federal Nondisclosure Requirements**

Each officer or employee of any person to whom Social Security information is or may be disclosed shall be notified in writing by such person that Social Security information disclosed to such officer or employee can be only used for authorized purposes and to that extent and any other unauthorized use herein constitutes a felony punishable upon conviction by a fine of as much as \$5,000 or imprisonment for as long as five years, or both, together with the cost of prosecution. Such person shall also notify each such officer or employee that any such unauthorized further disclosure of Social Security information may also result in an award of civil damages against the officer or employee in an amount not less than \$1,000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC Sections 7213 and 7431 and set forth at 26 CFR 301.6103(n).

Additionally, it is incumbent upon the contractor to inform its officers and employees of penalties for improper disclosure implied by the Privacy Act of 1974, 5 USC 552a. Specifically, 5 USC 552a (i) (1), which is made applicable to contractors by 5 USC 552a (m) (1), provides that any officer or employee of a contractor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established there under, and who knowing that disclosure of the specific material is prohibited, willfully discloses that material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

## **H. Contract a Public Record**

Upon signing of this contract by all parties, the terms of the contract become available to the public pursuant to Alabama law. Contractor agrees to allow public access to all documents, papers, letters, or other materials subject to the current Alabama law on

disclosure. It is expressly understood that substantial evidence of Contractor's refusal to comply with this provision shall constitute a material breach of contract.

### **I. Termination for Bankruptcy**

The filing of a petition for voluntary or involuntary bankruptcy of a company or corporate reorganization pursuant to the Bankruptcy Act shall, at the option of Medicaid, constitute default by Contractor effective the date of such filing. Contractor shall inform Medicaid in writing of any such action(s) immediately upon occurrence by the most expeditious means possible. Medicaid may, at its option, declare default and notify Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from Contractor.

### **J. Termination for Default**

Medicaid may, by written notice, terminate performance under the contract, in whole or in part, for failure of Contractor to perform any of the contract provisions. In the event Contractor defaults in the performance of any of Contractor's material duties and obligations, written notice shall be given to Contractor specifying default. Contractor shall have 10 calendar days, or such additional time as agreed to in writing by Medicaid, after the mailing of such notice to cure any default. In the event Contractor does not cure a default within 10 calendar days, or such additional time allowed by Medicaid, Medicaid may, at its option, notify Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from Contractor.

### **K. Termination for Unavailability of Funds**

Performance by the State of Alabama of any of its obligations under the contract is subject to and contingent upon the availability of state and federal monies lawfully applicable for such purposes. If Medicaid, in its sole discretion, deems at any time during the term of the contract that monies lawfully applicable to this agreement shall not be available for the remainder of the term, Medicaid shall promptly notify Contractor to that effect, whereupon the obligations of the parties hereto shall end as of the date of the receipt of such notice and the contract shall at such time be cancelled without penalty to Medicaid, State or Federal Government.

### **L. Proration of Funds**

In the event of proration of the funds from which payment under this contract is to be made, this contract will be subject to termination.

### **M. Termination for Convenience**

Medicaid may terminate performance of work under the Contract in whole or in part whenever, for any reason, Medicaid, in its sole discretion determines that such termination is in the best interest of the State. In the event that Medicaid elects to

terminate the contract pursuant to this provision, it shall so notify the Contractor by certified or registered mail, return receipt requested. The termination shall be effective as of the date specified in the notice. In such event, Contractor will be entitled only to payment for all work satisfactorily completed and for reasonable, documented costs incurred in good faith for work in progress. The Contractor will not be entitled to payment for uncompleted work, or for anticipated profit, unabsorbed overhead, or any other costs.

#### **N. Force Majeure**

Contractor shall be excused from performance hereunder for any period Contractor is prevented from performing any services pursuant hereto in whole or in part as a result of an act of God, war, civil disturbance, epidemic, or court order; such nonperformance shall not be a ground for termination for default.

#### **O. Nondiscriminatory Compliance**

Contractor shall comply with Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Executive Order No. 11246, as amended by Executive Order No. 11375, both issued by the President of the United States, the Americans with Disabilities Act of 1990, and with all applicable federal and state laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination in employment.

#### **P. Conflict of Interest**

The parties acknowledge and agree that the Contractor must be free of conflicts of interest in accordance with all federal and state regulations while performing the duties within the contract and this amendment. The Contractor and Medicaid agree that each has no conflict of interest preventing the execution of this Contract amendment or the requirements of the original contract, and said parties will abide by applicable state and federal regulations, specifically those requirements found in the Office of Federal Procurement Policy Act. 41 U.S.C.A. 2101 through 2107.

#### **Q. Open Trade**

In compliance with Section 41-16-5 Code of Alabama (1975), the contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

#### **R. Small and Minority Business Enterprise Utilization**

In accordance with the provisions of 45 CFR Part 75.330 and OMB Circular A-102, affirmative steps shall be taken to assure that small and minority businesses are utilized when possible as sources of supplies, equipment, construction, and services.

## **S. Worker's Compensation**

Contractor shall take out and maintain, during the life of this contract, Worker's Compensation Insurance for all of its employees under the contract or any subcontract thereof, if required by state law.

## **T. Employment of State Staff**

Contractor shall not knowingly engage on a full-time, part-time, or other basis during the period of the contract any professional or technical personnel, who are or have been in the employment of Medicaid during the previous twelve (12) months, except retired employees or contractual consultants, without the written consent of Medicaid. Certain Medicaid employees may be subject to more stringent employment restrictions under the Alabama Code of Ethics, §36-25-1 et seq., Code of Alabama 1975.

## **U. Immigration Compliance**

Contractor will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Contractor shall comply with the requirements of the Immigration Reform and Control Act of 1986 and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Ala, Act 2012- 491 and any amendments thereto) and certify its compliance by executing Attachment G. Contractor will document that the Contractor is enrolled in the E-Verify Program operated by the US Department of Homeland Security as required by Section 9 of Act 2012-491. During the performance of the contract, the contractor shall participate in the E-Verify program and shall verify every employee that is required to be verified according to the applicable federal rules and regulations. Contractor further agrees that, should it employ or contract with any subcontractor(s) in connection with the performance of the services pursuant to this contract, that the Contractor will secure from such subcontractor(s) documentation that subcontractor is enrolled in the E-Verify program prior to performing any work on the project. The subcontractor shall verify every employee that is required to be verified according to the applicable federal rules and regulations. This subsection shall only apply to subcontractors performing work on a project subject to the provisions of this section and not to collateral persons or business entities hired by the subcontractor. Contractor shall maintain the subcontractor documentation that shall be available upon request by the Alabama Medicaid Agency.

Pursuant to Ala. Code §31-13-9(k), by signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the state of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Failure to comply with these requirements may result in termination of the agreement or subcontract.

## **V. Share of Contract**

No official or employee of the State of Alabama shall be admitted to any share of the contract or to any benefit that may arise there from.

