

**Announcement of Selected Vendor**

**Accounting, Auditing, and Consulting Services**

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

**Alabama Medicaid Agency**

On December 9, 2019, the Alabama Medicaid Agency issued an Intent to Award Notice to Myers and Stauffer for the Accounting, Auditing, and Consulting Services RFP (RFP Number 2019-AACS-01).

The final award of this contract is subject to review by the Legislative Oversight Committee and signature by the Governor.



# ALABAMA MEDICAID AGENCY REQUEST FOR PROPOSALS

<b>RFP Number:</b> 2019-AACS-01	<b>RFP Title:</b> Accounting, Auditing, and Consulting Services
<b>RFP Due Date and Time:</b> October 11, 2019 by 5pm Central Daylight Time	<b>Number of Pages:</b> 53
<b>PROCUREMENT INFORMATION</b>	
<b>Project Director:</b> Karen Wainwright, CPA	<b>Issue Date:</b> September 20, 2019
<b>E-mail Address:</b> AACSRFP@mediciad.alabama.gov <b>Website:</b> <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a>	<b>Issuing Division:</b> Business and Finance
<b>INSTRUCTIONS TO VENDORS</b>	
<b>Return Proposal to:</b>  <b>Karen Wainwright, CPA,</b> <b>Director Administrative Cost Services</b> <b>Alabama Medicaid Agency</b> <b>Lurleen B. Wallace Building</b> <b>501 Dexter Avenue</b> <b>PO Box 5624</b> <b>Montgomery, AL 36103-5624</b>	<b>Mark Face of Envelope/Package:</b> RFP Number: 2019-AACS-01 RFP Proposal Due Date: October 11, 2019 by 5pm Central Daylight Time
	Final Price from Appendix A, Attachment C:  \$ _____
<b>VENDOR INFORMATION</b> <i>(Vendor must complete the following and return with RFP response)</i>	
<b>Vendor Name/Address:</b>	<b>Authorized Vendor Signatory:</b> (Please print name and sign in ink)
<b>Vendor Phone Number:</b>	<b>Vendor FAX Number:</b>
<b>Vendor Federal I.D. Number:</b>	<b>Vendor E-mail Address:</b>

## Section A. RFP Checklist

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

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

## Section B. Schedule of Events

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

EVENT	DATE
RFP Issued	September 20, 2019
Deadline for Contractor Questions by 5 pm CT	September 24, 2019
Final Posting of Questions and Answers	October 7, 2019
Proposals Due by 5 pm CT	October 11, 2019
Evaluation Period	October 14-November 7, 2019
Contract Award Notification	November 18, 2019
**Contract Review Committee	January 9, 2020
Official Contract Award/Begin Work	February 1, 2020

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

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# I. General Medicaid Information

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

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

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

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

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



## **II. Background**

The Alabama Medicaid Agency (Medicaid) is requesting proposals from qualified Vendors to address Medicaid's accounting, auditing and financial consulting requirements, including but not limited to Disproportionate Share (DSH) reporting, state share funding arrangements, provider reimbursements including Upper Payment Limit (UPL) calculations, ongoing audits of documents utilized in establishing cost-based rates and limits for Medicaid providers, and facilitate the creation of a database of as-submitted and audited cost documentation that will include, but not be limited to Centers for Medicare and Medicaid Services (CMS) 2552-96 reports and to comply with 42 CFR 447.02 and 42 CFR 455.304 requirements.

Title XIX of the Social Security Act (Act) authorizes Federal grants to States for Medicaid programs that provide medical assistance to low-income families, the elderly and persons with disabilities. Section 1902(a)(13)(A)(iv) of the Act requires that States make Medicaid payment adjustments for hospitals that serve a disproportionate share of low-income patients with special needs.

Section 1923 of the Act contains more specific requirements related to such disproportionate share hospital (DSH) payments, including aggregate annual state-specific limits on Federal Financial Participation (FFP) under Section 1923(f), and hospital-specific limits on DSH payments under Section 1923(g). Under those hospital specific limits, a hospital's DSH payments may not exceed the costs incurred by that hospital in furnishing services during the year to Medicaid patients and the uninsured, less other Medicaid payments made to the hospital, and payments made by uninsured patients ("uncompensated care costs"). In addition, Section 1923(a)(2)(D) requires States to provide an annual report to the Secretary describing the payment adjustments made to each disproportionate share hospital.

In addition to these reporting requirements, under Section 1923(j) of the Act, Federal matching payments are contingent upon a State's submission of the annual DSH report and independent certified audit.

