The Florida Healthy Kids Corporation

Third Party Administrator

Request for Preliminary Proposal

October 3, 2011
THE FLORIDA HEALTHY KIDS CORPORATION
REQUEST FOR PRELIMINARY PROPOSALS
Proposal Cover Page - Solicitation Acknowledgement Form

PROPOSAL SUBMITTED TO:
Florida Healthy Kids Corporation
661 East Jefferson Street
2nd Floor
Tallahassee, Florida 32301
(850) 224-5437
www.healthykids.org

SOLICITATION TITLE:
Third Party Administrator Request for Preliminary Proposals

PROPOSALS DUE:
4:00 pm, November 21, 2011

RESPONDENT NAME:

RESPONDENT MAILING ADDRESS:

CITY, STATE, ZIP: *AUTHORIZED SIGNATURE (MANUAL)

PHONE NUMBER:
TOLL FREE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:
FEID NO.: *AUTHORIZED SIGNATURE (TYPED), TITLE

This individual must have the authority to bind the Respondent.

RESPONDENT CONTACTS:
Please provide the name, title, address, telephone number and e-mail address of the official contact and an alternate, if available. These individuals shall be available to be contacted by telephone or attend meetings as may be appropriate regarding the solicitation schedule.

PRIMARY CONTACT:
NAME, TITLE:
ADDRESS:
PHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:

SECONDARY CONTACT:
NAME, TITLE:
ADDRESS:
PHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:

FHKC is an equal opportunity employer / program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY / TDD equipment via the Florida Relay Service at 711.
SECTION A - INTRODUCTION.................................................................................................................. 5
A.1 Solicitation Type .................................................................................................................................. 5
A.2 Procurement Office ............................................................................................................................... 5
A.3 Florida Healthy Kids Overview ........................................................................................................ 5
A.4 KidCare Overview ............................................................................................................................... 5
A.5 Purpose of This Solicitation .............................................................................................................. 6
A.6 Key Functional Components ............................................................................................................. 7
A.7 Mandatory Requirements for Participation ...................................................................................... 8

SECTION B – VENDOR INSTRUCTIONS ............................................................................................... 10
B.1 Definitions ......................................................................................................................................... 10
B.2 Calendar of Events ............................................................................................................................. 11
B.3 Contract Period and Terms ................................................................................................................. 11
B.4 RFPP Process Overview .................................................................................................................... 12
B.5 Written Questions and Answers ........................................................................................................ 12
B.6 (Optional) Letter of Intent ................................................................................................................ 12
B.7 Proposal Structure and Content ......................................................................................................... 12
B.7.1 Technical Proposal .......................................................................................................................... 13
B.7.2 Cost Proposal ................................................................................................................................ 32
B.8 Submission of Proposal ..................................................................................................................... 33
B.8.1 Firm Proposal ................................................................................................................................ 34
B.8.2 Revision of Proposals ...................................................................................................................... 34
B.8.3 Withdrawal of Proposal .................................................................................................................. 34
B.9 Written Proposal Evaluation ............................................................................................................. 34
B.9.1 General Evaluation Procedure ....................................................................................................... 34
B.9.2 Evaluation for Compliance with Minimum Requirements .............................................................. 35
B.9.3 Evaluation for Technical Approach and Respondents’ Capabilities ................................................ 35
B.10 Cost Evaluation ................................................................................................................................ 36
B.11 General Proposal Terms .................................................................................................................. 36
B.11.1 Outstanding Litigation ................................................................................................................... 36
B.11.2 Rights to Data and Copyright ....................................................................................................... 36
B.11.3 Preparation of Proposals .............................................................................................................. 36
B.11.4 Cost of Proposal Preparation ...................................................................................................... 36
B.11.5 Most Favorable Terms ............................................................................................................... 36
B.11.6 Corporation Furnished Property ................................................................................................. 36
B.11.7 Contracting .................................................................................................................................. 36
B.11.8 Clarifications / Revisions ............................................................................................................. 37
B.11.9 Minor Irregularities / Right to Reject ........................................................................................... 37
B.11.10 Public Records ............................................................................................................................ 37

ATTACHMENT A – QUESTION SUBMITTAL FORM ............................................................................... 38
ATTACHMENT B – LETTER OF INTENT FORM .................................................................................. 39
ATTACHMENT C – MANDATORY REQUIREMENTS FOR PARTICIPATION ........................................ 40
ATTACHMENT D – PROOF OF SIGNATURE AUTHORITY ................................................................... 41
ATTACHMENT E – CONTRACT EXPERIENCE CHART ......................................................................... 42
ATTACHMENT F – REFERENCE FORM ................................................................................................. 44
ATTACHMENT G – REFERENCE QUESTIONNAIRE ............................................................................. 46
ATTACHMENT H – SITE VISIT FORM .................................................................................................. 50
ATTACHMENT I – LIST OF SUBCONTRACTORS, SUBSIDIARIES AND AFFILIATES .............................. 52
ATTACHMENT J – CONFLICT OF INTEREST DISCLOSURE STATEMENT .......................................... 54
ATTACHMENT K – CERTIFICATION REGARDING DEBARMENT .......................................................... 56
ATTACHMENT L – CERTIFICATION REGARDING LOBBYING ............................................................ 58
ATTACHMENT M – NON-COLLUSION AFFIDAVIT ............................................................................. 59
ATTACHMENT N – NONDISCRIMINATION AND EQUAL OPPORTUNITY ASSURANCE CERTIFICATION .................................................................................................................. 60
ATTACHMENT O – PUBLIC RESPONDENT CRIMES CERTIFICATION .................................................. 62
ATTACHMENT P – COST PROPOSAL ..................................................................................................... 63
ATTACHMENT Q – ALTERNATIVE COST PROPOSAL .......................................................................... 65
ATTACHMENT R – INNOVATIVE COST PROPOSAL ............................................................................. 67

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APPENDICES AND EXHIBITS

The following draft documents are provided as reference materials:

Appendix A - Description of Required Services  
Appendix B - Program Eligibility and Current Enrollment Process  
Appendix C - Terms and Conditions  
Appendix D - Process Diagrams  
Appendix E – Draft Standard TPA Contract  
Appendix F - Assumptions  

Exhibit A - Section 624.91, Florida Statutes, Florida Healthy Kids Corporation Act  
Exhibit B – Sections 409.810-409.821, Florida Statutes, Florida KidCare Act  
Exhibit C – Glossary  
Exhibit D – Acronyms  
Exhibit E – Account Status Definitions  
Exhibit F – FHKC Income Documentation Guidelines  
Exhibit G – Healthy Kids County Matrix  
Exhibit H – X12 834 File Companion Guide  
Exhibit I – Systems Production Calendar  
Exhibit J – Medicaid Screening Tool  
Exhibit K – KidCare Applications Received  
Exhibit L – Renewals  
Exhibit M – KidCare Applicants Referred to Medicaid  
Exhibit N – Enrollment for Healthy Kids, MediKids, and Children’s Medical Services Network  
Exhibit O – Calls Received by Current Third Party Administrator  
Exhibit P – List of TPA Correspondence  
Exhibit Q – Florida Administrative Rule - Florida KidCare Dispute Process  
Exhibit R – HIPAA Compliance – Business Agreement
SECTION A - INTRODUCTION

A.1 Solicitation Type
Request for Preliminary Proposals (RFPP).

A.2 Procurement Office
The Florida Healthy Kids Corporation
661 East Jefferson Street
2nd Floor
Tallahassee, Florida  32301
(850) 224-5437
www.healthykids.org

Issuing Officer (Point of Contact):
Jennifer Lloyd
661 East Jefferson Street
2nd Floor
Tallahassee, Florida  32301
Fax:  850-224-0615
lloydj@healthykids.org

A.3 Florida Healthy Kids Overview
Florida Healthy Kids offers health insurance for children ages 5 through 18. The Corporation is one of four Florida KidCare partners and is run by a Board of Directors that includes doctors, a dentist, hospital representatives, advocates and state agency heads and KidCare representatives.

Healthy Kids is designed to provide quality, affordable health insurance for families not eligible for Medicaid. Healthy Kids coverage includes doctor visits, immunizations, dental care, emergency care, hospital stays and much more. Most families pay just $15 or $20 per month. Full-pay options also are available making every Florida child ages 5 through 18 eligible.

The Corporation’s mission and values are to assure access to quality health services for Florida’s children with a focus on families, cultural awareness, innovation and compassion.

A.4 KidCare Overview
In 1998, the Florida KidCare Act was signed into law, and Healthy Kids became one of the four components of the Florida KidCare Program. The Florida KidCare Act encompasses sections 409.810 through 409.821, Florida Statutes (see Exhibit B).

The Florida KidCare program was introduced in response to the creation of the State Children’s Health Insurance Program otherwise known as SCHIP or Title XXI. Under SCHIP, more than $20 billion in federal funds over ten years were appropriated nationally for this federal-state partnership. With the launch of the program on July 1, 1998, Florida KidCare became the singular symbol for children’s health insurance programs in Florida. In order to serve the myriad of needs of Florida’s children, Florida KidCare includes four different components that each serve a unique population:

- MediKids for children ages 1 to 5 administered by the Agency for Health Care Administration.
- Florida Healthy Kids for children ages 5 to 18 administered by the Florida Healthy Kids Corporation. The Agency for Health Care Administration also contracts with Florida Healthy Kids to conduct Title XXI eligibility determinations.
- Children’s Medical Services Network (CMSN) for children ages birth to 19 with special health care needs, administered by the Department of Health for physical health and the Department of Children and Families for specialized behavioral health.
The Florida Healthy Kids Corporation
 Medicaid for Children from birth to age 19. The Agency for Health Care Administration administers the Medicaid program and the Department of Children and Families determines eligibility for Medicaid.

The State Children’s Health Insurance Program (SCHIP) was modified and reauthorized in 2009 by the Children’s Health Insurance Program Reauthorization Act (CHIPRA). It receives state funding through the General Appropriations Act and federal Title XXI matching funds through a state plan amendment submitted by Florida’s Agency for Health Care Administration. At the Federal level the program (now referred to as CHIP) is funded through 2015 but has been authorized through 2019.

Families enrolled in Florida KidCare have access to a variety of benefits. Access to high quality health insurance has always been a priority for Florida KidCare partners. The program offers comprehensive health benefits to all enrollees including the following:

- Doctor visits
- Check-ups
- Immunizations
- Hospital visits
- Surgeries
- Prescriptions
- Emergency services
- Vision and hearing screenings
- Dental visits
- Behavioral health

Enrolling in the program is simple and is determined based on household size and income and what best fits the family’s needs. Families considered financially eligible for subsidized Florida KidCare must be under 200% of the Federal Poverty Level. Families over 200% may enroll in the program but must do so at the full cost of coverage. The full-pay option is affordable, guarantee issue coverage available in both the MediKids and Healthy Kids programs.

Except for Medicaid, in order to qualify for subsidized coverage, a child must:

- Be under age 19,
- Be uninsured,
- Be a U.S. citizen or qualified non-citizen,
- Not be the dependent of a state employee eligible for health benefits, and
- Not be in a public institution

The Florida KidCare program is financed with a combination of federal and state funds and family contributions. Federal funding comes from two sources: Medicaid (Title XIX of the Social Security Act) and the Children’s Health Insurance Program, or CHIP (Title XXI of the Social Security Act). The Corporation collects premiums from families enrolled in the CHIP Program who do not qualify for the premium subsidy. Families that do not qualify for premium subsidy pay a monthly per child premium rate (available in the HK and MK programs only at this time); families that qualify for premium subsidy pay a per family monthly premium. Additionally, children who are verified American Indians or Alaska Natives pay no premium.

In FY 2011-12, the Florida Legislature appropriated approximately $521 million in state and federal funds for the Title XXI-funded Florida KidCare program components. The Legislature’s appropriations and family contributions support a budgeted average monthly Title XXI-funded caseload of 256,991 children.

In September 2011, Healthy Kids had 220,298 children enrolled in all 67 Florida counties, CMSN had 22,795 children enrolled and MediKids had 34,978 children enrolled (see Exhibit N). Eligibility requirements for the KidCare program are specified in Appendix B, Program Eligibility and Current Enrollment Process.

A.5 Purpose of This Solicitation

The Florida Healthy Kids Corporation (Corporation) requests proposals from qualified Administrators to provide Third Party Administration systems and services for the KidCare Program. This RFPP covers administrative, eligibility, financial and information technology system and services for the Healthy Kids, MediKids and CMSN Network programs. The Corporation is currently under contract with ACS for these services, and the Corporation’s contract with ACS could be renewed.
The Corporation seeks to identify and contract with a Third Party Administrator able to implement and provide all requirements necessary to meet all relevant provisions of the federal Social Security Act, Title XXI and Title XIX and the provisions of Florida Statutes, Section 624.91 and Sections 409.810-409.821. Additionally, the Corporation is seeking information regarding vendor capabilities to:

- Lower the cost of service provision
- Bring innovation to service delivery
- Provide flexibility to support future changes to the Corporation’s scope of services that may be driven by the Affordable Care Act (ACA), Medicaid Reform, other state and federal statutory changes and other opportunities.

Respondents are required to:

- Provide the full array of CHIP TPA services provided in the supporting documentation, and
- Address the Key Differentiators identified in Section B.7.1, Tab 8.

Respondents are encouraged to offer alternative methods of how to provide the Corporation’s desired outcomes by taking advantage of business solutions not identified by the Corporation.

### A.6 Key Functional Components

The following information describes the high level system functions and services the Corporation requires the Respondent to provide. See Appendix A, Description of Required Services, for a full description of services required of the TPA.