## **W. Waivers**

No covenant, condition, duty, obligation, or undertaking contained in or made a part of the contract shall be waived except by written agreement of the parties.

## **X. Warranties Against Broker's Fees**

Contractor warrants that no person or selling agent has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission percentage, brokerage, or contingency fee excepting bona fide employees. For breach of this warranty, Medicaid shall have the right to terminate the contract without liability.

## **Y. Novation**

In the event of a change in the corporate or company ownership of Contractor, Medicaid shall retain the right to continue the contract with the new owner or terminate the contract. The new corporate or company entity must agree to the terms of the original contract and any amendments thereto. During the interim between legal recognition of the new entity and Medicaid execution of the novation agreement, a valid contract shall continue to exist between Medicaid and the original Contractor. When, to Medicaid's satisfaction, sufficient evidence has been presented of the new owner's ability to perform under the terms of the contract, Medicaid may approve the new owner and a novation agreement shall be executed.

## **Z. Employment Basis**

All services rendered by Contractor /or subcontractor shall be as an independent Contractor and not as an employee (merit or otherwise) of the State of Alabama, and Contractor shall not be entitled to receive Merit System benefits.

## **AA. Disputes and Litigation**

Except in those cases where the proposal response exceeds the requirements of the RFP, any conflict between the response of Contractor and the RFP shall be controlled by the provisions of the RFP. Any dispute concerning a question of fact arising under the contract which is not disposed of by agreement shall be decided by the Commissioner of Medicaid.

In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail

and the dispute involves the payment of money, a party's sole remedy is the filing of a claim with the Board of Adjustment of the State of Alabama.

For any and all other disputes arising under the terms of this contract, which are not resolved by negotiation, the parties agree, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation.

Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

Any litigation brought by Medicaid or Contractor regarding any provision of the contract shall be brought in either the Circuit Court of Montgomery County, Alabama, or the United States District Court for the Middle District of Alabama, Northern Division, according to the jurisdictions of these courts. This provision shall not be deemed an attempt to confer any jurisdiction on these courts which they do not by law have, but is a stipulation and agreement as to forum and venue only.

#### **BB. Records Retention and Storage**

Contractor shall maintain financial records, supporting documents, statistical records, and all other records pertinent to the Alabama Medicaid Program for a period of three years from the date of the final payment made by Medicaid to Contractor under the contract. However, if audit, litigation, or other legal action by or on behalf of the State or Federal Government has begun but is not completed at the end of the three- year period, or if audit findings, litigation, or other legal action have not been resolved at the end of the three year period, the records shall be retained until resolution.

#### **CC. Inspection of Records**

Contractor agrees that representatives of the Comptroller General, HHS, the General Accounting Office, the Alabama Department of Examiners of Public Accounts, and Medicaid and their authorized representatives shall have the right during business hours to inspect and copy Contractor's books and records pertaining to contract performance and costs thereof. Contractor shall cooperate fully with requests from any of the agencies listed above and shall furnish free of charge copies of all requested records. Contractor may require that a receipt be given for any original record removed from Contractor's premises.

#### **DD. Use of Federal Cost Principles**

For any terms of the contract which allow reimbursement for the cost of procuring goods, materials, supplies, equipment, or services, such procurement shall be made on a competitive basis (including the use of competitive bidding procedures) where practicable, and reimbursement for such cost under the contract shall be in accordance with 48 CFR, Chapter 1, Part 31. Further, if such reimbursement is to be made with

funds derived wholly or partially from federal sources, such reimbursement shall be subject to Contractor's compliance with applicable federal procurement requirements, and the determination of costs shall be governed by federal cost principles.

#### **EE. Payment**

Contractor shall submit to Medicaid a detailed monthly invoice for compensation for the deliverable and/or work performed. Invoices should be submitted to the Project Director. Payments are dependent upon successful completion and acceptance of described work and delivery of required documentation.

#### **FF. Notice to Parties**

Any notice to Medicaid under the contract shall be sufficient when mailed to the Project Director. Any notice to Contractor shall be sufficient when mailed to Contractor at the address given on the return receipt from this RFP or on the contract after signing. Notice shall be given by certified mail, return receipt requested.

#### **GG. Disclosure Statement**

The successful Contractor shall be required to complete a financial disclosure statement with the executed contract.

#### **HH. Debarment**

Contractor hereby certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any Federal department or agency.

#### **II. Not to Constitute a Debt of the State**

Under no circumstances shall any commitments by Medicaid constitute a debt of the State of Alabama as prohibited by Article XI, Section 213, Constitution of Alabama of 1901, as amended by Amendment 26. It is further agreed that if any provision of this contract shall contravene any statute or Constitutional provision or amendment, whether now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the contract shall be deemed null and void. The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this agreement shall be limited to the filing of a claim against Medicaid with the Board of Adjustment for the State of Alabama.

#### **JJ. Qualification to do Business in Alabama**

Should a foreign corporation (a business corporation incorporated under a law other than the law of this state) be selected to provide professional services in accordance

with this RFP, it must be qualified to transact business in the State of Alabama and possess a valid "Application of Registration" issued by the Secretary of State at the time a professional services contract is executed. To obtain forms for an "Application for Registration," contact the Secretary of State at (334) 242-5324 or [www.sos.state.al.us](http://www.sos.state.al.us). The "Application for Registration" showing application has been made must be submitted with the proposal.

#### **KK. Choice of Law**

The construction, interpretation, and enforcement of this contract shall be governed by the substantive contract law of the State of Alabama without regard to its conflict of laws provisions. In the event any provision of this contract is unenforceable as a matter of law, the remaining provisions will remain in full force and effect.

#### **LL. Alabama interChange Interface Standards**

Contractor hereby certifies that any exchange of MMIS data with the Agency's fiscal agent will be accomplished by following the AMMIS Interface Standards Document, which will be posted on the Medicaid website.

## Appendix A: Proposal Compliance Checklist

### NOTICE TO CONTRACTOR:

It is highly encouraged that the following checklist be used to verify completeness of Proposal content. It is not required to submit this checklist with your proposal.