On December 19, 2008, CMS published a final rule in the Federal Register (73 Fed. Reg. 77904) implementing the reporting and auditing requirements for State DSH payments under State Medicaid programs. The final rule was effective on January 19, 2009 and is codified at 42 CFR 455.300, et seq.

## **III. General Vendor Requirements**

The successful Vendor will be responsible for accumulating the documentation necessary for the State's compliance with 42 CFR §447.299 reporting and reviewing that data for completeness and reasonableness for submission to the state's independent auditor. The auditing of the information will be carried out by an independent party.

In addition to DSH services, the successful Vendor will be expected to be able to provide financial reconciliations, analyses, advisory and consulting services with respect to items noted in Section III Scope of Work on an as requested basis.

This document outlines the qualifications that will be evaluated in order for an entity to serve as Contractor. It is imperative that potential Vendors describe, in detail, how they intend to approach the services procured. The ability to perform these services must be carefully documented, even if the Vendor has been or is currently participating in a Medicaid Program. Proposals will be evaluated based on the written information that is

presented in the response. This requirement underscores the importance and the necessity of providing in-depth information in the proposal with all supporting documentation necessary.

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

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

The successful Vendor must be responsible for the performance of all duties contained within this Request for Proposal (RFP) for the final price quoted in the Vendor's proposal to this RFP. All proposals must state a firm and fixed rate per hour by staff classification and total price based on the estimated hours provided.

All information contained in this RFP and any amendments reflect the best and most accurate information available to Medicaid at the time of RFP preparation. No inaccuracies in such data will constitute a basis for change of the payments to the Contractor or a basis for legal recovery of damages, actual, consequential or punitive. .

## **IV. Scope of Work**

The awarded Vendor must be able to perform the services listed below and as further explained in 42 CFR 455.304 “Condition for Federal Financial Participation.”

1. The awarded Vendor must provide information necessary for an independent auditor to perform an audit of the State of Alabama Disproportionate Share (DSH) Program. In accordance with all requirements of CMS including due date as specified in 42 CFR 455.304 “Conditions for Federal Financial Participation.” The awarded Vendor must create a database containing the Medicare Cost Reports with the Medicaid information completed, for the years audited, but only as it relates to those reports as filed or as settled under CMS 2552-96. The awarded Vendor is not responsible for the audit of cost reports in order to accomplish the DSH program audit. The awarded Vendor will be responsible for the accumulation of cost report data in a format to be agreed to with the awarded Vendor. Medicaid may secure its own license for said software and such may be utilized by the awarded Vendor in accumulating the required data. The database will remain the property of the State of Alabama.
2. The awarded Vendor may be requested to provide consultation and analysis of financial structure, financial audit procedures, financial reporting requirements and other matters related to the establishment of financial audits of Managed Care providers (Managed Care Organizations, etc.). Provision of such analysis and consultation would not preclude the awarded Vendor from performing such audits under a separate procurement.
3. In addition, the awarded Vendor may be requested to provide additional consulting services as needed, including but not limited to State Plan Amendments; provider reimbursements including Upper Payment Limit (UPL) calculations; claims auditing; CMS negotiations, CMS form completion and reconciliation assistance (for example, CMS Forms 21, 21B, 37 and 64); analysis and advice related to health care reform, reimbursements, rate setting, and review work; integration of Alabama accounting and Medicaid MMIS and T-MSIS data; and other matters as may become relevant to the financial operations of the agency, as circumstances dictate.

## **V. Transmittal Letter**

The Proposal Transmittal Letter must be an offer of the Vendor in the form of a standard business letter on business letterhead. The Proposal Transmittal Letter must reference and respond to the following subsections in sequence and include corresponding documentation as required. Following the cover sheet and table of contents, the Transmittal Letter must be the first page of the proposal:

1. The letter must state that the proposal remains valid for at least ninety (90) days subsequent to the Deadline for Submitting Proposals (Section B, RFP Schedule of Events) and thereafter in accordance with any resulting contract between the Vendor and Medicaid.
2. The letter must provide the complete legal entity name and Federal Employer Identification Number (FEIN) of the Vendor making the proposal.
3. The letter must provide the name, physical location mailing address (Post Office Box address is unacceptable), e-mail address, and telephone number of the person Medicaid should contact regarding the proposal.