<table>
<thead>
<tr>
<th>Row</th>
<th>Service</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Implementation</td>
<td>Respondent’s plan to implement and operate TPA Services including descriptions of transition plans and data conversion plans, Program Management Office (PMO) structures, schedule management processes and change management activities.</td>
<td>Appendix A, Section A</td>
</tr>
<tr>
<td>2</td>
<td>System Development</td>
<td>Respondent’s Systems Development methodology.</td>
<td>Appendix A, Section A, Subsections Section A.1-A.3 and Section B, Sub sections B.1-B.4</td>
</tr>
<tr>
<td>3</td>
<td>System Testing</td>
<td>Respondent’s overall approach to system testing including test planning, test schedule, test execution, evaluation of test results, correction of discovered errors, regression and formal user acceptance testing.</td>
<td>Appendix A, Section C</td>
</tr>
<tr>
<td>4</td>
<td>Application and Renewal Processing</td>
<td>Respondent’s description of the application processing operations and / or system to be used in processing applications including processes, timeframes, equipment and physical support resources, and content and format of applicant records.</td>
<td>Appendix A, Section D</td>
</tr>
<tr>
<td>5</td>
<td>Customer Service</td>
<td>Respondent’s description of how all aspects of customer service will be delivered including telephone contact, web contact, correspondence, research, dispute and grievance, and confidentiality.</td>
<td>Appendix A, Section E and Appendix C, Section D</td>
</tr>
<tr>
<td>6</td>
<td>Financial Services</td>
<td>Respondent’s description of how all aspects of financial services will be delivered including segregation of business transactions, financial accounting procedures, financial records and outputs, family liability tracking, monthly expenditure reporting, premium posting, returned payment processing, auto payment processing, financial and account research, claims processing, lockbox processing and monthly billing invoice.</td>
<td>Appendix A, Section F and Appendix B</td>
</tr>
<tr>
<td>7</td>
<td>Administrative Services</td>
<td>Respondent’s description of how administrative services will be provided including a description of staffing and administration, overall training operations and a description of the overall Business Contingency Plan.</td>
<td>Appendix A, Section G and Appendix B</td>
</tr>
<tr>
<td>8</td>
<td>Account Maintenance</td>
<td>Respondent’s description of account maintenance capabilities and activities.</td>
<td>Appendix A, Section H</td>
</tr>
</tbody>
</table>
A.7 Mandatory Requirements for Participation

The following section describes the minimum criteria a Respondent must meet in order to participate in this RFPP.

Respondents must complete and submit Attachment C, Mandatory Requirements for Participation, as specified in Section B.9.2 attesting to your agreement or compliance with these non-negotiable requirements. Failure to sign and return Attachment C will eliminate a Respondent from the evaluation process.

1. Respondent must be an insurance company or health maintenance organization currently licensed to do business in Florida, or an insurance plan administrator authorized under Section 626.88, Florida Statutes. License must be held at the time of the Respondent’s proposal to this RFPP or no later than the proposal due date listed in Section B.2, Calendar of Events.

Because of the inherent potential for conflicts of interest, no health or dental plan or affiliate of one of these plans contracted to the Florida Healthy Kids Corporation may also hold any contract that may be issued from this RFPP.

2. Respondents must locate the following services in Florida:
   a. Contact Center
   b. Program Administration
      i. Enrollment, Eligibility and Premium Processing
      ii. Correspondence
      iii. Financial Administration and Management
   iv. Quality Assurance
   v. Project Management

3. Respondents must locate all other business operations including data center and systems development in the United States. Preference will be given to Respondents that locate all aspects of service provision in Florida.

4. Respondents must be willing to sign and fulfill a contract containing the terms, conditions, and requirements of this RFPP as specified throughout, and must specifically accept, agree to, and comply with the following requirements:
   a. Bonding requirements as specified in Section V, Bonding Requirements, of Appendix C, Terms and Conditions.
   b. Indemnification requirements as specified in Section M, Indemnification, of Appendix C, Terms and Conditions.
   d. Ownership of Data and Transfer of Records and HIPAA compliance as specified in Section T, Ownership of Data and Transfer of Records, of Appendix C, Terms and Conditions. Respondent agrees to not use or permit others to use the Corporation records for any purpose other than that related to the Corporation’s business and accepts the terms of any applicable state or federal laws, regulations or guidelines which apply to maintaining such data in a confidential manner.
   e. The Turnover Plan as specified in Section U, Turnover Plan of Appendix C, Terms and Conditions.
   f. Annual Type II service audits ("Reporting on Controls at Service Organizations") performed in accordance with Statements on Standards for Attestation Engagements, #16.
5. Respondent must have no pending litigation that will affect the solvency of the Respondent or pending litigation against the Corporation. (Refer to Section B.12.1)

6. Respondent must certify that the Respondent nor any owner (in excess of 5%), director, officer, partner, employee or consultant is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department, the State of Florida, or Corporation. (Refer to Attachment K)

7. Respondent must not be prohibited from receiving state and federal funds.

8. Respondent must certify that they are not on the following lists:
   a. “Scrutinized Companies List with Activities in Sudan”

9. Respondent must only employ individuals who may legally work in the United States either U.S. Citizens or foreign citizens who are authorized to work in the United States (Immigration Reform and Control Act of 1986). The Respondent must use the U.S. Department of Homeland Security’s E-Verify Employment Eligibility System to verify the employment status of:
   a. All persons employed by the Respondent, during the term of any contract resulting from this RFPP, to perform employment duties within Florida; and,
   b. All persons (including subcontractors) assigned by the Respondent to perform work pursuant to any contract resulting from this RFPP.
SECTION B – VENDOR INSTRUCTIONS

B.1 Definitions

The following terms and definitions apply to this RFPP:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Account</td>
<td>Account status utilized on the current eligibility system for those enrollees who have coverage in the current month</td>
</tr>
<tr>
<td>Calendar of Events</td>
<td>The scheduled milestones listed in Section B.2 of this document</td>
</tr>
<tr>
<td>C.F.R.</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>Contract</td>
<td>The document executed by the Florida Healthy Kids Corporation and the Third Party Administrator or Third Party Administrators for provision of the services negotiated in response to the RFPP</td>
</tr>
<tr>
<td>Corporation</td>
<td>The Florida Healthy Kids Corporation</td>
</tr>
<tr>
<td>Corporation Business Hours</td>
<td>8:00 A.M. through 5:00 P.M. Monday through Friday in which the Corporation conducts routine business</td>
</tr>
<tr>
<td>Corporation Observed Holidays</td>
<td>The following holidays are currently observed by the Corporation. If any of these holidays fall on a Saturday, the preceding Friday is observed. If any fall on a Sunday, the following Monday is observed.</td>
</tr>
<tr>
<td></td>
<td>- New Year's Day</td>
</tr>
<tr>
<td></td>
<td>- Martin Luther King Day</td>
</tr>
<tr>
<td></td>
<td>- Good Friday</td>
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<tr>
<td></td>
<td>- Memorial Day</td>
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<tr>
<td></td>
<td>- Independence Day</td>
</tr>
<tr>
<td></td>
<td>- Labor Day</td>
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<tr>
<td></td>
<td>- Veteran's Day</td>
</tr>
<tr>
<td></td>
<td>- Thanksgiving Day and the following day</td>
</tr>
<tr>
<td></td>
<td>- Christmas Day</td>
</tr>
<tr>
<td>Days</td>
<td>Business days unless specified as otherwise</td>
</tr>
<tr>
<td>D&amp;B</td>
<td>Dun and Bradstreet</td>
</tr>
<tr>
<td>F.A.C.</td>
<td>Florida Administrative Code</td>
</tr>
<tr>
<td>FHKC</td>
<td>Florida Healthy Kids Corporation</td>
</tr>
<tr>
<td>F.S.</td>
<td>Florida Statutes</td>
</tr>
<tr>
<td>FL</td>
<td>State of Florida</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HITECH</td>
<td>Health Information Technology for Economic and Clinical Health Act (2008)</td>
</tr>
<tr>
<td>RFPP</td>
<td>Request for Preliminary Proposal (this solicitation)</td>
</tr>
<tr>
<td>Partner Agencies</td>
<td>State agencies which work in cooperation with the Corporation to administer KidCare’s programs</td>
</tr>
<tr>
<td>Respondent</td>
<td>A vendor proposing Third Party Administrator services in response to this RFPP</td>
</tr>
<tr>
<td>TPA</td>
<td>Third Party Administrator</td>
</tr>
</tbody>
</table>

Refer to Exhibit C, Glossary, and Exhibit D, Acronyms, for an expanded set of definitions and acronyms.
B.2 Calendar of Events

Listed below is the calendar of events for this solicitation. All dates and times are for Tallahassee, Florida local time.

<table>
<thead>
<tr>
<th>Estimated Calendar of Events</th>
<th>Date and Time</th>
<th>RFPP Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Release Date for TPA RFPP</td>
<td>October 3, 2011</td>
<td>n/a</td>
</tr>
<tr>
<td>2. (Optional) Written Questions Due to FHKC via E-mail at <a href="mailto:TPARFPP@healthykids.org">TPARFPP@healthykids.org</a></td>
<td>October 10, 2011</td>
<td>B.5</td>
</tr>
<tr>
<td>3. Responses to Written Questions Posted on the Corporation’s Web Site</td>
<td>October 14, 2011</td>
<td>B.5</td>
</tr>
<tr>
<td>4. (Optional) Letter of Intent Due to FHKC</td>
<td>October 17, 2011</td>
<td>B.6</td>
</tr>
<tr>
<td>5. Responses to this RFPP Due to FHKC</td>
<td>4:00 PM November 21, 2011</td>
<td>B.8</td>
</tr>
</tbody>
</table>

*This event is optional and will be held at the discretion of FHKC

All updates and addenda to this RFPP will be posted on the Corporation’s web site at https://www.healthykids.org/news/calendar/. It is the Respondent’s responsibility to periodically check the web site for updates. The Corporation bears no responsibility for any delays or resulting impacts associated with a Respondent’s failure to obtain the information made available through the web site.

B.3 Contract Period and Terms

A Third Party Administrator may be selected by the Corporation through a competitive procurement process using criteria established by the Corporation. The selected Administrator will execute a contract with the Corporation to provide all necessary services and assistance as specified within this RFPP, its appendices, exhibits and addenda and as stated within the accepted proposal and ensuing contract.

The contract shall begin when the contract has been executed by both parties (the Contract Effective Date). The duration of any contract resulting from this RFPP, or subsequent procurement activities, shall be for five (5) years from the date when the Respondent begins providing TPA services (the TPA Service Effective Date). The Corporation reserves the option, at its sole discretion, to renew the contract between the parties for two renewal periods of up to 3 years (1st renewal) and 2 years (2nd renewal), respectively. Respondents may submit their terms and conditions for services in additional years in their proposal.

The current Administrator contract expires on February 1, 2013 (with an option for extension, if needed). The transition date to the any new TPA will be established during contract negotiations.

The awarded contract shall be contingent upon the annual availability of state, local and federal funds. Any contract renewals shall be contingent on the same and, in addition, contingent upon continued need and satisfactory performance by the Administrator.

This RFPP, including the appendices, exhibits, and addenda, and the resulting Administrator’s proposal in response to this RFPP will be attached to and incorporated by reference in the final contract document. The resulting contract shall constitute the entire agreement between the Corporation and the Administrator. In the event of a conflict between any provision of the RFPP that has not been otherwise modified in contract negotiations and any other contract documents, the contract provision shall prevail.
B.4 RFPP Process Overview

The RFPP process is comprised of two phases as follows:

1. **Proposal Preparation Phase:** the Respondents will prepare and submit a proposal to the Corporation based on the requirements identified in this RFPP, its attachments, appendices, exhibits and addenda.

2. **Evaluation Phase:** the Procurement Officer will first perform a review of administrative requirements as listed in Section B.9.2 of this RFPP. An Evaluation Team will evaluate and score the acceptable replies according to the evaluation procedure outlined in Section B.9. The Corporation may conduct, at its sole discretion, oral presentations and / or site visits as part of the evaluation process.

Based on the results of this evaluation, the Corporation may directly enter into contract negotiations with one or more Respondents or conduct additional solicitation activities. Only Respondents that submit proposals in response to this RFPP will be considered for negotiations or additional solicitation activities.

B.5 Written Questions and Answers

Any questions from Respondents concerning this RFPP shall be submitted via e-mail using Attachment A, Question Submittal Form, to TPARFP@healthykids.org by the date and time specified in Section B.2, Calendar of Events. All e-mail attachments shall be in Microsoft Word format (Version 2007 or later).

Only written answers to questions shall be considered binding on the Corporation. Any information given to a prospective Respondent concerning the RFPP will be furnished to all prospective Respondents as an amendment to the solicitation if, in the judgment of the Corporation, such information is deemed necessary in preparing their proposals, or, if the lack of such information would be prejudicial to uninformed Respondents.

Answers to written questions will be posted on the Corporation’s web site by the date specified in Section B.2, Calendar of Events.

Respondents and their agents shall only contact the Issuing Officer regarding the RFPP and the RFPP process during this procurement process up to and including the final execution of a contract between the Corporation and the awarded Respondent. If a Respondent or Respondent’s agent contacts: (1) an employee of the Corporation, (2) a Corporation Board member, including an ad hoc Board member, (3) a member of the evaluation team or (4) a contractor of the Corporation regarding this RFPP, the Respondent’s proposal may be disqualified at the Corporation’s discretion.

B.6 (Optional) Letter of Intent

Respondents intending to submit a proposal are encouraged to complete, sign, and return Attachment B, Letter of Intent, to the Issuing Officer specified in Section A.2 by the date and time listed in Section B.2, Calendar of Events. Submission of a Letter of Intent is non-binding. The Corporation intends to notify all Respondents who submit a Letter of Intent of any updates to this RFPP via e-mail; however, this does not negate the Respondent’s responsibility to independently check the web site for updates as specified in Section B.2.

B.7 Proposal Structure and Content

The Corporation has established certain mandatory requirements that must be included as part of any proposal. The use of the terms “shall” or “must” indicates a MANDATORY requirement or condition.

The Respondent must organize its proposal according to the instructions provided below. The Respondent should refer to the appropriate section in this RFPP for more information on the content of each of these sections. The proposal must include complete answers to the questions provided. The proposal must be submitted by the date and time indicated in Section B.2, Calendar of Events, and in accordance with the requirements of Section B.8, Submission of Proposal.