---

Contractor Name \_\_\_\_\_

---

Project Director \_\_\_\_\_ Review Date \_\_\_\_\_

*Proposals for which **ALL** applicable items are marked by the Project Director are determined to be compliant for responsive proposals.*

<input checked="" type="checkbox"/> IF CORRECT	BASIC PROPOSAL REQUIREMENTS
<input type="checkbox"/>	1. Contractor's original proposal received on time at correct location.
<input type="checkbox"/>	2. Contractor submitted the specified copies of proposal and in electronic format.
<input type="checkbox"/>	3. The Proposal includes a completed and signed RFP Cover Sheet.
<input type="checkbox"/>	4. The Proposal is a complete and independent document, with no references to external documents or resources.
<input type="checkbox"/>	5. Contractor submitted signed acknowledgement of any and all addenda to RFP.
<input type="checkbox"/>	6. The Proposal includes written confirmation that the Contractor understands and will comply with all of the provisions of the RFP.
<input type="checkbox"/>	7. The Proposal includes required client references (with all identifying information in specified format and order).
<input type="checkbox"/>	8. The Proposal includes a corporate background.
<input type="checkbox"/>	9. The Proposal includes a detailed description of the Contractor's plan to implement and monitor the RAC program as outlined in the RFP regarding each element listed in the scope of work.
<input type="checkbox"/>	10. Vendor must submit a statement that the Vendor has an understanding of and will comply with the terms and conditions as set out in the RFP. Additions or exceptions to the standard terms and conditions are not allowed. Any addition or exception to the terms and conditions are considered severed, null and void, and may result in the Vendor's bid being deemed non-responsive.
<input type="checkbox"/>	11. The response includes (if applicable) an Application of Registration or showing application has been made with the Secretary of State.
<input type="checkbox"/>	12. The response must include an E-Verify Memorandum of Understanding with the Department of Homeland Security.

## **Appendix B: Contract and Attachments**

The following are the documents that must be signed **AFTER** contract award and prior to the meeting of the Legislative Contract Oversight Committee Meeting.

Sample Contract

*Attachment A:* Business Associate Addendum

*Attachment B:* Contract Review Report for Submission to Oversight Committee

*Attachment C:* Immigration Status

*Attachment D:* Disclosure Statement

*Attachment E:* Letter Regarding Reporting to Ethics Commission

*Attachment F:* Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

*Attachment G:* Beason-Hammon Certificate of Compliance

CONTRACT

BETWEEN  
THE ALABAMA MEDICAID AGENCY  
AND

KNOW ALL MEN BY THESE PRESENTS, that the Alabama Medicaid Agency, an Agency of the State of Alabama, and \_\_\_\_\_, Contractor, agree as follows:

Contractor shall furnish all labor, equipment, and materials and perform all of the work required under the Request for Proposal (RFP Number \_\_\_\_\_, dated \_\_\_\_\_, strictly in accordance with the requirements thereof and Contractor’s response thereto.

Contractor shall be compensated for performance under this contract in accordance with the provisions of the RFP and the price provided on the RFP Cover Sheet response, in an amount not to exceed \_\_\_\_\_.

Contractor and the Alabama Medicaid Agency agree that the initial term of the contract is \_\_\_\_ to \_\_\_\_\_.

This contract specifically incorporates by reference the RFP, any attachments and amendments thereto, and Contractor’s response.

CONTRACTOR NAME

ALABAMA MEDICAID AGENCY  
This contract has been reviewed for and is approved as to content.

\_\_\_\_\_  
Contractor’s name here

\_\_\_\_\_  
Stephanie McGee Azar  
Commissioner

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Printed Name

This contract has been reviewed for legal form and complies with all applicable laws, rules, and regulations of the State of Alabama governing these matters.

Tax ID: \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
General Counsel

\_\_\_\_\_  
Governor, State of Alabama

**ALABAMA MEDICAID AGENCY  
BUSINESS ASSOCIATE AGREEMENT**

This Agreement is made effective the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the Alabama Medicaid Agency (“Covered Entity”), an agency of the State of Alabama, and \_\_\_\_\_ (“Business Associate”) (collectively the “Parties”).

**1. BACKGROUND**

**1.1.** Covered Entity and Business Associate are parties to a contract entitled \_\_\_\_\_ (the “Contract”), whereby Business Associate agrees to perform the following services for or on behalf of Covered Entity: [Enter a description of the services being provided below. The description must be sufficiently detailed such that applicability of this specific Agreement is clearly identified with the contract/service(s).]

---

**1.2.** 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 Rules (as defined below).

**1.3.** The Parties enter into this Business Associate Addendum with the intention of complying with the HIPAA Rules allowing a covered entity to disclose protected health information to a business associate, and allowing 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**

**2.1 General Definitions**

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Electronic Protected Health Information, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

**2.2 Specific Definitions**

2.2.1 Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 C.F.R. § 160.103

2.2.2 Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 C.F.R. § 160.103.

2.2.3 HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164.

### **3. OBLIGATIONS OF BUSINESS ASSOCIATE**

Business Associate agrees to the following:

- 3.1** Use or disclose PHI only as permitted or required by this Agreement or as Required by Law.
- 3.2** Use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement. Further, Business Associate will implement administrative, physical and technical safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity as required by Subpart C of 45 C.F.R. Part 164.
- 3.3** Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- 3.4** Report to Covered Entity within five (5) business days any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.
- 3.5** Ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information in accordance with 45 C.F.R. § 164.502(e)(1)(ii) and § 164.308(b)(2), if applicable.
- 3.6** Provide Covered Entity with access to PHI within thirty (30) business days of a written request from Covered Entity, in order to allow Covered Entity to meet its requirements under 45 C.F.R. § 164.524, access to PHI maintained by Business Associate in a Designated Record Set.
- 3.7** Make amendment(s) to PHI maintained by Business Associate in a Designated Record Set that Covered Entity directs or agrees to, pursuant to 45 C.F.R. § 164.526 at the written request of Covered Entity, within thirty (30) calendar days after receiving the request.
- 3.8** Make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, Covered Entity, available to Covered Entity or to the Secretary within five (5) business days after receipt of written notice or as designated by the Secretary for purposes of determining compliance with the HIPAA Rules.

- 3.9** Maintain and make available the information required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI as necessary to satisfy the Covered Entity's obligations under 45 C.F.R. § 164.528.
- 3.10** Provide to the Covered Entity, within thirty (30) days of receipt of a written request from Covered Entity, the information required for Covered Entity to respond to a request by an Individual or an authorized representative for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.
- 3.11** Maintain a comprehensive security program appropriate to the size and complexity of the Business Associate's operations and the nature and scope of its activities as defined in the Security Rule.
- 3.12** Notify the Covered Entity within five (5) business days following the discovery of a breach of unsecured PHI on the part of the Contractor or any of its sub-contractors, and
- 3.12.1** Provide the Covered Entity the following information:
- 3.12.1(a) The number of recipient records involved in the breach.
  - 3.12.1(b) A description of what happened, including the date of the breach and the date of the discovery of the breach if known.
  - 3.12.1(c) A description of the types of unsecure protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other type information were involved).
  - 3.12.1(d) Any steps the individuals should take to protect themselves from potential harm resulting from the breach.
  - 3.12.1(e) A description of what the Business Associate is doing to investigate the breach, to mitigate harm to individuals and to protect against any further breaches.
  - 3.12.1(f) Contact procedures for individuals to ask questions or learn additional information, which shall include the Business Associate's toll-free number, email address, Web site, or postal address.
  - 3.12.1(g) A proposed media release developed by the Business Associate.
- 3.12.2** Work with Covered Entity to ensure the necessary notices are provided to the recipient, prominent media outlet, or to report the breach to the Secretary of Health and Human Services (HHS) as required by 45 C.F.R. Part 164, Subpart D.;
- 3.12.3** Pay the costs of the notification for breaches that occur as a result of any act or failure to act on the part of any employee, officer, or agent of the Business Associate;
- 3.12.4** Pay all fines or penalties imposed by HHS under 45 C.F.R. Part 160, "HIPAA Administrative Simplification: Enforcement Rule" for breaches that occur as a result of any act or failure to act on the part of any employee, officer, or agent of the Business Associate.