4. The letter must state whether the Vendor or any individual who will perform work under the contract has a possible conflict of interest (i.e. employment by the Alabama Medicaid Agency) and, if so, must state the nature of that conflict. Medicaid reserves the right to cancel an award if any interest disclosed from any source could either give the appearance of a conflict of interest or cause speculation as to the objectivity of the offer. Such determination regarding any questions of conflict of interest shall be solely within the discretion of Medicaid.
5. The letter must state unequivocal understanding of the general information presented in all sections and agree with all requirements listed in the RFP.
6. The letter must state that the Vendor has an understanding of and will comply with the general terms and conditions as set out in Section XII – General Terms and Conditions. Additions or exceptions to the standard terms and conditions are not allowed.
7. The letter must state that the Vendor has an understanding of and will comply with the mandatory requirements as set out in Section VI – Mandatory Requirements. If the Vendor cannot comply with one or more of the listed mandatory requirements, Medicaid may deem the proposal as non-compliant and may reject it.
8. The letter must be signed by a company officer empowered to bind the Vendor to the provisions of this RFP and any contract awarded pursuant to it.

## VI. Mandatory Requirements

The Vendor must respond to each of the following with an “Acknowledge and Will Comply” statement. If the Vendor cannot respond to one or more of the listed mandatory requirements, Medicaid may deem the proposal as non-compliant and may reject it.

1. The Vendor must not have any ownership interest and not have held any ownership interest in any entity currently enrolled in the Alabama Medicaid program or any entity which was enrolled in the Alabama Medicaid program subsequent to October 1, 2010.
2. The Vendor must possess no less than seven (7) years continuing experience in providing accounting, auditing and consulting services to state Medicaid agencies.

## VII. Corporate Background and References

- a. Provide evidence that the Vendor possesses the qualifications required in this RFP.
- b. Provide a description of the Vendor’s organization, including:
  1. Date established.
  2. Ownership (public company, partnership, subsidiary, etc.). Include an organizational chart depicting the Vendor’s organization in relation to any parent, subsidiary or related organization.
  3. Number of employees and resources.
  4. Names and resumes of Senior Managers and Partners in regards to this contract.
  5. A list of all similar projects the Vendor has completed within the last three years.
  6. A detailed breakdown of proposed staffing for this project, including names and education background of all employees that will be assigned to this project.
  7. A list of all Medicaid agencies or other entities for which the Vendor currently performs similar work.
  8. Details demonstrating independence from any ACHN and/or MCO contracted with the State as defined in CFR438.354 (c).
  9. Vendor’s acknowledgment that the State will not reimburse the Vendor until: (a) the Project Director has approved the invoice; and (b) the Agency has received and approved all deliverables covered by the invoice.
  10. Details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Vendor or any of its officers, directors, employees, agents or subcontractors of which the Vendor has knowledge, or a statement that there are none. The Agency reserves the right to reject a proposal solely on the basis of this information.
- c. Have all necessary business licenses, registrations and professional certifications at the time of the contracting to be able to do business in Alabama. All companies submitting proposals in response to this RFP must be qualified to transact business in the State of Alabama in accordance with to include, but not be limited to, Code of Alabama 1975, 10A-1-7.01 et seq., and shall have filed and possess a valid “Application for Registration” issued by the Secretary of State at the time of responding to this RFP. To obtain forms for the application, contact the Secretary of State, (334) 242-5324, [www.sos.state.al.us](http://www.sos.state.al.us).

- d. Have proven experience operating and maintaining AAC based programs and have been in business a minimum of three years.
  - e. Furnish four (4) references for projects of similar size and scope, including contact name, title, telephone number, and address. Performance references should also include contract type, size, and duration of services rendered. **You may not use any Alabama Medicaid Agency personnel as a reference.**
- Technical Experience and Staffing

## VIII. Technical Experience

The Vendor must describe their experience performing the following types of engagements. The description must include the client name, their roles and responsibilities, and a brief description of the services delivered. Vendors may list multiple experiences for each:

1. DSH Audit/DSH Information Assimilation and Review
2. Certified Public Expenditures (CPE) Reconciliation
3. Hospital Reimbursement – UPL Calculations/ Demonstrations – Cost, MS-DRG, APR DRG, etc.
4. Nursing Home Reimbursement - UPL Calculations/ Demonstrations – Cost, Medicare, RUG, PDPM
5. Hospital Cost Report Preparation, Audit or Review
6. State Plan Amendment Reviews
7. CMS 64 Preparation, Reconciliation
8. State Share Funding Arrangements (Certified Public Expenditures, Intragovernmental Transfers, Provider Taxes, etc.) and CMS Negotiations
9. Public Assistance Cost Allocation Plan Preparation and Review
10. Other UPL Calculations including but not limited to Clinics, Physicians, etc.
11. Other as noted in the Scope of Work or as may be relevant to financial operation of a Medicaid Agency.