A Respondent may be disqualified from further consideration for failure to comply with these submission instructions.
General guidance for the preparation of proposals is as follows:

- It is not necessary to prepare a proposal using elaborate brochures and artwork, expensive paper and bindings or other expensive visual presentation aids.

- It is understood and the Respondent hereby agrees to be solely responsible for obtaining all materials and determining the best methods that will be utilized to meet the intent of the specifications of this solicitation.

- Some sections of the proposal have a specific page limit. Any and all information submitted beyond these pages limits will not be reviewed or evaluated.

- Respondents shall submit a technical proposal package utilizing 8.5” x 11” paper.

- General text of the submitted documents should use either Arial, Arial Narrow or Times New Roman, and, at a minimum, 12-point font. Figures and Tables should use 10-point font at a minimum.

- The Respondent shall respond using diagrams and narrative descriptions to the extent possible and avoid complex technical language in order to support the proposal review process. Information the Respondent considers relevant, but inapplicable to any of the required sections below, may be provided as an appendix to the technical proposal.

- If a Respondent attaches a publication or other document in order to provide required information, a clear and specific reference to the document and the relevant page(s) must be given in the appropriate section of the technical proposal. If the document is not specifically referenced in the proposal, it will not be considered.

B.7.1 Technical Proposal

Using the draft appendices and supporting exhibits, Respondents shall prepare their technical proposal in the order outlined below with the sections tabbed for ease of identification and review. Please note page limits specified for some sections.

The Corporation may revise the provided appendices and exhibits prior to negotiations and contracting. Respondents who participate in negotiations or other formal solicitation activities shall be provided an opportunity to revise their technical and cost proposals based on the revised Scope of Work, system requirements, terms and conditions and supporting exhibits.

The technical proposal shall consist of the following sections:

- Cover Page - Solicitation Acknowledgement Form

The Solicitation Acknowledgement Form (original copy provided as page 2 of this RFPP) shall be completed as instructed. Respondents are required to complete, sign, and return the Solicitation Acknowledgement Form with their proposal submittal. This form must be completed and signed by a representative who is authorized to contractually bind the Respondent.

The Respondent, by its proposal, certifies to the Corporation that it has full corporate power to enter into the contract and perform its obligations hereunder, that such performance would not give rise to any violations of any other contract of the Respondent and that the officer signing the proposal has full authority to do so. It also certifies its agreement to allow the Corporation access to identified site visits during the evaluation process to check reporting and data-entry capabilities as well as any other capabilities required by the RFPP.

In the event that Respondents submit a proposal as a joint venture, each member of the joint venture must complete and sign a separate Solicitation Acknowledgement Form.

- Tab 1 - Proposal Cross-Reference Table

The proposal shall include a cross-reference table mapping the proposal to the requirements in Tab 2 through Tab 9 as shown below. The cross-reference for each section shall be a matrix formatted as follows:
RFPP / Proposal Cross Reference Table

<table>
<thead>
<tr>
<th>Page(s)</th>
<th>Section</th>
<th>RFPP Section Title</th>
<th>Proposal Section Title</th>
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<tbody>
<tr>
<td>13</td>
<td>B.7.1 – Cover Page</td>
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<td>13</td>
<td>B.7.1 – Tab 1</td>
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<td>4. System Development</td>
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<td>5. System Testing</td>
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- **Tab 2 - Table of Contents**
  
The Respondent’s proposal shall have a table of contents referencing the proposal by section to the appropriate pages.

- **Tab 3 – Executive Overview (Limited to five (5) pages)**
  
The proposal shall provide a brief executive summary demonstrating an understanding of the project, the problem presented and the Respondent’s solution at a high level.

- **Tab 4 – Evidence of Licensure**
  
  In this Tab, the Respondent must provide evidence of licensure as an insurance plan administrator authorized under Section 626.88, Florida Statutes, or as an insurance company or health maintenance organization authorized to do business in Florida at the time of responding to the RFPP.

- **Tab 5 – Third Party Administrator Services (Limited to 150 pages)**
  
  In response to questions in the Sections below, Respondents are required to offer proposals that meet all of the services and system requirements specified in the appendices and supporting exhibits. Proposals will be evaluated, in part, based on the extent to which they offer innovative methods and approaches that incorporate technological or business solutions not identified by the Corporation in this RFPP. (Refer to Section B.7.1, Tab 8, for key differentiator questions.) Wherever possible and consistent with each Respondent’s individual business practices, Respondents are free to suggest administrative improvements to services set forth in Appendix A, Description of Required Services, and Appendix B, Program Eligibility and Current Enrollment Process.

  The Respondent must provide evidence of how their solution addresses the requirements identified in this RFPP and its attachments, appendices, exhibits and addenda. For any requirements the Respondent’s existing solution does not specifically address, the Respondent must describe how their system will be modified or describe other means necessary to address the otherwise unmet requirement.

  The Respondent shall address the following information in Tab 5, Items 1 through 12, for baseline TPA services:

  1. **Project Management**

     a. Describe the proposed project management approach and methodology for managing the project through implementation and operations. Explain the benefits and risks associated with the methodology. Refer to Section B, System Development,
in Appendix A, Description of Required Services, for project management requirements and qualifications. Identify any industry standards incorporated into the project management approach.

b. Provide an initial project schedule with all the tasks and associated effort to deliver the proposed system and services. The project schedule should be baselined in accordance with Project Management Institute (PMI) standards and capable of being used as an Integrated Master Schedule (IMS) with appropriate performance metrics. Describe the standard used for defining the software development and maintenance tasks (e.g., ISO 12207).

c. Describe the proposed approach and methodology for project planning including project execution, monitoring, controlling, and closing that will guide the decision making that occurs throughout the project. Provide an outline of the proposed Project Management Plan including all sub-components.

d. Describe the Project Management Office (PMO) structure that will be in place during implementation including the identification of key members of the PMO. PMO capabilities during implementation must be sufficient to resolve identified issues in advance of system go-live and transition.

2. Implementation

2.1 Implementation Plan

a. Provide a detailed implementation plan that assures the Corporation of the Respondent's readiness to complete the tasks required by the contract and outline all steps necessary for the Administrator to begin full operations as the Corporation's Third Party Administrator by the services start date. The implementation plan must include a detailed description of its proposed transition methods and timetables.

b. Describe how the Respondent proposes to handle the transition of the current system data, including images, to the Respondent's system in accordance with the requirements specified in Appendix A, Description of Required Services.

c. Describe your Schedule Management process. The process must incorporate the use of check points / acceptance milestones with related acceptance criteria by phase (e.g., for testing, training, etc.) before work on subsequent phases will be authorized by the Corporation.

d. Propose reasonable review and response times for implementation activities such as deliverable review. Sufficient testing during data conversion must be described. The Corporation must be able to verify successful data conversion upon conclusion of the data conversion process. Include timeframes for each process to include, but not limited to, use case / documentation reviews and conversion data testing reviews.

e. Describe the risk mitigation strategies the Respondent will implement to assure a smooth transition. The Respondent will be required to present its various risk management strategies in the form of a comprehensive Risk Management Plan before work can begin including a risk assessment prior to beginning system implementation. The plan must evidence a coordinated risk management process that identifies how key risk management strategies such as contingency planning (including back-up staff) will be employed.

f. Describe how Organizational Change Management (OCM) activities will be executed prior to system implementation to assist in the transition to the new system. OCM activities conducted by the Respondent should include the Corporation and the Corporation's partner agencies throughout the development and implementation processes.

2.2 Other Initiatives and Projects

a. Describe any other start-up initiatives and on-going projects of a similar size and scope in which the Respondent is currently involved or will be involved within the time period between the proposed award date and the completion of implementation.

b. Address how the administration of the resulting contract can be assumed by the Respondent in addition to the other initiatives in which it is involved without disruption of service to the Corporation or other clients. As part of this, address the commitment to maintaining key Respondent staff on the project unless the Corporation agrees to specific Respondent staff being moved from the project to another of the Respondent's projects.
c. Include an affirmation of the Respondent’s acceptance of the requirement that it notify the Corporation of any other start-up initiatives or acquisition the Respondent undertakes following the award issued from this procurement and prior to six (6) months following the completion of implementation. Describe steps the Respondent will take to mitigate potential risks to the implementation and/or initial operations associated with such start-up or acquisition.

3. Requirements Validation

Describe how the Respondent will meet each of the conditions and requirements set forth in Section B, System Development, in Appendix A, Description of Required Services, for the validation and further elaboration of system and services requirements prior to system development activities.

4. Systems Development

Describe how the Respondent will meet each of the conditions and requirements set forth in Section B, Systems Development, in Appendix A, Description of Required Services. The Respondent must describe a detailed and consistent approach to the management of the Systems Development process.

Preference will be given to Respondents that locate all system development activities in the State of Florida.

5. System Testing

Describe the Respondent’s overall approach to testing the system before it is accepted by the Corporation. This description must contain, at a minimum, the following: test planning, test scheduling, test execution, evaluation of test results, correction of discovered errors, retesting and formal user acceptance testing.

The System Testing process employed by the Respondent must be transparent in that all testing-related activities and results of those activities should be visible to the Corporation. The Corporation will be included in on-going user acceptance testing where prescribed by the Corporation.

Refer to Section C, Test Planning, in Appendix A, Description of Required Services, for specific testing requirements.

5.1 Test Planning

Describe the testing strategy and methodology that will be used in a comprehensive Testing Plan.

5.2 Test Schedule

Describe the approach to the development of a test schedule that allows for a thorough and complete testing of the system prior to implementation. The test schedule must contain milestones which must be reached successfully, otherwise testing cannot move forward without agreed upon action or approval of the Corporation. The schedule must allow for sufficient time for evaluation of results, corrections, retesting and formal User Acceptance Testing. Contingency for Regression Testing must be included in the test schedule.

5.3 Test Execution

Describe the Respondent’s approach to executing the comprehensive Testing Plan according to the test schedule allowing for the Corporation’s oversight and participation in the test as desired by the Corporation.

5.4 Evaluation of Test Results

Describe the approach to evaluating test results and supplying the results of that evaluation to the Corporation for its review and approval. Describe how the Respondent will approach questions or issues raised by the Corporation regarding the evaluation of test results.
5.5 Correction of Discovered Errors

Describe how the Respondent will correct any errors discovered during testing. This shall include the approach to communicating the error to the Corporation, what the impact of correcting the error will be on the implementation and testing schedule and the process for the Corporation’s approval in schedule changes.

5.6 Regression Testing

Describe the approach to test failures and the resulting retests or regression tests that will occur.

5.7 Formal User Acceptance Testing

Describe the Respondent’s approach to formal User Acceptance Testing including both tests supervised or executed by the Corporation. This should describe how systems requirements have been met and documented by the Administrator.

5.8 Use Case / System Documentation Updates

Describe the Respondent’s process and timeframes for updating use cases and other system documentation upon any systems change resulting from testing or other system maintenance activities.

6. Application and Renewal Processing

Provide a description of the application processing operations and / or system to be used in processing applications for the Corporation. At a minimum, the Respondent must address and describe the following:

6.1 Application Processing System

Describe the application processing operation or system to be used to process transmitted applications consistent with the conditions listed below and specified in Section D, Application and Renewal Processing, in Appendix A, Description of Required Services.

a. Define the degree of system automation which includes a description of major system functions and files, unique system features and system outputs. The Respondent shall include its method of ensuring data-entry accuracy.

b. Define how the system will integrate electronic income and citizenship / identification verification.

c. Describe how the system will handle duplicate subsequent applications and other edit type functions.

d. Propose an overall average processing timeframe (net of applicant time) that represents an improvement on current Corporation experience, a detailed explanation of its assumptions behind that improvement.

e. Provide a proposed data-entry accuracy rate.

f. Describe a proposed time frame for accurate determination of citizenship / identification for enrollment (citizens, non-citizens, immigrants).

g. Describe the advantages of the proposed application processing operation or system.

h. Describe how the system will handle applications that have multiple referrals to multiple entities including applications that contain multiple children who may be eligible for more than one program.

i. Describe how the Respondent’s system incorporates workflow management to process all applications timely and efficiently.

j. Describe how allowing families to apply, renew, and check their account status on-line and via an Interactive Voice Response (IVR) system can lead to increased web / IVR usage using the Respondent’s proposed system.
k. Describe the aspects of a streamlined application processing system; e.g., the ability to electronically import data without user intervention and fully automated application processing.

l. Describe how income is verified preceding renewal (Administrative Income Validation (AIV) at renewal) in order to incorporate income in renewal information sent to families.

m. Describe the use of Optical Character Recognition (OCR) and bar coding technology for linking documents and data entry.

6.2 Application Processing Timeframes

Describe the timeframe for the following if the Respondent intends to propose timeframes different than those stated in the performance standard timeframes found in Section D, Performance Standards, of Appendix C, Terms and Conditions:

a. Average turnaround time for complete application processing (scanning, data-entry, creation of electronic record, income and citizenship / identification verification, eligibility determination, payment mechanisms, medical and dental insurer notification).

b. Average turnaround time for incomplete application processing (including the same elements as enumerated in (a) above) excluding applicant time elements.

c. Specific timeframes for the creation of an electronic record (scanning, data-entry, linking and editing), income and citizenship / identification verification, eligibility determination, and medical and dental insurer notification. In addition, provide the estimated acceptable application processing rate offered with the proposed operation and / or system.

d. Timeframes for the referral of applications to partner entities and import of referral responses into the eligibility system / account.

6.3 Equipment and Physical Support Resources

Describe the type and quantity of equipment and physical support resources that will be used in the application processing function and an estimate of the Respondent’s system’s application volume processing capability and capacity.

6.4 Content and format

a. Describe the content and format of applicant records (including conversion records) on the proposed system and include a description of the method by which these records will be maintained and accurately updated. Include any proposed systems edits to ensure applications are processed accurately and efficiently.

b. If proposing an existing system, provide sample copies of screens that will be included in application processing.