- 3.12.5** Co-ordinate with the Covered Entity in determining additional specific actions that will be required of the Business Associate for mitigation of the breach.

#### **4. PERMITTED USES AND DISCLOSURES**

Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may

- 4.1.** Use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the Subpart E of 45 C.F.R. Part 164 if done by Covered Entity;
- 4.2.** Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- 4.3.** Disclose PHI for the proper management and administration of the Business Associate, provided that:
  - 4.3.1** Disclosures are Required By Law; or
  - 4.3.2** Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and 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.
- 4.4** Use PHI to provide data aggregation services to Covered Entity as permitted by 42 C.F.R. § 164.504(e)(2)(i)(B).

#### **5. REPORTING IMPROPER USE OR DISCLOSURE**

The Business Associate shall report to the Covered Entity within five (5) business days from the date the Business Associate becomes aware of:

- 5.1** Any use or disclosure of PHI not provided for by this agreement
- 5.2** Any successful Security Incident and/or breach of unsecured PHI

#### **6. OBLIGATIONS OF COVERED ENTITY**

The Covered Entity agrees to the following:

- 6.1** Notify the Business Associate of any limitation(s) in its notice of privacy practices in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Alabama Medicaid's use or disclosure of PHI.

- 6.2 Notify the Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes may affect the Business Associate's use or disclosure of PHI.
- 6.3 Notify the Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.
- 6.4 Not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.
- 6.5 Provide Business Associate with only that PHI which is minimally necessary for Business Associate to provide the services to which this agreement pertains.

## 7. TERM AND TERMINATION

- 7.1 **Term.** The Term of this Agreement shall be effective as of the effective date stated above and shall terminate when the Contract terminates.
- 7.2 **Termination for Cause.** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:
  - 7.2.1 Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
  - 7.2.2 Immediately terminate this Agreement; or
  - 7.2.3 If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.

### 7.3 Effect of Termination.

- 7.3.1 Except as provided in paragraph (2) of this section or in the Contract, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
- 7.3.2 In the event that Business Associate determines that the PHI is needed for its own management and administration or to carry out legal responsibilities, and returning or destroying the PHI is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall:
  - 7.3.2(a) Retain only that PHI which is necessary for business associate to continue its proper management and administration or to carry out its legal responsibilities;
  - 7.3.2(b) Return to covered entity or, if agreed to by covered entity, destroy the remaining PHI that the business associate still maintains in any form;

- 7.3.2(c) Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as business associate retains the PHI;
- 7.3.2(d) Not use or disclose the PHI retained by business associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 4, “Permitted Uses and Disclosures” which applied prior to termination; and
- 7.3.2(e) Return to covered entity or, if agreed to by covered entity, destroy the PHI retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.

#### **7.4 Survival**

The obligations of business associate under this Section shall survive the termination of this Agreement.

### **8. GENERAL TERMS AND CONDITIONS**

- 8.1** This Agreement amends and is part of the Contract.
- 8.2** 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.
- 8.3** In the event of a conflict in terms between this Agreement and the Contract, the interpretation that is in accordance with the HIPAA Rules shall prevail. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the HIPAA Rules.
- 8.4** A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the Contract for cause.
- 8.5** The Parties agree to take such action as is necessary to amend this Agreement from time to time for Covered Entity to comply with the requirements of the HIPAA Rules.

IN WITNESS WHEREOF, Covered Entity and Business Associate have executed this Agreement effective on the date as stated above.

**ALABAMA MEDICAID AGENCY**

Signature: \_\_\_\_\_

Printed Name: Clay Gaddis

Title: Privacy Officer

Date: \_\_\_\_\_

**BUSINESS ASSOCIATE**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contract Review Permanent Legislative Oversight Committee
Alabama State House -- Montgomery, Alabama 36130

CONTRACT REVIEW REPORT
(Separate review report required for each contract)

Name of State Agency: Alabama Medicaid Agency

Name of Contractor:

Contractor's Physical Street Address (No. P.O. Box) City State

Is Contractor a Sole Source? YES NO
Is Contractor organized as an Alabama Entity in Alabama? YES NO
Is Contractor a minority and/or woman-owned business? YES NO
If so, is Contractor certified as such by the State of Alabama? YES NO
Check all that apply: ALDOT ADECA OTHER (Name)
Is Contractor Registered with Alabama Secretary of State to do Business as a Corporation in Alabama? YES NO
IF LLC, GIVE NAMES OF MEMBERS:
Is Act 2001-955 Disclosure Form Included with this Contract? YES X NO
Does Contractor have current member of Legislature or family member of Legislator employed? YES NO
Was a Lobbyist/Consultant used to secure this contract OR affiliated with this Contractor? YES NO
IF YES, GIVE NAME:

Contract Number: C (See Fiscal Policies & Procedures Manual, Page 5-8)

Contract/Amendment Amount: \$ (PUT AMOUNT YOU ARE ASKING FOR TODAY ONLY)

% State Funds: % Federal Funds: % Other Funds: \*\*

\*\*Please Specify Source of Other Funds (Fees, Grants, etc.)

Date Contract Effective: Date Contract Ends:

Type of Contract: NEW: RENEWAL: AMENDMENT:

If Renewal, was it originally Bid? YES NO

If AMENDMENT, Complete A through C:

- (A) ORIGINAL contract amount \$
(B) Amended total prior to this amendment \$
(C) Amended total after this amendment \$

Was Contract secured through Bid Process? YES NO Was lowest Bid accepted? YES NO

Was Contract secured through RFP Process? YES NO Date RFP was awarded:

Posted to Statewide RFP Database at http://rfp.alabama.gov/Login.aspx? YES NO

If NO, give a brief explanation as to why not:

Summary of Contract Services to be Provided:

Why Contract Necessary AND why this service cannot be performed by merit employee:

I certify that the above information is correct.