### Staffing

Medicaid defined the following Staffing Classifications:

Staff:	Less than 3 years’ experience in accounting or finance in the Health Care, Medicaid, or Medicare industry
Senior:	3-5 years’ experience in accounting or finance in the Health Care, Medicaid, or Medicare industry
Manager:	5-8 years’ experience in accounting or finance in the Health Care, Medicaid, or Medicare industry
Senior Manager:	8+ years’ experience in accounting or finance in the Health Care, Medicaid, or Medicare industry
Partner or Principle:	10+ years’ experience in accounting or finance in the Health Care, Medicaid, or Medicare industry

The Vendor must provide the following information for the staff to be assigned to Medicaid for the duration of contract time:

1. A project organization chart that, at a minimum, identifies each key position. Medicaid reserves the right to interview and approve the individuals assigned to those positions, as well as to approve any later reassignment or replacement, although such approval will not be unreasonably withheld.
2. Completed Key Position Resume Sheet for each individual as provided in Appendix A, Attachment A. At a minimum, the Key positions must include the roles of a Partner or Principle, Senior Manager, and Manager.
3. A description of on-site commitment by each staffing classification.
4. A description of the normal time required to start work after a contract is awarded and provide assurances as to the availability of staff for Key positions within that timeframe.
5. A confirmation that the individuals submitted are currently employed within the Vendor organization or have been contacted by the Vendor and have agreed to join the Vendor organization upon contract award. Medicaid reserves the right to contact and/or interview submitted personnel prior to contract award, and Medicaid reserves the right to approve or reject such personnel.

## **IX. Pricing**

Vendor's response must specify a firm and fixed rate per hour by staff classification by year for completion of each component of this RFP. The firm and fixed rate per hour must be entered on the RFP Pricing Form Appendix A, Attachment C and the RFP Coversheet Form. Pricing must be signed by a company officer empowered to bind the Vendor to the provisions of this RFP and any contract awarded pursuant to it.

If the proposal does not contain a firm and fixed rate per hour for each staff classification for each year of the engagement, the proposal will not be considered to meet submission requirements.

The hours per classification must be multiplied by the proposed firm and fixed rate per classification and summed to get a total. For the purposes of this solicitation, general (non-technical) management and administrative (secretarial support) are assumed to be part of the firm and fixed rates of the professionals. Said proposed total must incorporate all direct and indirect cost for the proposed scope of services for the contract year. Vendors must not propose an amount for travel and per diem. Travel and per diem must be included to be part of the firm and fixed rates.

## **X. Submission Requirements**

### **A. Authority**

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

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

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

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

*Project Director:*     **Karen Wainwright, CPA**  
                                  **Director, Administrative Cost Services Division**  
*Address:*               **Alabama Medicaid Agency**  
                                  **Lurleen B. Wallace Bldg.**  
                                  **501 Dexter Avenue**  
                                  **PO Box 5624**  
                                  **Montgomery, Alabama 36103-5624**  
*E-Mail Address:*     **[AACSREFP@medicaid.alabama.gov](mailto:AACSREFP@medicaid.alabama.gov)**

## **C. RFP Documentation**

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

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

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

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

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

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

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

## **G. Order of Precedence**

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



## **H. Vendor's Signature**

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

## **I. Offer in Effect for 90 Days**

A proposal may not be modified, withdrawn or canceled by the Vendor for a 90-day period following the deadline for proposal submission as defined in the Schedule of Events, or receipt of best and final offer, if required, and Vendor so agrees in submitting the proposal.

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

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

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

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

- Cancel or terminate this RFP;
- Reject any or all of the proposals submitted in response to this RFP;
- Change its decision with respect to the selection and to select another proposal;
- Waive any minor irregularity in an otherwise valid proposal which would not jeopardize the overall program and to award a contract on the basis of such a waiver (minor irregularities are those which will not have a significant adverse effect on overall project cost or performance);
- Negotiate with any Vendor whose proposal is within the competitive range with respect to technical plan and cost;
- Adopt to its use all, or any part, of a Vendor's proposal and to use any idea or all ideas presented in a proposal;
- Amend the RFP (amendments to the RFP will be made by written addendum issued by the State and will be posted on the RFP website);
- Not award any contract.

## **L. Price**

Vendors must respond to this RFP by utilizing the RFP Cover Sheet and Appendix B to indicate the firm and fixed price for the implementation/operation and updating/operation phase to complete the scope of work specified in the contract.

## **M. Submission of Proposals**

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

## **N. Copies Required**

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

## **O. Late Proposals**

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

## **P. E-Verify MOU**

The proposal response must include an E-Verify MOU with the Department of Homeland Security.

## **Q. Proposal Format**

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

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

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

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

## **R. Proposal Withdrawal**

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

## **S. Proposal Amendment**

The Agency will not accept any amendments, revisions, or alterations to proposals after the deadline for submitting proposals unless the Agency formally requested in writing.