7. Customer Service

Provide a detailed narrative description of how the Respondent proposes to handle all aspects of customer service as detailed in the sections that follow.

Describe how the Respondent will accurately and timely meet the customer service requirements in Section E, Customer Service, of Appendix A, Description of Required Services, including, but not limited to the following:

7.1 Telephone Contact

a. Propose the number of incoming toll-free lines and trunk capacity to be maintained for the life of the contract to handle the volume of calls received through the Corporation’s toll-free member services number.

b. Describe the procedures to be used in handling incoming calls and coordination with other means of inquiries. Include a description of the following:
1. The automated call distribution system to be used by the Respondent.
2. The work force management software to be used by the Respondent.
3. The call monitoring system to be used by the Respondent.
4. The interactive voice response system to be used by the Respondent.
5. Capability to accept live handoffs of calls coming from locations outside the customer service center.

c. The method of receiving, documenting, recording, tracking and evaluating telephone inquiries.
d. The proposed office hours for the customer service staff.

Projected hours must meet the minimum requirements listed in the Performance Standards provided in Section D, Performance Standards, of Appendix C, Terms and Conditions.
e. Proposed average monthly customer service performance for, at a minimum, the following items: speed to answer, maximum blocked call rate, abandonment rate, time to follow-up, time to abandon, service level, and maximum time / days to return calls. If these averages are different for the non-English speaking population, please explain.
f. Proposed method of handling the following calls:
   1. Calls received after business hours.
   2. Incoming call attempts when all lines are busy. Call attempts means there is no trunk availability and callers are getting a busy signal. Please specify how these incidents will be minimized.
g. Proposed method of determining customer satisfaction. The Respondent must procure independent/random customer satisfaction surveys AND incorporate the results back into the performance management process.
h. Proposed method of handling calls received from the hearing-impaired population.
i. Proposed method of handling calls received from the non-English speaking population.
j. Proposed method of handling calls received while the information system is down.
k. Proposed method of routinely evaluating customer service performance. Describe the methods used to evaluate customer service performance, how often performance will be evaluated, and how the Administrator will ensure timely modifications are made to ensure that calls are handled within contract standards.
l. How the Respondent will allow and facilitate the Corporation’s monitoring of its calls from the Corporation’s corporate location.
m. How the Respondent will allow the Corporation access to the customer service center real-time reporting system that shows customer service representative activity, e.g., which customer service representatives are actively taking calls, which ones are waiting for calls, which ones are logged off, etc.
n. Describe the process the Respondent will have to respond to provider inquiries (e.g., health plans, doctor offices or hospitals) on KidCare enrollment.
o. Describe the process the Respondent will have for encouraging a high percentage of “1st call resolution” for Customer Service Representatives (CSRs) including but not limited to, one or more performance metrics dedicated to 1st call resolution.
p. How the Respondent will approach the transitioning of call center volumes.
q. Describe the Respondent’s implementation and use of a Call Management Dashboard to be accessible by the Corporation.
r. Describe the inclusion of a back-up / overflow call center.
s. Describe the CSR performance remediation process and how the Corporation can request the review or termination of non-performing CSRs.

t. Describe if and how work from home CSRs will be used by the Respondent.

u. Describe the on-boarding and training process for newly hired CSRs that will provide them the time needed to develop their customer interaction skills and gain a working knowledge base before interacting with customers independently.

v. Describe how CSRs will be notified of and trained on any special mailings or current events coverage that may cause new questions.

7.2 Web Contact

Describe the Respondent’s approach on how it will process applicant and enrollee communications via the Internet.

a. Describe the proposed bandwidth to be maintained for the life of the contract in order to handle the volume of emails, electronic applications, web chat, security, web generated correspondence and other documents received through the Corporation’s web site / web portal.

b. Describe the procedure to be used in handling incoming electronic communication and coordination with other means of inquiries. Include a description of the following:

1. The automated e-mail and chat system to be used by the Respondent.
2. The work force management software to be used by the Respondent.
3. The monitoring system to be used by the Respondent.

c. Describe the method of receiving, documenting, recording, tracking and evaluating web-based inquiries.

d. Describe the proposed method of handling web communication received from the non-English speaking population.

e. Describe the proposed method of routinely evaluating web-based customer service performance. Describe the methods used to evaluate customer service performance, how often performance will be evaluated, and how the Administrator will ensure timely modifications are made to ensure that web communication is handled within contract standards.

f. Describe the Respondent’s proposed strategies to increase the proportion of web-based applications, information updates and renewal activity.

g. Describe how the Respondent will ensure the security of communications with regard to messages received or sent via e-mail or web chat.

7.3 In-bound and Out-bound Correspondence

All correspondence should be system generated and an exact copy of the letter should be maintained and viewable and retrievable in the account record.

Describe the Respondent’s proposed approach for handling the following correspondence activities:

a. Procedures for handling written inquiries from applicants, enrollees, the Corporation staff, the general public, and other third parties including attorneys or state agencies. Describe proposed time frames for handling written inquiries and the method of receiving, documenting, recording, tracking and evaluating written inquiries.

b. The method of and proposed time frames for managing returned mail.

c. The method of monitoring mailings of payment notification medium, and the proposed time frames for monitoring mailings.
d. The method of handling the Corporation’s e-mail requests for account revisions, activations, cancellations, reinstatements and account processing overrides, and the proposed time frames for these.

e. The method for ensuring adequate mailing supplies (including but not limited to first class postage, printers, envelopes, and paper) in order to ensure timely mailings.

f. The method of managing system-generated and outgoing correspondence.

g. The method for maintaining and updating the correspondence file, and the Respondent's method for keeping historically accurate letters that were sent on file.

h. The method of handling correspondence received that is written in a language other than English, and the proposed time frames for processing such letters.

i. The method of providing system-generated correspondence in English, Spanish and Creole. Include the Respondent's method of providing responses to other non-English speaking families.

j. Describe a method to handle paperless correspondence for both inbound and outbound methods.

k. Describe process if manual letters must be created (system-generated is preferred) and how those letters will be viewable on the family account.

7.4 Research

Provide a description of how the Respondent will process inquiry requests from the Corporation, KidCare partner agencies and Healthy Kids Managed Care Organization (MCOs) including staffing and timeframes for completion of the following:

a. Coverage and payment history research.

b. Systems issues that have affected accounts.

c. File transmittal issues.

d. Application / document processing issues (including provision of an original, electronic or facsimile application).

7.5 Dispute and Grievance Processing

Describe the Respondent’s method of complying with the Corporation’s dispute resolution procedures and the time frame for doing so. This description shall include, but is not limited to, procedures for handling grievance or complaint issues related to the payment of medical claims and premiums.

7.6 Confidentiality

Describe the Respondent’s method for ensuring that confidentiality standards are kept and maintained relative to customer service as specified in Paragraph 6, Confidentiality, of Section G, Administrative Services, of Appendix A, Description of Required Services. This shall include a description of how the Respondent trains all staff on confidentiality policies and procedures.

Describe how it will handle breaches in confidentiality that may occur and notification of proper entities regarding the breach. Describe how the Respondent will ensure staff receives proper guidance and re-training, when necessary, as it manages any breach of confidentiality.

8. Financial Services

Describe how the Respondent will meet each of the conditions and requirements set forth in Section F, Financial Services, in Appendix A, Description of Required Services.
Explain how the Respondent will establish and maintain a separate accounting function for the Corporation, and how all financial documentation and records will remain segregated from any other business maintained by the Respondent.

At a minimum, the Respondent shall provide a description for each of the duties described below.

8.1 Segregation of Business Transactions

Describe the method that will be employed to segregate all business transactions of the Corporation from other accounts held by the Respondent.

8.2 Financial Accounting Procedures

Describe the Respondent’s financial accounting procedures, methods, or system proposed for use by the Respondent to satisfy all of the requirements of Appendix A, Description of Required Services.

8.3 Financial Records and Outputs

a. The process and outputs for the reporting of monthly expenditure information to the Corporation. These reports include enrollments by program, family dollars used for coverage, health and dental plan payment amounts and federal and state expenditures. What processes will ensure these amounts are reconciled each month with the enrollment files sent to the health and dental plans?

b. How will the balance of funds on the family accounts at the end of each month (family liability balance) be reported?

c. How will Respondent exercise its fiduciary responsibility to ensure all family dollars coming in and all family dollars used for coverage are appropriately accounted for and reported each month? What processes will ensure the accuracy of the family liability balance at the family level and in the aggregate? Describe the process for reconciling the family dollars used for coverage on the expenditure report to changes in the family liability balance each month.

d. Describe how financial adjustments and eligibility changes will prospectively affect each family’s coverage (not retroactively). Explain how these financial adjustments and eligibility changes will be reported to the Corporation.

8.4 Premium Posting

Describe how payment transmissions will be posted, how accuracy of payment posting will be verified, how financial adjustments will be processed, how late and delinquency processing will be accomplished, how premium suspense files will be timely and accurately processed, and time frames for all. In addition, indicate what alternative payment methods the Respondent proposes to allow, and how it anticipates to process payments from such methods.

8.5 Returned Payment Processing

Describe how returned payments (insufficient funds) will be timely and accurately processed to ensure accounts are correctly and timely debited.

8.6 Auto-Payment File Processing

Describe the Respondent’s ability to accurately and timely process all premium payments including all auto payments such as checks, text payments, on-line payments, IVR transactions, automatic deductions from checking accounts, and automatic deductions from credit card accounts, cash and payroll deduction.
8.7 Financial and Account Research

Describe how the Respondent will conduct timely and accurate research for payments that cannot be located. Describe the reconciliation process for enrollment files, expenditure reports vs. enrollment, application processing errors, HMO enrollment verification, etc.

8.8 Claims Processing

Describe how the Respondent will perform the timely processing of medical claims payments and all other claims incurred due to Administrator error. Administrator error may be due to a programming, production, data-entry, or customer service representative error, or other Administrator error that caused an applicant or enrollee to not be timely enrolled or timely reinstated (with the understanding that Corporation has the final determination of the error).

8.9 Lockbox Processing

Describe the Respondent’s ability to process payments and suspense reports received from the Corporation’s lockbox vendor on a timely and accurate basis to ensure no delay in coverage occurs due to lack of appropriate assignment of a premium to its account.

8.10 Monthly Billing Invoice

Describe how the Respondent will ensure timely and accurate billing for monthly Administrator services for covered accounts, new applications, retroactive activity and renewals, and other fees in a format and with financial documentation approved by the Corporation.

9. Administrative Services

Describe how the Respondent will meet each of the conditions and requirements set forth in Section G, Administrative Services, in Appendix A, Description of Required Services.

At a minimum, the Respondent shall provide a description for each of the duties described below.

9.1 Staffing and Administration

Describe how the Respondent will manage the administrative aspects of the contract including ensuring an adequate number of staff necessary to perform each service item listed in Appendix A, Description of Required Services, and Appendix B, Program Eligibility and Current Enrollment Process, and otherwise comply with the RFPP standards.

9.2 Training

Describe how the Respondent will train staff assigned to the contract. Address how the Respondent will ensure that the staff proposed to complete the level of services required by this RFPP have the appropriate job training to effectively perform as the Administrator.

a. Describe the plan for the provision of and training of administrative staff.

b. Summarize each activity for which the Respondent will provide formal training and professional development of staff.

c. Describe a formal training plan which addresses Appendix A, Description of Required Services. This training plan should include training for new employees, how on-going training is accomplished, and the time frames for both, how staff will be provided updates on program changes and systems changes, and who will be responsible for performing such training. Those responsible for delivering the training must be versed in adult learning theory (as evidenced by certification). The timeline for the delivery of training must call for completion of training prior to system go live.

FHKC is an equal opportunity employer / program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY / TDD equipment via the Florida Relay Service at 711.
d. Describe how procedures are developed, who is responsible for developing them, how these are reviewed and finalized, how often these are revised and by whom, and how the procedures are maintained.

e. Describe how the Administrator’s training will be coordinated with the Corporation, and how the Administrator proposes to provide training to the Corporation’s staff. The Corporation must approve all training both for the Administrator and the Corporation prior to delivery. Certain to be agreed upon training components will be co-delivered by the Corporation and the TPA to promote consistency across the Corporation’s programs (for example, training specifically on eligibility; more generally, overall assistance; refresher training for all TPA and FHKC staff). Basic program knowledge (such as eligibility requirements) must be thoroughly and consistently addressed with emphasis on each KidCare program (core program training such as “what is KidCare and its components?”).

Training oversight, planning, curriculum development and staff supervision must be under the direction of a person certified and experienced in these areas.

9.3 Business Continuity and Contingency Plan (BCCP)

Describe how the Respondent will meet the requirements for a BCCP that are specified in Section G, Business Continuity and Contingency Plan, in Appendix C, Terms and Conditions.

Specify what position is responsible for the BCCP, how training and maintenance on the BCCP will occur and when it will be submitted to the Corporation.

10. Account Maintenance

The Respondent must describe how they will meet each of the conditions and requirements set forth in Section H, Account Maintenance, in Appendix A, Description of Required Services. At a minimum, the Respondent shall provide a description for each paragraph for each numbered item in Section H.

Describe your approach to granting Corporation (or other Corporation approved users such as KidCare partner staff, auditors, etc.) system access.

11. Quality Assurance

Specify the methods by which the Respondent shall conduct quality assurance of all activities as specified in Section I, Quality Assurance, in Appendix A, Description of Required Services, including the following project phases and operational services:

a. Systems development
b. Systems testing
c. Implementation
d. Application/renewal processing
e. Customer service
f. Financial services
g. Administrative services
h. Account maintenance
i. Reports
j. Interfaces
k. IT Infrastructure

Quality Assurance staff will be led by an individual with appropriate certification in process management and improvement such as Six Sigma, Lean or DMAIC.

12. Reports

Describe the Respondent's ability to produce reports in the format and sequence described in Section J, Reports, of Appendix A, Description of Required Services.