Signature of Agency Head Signature of Contractor

Printed Name of Agency Head Printed Name of Contractor

Agency Contact: Stephanie Lindsay Phone: (334) 242-5833
Revised: 8/2/17

**IMMIGRATION STATUS**

I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Witness



# State of Alabama Disclosure Statement

Required by Article 3B of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
NUMBER \_\_\_\_\_ ( ) \_\_\_\_\_

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD \_\_\_\_\_

Alabama Medicaid Agency

ADDRESS \_\_\_\_\_  
501 Dexter Avenue, Post Office Box 5624

CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
Montgomery, Alabama 36103-5624 (334)242-5833

This form is provided with:

Contract     Proposal     Request for Proposal     Invitation to Bid     Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes     No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT RECEIVED	TYPE OF GOODS/SERVICES	AMOUNT

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes     No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE DEPARTMENT/AGENCY	ADDRESS	STATE

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

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Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

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List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS

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***By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Notary Expires \_\_\_\_\_

*Article 3B of Title 41, Code of Alabama 1975 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.*



Kay Ivey  
Governor

**Alabama Medicaid Agency**  
**501 Dexter Avenue**  
**P.O. Box 5624**  
**Montgomery, Alabama 36103-5624**  
**www.medicaid.alabama.gov**  
**e-mail: almedicaid@medicaid.alabama.gov**  
Telecommunication for the Deaf: 1-800-253-0799  
334-242-5000 1-800-362-1504



STEPHANIE MCGEE AZAR  
Commissioner

MEMORANDUM

**SUBJECT:** Reporting to Ethics Commission by Persons Related to Agency Employees

Section 36-25-16(b) Code of Alabama (1975) provides that anyone who enters into a contract with a state agency for the sale of goods or services exceeding \$7500 shall report to the State Ethics Commission the names of any adult child, parent, spouse, brother or sister employed by the agency.

Please review your situation for applicability of this statute. The address of the Alabama Ethics Commission is:

100 North Union Street  
RSA Union Bldg.  
Montgomery, Alabama 36104

A copy of the statute is reproduced below for your information. If you have any questions, please feel free to contact the Agency Office of General Counsel, at 242-5741.

**Section 36-25-16. Reports by persons who are related to public officials or public employees and who represent persons before regulatory body or contract with state.**

- (a) When any citizen of the state or business with which he or she is associated represents for a fee any person before a regulatory body of the executive branch, he or she shall report to the commission the name of any adult child, parent, spouse, brother, or sister who is a public official or a public employee of that regulatory body of the executive branch.
- (b) When any citizen of the State or business with which the person is associated enters into a contract for the sale of goods or services to the State of Alabama or any of its agencies or any county or municipality and any of their respective agencies in amounts exceeding seven thousand five hundred dollars (\$7500) he or she shall report to the commission the names of any adult child, parent, spouse, brother, or sister who is a public official or public employee of the agency or department with whom the contract is made.
- (c) This section shall not apply to any contract for the sale of goods or services awarded through a process of public notice and competitive bidding.
- (d) Each regulatory body of the executive branch, or any agency of the State of Alabama shall be responsible for notifying citizens affected by this chapter of the requirements of this section. (Acts 1973, No. 1056, p. 1699, § 15; Acts 1975, No. 130, § 1; Acts 1995, No. 95-194, p. 269, § 1.)

**Instructions for Certification Regarding Debarment, Suspension,  
Ineligibility and Voluntary Exclusion**

(Derived from Appendix B to 45 CFR Part 76--Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions)

1. By signing and submitting this contract, the prospective lower tier participant is providing the certification set out therein.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this contract 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 Alabama Medicaid Agency (the Agency) may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the Agency if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had 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, and voluntarily excluded, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this contract is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this contract that, should the contract be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared 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 contract that it will include this certification clause 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 proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, 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 List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
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 under 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 proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Agency may pursue available remedies, including suspension and/or debarment.

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

**CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)**

DATE: \_\_\_\_\_

**RE Contract/Grant/Incentive (describe by number or subject): \_\_\_\_\_ by and between \_\_\_\_\_ (Contractor/Grantee) and Alabama Medicaid Agency (State Agency or Department or other Public Entity)**

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of \_\_\_\_\_ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.  
BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:
  - a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
  - b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

\_\_\_\_\_ (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

\_\_\_\_\_ (b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;
4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Name of Contractor/Grantee/Recipient

By: \_\_\_\_\_

Its \_\_\_\_\_

The above Certification was signed in my presence by the person whose name appears above, on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Witness

## Appendix C: Contingency Fee

Firm And Fixed Contingency Fee Rate	
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The Contractor must utilize this Pricing Form to provide their firm and fixed contingency fee rate.

## Appendix D: Historical Recoupment Data

<b>FY 2014 - 2016</b>	<b>Recoupment Identified</b>	<b>Recoupment Collected</b>	<b>Contingency Fee Paid to Contractor</b>
<b>3 Year Total</b>	\$4,084,115.36	\$2,688,125.57	\$262,091.46
<b>3 Year Average</b>	\$1,361,371.79	\$896,041.86	\$87,363.82



## State of Alabama Solicitation

<b>Solicitation</b> RFP 062 19000000080	<b>Document Phase</b> Final	<b>Document Description</b> Medicaid Recovery Audit Contractor Services
<b>Procurement Folder</b> 917725	<b>Creation Date</b> 08/06/19	<b>Print Date</b> 08/06/19

## Request for Proposals

### CONTACTS

Contact	Name	E-mail	Phone
Requestor:	Info RFP	RFP@medicaid.alabama.gov	334-353-3785
Issuer:	Info RFP	RFP@medicaid.alabama.gov	334-353-3785
Buyer:	Info RFP	RFP@medicaid.alabama.gov	334-353-3785

Bids will be accepted from: 08/07/19  
to: 09/12/19

All Inquiries for Information Regarding Bid Submission Requirements or Procurement Procedures  
Should be Directed To The Buyer Contact Listed Above.

### COMMODITY INFORMATION

Group: 1 Line: 1 Line Type: Service  
Commodity Code: PRF08000037 Quantity:  
Commodity Description: MEDICAL CONSULTING SERVICES Unit:  
Extended Description:

MEDICAL CONSULTING SERVICES

### SHIPPING AND BILLING

#### Shipping

Medicaid Headquarters Shipping  
501 Dexter Avenue  
Montgomery, AL 36104

Delivery Date:

#### Billing

Medicaid Headquarters Billing  
501 Dexter Avenue  
Montgomery, AL 36104

Delivery Type:

### COMMODITY INFORMATION

Group: 1 Line: 2 Line Type: Service  
Commodity Code: PRF08000011 Quantity:  
Commodity Description: ACCOUNTING/AUDITING/BUDGET Unit:  
Extended Description:



1900000080	Document Phase Final	Document Description Medicaid Recovery Audit Contractor Services	Page 3 of 5
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GENERAL TERMS AND CONDITIONS FOR RFP FOR SERVICES v 7-9-15 rhc edit 7-28-15

**GENERAL TERMS AND CONDITIONS FOR THIS REQUEST FOR PROPOSALS - All proposals are subject to these Terms and Conditions.**

**1. PROHIBITED CONTACTS; INQUIRIES REGARDING THIS RFP** – *From the Release Date of this RFP until a contract is awarded, parties that intend to submit, or have submitted, a Proposal are prohibited from communicating with any members of the Soliciting Party’s Team for this transaction who may be identified herein or subsequent to the Release Date, or other employees or representatives of the Soliciting Party regarding this RFP or the underlying transaction except the designated contact(s) identified in {insert location in RFP where contacts are identified, such as Section S or Item 2.}*

Questions relating only to the RFP process may be submitted by telephone or by mail or hand delivery to: the designated contact. Questions on other subjects, seeking additional information and clarification, must be made in writing and submitted via email to the designated contact, sufficiently in advance of the deadline for delivery of Proposals to provide time to develop and publish an answer. A question received less than two full business days prior to the deadline may not be acknowledged. Questions and answers will be published to those parties submitting responsive proposals.