## **T. Proposal Errors**

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

## **U. Proposal Clarifications**

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

## **V. Disclosure of Proposal Contents**

Proposals and supporting documents are kept confidential until the evaluation process is complete, a Vendor has been selected, and the Contract has been fully executed. The Vendor should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure if required by law. The Vendor should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "CONFIDENTIAL". The Vendor must also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records law and is marked as Proprietary Information. By way of illustration but not limitation, "Proprietary Information" may include trade secrets,

inventions, mask works, ideas, processes, formulas, source and object codes, data, programs, other works of authorship, know-how, improvements, discoveries, developments, designs and techniques.

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

## **XI. Evaluation and Selection Process**

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

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

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

### **B. Determination of Responsibility**

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

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

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

### **D. Evaluation Committee**

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

### **E. Scoring**

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

<b>Evaluation Factor</b>	<b>Highest Possible Score</b>
Corporate Background	20
Technical Experience and Staffing	35
References	20

Price	25
<b>Total</b>	<b>100</b>

**F. Determination of Successful Proposal**

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

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

## **XII. General Terms and Conditions**

### **A. General**

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

The contract shall include the following:

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

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

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

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

The initial contract term shall be for Two years effective February 1, 2020, through January 31, 2022. Alabama Medicaid shall have three, one-year options for extending this contract if approved by the Legislative Contract Review Oversight Committee. At the end of the contract period Alabama Medicaid may at its discretion, exercise the extension option and allow the period of performance to be extended at the rate indicated on the RFP Cover Sheet. The Vendor will provide pricing for each year of the contract, including any extensions.

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

### **D. Contract Amendments**

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

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

## **E. Confidentiality**

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

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

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

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

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

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

## **G. Federal Nondisclosure Requirements**

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

Additionally, it is incumbent upon the Vendor to inform its officers and employees of penalties for improper disclosure implied by the Privacy Act of 1974, 5 USC 552a. Specifically, 5 USC 552a (i) (1), which is made applicable to Vendors by 5 USC 552a (m) (1), provides that any officer or employee of a Vendor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations

established there under, and who knowing that disclosure of the specific material is prohibited, willfully discloses that material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

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

Upon signing of this contract by all parties, the terms of the contract become available to the public pursuant to Alabama law. Vendor agrees to allow public access to all documents, papers, letters, or other materials subject to the current Alabama law on disclosure. It is expressly understood that substantial evidence of Vendor's refusal to comply with this provision shall constitute a material breach of contract.

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

The parties acknowledge and agree that the Vendor must be free of conflicts of interest in accordance with all federal and state regulations while performing the duties within the contract and this amendment. The Vendor, as External Quality Reviewer for the State of Alabama and Medicaid agree that each has no conflict of interest preventing the execution of this Contract amendment or the requirements of the original contract, and said parties will abide by applicable state and federal regulations, specifically those requirements found in the Office of Federal Procurement Policy Act. 42 U.S.C.A. 2101 through 2107.

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

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

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

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

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

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

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

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

## **U. Immigration Compliance**

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

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

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

## **V. Share of Contract**

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

## **W. Waivers**

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

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

Vendor warrants that no person or selling agent has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission percentage, brokerage, or contingency fee excepting

bona fide employees. For breach of this warranty, Medicaid shall have the right to terminate the contract without liability.

## **Y. Novation**

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

## **Z. Employment Basis**

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

## **AA. Disputes and Litigation**

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

In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involves the payment of money, a party's sole remedy is the filing of a claim with the Board of Adjustment of the State of Alabama.

For any and all other disputes arising under the terms of this contract which are not resolved by negotiation, the parties agree to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

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

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

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

findings, litigation, or other legal action have not been resolved at the end of the three year period, the records shall be retained until resolution.

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

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

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

For any terms of the contract which allow reimbursement for the cost of procuring goods, materials, supplies, equipment, or services, such procurement shall be made on a competitive basis (including the use of competitive bidding procedures) where practicable, and reimbursement for such cost under the contract shall be in accordance with 48 CFR, Chapter 1, Part 31. Further, if such reimbursement is to be made with funds derived wholly or partially from federal sources, such reimbursement shall be subject to Vendor's compliance with applicable federal procurement requirements, and the determination of costs shall be governed by federal cost principles.