12.1 Current Reports

Describe the Respondent’s ability to generate reports described in Section J, Reports, of Appendix A, Description of Required Services, and how those reports will be generated (system or manual; if a combination, indicate the variances).

Describe how the Respondent will ensure it immediately notifies the Corporation if it fails to comply with contract standards when such failure negatively impacts an applicant’s eligibility or an enrollee’s coverage. Identify who will be responsible for providing the monthly performance standards report required in Paragraph 3a, Performance Standards Report, in Section J, Reports, of Appendix A, Description of Required Services.

12.2 Special and Ad Hoc Reports

Describe the Respondent's ability to handle special report requirements deemed necessary by the Corporation as well as the training that will be provided to the Corporation regarding the Corporation's own ad hoc report generation.

12.3 Interface and Requesting Changes

Describe the Respondent’s methods of interfacing with the Corporation regarding report format changes, recommendations for new reporting statistics or methods of transmission, etc.

• Tab 6 – Profile of Respondent  (Limited to 50 pages)

1. Respondent’s History and Experience

Briefly describe the Respondent’s corporate history, philosophy, and general comments about the Respondent's organization. At a minimum include:

a. A statement identifying the formal name, title, type of business, business address, location of the Respondent’s principal offices, and identification of any other location or site which is proposed to provide any services or resources for the execution of the duties of this RFPP as well as any other name under which the Respondent's organization does business.

b. Provide a description of your organization and corporate structure including an organizational chart that clearly indicates the corporate division which will be assigned the responsibility for management of the contract, and its relationship to other corporate functions or accounts maintained by the Respondent.

c. A description of the Respondent’s experience and qualification(s).

d. Complete Attachment E, Contract Experience Chart, with the information requested for each Third Party Administrator contract your organization has held at any time over the last three years (duplicate as needed). If the Respondent has not been in business for three years, the experience of its principal officers may substitute for the same.

The Corporation reserves the right to contact any or all contract managers for these contracts and / or other parties in order to perform reference checks in addition to the references provided in Section 2 below.
2. Past Performance References

In the spaces provided in Attachment F, Reference Form, the Respondent must provide the required information for a minimum of three (3) separate and verifiable clients that will serve as references. The clients listed must be for work similar in nature to that specified in this RFPP. Confidential clients shall not be included. **Do not list the Corporation as a client reference.**

The same client may not be listed for more than one (1) reference. Firms that are currently parent or subsidiary companies to the Respondent will not be accepted as Past Performance References under this solicitation.

In the event that the Respondent has had a name change since the time work was performed for a listed reference, the name under which the Respondent operated at the time that the work was performed must be given at the end of the project description for that reference in Attachment F.

In the event that Respondents submit a proposal as a joint venture, at least one (1) past performance client must be listed for each member of the joint venture. However, the total minimum number of client references to be provided remains three (3).

3. Reference Questionnaire

The reference questionnaire provided as Attachment G must be completed by an individual representing each of the clients listed in Attachment F, Reference Form. These individuals may not be current or former officials or staff of the State of Florida.

All written references must be provided using the Reference Questionnaire provided as Attachment G. References that are not completed as required will be considered non-responsive and will not be evaluated. The Respondent is solely responsible for obtaining the fully completed reference questionnaires and for including them within the Respondent’s Technical Proposal by the submission deadline.

In order to obtain and submit the completed reference questionnaires, the Respondent must follow the process detailed below.

1. Make exact duplicates of the form for completion by references;
2. Send the reference questionnaires to each individual chosen to provide a reference along with a new standard #10 envelope;
3. Instruct the individual to:
   a. Complete the reference questionnaire on the form provided or an exact duplicate of the form;
   b. Sign and date the completed reference questionnaire;
   c. Seal the completed, signed, and dated reference questionnaire within the envelope provided;
   d. Sign his or her name in ink across the sealing flap of the envelope; and
   e. Return the sealed envelope containing the completed reference questionnaire directly to the Respondent.
4. Do NOT open the sealed references upon receipt.
5. Enclose all sealed reference envelopes within a larger, labeled envelope for inclusion in the Technical Proposal.

The Corporation will not accept late references or references submitted by any means other than that which is described above, and each reference questionnaire submitted must be completed as required. The Corporation will not evaluate more than the number of required references indicated above. The Corporation reserves the right to contact references directly to confirm and clarify information detailed in the completed reference questionnaires and may consider clarification of responses in the evaluation of references. The Corporation will make a reasonable effort to contact references; however, the Corporation is under no obligation to directly contact references or to clarify any reference information.
4. Site Visits

In the spaces provided in Attachment H, Site Visits Form, the Respondent must provide the required information for a minimum of three (3) separate and verifiable clients that may be used for site visits. The clients listed must be for work similar in nature to that specified in this RFPP. Confidential clients or clients that will not host a site visit shall not be included. Clients provided as references may also be listed for a site visit.

Firms that are currently parent or subsidiary companies to the Respondent will not be accepted as site visits under this solicitation.

In the event that the Respondent has had a name change since the time work was performed for a listed company, the name under which the Respondent operated at the time that the work was performed must be given at the end of the project description for that site visit in Attachment H.

5. Financial Stability

Provide documentation as to the financial solvency of the organization and include audited financial statements for the organization's two most recent fiscal years. If the organization's most recent fiscal year ended within 120 calendar days prior to the proposal due date and the last audited financial statement is not yet available, then the Corporation will consider the two immediately prior fiscal years as the most recent. However, the Corporation reserves the right to request additional information to assure itself of the Respondent's financial status.

6. Staffing and Key Personnel

The Respondent must provide information demonstrating the Respondent has the key personnel with the experience to provide the systems and services requested in this RFPP and its attachments, appendices, exhibits and addenda. A concise, but thorough, description of relevant experience for each key individual of the proposed project team is desired. If the Respondent is proposing sub-contractors, then the Respondent's and the proposed sub-contractor(s), information shall be provided separately.

Specifically, the Respondent, including its sub-contractor(s), must provide:

a. A staffing plan depicting staffing levels by functional area and role over the duration of the project. Provide separate plans for the implementation and operations phases and indicate reporting relationships up the chain of command. Describe how this staffing recognizes the scope and complexity of this contract.

b. A table with the following columns for each of the proposed key project team members for both the implementation and operations phases of the project:

1. Name - Team member name
2. Role - Role description
3. Functional Team – Assigned functional team (e.g., Project Management, Development, QA, Training, Finance, etc.)
4. Duration - Timeframe of their role on this project
5. Status – Fulltime or part time
6. Location – The home office location of the resource
7. Experience - Evidence of previous experience with a highly similar task on a large scale project and
8. Tenure - How long each person has been with the company, or if they are contract staff

c. Resumes of the key personnel assigned to work on this project describing their work experience, education and training as it relates to the requirements of this RFPP. Each Respondent should use their own resume template for all key team members proposed for this project. Resumes shall be limited to two (2) pages per individual.
Key personnel includes: (1) Project Manager(s), (2) Systems Development Manager, (3) Functional Lead(s), (4) Quality Assurance Manager, (5) Contact Center Manager, (6) Eligibility Manager, (7) IT Director/CIO, (8) Client Liaison, (9) System Issues Coordinator, (10) Contract Manager and (11) the Chief Financial Officer. Each of these positions must be staffed by separate full-time individuals with the required skills and experience.

For all resumes submitted for this project, the following disclosures must also be provided:

1. For all key team members describe (1) education, (2) professional certifications, (3) professional and business affiliations, (4) previous work experience (in general) and (5) work experience specifically related to this project.

2. For key team members that are contracted individuals or sub-contractors, clearly note the name of their current employer.

The Corporation reserves the right to request references for each proposed key member of the project team including subcontractors.

d. A listing of all subcontractors related to this RFPP using Attachment I, List of Subcontractors. If a Respondent elects to subcontract any of the responsibilities and / or job functions defined in Appendix A, Description of Required Services, Appendix B, Program Eligibility of Current Enrollment Process, or Appendix C, Terms and Conditions, of this RFPP, the Respondent’s proposal must clearly delineate the responsibilities of the subcontractors, and state the advantages of the working relationships.

e. A description of any differences between the implementation phase management team and the permanent operations management team.

f. A description of how the Respondent will attract and hire trained and experienced personnel to meet the staffing plan throughout the contract lifetime.

g. A description of the Respondent’s experience in retaining qualified staff and programs designed to ensure staff competency such as compensation and performance review.

h. The Respondent’s proposed office hours (Eastern Standard Time) and days of operation. Include your organization’s proposed holiday schedule. Refer to Appendix A, Section E-6, for minimum operating hours.

i. A description of the Respondent’s ability to adapt to state and federal legislative changes and changes in corporate directives. Provide examples of your organization’s flexibility.

j. A description of any economies of scale related to the services the Respondent has proposed in this RFPP. Provide examples.

- Tab 7 – Management Information System

1. Systems

Describe how the Respondent will manage the systems aspects of the Corporation contract and particularly should address the services and requirements listed in Appendix A, Description of Required Services, and how it will ensure all items will be timely and accurately handled. The Respondent’s proposal shall address the following items, at a minimum:

a. System Architecture

Describe graphically and in narrative the technical architecture of the proposed system, how it meets the requirements and the advantages of this architecture.

b. Data Center / Hosting
Describe the Respondent’s proposed data center or hosting approach. Describe your approach to system security, availability and maintenance.

c. Computer equipment

Describe the Respondent’s current computer equipment (hardware, software, capacities, programming languages, security features, and internal controls). Separately indicate any equipment changes the Respondent would put in place for this contract.

d. System changes

Describe any specific system changes the Respondent would make to its system to meet the requirements of this contract. Describe the process used to prioritize system change requests (submitted by the Administrator’s staff and from the Corporation). Describe time frames that system changes will be made taking into account the complexity of the change. Describe changes that can be made via a configuration change versus changes hard-coded in the system.

e. Disaster recovery

Describe the Respondent’s current disaster recovery plan, how it facilitates software and hardware recovery and use of alternative facilities, and what amendments will be made to accommodate the Corporation and this contract. Also describe what security guidelines will be followed to make the disaster recovery plan compatible with HIPAA privacy rule.

f. File transfers

Describe how the Respondent proposes to provide files of potential applicants / enrollees to business partners to include, but not limited to: DCF for Medicaid review, the AHCA for MediKids choice referral, enrollment files and Medicaid matches; the DOH for CMSN referral and enrollment files; DOR, DEO (formally AWI), HSMV, health and dental plans, and how the Respondent will receive such files back from these entities and apply the information received in the eligibility system. In addition, indicate how the Administrator will ensure the confidentiality and security of such data transmissions via the web over SSL or secure login. A complete listing of file interfaces can be found in Section K, Interfaces, of Appendix A, Description of Required Services.

Describe how the Respondent will provide the Corporation (or other authorized entities) access to file information in a format and timeframe approved by the Corporation. The file information must include exact copies of records of records that were exported / imported.

Describe how the Respondent differentiates between export / import errors versus exceptions. Include different areas where records have the potential to error off (e.g. staging error versus into the actual account record).

g. Transmission of on-line data to the Corporation

Describe how the Respondent intends to provide the Corporation with a secured, web-based, on-line access to its system and how this will be provided in a manner that meets the requirements of Appendix A, Description of Required Services. Include how the Corporation will receive access to electronic scanned applications and supporting eligibility documents. Explain how the Respondent will provide data typically received on-line including receipt of scanned images if the on-line connection to the Corporation is temporarily disabled or relocated. Include how the Respondent will notify the Corporation of network changes that affect the Corporation’s access to the eligibility system or other systems used to operate the requirements of the contract.

2. Ownership of Software and System Modifications

Describe how the Respondent proposes to make materials developed for the Corporation available for use by other entities through an appropriate licensing or other written agreement.

3. Maintenance of Data Confidentiality

Describe how the Respondent will assure the Corporation that the data and other information generated by conducting its business will remain confidential and accessible to only authorized sources.

Address the following issues related to confidentiality and accessibility:

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_FHKC is an equal opportunity employer / program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY / TDD equipment via the Florida Relay Service at 711._
a. The protective measures and safeguards the Respondent will employ to assure that data and other related information, including that data residing in the Respondent's automated system, will remain secure, highly confidential, and in compliance with federal HIPAA and HITECH requirements and any other or subsequent applicable state or federal laws or regulations.

b. The methods the Respondent will use to limit access to such data to appropriate sources only.

c. The Respondent's past experiences in maintaining confidentiality of data and limiting access to it.

- **Tab 8 – Key Differentiators**

  The Corporation is interested in a solution that is able to address future needs in a dynamic environment.

  1. **Best Business Practices**

     The following questions will be evaluated to identify a Respondent's ability to provide a flexible business solution, to address best business practices and to provide innovative approaches to managing the eligibility process.

     a. Describe the technical architecture of your system and how this architecture will minimize the impact of future program changes and is flexible in its ability to meet the evolving needs of the Corporation (e.g., Affordable Care Act changes).

     b. Describe how your system can interface with state, federal or other systems to authenticate an applicant and / or prepopulate applicant data during the initial application or renewal process. Describe which systems it can and / or will interface with. Describe how your system enables this process and how interoperability with potential future systems will be addressed.

     c. The Corporation is interested in any innovative approaches to improvements in the customer experience. Describe how your system addresses ease of applicant use, enhanced customer experience, cultural sensitivity, and applicant self-service.

     d. Describe how your system can support multiple modes of applicant access including supporting web, paper and telephone initial application and renewal processes. Describe other innovative approaches supported by your system to enable applicant access to the initial application and / or renewal process.

     e. Provide benchmark data for the following key performance indicators. Indicate whether the data is from a CHIP eligibility process or another eligibility process.