**2. NONRESPONSIVE PROPOSALS** - Any Proposal that does not satisfy requirements of the RFP may be deemed non-responsive and may be disregarded without evaluation. Clarification or supplemental information may be required from any Proposer.

**3. CHANGES TO THE RFP; CHANGES TO THE SCHEDULE** - The Soliciting Party reserves the right to change or interpret the RFP prior to the Proposal Due Date. Changes will be communicated to those parties receiving the RFP who have not informed the Soliciting Party’s designated contact that a Proposal will not be submitted. Changes to the deadline or other scheduled events may be made by the Soliciting Party as it deems to be in its best interest.

**4. EXPENSES** - Unless otherwise specified, the reimbursable expenses incurred by the service provider in the providing the solicited services, shall be charged at actual cost without mark-up, profit or administrative fee or charge. Only customary, necessary expenses in reasonable amounts will be reimbursable, to include copying (not to exceed 15 cents per page), printing, postage in excess of first class for the first one and one-half ounces, travel and preapproved consulting services. Cost of electronic legal research, cellular phone service, fax machines, long-distance telephone tolls, courier, food or beverages are not reimbursable expenses without prior authorization, which will not be granted in the absence of compelling facts that demonstrate a negative effect on the issuance of the bonds, if not authorized.

If pre-approved, in-state travel shall be reimbursed at the rate being paid to state employees on the date incurred. Necessary lodging expenses will be paid on the same per-diem basis as state employees are paid. Any other pre-approved travel expenses will be reimbursed on conditions and in amounts that will be declared by the Issuer when granting approval to travel. Issuer may require such documentation of expenses as it deems necessary.

**5. REJECTION OF PROPOSALS** - The Soliciting Party reserves the right to reject any and all proposals and cancel this Request if, in the exercise its sole discretion, it deems such action to be in its best interest.

**6. EXPENSES OF PROPOSAL** – The Soliciting Party will not compensate a Proposer for any expenses incurred in the preparation of a Proposal.

**7. DISCLOSURE STATEMENT** - A Proposal must include one original Disclosure Statement as required by Code Section 41-16-82, et seq., Code of Alabama 1975. Copies of

1900000080	Document Phase Final	Document Description Medicaid Recovery Audit Contractor Services	Page 4 of 5
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the Disclosure Statement, and information, may be downloaded from the State of Alabama Attorney General's web site at <http://ago.alabama.gov/Page-Vendor-Disclosure-Statement-Information-and-Instructions>.

**8. LEGISLATIVE CONTRACT REVIEW** - Personal and professional services contracts with the State may be subject to review by the Contract Review Permanent Legislative Oversight Committee in accordance with Section 29-2-40, et seq., *Code of Alabama 1975*. The vendor is required to be knowledgeable of the provisions of that statute and the rules of the committee. These rules can be found at <http://www.legislature.state.al.us/aliswww/AlaLegJointIntCommContracReview.aspx>. If a

contract resulting from this RFP is to be submitted for review the service provider must provide the forms and documentation required for that process.

**9. THE FINAL TERMS OF THE ENGAGEMENT** - Issuance of this Request For Proposals in no way constitutes a commitment by the Soliciting Party to award a contract. The final terms of engagement for the service provider will be set out in a contract which will be effective upon its acceptance by the Soliciting Party as evidenced by the signature thereon of its authorized representative. Provisions of this Request For Proposals and the accepted Proposal may be incorporated into the terms of the engagement should the Issuer so dictate. Notice is hereby given that there are certain terms standard to commercial contracts in private sector use which the State is prevented by law or policy from accepting, including indemnification and holding harmless a party to a contract or third parties, consent to choice of law and venue other than the State of Alabama, methods of dispute resolution other than negotiation and mediation, waivers of subrogation and other rights against third parties, agreement to pay attorney's fees and expenses of litigation, and some provisions limiting damages payable by a vendor, including those limiting damages to the cost of goods or services.

**10. BEASON-HAMMON ACT COMPLIANCE.** A contract resulting from this RFP will include provisions for compliance with certain requirements of the *Beason-Hammon Alabama taxpayer and Citizen Protection Act* (Act 2011-535, as amended by Act 2012-491 and codified as Sections 31-13-1 through 35, Code of Alabama, 1975, as amended), as follows:

E- VERIFY ENROLLMENT DOCUMENTATION AND PARTICIPATION. As required by Section 31-13-9(b), Code of Alabama, 1975, as amended, Contractor that is a "business entity" or "employer" as defined in Code Section 31-13-3, will enroll in the E-Verify Program administered by the United States Department of Homeland Security, will provide a copy of its Memorandum of Agreement with the United States Department of Homeland Security that program and will use that program for the duration of this contract.

CONTRACT PROVISION MANDATED BY SECTION 31-13-9(k):

By signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

19000000080	<b>Document Phase</b> Final	<b>Document Description</b> Medicaid Recovery Audit Contractor Services	<b>Page 5</b> of 5
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**ATTENTION:** Alabama Medicaid intends to post the RAC Services RFP specifications document by the close of business on 8/7/2019, to the Alabama Medicaid website at:

[http://www.medicaid.alabama.gov/CONTENT/2.0\\_newsroom/2.4\\_Procurement.aspx](http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.4_Procurement.aspx).

All questions concerning this RFP must be directed to:

[RAC.RFP@medicaid.alabama.gov](mailto:RAC.RFP@medicaid.alabama.gov)

**Amendment I to RFP 2019-RAC-01**

**8/30/2019**

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2019-RAC-01. THIS AMENDMENT MUST BE INCLUDED IN THE VENDOR'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE VENDOR MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

I. Section B Schedule of Events, Page 3 change as follows:

Currently reads as:

EVENT	DATE
RFP Issued	8/7/19
Deadline for Submitting Questions	8/19/19
Posting of Questions and Answers	8/29/19
Proposals Due by 5 pm CT	9/12/19
Evaluation Period	9/19/19 – 10/3/19
Contract Award Notification	10/17/19
**Contract Review Committee	12/5/19
Official Contract Award/Begin Work	1/1/20**

Revised as:

EVENT	DATE
RFP Issued	8/7/19
Deadline for Submitting Questions	8/19/19
Posting of Questions and Answers	8/30/19
Proposals Due by 5 pm CT	9/12/19
Evaluation Period	9/19/19 – 10/3/19
Contract Award Notification	10/17/19
**Contract Review Committee	12/5/19
Official Contract Award/Begin Work	1/1/20**

II. RFP Background, Page 7 change as follows:

Currently reads as:

All payments for validated improper payments will be on a firm and fixed contingency fee basis. Firm and fixed contingency fee rates must not exceed the maximum Medicare RAC rate published by CMS. The Medicare RAC firm and fixed contingency fee rate ranges from 9.0% - 12.5%. The Contractor to whom the contract is awarded will be responsible for the performance of all duties contained within this RFP for the fee quoted in the Contractor's proposal to this RFP. All proposals must state a fee for the services described.