#### **EE. Payment**

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

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

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

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

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

#### **HH. Debarment**

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

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

Under no circumstances shall any commitments by Medicaid constitute a debt of the State of Alabama as prohibited by Article XI, Section 213, Constitution of Alabama of 1901, as amended by Amendment 26. It is

further agreed that if any provision of this contract shall contravene any statute or Constitutional provision or amendment, whether now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the contract shall be deemed null and void. The Vendor's sole remedy for the settlement of any and all disputes arising under the terms of this agreement shall be limited to the filing of a claim against Medicaid with the Board of Adjustment for the State of Alabama.

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

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

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

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

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

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

## **Appendix A: RFP Attachments**

The following are the documents that must be utilized for the Vendor's proposal.

*Attachment A:* Key Position Resume Sheet

*Attachment B:* Sample Key Position Resume Sheet

*Attachment C:* Pricing Form

*Attachment D:* Compliance Checklist

### Key Position Resume Sheet

This form must be used to respond to Section VIII – Technical Experience and Staffing. For each named individual a separate Key Position Resume Sheet must be submitted.

**Vendor Organization:** \_\_\_\_\_

**Key Position:** \_\_\_\_\_

**Candidate:**

Full Name: Last Name First Name MI

Address Street: City: State: Zip:

U.S. Citizen  Non-U.S. Citizen Visa Status:

Status:  Employee  Self Employed  Subcontractor (Name: \_\_\_\_\_)

Other:

**Education:**

Mark highest level completed.	Some HS <input type="checkbox"/>	HS/GED <input type="checkbox"/>	Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Doctoral <input type="checkbox"/>
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List most recent first, all secondary and post-secondary education (high school, GED, colleges, and universities) attended. Do **not** include copies of transcripts unless requested. Add additional rows if necessary

School Name	Degree/Major	Degree Earned	Year Received

**Work Experience:**

Describe your work experience related specifically to the Request for Proposal to which you are responding.

Please list most recent job first. **To add work experience, copy the format below and add additional sheets as needed.**

Work Experience #:			
Job Title:			
From	To	Reason for Leaving:	Hours per week
Describe your duties and responsibilities as they relate to the Request for Proposal:			

**References:**

List 3 References below.

Reference 1
-------------

Name	Title	Organization
Address	Phone ( ) -	E-mail Address

Reference 2		
Name	Title	Organization
Address	Phone ( ) -	E-mail Address

Reference 3		
Name	Title	Organization
Address	Phone ( ) -	E-mail Address

**Candidate and Vendor Certification**

By submitting this data sheet to Medicaid, the Candidate and Vendor certify that, to the best of their knowledge and belief, all of the information on and attached to this data sheet is true, correct, complete, and made in good faith. The candidate further authorizes the release of all relevant prior employment, military service, academic/school, and criminal records. False or fraudulent information on or attached to this data sheet may be grounds for disqualifying a candidate or firing a candidate once work has begun. Any information provided to Medicaid may be investigated.

By submitting this data sheet to Medicaid, the Candidate and Vendor certify that both parties understand the entire scope of requirements for this position as defined in the RFP and the Candidate agrees to be submitted for consideration exclusively by this Vendor. Any candidate that is submitted by more than one Vendor for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the Vendor.

\_\_\_\_\_  
Authorized Vendor Signature

\_\_\_\_\_  
Date



## Sample Key Position Resume Sheet

**Vendor Organization:** Auburn University Montgomery  
**Key Position:** Technical Team – Communications Manager

**Candidate:**

Full Name: Jackson Hewlett M  
 Address Street: 6760 Happy Lane Circle City: Oklahoma State: OK Zip: 54671  
 U.S. Citizen  Non-U.S. Citizen Visa Status:  
 Status:  Employee  Self Employed  Subcontractor (Name: \_\_)  Other:

**Education:**

Mark highest level completed.	Some HS <input type="checkbox"/>	HS/GED <input type="checkbox"/>	Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input checked="" type="checkbox"/>	Doctoral <input type="checkbox"/>
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List most recent first, all secondary and post-secondary education (high school, GED, colleges, and universities) attended. Do **not** include copies of transcripts unless requested. Add additional rows if necessary

School Name	Degree/Major	Degree Earned	Year Received
Harvard University	Master Business Administration	Yes	2001
Yale University	Bachelor of Science in Information Technology	Yes	2000
Princeton University	Associate in Data Processing Technology	Yes	1997

**Work Experience:**

Describe your work experience related specifically to the Request for Proposal to which you are responding. Please list most recent job first. **To add work experience, copy the format below and add additional sheets as needed.**

Work Experience #: 1			
Job Title: Sr. SQL Administrator			
From 02/2001	To Present	Reason for Leaving:	Hours per week 40
Describe your duties and responsibilities as they relate to the Request for Proposal.			

Maintain and develop employee database, supply database, clientele databases, and administer programming for these databases, Keep all records up to date in hard copies and soft on a network. Keep general knowledge of network in order to coordinate employee computers. Keep clientele in a secure intranet database.