        1. Application processing time;
        2. Enrollment completion;
        3. Call center metrics;
        4. Percent of no touch initial application and renewal completions;
        5. Renewal processing time;
        6. Success rate in getting and keeping children enrolled;
        7. Timeliness and accuracy of system import / export interfaces;
        8. Results of any Program Electronic Review Management (PERM) program reviews conducted;
        10. Retention rates
        11. Customer satisfaction

     f. Describe your system’s capability to allow applicants to actively shop for and compare health insurance plans or programs on-line for which an individual / family may be eligible.

     g. Describe your system’s ability to support an on-line personal portal which provides applicants / clients with a summary of their specific benefits, premiums, co-pays, service limitations and other individual specific benefits information.
h. Describe how your system can provide access to a managed / restricted set of benefit information, for an individual, to third parties through a portal or other mechanism.

i. Describe how you will respond to the challenge of retaining families in the program. This includes potential incentive programs to increase retention rates.

j. Recognizing that there may be significant changes to future functionality due to law and / or regulatory changes, provide one or more innovative approaches to the pricing of future change orders. The Corporation is particularly interested in including a negotiated pricing methodology for change orders in the contract that will be used in order to limit the risk and cost exposure to the Corporation from future changes to system functionality.

k. Section B.7.2 requests Respondent’s cost proposal(s) in a specific format. The Corporation is interested in any alternative pricing approaches for the services being proposed in this solicitation. Describe any innovative or alternative approaches to pricing the services requested in this RFPP.

2. Program Impacts of Affordable Care Act (ACA) and State Medicaid Reform

The Corporation is interested in understanding the Respondent’s ability to address current and future system functionality and client services related to potential impacts of the Affordable Care Act (ACA) and State Medicaid Reform efforts.

a. Describe your system’s capability or adaptability to address the optional state services under the ACA including, but not limited to, determining eligibility and / or pre-screening for other programs.

b. Describe how your system can collect premiums for programs other than CHIP and how the differing business rules would be applied and managed for system use, expenditure reporting and for maintenance of family liability balance.

c. Describe how your system can record the collection of funds for premium payments to Medicaid (or other health programs) and keep these funds separate from CHIP funds.

d. Describe how your system can interface with other programs outside of CHIP including any future federal data hub.

e. Describe how your system can transfer funds to programs outside of CHIP.

f. Describe how your system can provide real-time interfaces with other systems during the initial application and renewal process.

g. Describe how your system can adapt to changing income rules / requirements. Further, describe your system’s ability to concurrently manage multiple sets of income rules.

h. Provide past examples of system flexibilities and ability to conform and change quickly.

3. Development and Implementation

The Corporation is interested in innovative approaches to the system development and implementation processes.

a. Describe how the Respondent will address and manage the successful transition of services from the incumbent TPA. Provide examples of how your approach has been successful in other complex transitions.

b. Describe the Respondent’s approach to the conversion of data from the incumbent TPA’s system.

4. Partnerships & People

The following questions address the expertise, consistency and commitment of the Respondent’s staffing resources.

a. Describe your approach to assure a successful partnership with the Corporation over the duration of the contract.

b. Describe how your staff skills and staffing approach uniquely qualifies you to provide the services specified in this RFPP.
c. Describe how the Respondent will support the Corporation’s mission.

d. Describe how the Respondent will ensure access to and responsiveness of critical staff. Further, describe your staff’s understanding and knowledge of current program requirement as well as their understanding of the impacts related to future program changes under the ACA and Florida’s Medicaid Reform effort.

5. Data Analytics

There may be future requirements related to conducting data analytics and gaining business intelligence across a broad spectrum of children’s programs. Describe your capability to manage and analyze programmatic, income, eligibility and other data in support of potential cross-program analysis efforts.

- Tab 9 – Attachments

The attachments provided in this RFPP must be used when submitting a proposal. Forms are to be filled out electronically or in ink and are to be signed by an authorized signatory and dated. Original signatures are required in the original proposal only. Copies of signature pages are valid for copies.

An officer or an employee authorized to bind the Respondent to the provisions of this RFPP and to the provisions of any contract resulting from the RFPP must sign the proposal and all attachments. If someone other than the President or Chairman of the Board of Directors signs the proposal, Attachment D, Proof of Signature Authority, must be submitted. If a contract is entered into between the Corporation and a Respondent based on this RFPP, the content of the Respondent’s proposal and this RFPP shall be incorporated into the contract and become contractual obligations of the Respondent.

The following attachments are included. Each is labeled as required or optional:

- Solicitation Acknowledgement Form (required)
- Attachment C – Mandatory Requirements for Participation (required)
- Attachment D – Proof of Signature Authority (optional as needed)
- Attachment E – Contract Experience Chart (required)
- Attachment F – Reference Form (required)
- Attachment G – Reference Questionnaire (required per instructions in Tab 6)
- Attachment H – Site Visit Form (required)
- Attachment I – List of Subcontractors, Subsidiaries and Affiliates (optional as needed)
- Attachment J – Conflict of Interest Disclosure Statement (required)
- Attachment K – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion from Contracts / Subcontracts (required)
- Attachment L – Certification Regarding Lobbying (required)
- Attachment M – Non-Collusion Affidavit (required)
- Attachment N – Nondiscrimination and Equal Opportunity Assurance Certification (required)
- Attachment O – Public Respondent Crimes Certification (required)
- Attachment P – Cost Proposal (required)
- Attachment Q – Alternative Cost Proposal (optional)
- Attachment R – Innovative Cost Proposal

The following attachments are included to support the procurement process but are not to be returned with technical proposals:

- Attachment A – Question Submittal Form (optional)
- Attachment B – Letter of Intent Form (optional)

B.7.2 Cost Proposal

Using the draft Scope of Work and system requirements provided in the appendices and supporting exhibits, Respondents shall prepare their cost proposal using the Cost Proposal Form included as Attachment P.
Each Respondent shall use the forms provided as Attachment P, Cost Proposal, to provide a firm, fixed price for the services requested in this solicitation. Respondents are required to follow this format to expedite the cost evaluation process.

The Respondent should consider Exhibits K through O when preparing this cost proposal. The growth rate of the Healthy Kids caseload is anticipated to be approximately 0.5 percent per month beginning in January 2012 and continuing through June 2016. The growth rate of the MediKids and CMSN caseloads are anticipated to be 0.6 percent and 0.2 percent, respectively, for the same time period. These growth rates may be modified at subsequent meetings of the Social Services Estimating Conference.

The cost proposal consists of the application processing fee, the monthly processing fee, monthly fixed operational costs and additional monthly programming costs, each of which is independent of each other. Fixed operational costs should not be included in either the application processing or the monthly processing fees.

The costs provided shall include the cost of all services and materials necessary to accomplish the services outlined in this RFPP, appendices, exhibits and addenda and the Respondent’s proposal hereto, including, but not limited to costs, fees, prices, rates, profit, bonuses, discounts, rebates, or the identification of free services, materials, licensing fee sharing arrangements, personnel and labor costs, equipment expenses, hardware/software expenses, miscellaneous expenses and the application of all personnel additional costs (i.e., overhead, fringe benefits, etc.). Travel and incidental expenses. Footnotes, notations, and exceptions made to the Cost Proposal form shall not be considered.

It is expected that the Respondent will be responsible to recover start-up, implementation and development costs over the initial five (5) year contract period. In addition, the Respondent should include 5000 hours of additional programming resources per year in the base cost of the proposal.

Respondents are also encouraged to propose alternative cost approaches including options that allow for the upfront payment of system development and implementation costs and separate on-going operations costs. Refer to Attachment Q, Alternative Cost Proposal.

Respondents may use Attachment R, Innovative Cost Proposal, to provide other cost approaches.

B.8 Submission of Proposal

Proposals must be received by the date and time specified in Section B.2, Calendar of Events. Proposals received after this date and time will NOT be considered. Proposals must be submitted via postal mail, express delivery or in person at the address listed in Section A.2.

Applicants must submit ten paper copies and ten electronic versions (on a CD/DVD) of the technical proposal to the Issuing Officer listed in Section A.2. The electronic version must be in Microsoft Word format (Version 2007 or later). Any spreadsheets must be submitted in Microsoft Excel format (Version 2007 or later). Proposals must be in sealed, clearly labeled containers.

Five paper and five electronic copies (on a CD / DVD) of the cost proposal(s) must be submitted at the same time as the technical proposal in a separate sealed container.

Fax proposals will NOT be accepted.

A Respondent must submit only one proposal which satisfies the RFPP requirements. The Corporation seeks an innovative and flexible Administrator and will consider alternative means of accomplishing the requirements specified herein with reasonable assurance of satisfactory results. Such alternatives should be clearly identified by the Respondent in its proposal.

All proposals become the property of the Corporation upon receipt and will not be returned to the respondents once opened. The Corporation has the right to use any and all ideas or adaptations of ideas contained in any proposal received in response to this RFPP. Selection or rejection of the proposal will not affect this right.
B.8.1 Firm Proposal

Any submitted proposal shall remain valid for three hundred and sixty-five (365) days after the proposal submission due date or when a contract is fully executed, whichever occurs first.

B.8.2 Revision of Proposals

The Corporation reserves the right to amend any segment of the RFPP prior to the announcement of the successful Respondent. In such an event, Respondents will be afforded ample opportunity to revise their proposals to accommodate ONLY the RFPP amendment. The Corporation may request additional activities from Respondents as it deems necessary to assess Respondent’s proposals further.

B.8.3 Withdrawal of Proposal

Proposals submitted before the due date and time may be withdrawn or replaced with another proposal up until the proposal due date and time. After the proposal due date and time, a Respondent may request withdrawal of its proposal from consideration by submitting a written or faxed letter to the Procurement Office Point of Contact listed in Section A.2 requesting their proposal be withdrawn from consideration and citing the reason for withdrawal.

B9 Written Proposal Evaluation

The following sections provide an overview of the procedure that the Corporation will use to evaluate proposals.

B.9.1 General Evaluation Procedure

The Corporation is committed to assuring a fair, open, and rigorous competition for selection of a new TPA. The competitive negotiation process is a dynamic competitive process through which the Corporation can evaluate and test, through a negotiation process, the strengths and weaknesses of Respondents and their proposals, and make a final selection based on the selection criteria detailed in this section. The goal of the process is to negotiate the maximum levels of service available for a competitive price.

Proposals will be evaluated in a multiple step process. In the first step, proposals will be evaluated to ensure that they meet the minimum requirements that are outlined in this RFPP, are complete and can be evaluated for technical merit and cost effectiveness. Any proposals that are incomplete, conditional, or qualified as determined by the Corporation will be disqualified from further consideration.

In the second step of the process all proposals meeting the minimum requirements will be evaluated by a team of evaluators selected by the Corporation to evaluate the technical merit of the proposal. The evaluation of technical merit will be completed independently of the evaluation of cost.

In the third step of the process, cost will be evaluated. Preference will be given to Respondents that are willing to locate all aspects of service provision in the State of Florida.

After the completion of the evaluation phase, the Corporation will determine how to proceed either into additional procurement activities or directly into negotiations and contracting. However, the Corporation reserves the right to accept proposals as submitted. Potential administrators may be asked to enter into negotiations with the Corporation to discuss any modifications requested by the Corporation, changes in proposed service levels and / or price, and / or improvements to the solution proposed by the Respondent. The Corporation will determine which proposal offers the best combination of technical merit and price.

The results of this evaluation may be provided to the appropriate Corporation committee or directly to the Corporation Board of Directors. Consideration will be given to capabilities or advantages which are clearly described in the proposals; that are confirmed by oral presentations and site visits, if required by the Board or the Board committee; that are verified by information from reference sources and / or workload demonstrations; and any independent assessment of the proposals. The Board of Directors will determine the final award of this contract.
B.9.2 Evaluation for Compliance with Minimum Requirements

The first step of the evaluation process is to verify that the submission meets certain minimum administrative requirements as specified below. The submission must include the required number of proposals and the submission must be submitted on time as outlined in Section B.8.

Minimum administrative requirements include:

1. The Technical and Cost Proposals were submitted by the date and time required in Section B.2, Calendar of Events
2. The Solicitation Acknowledgement Form is included, complete and signed
3. The Technical Proposal is organized as required in Section B.7.1 (Cover Page plus Tabs 1 through 9)
4. Evidence of Licensure is included as Tab 4
5. All required Attachments as required in Tab 9 are included, complete and signed
6. The Technical and Cost Proposals were submitted as required in Section B.8, Submission of Proposal

Any proposal that does not meet the minimum requirements shall be disqualified at the sole discretion of the Corporation. The Corporation reserves the right to accept proposals with minor administrative irregularities that do not impact the Corporation’s ability to evaluate the proposal.

B.9.3 Evaluation for Technical Approach and Respondents' Capabilities

In the second step of the evaluation process, the Respondent’s technical proposal will be evaluated independently of costs. Evaluation factors that will be taken into consideration include, but are not limited to, the Respondent’s response to Tab 1 through Tab 9 of Section B.7.1. Some sections may be evaluated as “pass / fail” or “acceptable / not acceptable” while other sections may be scored using a points or other rating system. The same evaluation methodology and standards shall be used for all Respondents.

Provision of the current baseline TPA services as specified in the appendices and exhibits are considered minimum requirements for an acceptable proposal. During evaluation, emphasis will be placed on Tab 8, Key Differentiators.

The Corporation may conduct oral presentations and reserves the right to conduct site visits during the evaluation process. Tentative dates for oral presentations and / or site visits are included in Section B.2, Calendar of Events. The specific details of oral presentations and site visits will be given to all affected Respondents in sufficient time for them to prepare.

The Corporation reserves the right to secure an independent assessment of the Respondent’s proposal in regard to its technical merit, risk of a successful implementation, and any other appropriate factors. Any proposal which fails to meet all of the preceding requirements will be deemed non-responsive and excluded from further consideration.

The evaluation process will provide credit only for capabilities or advantages that are clearly described.
B.10 Cost Evaluation

In the third step of the evaluation, the proposed cost will be evaluated. Cost is a vital concern for the Corporation. The cost proposal will be evaluated to confirm that it is complete and does not contain any conditional statements or qualifications. Additionally, the cost proposal will be evaluated to confirm that the proposed price is consistent with level of service proposed in the technical portion of the proposal.