Revised as:

All payments for validated improper payments will be on a firm and fixed contingency fee basis. Firm and fixed contingency fee rates must not exceed the

maximum Medicare RAC rate published by CMS. The Medicare RAC firm and fixed contingency fee rate ranges from 10.4% - 14.4%. The Contractor to whom the contract is awarded will be responsible for the performance of all duties contained within this RFP for the fee quoted in the Contractor's proposal to this RFP. All proposals must state a fee for the services described.

I hereby acknowledge the receipt of Addendum I to RFP 2019-RAC-01.

\_\_\_\_\_  
Authorized Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Organization

**RFP # 2019-RAC-01**  
**State of Alabama Medicaid**  
**Recovery Audit Contractor Services**  
**Contractor Questions and Medicaid Answers**  
**8/30/2019**

<b>Question ID:</b>	1
<b>Date Question Asked:</b>	8/15/2019
<b>Question:</b>	<p>“.....The Contractor will be compensated for actual recoveries based on the firm and fixed contingency fee rate provided on the RFP Cover Sheet response. Historically, for FY 2014-2016, the average annual recoupment identified was \$1,325,234.55 and the average recoupment collected was \$896,041.86 (See Appendix D).</p> <p>Question: Is there a reason why there is the big discrepancy the annual recoupment identified and the average collected?</p>
<b>Section Number:</b>	Section III Pricing
<b>RFP Page Number:</b>	10
<b>Medicaid Answer:</b>	In response to a Draft or Final Audit, a provider could provide clarifying information and supporting documentation not previously provided along with the date(s) the documentation was created. Following reevaluation of the clarifying information and supporting documentation, the collected amount was often less than the recoupment identified. Also, recoupments for identified overpayments can take place in a future fiscal year, especially if the provider is on a payment plan.
<b>Question ID:</b>	2
<b>Date Question Asked:</b>	8/15/2019
<b>Question:</b>	How much travel is involved within the State? Is this travel reimbursable?
<b>Section Number:</b>	Section III Pricing
<b>RFP Page Number:</b>	10

<b>Medicaid Answer:</b>	Reviews are usually conducted via desk review. However, minimal travel may be required. This travel is not reimbursable.
<b>Question ID:</b>	3
<b>Date Question Asked:</b>	8/15/2019
<b>Question:</b>	Historic Annual shows about \$1,361,371.29. Is that based on the prior contractor capacity and capabilities? And can this be scaled up in the near future.
<b>Section Number:</b>	Section III Pricing
<b>RFP Page Number:</b>	10
<b>Medicaid Answer:</b>	Yes, the amount is based on the prior contractor's capacity and capabilities. The amount could be scaled up in the future.
<b>Question ID:</b>	4
<b>Date Question Asked:</b>	8/15/2019
<b>Question:</b>	Clarification: Are we paid upon approval of project director or when funds are received.
<b>Section Number:</b>	Section III Pricing
<b>RFP Page Number:</b>	10
<b>Medicaid Answer:</b>	The contractor is paid when funds are received. The overpayment amount is withheld from the provider's checkwrite(s) if the provider does not remit payment by check.
<b>Question ID:</b>	5
<b>Date Question Asked:</b>	8/15/2019
<b>Question:</b>	Based on our experience, there is a considerable amount of upfront investments and this may not be recovered. Will there be a guaranty as to the minimum number of files to meet the \$1,361,371.29?
<b>Section Number:</b>	Section III Pricing
<b>RFP Page Number:</b>	10
<b>Medicaid Answer:</b>	No, there will not be a guaranty as to the minimum number of files to meet the \$1,361,371.29.
<b>Question ID:</b>	6
<b>Date Question Asked:</b>	8/19/2019

<b>Question:</b>	RFP Page 7, Section I., Background, states, “Firm and fixed contingency fee rates must not exceed the maximum Medicare RAC rate published by CMS.” The current maximum Medicare RAC rate published by CMS is more than the listed amounts in this RFP (9.0-12.5%). Please confirm that the maximum rate limitation will be based on the most current published CMS rates not the rates listed in this RFP.
<b>Section Number:</b>	Section I
<b>RFP Page Number:</b>	7
<b>Medicaid Answer:</b>	Firm and fixed contingency fee rates must not exceed the maximum Medicare RAC rate published by CMS. The maximum rate limitation will be based on the most current published CMS rates. See Amendment I.
<b>Question ID:</b>	7
<b>Date Question Asked:</b>	8/19/19
<b>Question:</b>	RFP, Page 7, Section II, Scope of Work, Question #3 states, “The Contractor must hire no less than 0.1 full-time equivalent named and available medical director who is a Doctor of Medicine or Doctor of Osteopathy in good standing with the relevant State licensing authorities and a full-time project manager.” Please clarify whether the staff must be registered with the State of Alabama.
<b>Section Number:</b>	Section II.3
<b>RFP Page Number:</b>	8
<b>Medicaid Answer:</b>	The Doctor of Medicine or Doctor of Osteopathy must be licensed in the State of Alabama.
<b>Question ID:</b>	8
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 9, Section II, Scope of Work, Question #9 states, “Solicit Medicaid’s opinion about whether to act upon a detected improper payment. If the improper payment remains unclear after normal audit process activities have been exhausted, Medicaid will use its discretion when determining the appropriate action to take.” Please clarify if a standard dispute process with additional documentation review is considered part of “normal audit process activities” in Alabama. If not, is this considered the same as the Informal Reviews (appeals or a required step before appeals) noted in Question #22 as also asked below?