**Work Experience #: 2**

**Job Title: Software Application Engineer**

From 03/1995	To 01/2001	Reason for Leaving: New Job Opportunity	Hours per week 40
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Describe your duties and responsibilities as they relate to the Request for Proposal.

Designs, develops, debugs, modifies, and tests software programs by using current programming languages, methodologies and technologies.

Documents software development and/or test development by writing documents, reports, memos, change requests. Methods used are determined by approved procedures and standards

Tracks software development effort by creating and maintaining records in the approved tracking management tool.

Analyzes, evaluates, and verifies requirements, software and systems by using software engineering practices.

**References:**

List 3 References below.

Reference 1		
Name Bob Thornton	Title CEO	Organization Bob Thornton Enterprise
Address 3245 Grey Hat Drive	Phone (123) 456 - 7589	E-mail Address bob@greyhat.com

Reference 2		
Name Henry Ford	Title CEO	Organization Humpfrey Corp.
Address 234 Humpfrey St.	Phone (123) 456 - 7589	E-mail Address hford@humpfrey.com

Reference 3		
Name Jack Daniels	Title Software Director	Organization Red Brick Software Services

Address 987 Daniels Dr.	Phone (123) 456 - 7589	E-mail Address j@daniels.com
----------------------------	---------------------------	---------------------------------

---

Candidate and Vendor Certification

By submitting this data sheet to Medicaid, the Candidate and Vendor certify that, to the best of their knowledge and belief, all of the information on and attached to this data sheet is true, correct, complete, and made in good faith. The candidate further authorizes the release of all relevant prior employment, military service, academic/school, and criminal records. False or fraudulent information on or attached to this data sheet may be grounds for disqualifying a candidate or firing a candidate once work has begun. Any information provided to Medicaid may be investigated.

By submitting this data sheet to Medicaid, the Candidate and Vendor certify that both parties understand the entire scope of requirements for this position as defined in the RFP and the Candidate agrees to be submitted for consideration exclusively by this Vendor. Any candidate that is submitted by more than one Vendor for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the Vendor.

[SIGNATURE]

\_\_\_\_\_

Authorized Vendor Signature

*3/4/2010*

\_\_\_\_\_

Date

## Pricing Form

<b>A. DSH</b>						
<b>Staff Level</b>	<b>Estimated Hours</b>	<b>Year 1 – Hourly Rate</b>	<b>Year 2 – Hourly Rate</b>	<b>Year 3 – Hourly Rate</b>	<b>Year 4 – Hourly Rate</b>	<b>Year 5 – Hourly Rate</b>
Staff	500					
Senior	1250					
Manager	100					
Senior Manager	100					
Partner or Principal	100					
<b>TOTAL</b>	<b>2050</b>					

<b>B. Hospital UPL</b>						
<b>Staff Level</b>	<b>Estimated Hours</b>	<b>Year 1 – Hourly Rate</b>	<b>Year 2 – Hourly Rate</b>	<b>Year 3 – Hourly Rate</b>	<b>Year 4 – Hourly Rate</b>	<b>Year 5 – Hourly Rate</b>
Staff	40					
Senior	15					
Manager	10					
Senior Manager	10					
Partner or Principal	25					
<b>TOTAL</b>	<b>100</b>					

<b>C. Nursing Facility UPL</b>						
<b>Staff Level</b>	<b>Estimated Hours</b>	<b>Year 1 – Hourly Rate</b>	<b>Year 2 – Hourly Rate</b>	<b>Year 3 – Hourly Rate</b>	<b>Year 4 – Hourly Rate</b>	<b>Year 5 – Hourly Rate</b>
Staff	100					
Senior	70					
Manager	10					
Senior Manager	10					
Partner or Principal	10					
<b>TOTAL</b>	<b>200</b>					

<b>D. Other UPL</b>						
<b>Staff Level</b>	<b>Estimated Hours</b>	<b>Year 1 – Hourly Rate</b>	<b>Year 2 – Hourly Rate</b>	<b>Year 3 – Hourly Rate</b>	<b>Year 4 – Hourly Rate</b>	<b>Year 5 – Hourly Rate</b>
Staff	120					
Senior	80					
Manager	10					
Senior Manager	10					
Partner or Principal	10					
<b>TOTAL</b>	<b>230</b>					