It is expected that the Respondent will be responsible for and recover start-up, implementation and development costs over the initial five (5) year contract period. In addition, the Respondent should include 5000 hours of additional programming resources per year in the base cost of the proposal.

Respondents are also encouraged to propose alternative costing approaches including options that allow for the upfront payment of system development and implementation costs and separate on-going operations costs. Refer to Attachment Q, Alternative Cost Proposal.

B.11 General Proposal Terms

The following general proposal terms apply to this procurement:

B.11.1 Outstanding Litigation

Any Respondent that has pending litigation against the Florida Healthy Kids Corporation shall be precluded from this procurement process. Respondent shall have no pending litigation that may affect the solvency of the Respondent.

B.11.2 Rights to Data and Copyright

Writings, publications, films, videos, technical reports, equipment, computer hardware and software, recordings, computer programs, computerized data bases, data processing programs, pictorial reproductions, maps, specifications, graphical representations, and works of similar nature (whether copyrighted or not copyrighted), which are submitted with a proposal, become the property of the Corporation.

B.11.3 Preparation of Proposals

Proposals must be prepared in conformity with all instructions, conditions, and requirements included in this RFPP. A number of acronyms and terms of art are used in this RFPP. For the Respondent’s convenience a glossary is provided in Section B.1 and Exhibit C. A list of acronyms is also provided as Exhibit D. Failure to observe all proposal instructions will be at the Respondent’s own risk.

B.11.4 Cost of Proposal Preparation

The entire cost for preparation of proposals shall be borne by the Respondents.

B.11.5 Most Favorable Terms

The Corporation reserves the right to award a contract without any further discussion with the Respondents regarding proposals received. Therefore, proposals should be submitted in complete form and pursuant to all terms and conditions as required in the RFPP. The Corporation reserves the right to contact individual Respondents to clarify any point regarding their proposals or to correct minor discrepancies. The Corporation is not obligated to accept any proposal modification or revision after the submission date.

B.11.6 Corporation Furnished Property

No material, labor, or facilities will be furnished by the Corporation unless otherwise provided for in this RFPP.

B.11.7 Contracting

At the discretion of the Corporation, the Corporation may directly enter into negotiations with selected potential vendors based on this RFPP. The purpose of this process is to negotiate the maximum levels of service available for a competitive price. During this
process the Corporation will discuss modifications to the vendor proposal, changes in proposed services or service levels, improvements to the proposed solution and the price of the contract. The Corporation will award the contract to the Respondent with the best combination of technical merit and price (see Draft Standard TPA Contract, Appendix E). The Corporation is the sole judge of which proposal best meets the combination of best technical merits and price. A contract for Administrator services will be executed between the Corporation and the successful Respondent.

The Corporation may incorporate any terms or provisions of this RFPP and the Respondent’s proposal by reference into the contract executed between the Corporation and the successful Respondent. If the Respondent’s legal counsel anticipates requesting any revisions to this contract, these requested revisions must be submitted with your proposal.

The Corporation reserves the right to select more than one vendor for the services described in this RFPP. Non-selection of any proposal will mean either that other proposals were determined to be more advantageous to the Corporation or that no proposals were acceptable. The decisions of the Corporation are final.

B.11.8 Clarifications / Revisions

Before award, the Corporation reserves the right to seek clarifications or request any information deemed necessary for proper evaluation of proposals from all Respondents deemed eligible for Contract award. Failure to provide requested information may result in rejection of the proposal.

B.11.9 Minor Irregularities / Right to Reject

The Corporation reserves the right to accept or reject any and all responses, or separable portions thereof, and to waive any minor irregularity, technicality, or omission if the Corporation determines that doing so will serve the Corporation’s best interests. The Corporation may reject any response not submitted in the manner specified by the solicitation documents.

B.11.10 Public Records

All documents related to the RFPP may be subject to the Florida Public Records Act, Section 119.07, F.S. and, therefore, all such information may be considered a public record and open to inspection. Thus, unless otherwise confidential or exempted by law, Respondent shall allow public access to all documents, papers, letters, electronic correspondence or other material subject to the provisions of Chapter 119, F.S. and made or received by Respondent in conjunction with this Contract. However, Respondent agrees to advise the Corporation prior to the release of any such information.

- Remainder of Page Intentionally Left Blank –
ATTACHMENT A – QUESTION SUBMITTAL FORM

The Florida Healthy Kids Corporation
Third Party Administrator Request for Preliminary Proposals

Respondents shall complete this form in order to submit written questions regarding this RFPP. The completed form must be submitted via e-mail to TPARFPP@healthykids.org in accordance with the instructions provided in Section B.5.

Respondent's Name: ________________________________

<table>
<thead>
<tr>
<th>Respondent Question Number</th>
<th>RFPP Page, Section Number, Subsection Reference</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<tr>
<td>10</td>
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</tbody>
</table>

*Add rows as necessary.

________________________________________
Authorized Signature (Manual)

________________________________________
Authorized Signature (Typed), Title
ATTACHMENT B – LETTER OF INTENT FORM

The Florida Healthy Kids Corporation
661 East Jefferson Street
2nd Floor
Tallahassee, Florida  32301
(850) 224-5437
www.healthykids.org

As specified in Section B.6, Respondents are encouraged to complete and return this form via e-mail to the Issuing Officer specified in Section A.2 by the due date and time referenced in Section B.2, Calendar of Events.

Title: Third Party Administrator Request for Preliminary Proposals

Date & Time Proposals are Due: 4:00 pm, November 14, 2011

Company Legal Name: ________________________________

Contact Person: ________________________________________________________________________________

Address: ________________________________________________________________________________

City, State, Zip: ________________________________________________________________________________

Federal Employer ID Number: ________________________________

Telephone: (       ) __________________________ Fax Number (       ) __________________________

E-Mail Address: ________________________________________________________________________________

By my signature, the Respondent is indicating their non-binding intent to submit a proposal.

Authorized Signature (Manual):_________________________________ Date: __________________________

Authorized Signature (Typed) and Title: ________________________________________________________________________________
ATTACHMENT C – MANDATORY REQUIREMENTS FOR PARTICIPATION

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

By signing and returning this form, the Respondent attests to and certifies their agreement or compliance with the non-negotiable requirements listed in Section A.7 of this RFPP.

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

________________________________________
*Authorized Signature (Manual)

________________________________________
*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
ATTACHMENT D – PROOF OF SIGNATURE AUTHORITY

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

This Request for Preliminary Proposals (RFPP) shall include proof of signature authority if someone other than the President or Chairman of the Board of Directors signs the proposal submitted by the Respondent.

This proof shall be one of the following:

1. A written statement by the President or Chairman of the Board delegating authority to a particular person; or
2. A copy of the Respondent’s by-laws reflecting signature authority to a particular person; or
3. A copy of the Board of Directors meeting minutes that show action to delegate signature authority to a particular person or position.

If delegating signature authority, complete the lines below and include one of the above required documents.

________________________________________________________________________________
(Type Name and Title of President or Chairman of the Board of Directors)

_________________________________________________________________________________
(Type Name of Person to Whom Signature Authority is Delegated)

_________________________________________________________________________________
(Type Title of Person to Whom Signature Authority is Delegated)
ATTACHMENT E – CONTRACT EXPERIENCE CHART

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

Complete Attachment E following the instructions provided in Section B.7.1, Tab 6.

Respondent’s Name: ________________________________

<table>
<thead>
<tr>
<th>Contract Name</th>
<th>Contract 1</th>
<th>Contract 2</th>
<th>Contract 3</th>
<th>Contract 4</th>
<th>Contract 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracting Company Name</td>
<td></td>
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<tr>
<td>Contract Begin Date</td>
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<tr>
<td>Contract End Date</td>
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<tr>
<td>Area of contract: statewide, county, district, etc.</td>
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<tr>
<td>Services provided through the contract</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Monthly Volume of Enrollments Performed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Perform data-entry (Y/N)</td>
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<tr>
<td>Perform electronic image scanning (Y/N)</td>
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<tr>
<td>Perform Medicaid Screening (Y/N)</td>
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<tr>
<td>Average # of applications data-entered daily</td>
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<tr>
<td>Average # of file transmissions sent daily</td>
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<tr>
<td>Perform premium billing and collection (Y/N)</td>
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<tr>
<td>Perform insurance enrollments (Y/N)</td>
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<tr>
<td>Average system down time per month</td>
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<tr>
<td>Customer Service Center Services</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Contract Name provided (Y/N)</td>
<td>Contract 1</td>
<td>Contract 2</td>
<td>Contract 3</td>
<td>Contract 4</td>
<td>Contract 5</td>
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<tr>
<td>Volume of monthly calls taken</td>
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<td>Volume blocked calls</td>
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<td>Average monthly hold time</td>
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<tr>
<td>Average monthly call abandonment rate</td>
<td></td>
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<tr>
<td>Average service level (% of calls) answered within 30 seconds</td>
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<tr>
<td>Performance standards of the contract and Respondent’s performance history in relation to those standards, by month</td>
<td></td>
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<tr>
<td>Has contract been terminated (Y/N). If yes, why?</td>
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</tbody>
</table>

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the respondent
ATTACHMENT F – REFERENCE FORM

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

Respondent’s Name: 

The following companies and contacts are provided as references:

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Address:</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Contact Name:</td>
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<td>Contact Phone:</td>
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<td>Contact Email:</td>
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<td>Alternate Contact Name:</td>
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<td>Alternate Contact Phone:</td>
<td></td>
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<tr>
<td>Alternate Contact Email:</td>
<td></td>
</tr>
<tr>
<td>Description of Work:</td>
<td></td>
</tr>
</tbody>
</table>

Service Dates: Dates must demonstrate at least one (1) continuous year  To

Approximate Contract Value: $ 

<table>
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<tr>
<th>Company Name:</th>
<th>Address:</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Contact Name:</td>
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<td>Contact Phone:</td>
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<td>Contact Email:</td>
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<td>Alternate Contact Name:</td>
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<td>Alternate Contact Phone:</td>
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<td>Alternate Contact Email:</td>
<td></td>
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<tr>
<td>Description of Work:</td>
<td></td>
</tr>
</tbody>
</table>

Service Dates: Dates must demonstrate at least one (1) continuous year  To

Approximate Contract Value: $ 

FHKC is an equal opportunity employer / program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY / TDD equipment via the Florida Relay Service at 711.
<table>
<thead>
<tr>
<th><strong>Company Name:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong></td>
<td></td>
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<tr>
<td><strong>Contact Name:</strong></td>
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<tr>
<td><strong>Contact Phone:</strong></td>
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<td><strong>Contact Email:</strong></td>
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<td><strong>Alternate Contact Name:</strong></td>
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<td><strong>Alternate Contact Phone:</strong></td>
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<tr>
<td><strong>Alternate Contact Email:</strong></td>
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</tr>
<tr>
<td><strong>Description of Work:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Service Dates:</strong> Dates must demonstrate at least one (1) continuous year</td>
<td>To</td>
</tr>
<tr>
<td><strong>Approximate Contract Value:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
ATTACHMENT G – REFERENCE QUESTIONNAIRE
The Florida Healthy Kids Corporation
Third Party Administrator Procurement

Respondent's Company Name (“Respondent”):

The Respondent listed above intends to submit a proposal to the Florida Healthy Kids Corporation in response to the Response for Preliminary Proposals (RFPP) for the solicitation of a Third Party Administrator for its Title XXI programs. As a part of their proposal, the Respondent is required include a number of completed and sealed reference questionnaires using this form.

Each individual responding to this reference questionnaire is asked to follow these instructions:
  • Complete this questionnaire using the space provided. Attach additional pages if necessary;
  • Sign and date the completed questionnaire;
  • Seal the completed, signed, and dated questionnaire in a new standard #10 envelope;
  • Sign in ink across the sealed portion of the envelope; and
  • Return the sealed envelope containing the completed questionnaire directly to the Respondent for inclusion in their proposal.

(1) What is the name of the company or organization responding to this reference questionnaire?

(2) Please provide the following information about the individual completing this reference questionnaire on behalf of the above-named Respondent.

<table>
<thead>
<tr>
<th>NAME:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td></td>
</tr>
<tr>
<td>TELEPHONE #:</td>
<td></td>
</tr>
<tr>
<td>E-MAIL ADDRESS:</td>
<td></td>
</tr>
</tbody>
</table>

(3) What services does the Respondent provide to your company or organization? Please describe the business functionality addressed in the project and a methodology overview. Attach additional pages to this questionnaire if necessary.
What is the level of your overall satisfaction with the Respondent for the services described above?

Please respond by circling the appropriate number on the scale below.

1  2  3  4  5
least satisfied  ||  most satisfied

If you circled 3 or less above, what could the Respondent have done to improve the rating?

Were the services completed, or are they being completed, in compliance with the terms of the contract, on time, and within budget? If not, please explain.

How satisfied are you with the Respondent's ability to perform based on your expectations and according to the contractual scope of work?

In what areas of service delivery does / did the Respondent excel? What are / were their strong points?

In what areas of service delivery does / did the Respondent fall short? What are / were their weaknesses?
(9) What is the level of your satisfaction with the Respondent’s project management approach, processes, and personnel?

*Please respond by circling the appropriate number on the scale below.*

1  2  3  4  5  
least satisfied  |  |  |  |  |  most satisfied

What, if any, comments do you have regarding the score selected above?

(10) Considering the staff assigned by the Respondent to deliver the services described in question 3 above, how satisfied are you with the technical abilities, professionalism, and interpersonal skills of the individuals assigned?

*Please respond by circling the appropriate number on the scale below.*

1  2  3  4  5  
least satisfied  |  |  |  |  |  most satisfied

What, if any, comments do you have regarding the score selected above?

(11) How would you describe the overall quality of the services provided by the Respondent?