<b>Section Number:</b>	Section II.9
<b>RFP Page Number:</b>	9
<b>Medicaid Answer:</b>	Yes, it is considered part of the "normal audit process activities".
<b>Question ID:</b>	9
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 9, Section II, Scope of Work, Question #13 states, "Follow all required timelines allowed to providers to respond to requests for medical documentation associated with claims identified as a potential improper payment....." Please confirm that "timelines" refers to CMS standard timelines for a RAC program. If these are Alabama-specific timelines, please provide.
<b>Section Number:</b>	Section II.13
<b>RFP Page Number:</b>	9
<b>Medicaid Answer:</b>	The timelines refer to CMS standard timelines for a RAC program.
<b>Question ID:</b>	10
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 9, Section II, Scope of Work, Question #13 states, "Upon approval by Medicaid, the Contractor audits must be conducted either on-site or via desk review, if needed." Please indicate if the option to conduct on-site vs. desk review is at the discretion of Contractor or is there is a requirement to conduct on-site reviews when requested by Medicaid? If so, then please indicate what situation might arise that would require Medicaid to require Contractor to conduct an on-site review.
<b>Section Number:</b>	Section II.13
<b>RFP Page Number:</b>	9
<b>Medicaid Answer:</b>	Reviews are usually conducted via desk review. However, the option to conduct an onsite review is at the discretion of Alabama Medicaid. An onsite review may be required when there is a need to see the original records used to support a claim when it was initially billed to Alabama Medicaid. Onsite visits may also be required when there is a need to see a provider's physical location, the dynamics of the office and

	the flow of the services provided, especially if there is specialty equipment involved in a treatment.
<b>Question ID:</b>	11
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 10, Section II, Scope of Work, Question #22 states, "Ensure the Auditor and other personnel must be readily available at Medicaid's request during regular business hours to provide justification for the denial, prepare for, and participate in any Informal Reviews and Fair Hearings." Please define Informal Reviews for Alabama. Is this the same as dispute/additional documentation review during normal audit processes, an appeal, or a required step after an appeal request and before a Fair Hearing?
<b>Section Number:</b>	Section II.22
<b>RFP Page Number:</b>	10
<b>Medicaid Answer:</b>	The first level of the appeal process is the Informal Review. If a provider believes a claim(s) was paid correctly as originally submitted, they may request a reevaluation by the contractor in writing within 15 calendar days from the date of the Draft Audit Report letter. The written request must include a copy of the Itemized Claims Report notating whether they agree or disagree with each finding as well as any clarifying information and supporting documentation not previously provided along with the date(s) the documentation was created.
<b>Question ID:</b>	12
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 11, Section IV., General Medicaid Information, lists all services covered by Medicaid. Please confirm all services are available for review and recovery; including institutional claims such as inpatient and outpatient hospital services, hospice services, outpatient surgical services, and nursing home services.
<b>Section Number:</b>	Section IV
<b>RFP Page Number:</b>	11
<b>Medicaid Answer:</b>	Inpatient and outpatient hospital services are not audited. All reviews and recoupment actions must be approved by the State prior to any action by the contractor.

<b>Question ID:</b>	13
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 11, Section IV., General Medicaid Information, lists all services covered by Medicaid. Please specify any currently known claim types, provider types, diagnosis codes, procedure codes or edits that are excluded from review and recovery under this RAC contract.
<b>Section Number:</b>	Section IV
<b>RFP Page Number:</b>	11
<b>Medicaid Answer:</b>	Inpatient and outpatient hospital services are not audited. All reviews and recoupment actions must be approved by the State prior to any action by the contractor.
<b>Question ID:</b>	14
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 12, Section V., General, states the Contractor must demonstrate in the proposal a thorough working knowledge of program policy requirements as described. Where Alabama Medicaid policy is vague or silent regarding a particular payment rule, will Alabama Medicaid allow CMS policy as the basis for an edit for review and recovery?
<b>Section Number:</b>	Section V
<b>RFP Page Number:</b>	12
<b>Medicaid Answer:</b>	The Contractor must discuss any payment rule policy that is unclear with Alabama Medicaid.
<b>Question ID:</b>	15
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 13, Section VI., Corporate Background and References. Items a through e are listed on pages 12-13. There is no Item c. Was c missing?
<b>Section Number:</b>	Section VI
<b>RFP Page Number:</b>	13
<b>Medicaid Answer:</b>	The alphabet c was inadvertently omitted.
<b>Question ID:</b>	16
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 13, Section VI., Corporate Background and References, Item e., requests 3 references for projects of

	similar size and scope. Please confirm that these must be RAC contracts so that the vendor is familiar with the requirements specific to RAC contracts.
<b>Section Number:</b>	Section VI
<b>RFP Page Number:</b>	13
<b>Medicaid Answer:</b>	References do not have to be RAC contracts. If contractors have RAC contracts, they should be used as references.
<b>Question ID:</b> 17	
<b>Date Question Asked:</b> 8/19/2019	
<b>Question:</b>	RFP Page 47, Appendix C, Contingency Fee, requests a contingency fee for this contract. Please provide the manner in which the 40 points allocated to pricing on page 19 will be awarded. Will the contingency fee rate or extended fee be measured? If extended fee please provide the recovery amount the contingency rate will be applied to. Will the lowest fee or contingency rate get the full 40 points and others getting a fraction of these points proportionate to the lowest?
<b>Section Number:</b>	Appendix C
<b>RFP Page Number:</b>	47
<b>Medicaid Answer:</b>	The contingency fee rate will be measured. Yes, the lowest fee will get the full 40 points and others will receive a fraction of these points proportionate to the lowest.
<b>Question ID:</b> 18	
<b>Date Question Asked:</b> 8/19/2019	
<b>Question:</b>	RFP Page 48, Appendix D, Historical Recoupment Data, provides the recoupments for FY 2014-2016. Can you please provide the projects and overpayment scenarios that were approved for pursuit of recovery?
<b>Section Number:</b>	Appendix D
<b>RFP Page Number:</b>	48
<b>Medicaid Answer:</b>	The projects and overpayments that were approved for pursuit of recovery were Therapeutic Foster Care, Rehabilitation Services, Psychologist Services, Targeted Case Management, Dental Services, Home Health and Private Duty Nursing Services Billed during an Inpatient Stay, Durable Medical Equipment, Waiver Services, Pharmacy and Private Duty Nursing Services.

<b>Question ID:</b>	19
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 48, Appendix D, Historical Recoupment Data, provides the recoupments for FY 2014-2016. The recoupment amount is less than the identified amount. Can you please provide the scenarios and projects that identified overpayments but were not approved for recoupment?
<b>Section Number:</b>	Appendix D
<b>RFP Page Number:</b>	48
<b>Medicaid Answer:</b>	The scenarios and projects that identified overpayments but were not approved for recoupment were Targeted Case Management – Waiver Case Management, Home Health Services and Inpatient Admission after Outpatient Services.
<b>Question ID:</b>	20
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	RFP Page 48, Appendix D, Historical Recoupment Data, provides the recoveries for FY 2014-2016. The recoupment amount is less than the identified amount. Can you please provide the reasons the recoupment amount is less than the identified amount?
<b>Section Number:</b>	Appendix D
<b>RFP Page Number:</b>	48
<b>Medicaid Answer:</b>	In response to a Draft or Final Audit Report, a provider could provide clarifying information and supporting documentation not previously provided along with the date(s) the documentation was created. Following reevaluation of the clarifying information and supporting documentation, the collected amount was often less than the recoupment identified. Also, recoupments for identified overpayments can take place in a future fiscal year, especially if the provider is on a payment plan.
<b>Question ID:</b>	21
<b>Date Question Asked:</b>	8/19/2019
<b>Question:</b>	The previous contract did not fully utilize its extensions. Can you please provide the reasons, either State's or Contractor's for not renewing to the fullest number of extensions available?
<b>Section Number:</b>	General

<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	A conflict arose that precluded contract extensions.