*Please respond by circling the appropriate number on the scale below.*

1  2  3  4  5  
low quality  |  |  |  |  |  high quality

What, if any, comments do you have regarding the score selected above?
(12) If the Respondent used subcontractors, what areas of the project were assigned to the subcontractor and why? How well did the Respondent manage the subcontractors?

(13) Have you experienced any issues regarding change orders, defect correction and issue management? If yes, please describe your corrective action plan.

(14) Would you contract again with the Respondent for the same or similar services? Do you have any reservations about recommending a future contract award to or relationship with the Respondent?

REFERENCE SIGNATURE:  
(by the individual completing this reference questionnaire)  

DATE:  
(must be the same as the signature across the envelope seal)
ATTACHMENT H – SITE VISIT FORM

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

Respondent’s Name: ____________________________________________________________

The following companies and contacts are provided for potential site visits:

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Address:</th>
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<tbody>
<tr>
<td>Contact Name:</td>
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<td>Contact Phone:</td>
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<td>Contact Email:</td>
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<td>Alternate Contact Name:</td>
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<td>Alternate Contact Phone:</td>
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<td>Alternate Contact Email:</td>
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<tr>
<td>Description of Work:</td>
<td></td>
</tr>
<tr>
<td>Service Dates: Dates must demonstrate at least one (1) continuous year To</td>
<td></td>
</tr>
<tr>
<td>Approximate Contract Value:</td>
<td>$</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Address:</th>
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<tbody>
<tr>
<td>Contact Name:</td>
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<td>Contact Phone:</td>
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<td>Contact Email:</td>
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<td>Alternate Contact Email:</td>
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<td>Description of Work:</td>
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<tr>
<td>Service Dates: Dates must demonstrate at least one (1) continuous year To</td>
<td></td>
</tr>
<tr>
<td>Approximate Contract Value:</td>
<td>$</td>
</tr>
</tbody>
</table>
Company Name:
Address:

Contact Name:
Contact Phone:
Contact Email:

Alternate Contact Name:
Alternate Contact Phone:
Alternate Contact Email:

Description of Work:

Service Dates: Dates must demonstrate at least one (1) continuous year

Approximate Contract Value: $ 

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
Each Respondent shall submit with their proposal a list of the sub-contractors, subsidiaries and affiliates who will perform work under the contract resulting from this solicitation. The Respondent shall have determined to their own complete satisfaction that the listed entities have been successfully engaged in the related sub-contracted services and is qualified to provide the services for which each entity is listed.

In the event that no sub-contractor will be used, this list shall be returned indicating "No Sub-contractors will be used."

<table>
<thead>
<tr>
<th>NO SUB-CONTRACTORS WILL BE USED:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-contractor Name:</th>
<th>Business Type:</th>
<th>Sub-contracted Services:</th>
<th>Contact Name:</th>
<th>Contact Title:</th>
<th>Address:</th>
<th>City, State and Zip</th>
<th>Phone #:</th>
<th>FEIN #:</th>
<th>Is this subcontractor a subsidiary or affiliate of the Respondent? (Y/N)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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LIST OF SUBCONTRACTORS (page 2)

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

<table>
<thead>
<tr>
<th>Sub-contractor Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Type:</td>
<td></td>
</tr>
<tr>
<td>Sub-contracted Services:</td>
<td></td>
</tr>
<tr>
<td>Contact Name:</td>
<td></td>
</tr>
<tr>
<td>Contact Title:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State and Zip</td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td></td>
</tr>
<tr>
<td>FEIN #:</td>
<td></td>
</tr>
<tr>
<td>Is this subcontractor a subsidiary or affiliate of the Respondent? (Y/N)</td>
<td></td>
</tr>
</tbody>
</table>

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
ATTACHMENT J – CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

The following are relationships, business and personal, that may create a conflict of interest that RESPONDENT is hereby disclosing:

<table>
<thead>
<tr>
<th>Type of Relationship (Business, Personal)</th>
<th>Name of Individual</th>
<th>Organization or Individual</th>
<th>Status of Organization or Individual (Current Contractor, Applicant, Enrollee, etc.)</th>
<th>Term of Relationship</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

☐ The Respondent has no conflict of interest to disclose and has had no person seeking to influence the Corporation in connection with this procurement.

CERTIFICATION

1. Respondent confirms that to the best of its knowledge, the responsibilities and duties assumed pursuant to this Contract are not in conflict with any other interest to which Respondent is obligated or from which Respondent benefits. Further, Respondent agrees to inform the Corporation immediately after becoming aware of any conflicts of interest which it may have with the interests of the Corporation as set forth in this Contract and which may occur in the future.

2. In accordance with FHKC Corporate Policies, Respondent affirms its understanding that FHKC Board Members, FHKC Ad Hoc Board Members and FHKC Employees are prohibited from accepting any gifts, including but not limited to, any meal, service or item of value even de minimus from those entities that conduct or seek to conduct business with the Corporation.

3. Respondent recognizes and acknowledges that, as a result of this Contract, Respondent will come into contact with employees of the Corporation and that these employees have received considerable training by the Corporation. Respondent agrees not to solicit, recruit or hire any individual who is employed by the Corporation during the term of this Contract. This prohibition shall be in effect for both the term of this Contract and twelve (12) months immediately following its termination.
By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
ATTACHMENT K – CERTIFICATION REGARDING DEBARMENT,
SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FROM
CONTRACTS / SUBCONTRACTS

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987, Federal Register (52 Fed. Reg., pages 20360-20369).

1. Each provider whose contract / subcontract equals or exceeds $25,000 in federal monies must sign this certification prior to execution of each contract / subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. The Corporation cannot contract with these types of providers if they are debarred or suspended by the federal government.

2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and / or debarment.

3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "debarred," "suspended," "ineligible," "person," "principal," and "voluntarily excluded," as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.

5. The provider agrees by submitting this certification that, it shall not knowingly enter into any contract or subcontract with a person or an individual who is an affiliate, as defined in the Federal Acquisition Regulation, who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

6. The provider further agrees by submitting this certification that it will require each sub-contractor of this contract/subcontract, whose payment will equal or exceed $25,000 in federal monies, to submit a signed copy of this certification.

7. The Corporation may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting / subcontracting unless it knows that the certification is erroneous.

8. This signed certification must be kept in the contract manager's contract file. Sub-contractor's certifications must be kept at the Respondent's business location.

CERTIFICATION

1. The prospective provider certifies, by signing this certification, that neither he nor any owner (in excess of 5%), director, officer, partner, employee or consultant is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract / subcontract by any federal department or Corporation.

2. Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.
CERTIFICATION REGARDING DEBARMENT,
SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FROM
CONTRACTS/SUBCONTRACTS (page 2)

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation's sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
ATTACHMENT L – CERTIFICATION REGARDING LOBBYING

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

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

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any Corporation, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Corporation, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

3. The undersigned shall comply with applicable state and federal requirements for the disclosure of information regarding lobbying activities of the undersigned, subcontractors or any authorized agent. Certification forms shall be filed by the undersigned certifying that no state or federal funds have been or will be used in lobbying activities at contract execution and updated annually each July 1st.

4. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than ten thousand dollars ($10,000) and not more than one hundred thousand dollars ($100,000) for each such failure.

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

________________________________________
*Authorized Signature (Manual)

________________________________________
*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
ATTACHMENT M – NON-COLLUSION AFFIDAVIT

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

By signature below I state that I am authorized to make this affidavit on behalf of this firm, and its owner, directors, and officers. I am the person responsible in this firm for the price(s) the amount of this reply, and the preparation of the reply.

I state that

1. The prices(s) and amount of this reply have been arrived at independently and without consultation, communication or agreement with any other contractor, Respondent or potential Respondent.
2. Neither the price(s) nor the amount of this reply, and neither the approximate price(s) nor approximate amount of this reply, have been disclosed to any other firm or person who is a Respondent or potential Respondent, and they will not be disclosed before proposal opening.
3. No attempt has been made or will be made to induce any firm or persons to refrain from submitting a reply for this contract, or to submit a price(s) proposal higher that the price(s) in this reply, or to submit any intentionally high or noncompetitive price(s) or other form of complementary reply.
4. The reply of my firm is in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive reply.
5. ______________________________________________________________________ its affiliates, subsidiaries, officers, director and employees are not currently under investigation by any governmental Corporation and have not in the last three years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to proposing on any public contract, except as follows:
   I state that ____________________________ understands and acknowledges that the above representation are material and important and will be relied on by State of Florida for which this proposal is submitted.

I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from the State of Florida of the true facts relating to the submission of proposals for this contract.

Authorized Signature: ___________________________ Date: __________________________

State of __________________, County of _______________________

Sworn to and subscribed before me this ______day of ________________, 20_____.

By ________________________________ as _____________________________ for _____________________________
   (Name of person) (Type of Authority, Officer, Attorney) (Firm / Company Name)

______________________________ (Signature of Notary Public) ____________________________
   Print / Type / Stamp Commissioned Name of Notary Public

Personally Known_________________ or Produced Identification_________________

Type of Identification Produced ______________________________________
ATTACHMENT N – NONDISCRIMINATION AND EQUAL OPPORTUNITY ASSURANCE CERTIFICATION

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

As a condition of the Contract, the Contractor assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

1. Section 188 of the Workforce Investment Act of 1998 (WIA), (Pub. L. 105-220), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex national origin, age, disability, political affiliation, or belief, and against beneficiaries on the basis of either citizenship / status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I B financially assisted program or activity;

2. Title VI of the Civil Rights Act of 1964, (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F. R Part 800, to the end that, in accordance with Title VI of that Act and Regulation, no person in the United States shall, on the ground of race, color, and national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department;

3. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-1120, as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F. R. Part 84), to the end that, in accordance with Section 504 of that Act, and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department;

4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department;

5. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), , as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department;

6. The American with Disabilities Act of 1990, (Pub. L. 101-336), prohibits discrimination in all employment practices, including, job application procedures, hiring, firing, advancement, compensation, training, and other terms, conditions, and privileges of employment. It applies to recruitment, advertising, tenure, layoff, leave, fringe benefits, and all other employment-related activities.

The Contractor also assures that it will comply with 29 C.F.R, part 37 and all other regulations implementing the laws listed above. This assurance applies to the Contractor’s operation of the WIA Title I – financially assisted program or activity, and to all agreements the Contractor makes to carry out the WIA Title I – financially assisted program or activity. The Contractor understands that the Corporation and the United States has the right to seek judicial enforcement of the assurance.
By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
ATTACHMENT O – PUBLIC RESPONDENT CRIMES CERTIFICATION

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

The Contractor hereby certifies that neither it, nor any person or affiliate of the Contractor, has been convicted of a Public Respondent Crime as defined in Section 287.133, Florida Statutes, nor placed on the convicted vendor list.

The Contractor understands and agrees that it is required to inform the Corporation immediately upon any change of circumstances regarding this status.

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
ATTACHMENT P – COST PROPOSAL

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

Respondent's Name: ______________________________________

The following firm, fixed price is offered for the services required by this RFPP, its attachments, appendices, exhibits and addenda:

1. Application processing fee
   __________  One-time application processing fee to cover the cost of processing an application
   __________  One-time application processing fee to cover the cost of processing a renewal

2. Monthly processing fee
   __________  Monthly processing fee per active status account at the child level

   This is a monthly fee provided only for active accounts (see Account Status Definition, Section B.1).

3. Fixed operational costs
   __________  Fixed monthly fee to cover overhead and systems costs. The caseload is assumed to be the same as the September 2011 enrollment.

4. Additional programming costs for changes required to the system during the contract period that are in excess of the 5,000-hour requirement per year in the base price of the contract.
   __________  Programming fee / per hour

   For evaluation purposes only, assume 5,000 additional hours per year.

5. Rate Table: Provide the rate for each role title included in your proposal. These rates will be used in the Change Control process if needed. Add as many rows as you need to cover your entire project team. Rate is defined as cost per hour for each resource.

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<th>Respondent Role Title*</th>
<th>Rate ($/hour)</th>
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*Add rows as necessary
Respondents are required to submit the cost proposal in this format without qualification or contingencies. However, Respondents are encouraged to propose alternative methods of payment for up-front development and implementation costs separate from on-going operational services (Items 1-4 above).

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
ATTACHMENT Q – ALTERNATIVE COST PROPOSAL

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

Refer to Section B.7.2 for instructions.

Respondent’s Name: ________________________________

The following firm, fixed alternative price is offered for the services required by this RFPP, its attachments, appendices, exhibits and addenda:

1. System Development and Implementation

   _______  One-time system development and implementation cost

2. Application processing fee

   _______  One-time application processing fee to cover the cost of processing an application
   _______  One-time application processing fee to cover the cost of processing a renewal

3. Monthly processing fee

   _______  Monthly processing fee per active status account at the child level

   This is a monthly fee provided only for active accounts (see Account Status Definition, Section B.1).

4. Fixed operational costs

   _______  Fixed monthly fee to cover overhead and systems costs. The caseload is assumed to be the same as the September 2011 enrollment.

5. Additional programming costs for changes required to the system during the contract period that are in excess of the 5,000-hour requirement per year in the base price of the contract.

   _______  Programming fee / per hour

   For evaluation purposes only, assume 5,000 additional hours per year.
Respondents are required to submit the cost proposal in this format without qualification or contingencies.

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.
ATTACHMENT R – INNOVATIVE COST PROPOSAL

The Florida Healthy Kids Corporation

Third Party Administrator Request for Preliminary Proposals

Refer to Section B.7.2 for instructions.

Respondent’s Name: ________________________________________

Provide innovative cost proposals below:

Respondents are required to submit the cost proposal in this format without qualification or contingencies.

By my signature, I certify that the information contained in this report and any attachments to this document are true representations. The Respondent understands that, if any provided information is found to be false, the Contract between the Corporation and the Respondent may be terminated at the Corporation’s sole discretion.

*Authorized Signature (Manual)

*Authorized Signature (Typed), Title

*This individual must have the authority to bind the Respondent.

FHKC is an equal opportunity employer / program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY / TDD equipment via the Florida Relay Service at 711.