<b>E. CMS 64</b>						
<b>Staff Level</b>	<b>Estimated Hours</b>	<b>Year 1 – Hourly Rate</b>	<b>Year 2 – Hourly Rate</b>	<b>Year 3 – Hourly Rate</b>	<b>Year 4 – Hourly Rate</b>	<b>Year 5 – Hourly Rate</b>
Staff	0					
Senior	50					
Manager	10					
Senior Manager	0					
Partner or Principal	0					
<b>TOTAL</b>	<b>60</b>					

<b>F. Other Consulting</b>						
<b>Staff Level</b>	<b>Estimated Hours</b>	<b>Year 1 – Hourly Rate</b>	<b>Year 2 – Hourly Rate</b>	<b>Year 3 – Hourly Rate</b>	<b>Year 4 – Hourly Rate</b>	<b>Year 5 – Hourly Rate</b>
Staff	300					
Senior	300					
Manager	150					
Senior Manager	150					
Partner or Principal	300					
<b>TOTAL</b>	<b>1200</b>					

<b>G. Total Engagement</b>					
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>TOTAL</b>					
<b>FINAL PRICE (TOTAL for years 1-5)</b>					

\_\_\_\_\_  
Authorized Vendor Signature

\_\_\_\_\_  
Date

## Appendix A: Proposal Compliance Checklist

### NOTICE TO VENDOR:

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

---

Contractor Name

---

Project Director

Review Date

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

<input checked="" type="checkbox"/> IF CORRECT	<b>BASIC PROPOSAL REQUIREMENTS</b>
<input type="checkbox"/>	1. Contractor's original proposal received on time at correct location.
<input type="checkbox"/>	2. Contractor submitted the specified copies of proposal and in electronic format.
<input type="checkbox"/>	3. The Proposal includes a completed and signed RFP Cover Sheet.
<input type="checkbox"/>	4. The Proposal is a complete and independent document, with no references to external documents or resources.
<input type="checkbox"/>	5. Contractor submitted signed acknowledgement of any and all addenda to RFP.
<input type="checkbox"/>	6. The Proposal includes written confirmation that the Contractor understands and shall comply with all of the provisions of the RFP.
<input type="checkbox"/>	7. The Proposal includes required client references (with all identifying information in specified format and order).
<input type="checkbox"/>	8. The Proposal includes a corporate background.
<input type="checkbox"/>	9. The Proposal includes a detailed description of the plan to perform External Quality Review activities for the AACS program as outlined in the request for proposal regarding each element listed in the scope of work.
<input type="checkbox"/>	10. Contractor must submit a statement that the Contractor has an understanding of and will comply with the terms and conditions as set out in the RFP. Additions or exceptions to the standard terms and conditions are not allowed.

	Any addition or exception to the terms and conditions are considered severed, null and void, and may result in the Contractor's bid being deemed non-responsive.
<input type="checkbox"/>	11. The response includes (if applicable) an Application of Registration or showing application has been made with the Secretary of State.
<input type="checkbox"/>	12. The response must include an E-Verify MOU with the Department of Homeland Security.

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

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

Sample Contract

*Attachment A:* Business Associate Addendum

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

*Attachment C:* Immigration Status

*Attachment D:* Disclosure Statement

*Attachment E:* Letter Regarding Reporting to Ethics Commission

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

*Attachment G:* Beason-Hammon Certificate of Compliance



CONTRACT

BETWEEN  
THE ALABAMA MEDICAID AGENCY  
AND

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

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

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

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

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

CONTRACTOR NAME

ALABAMA MEDICAID AGENCY

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

\_\_\_\_\_  
Contractor’s name here

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

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

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

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

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

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

APPROVED:

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

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

**ALABAMA MEDICAID AGENCY  
BUSINESS ASSOCIATE AGREEMENT**

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

**1. BACKGROUND**

**1.1.** Business Associate agrees to perform the following services for or on behalf of Covered Entity: [Enter a description below of the service(s) to be provided with sufficient detail to ensure clarity. Delete this parenthetical guidance from the document prior to execution.]

---

**1.2.** The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a “business associate” within the meaning of the HIPAA Rules (as defined below).

**1.3.** The Parties enter into this Business Associate Agreement with the intention of complying with the HIPAA Rules allowing a covered entity to disclose protected health information to a business associate, and allowing a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

**2. DEFINITIONS**

**2.1 General Definitions**

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

**2.2 Specific Definitions**

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

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

a. 2.2.3 HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164 of the Health Insurance Portability and Accountability Act of 1996, as amended “Required By Law” shall have the same meaning as the term “required by law” in 45 CFR 164.103.

by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, and the implementing regulations promulgated thereunder from time to time by the U.S. Department of Health and Human Services (HHS)

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

Business Associate agrees to the following:

- 3.1** Use or disclose PHI only as permitted or required by this Agreement or as Required by Law.
- 3.2** Use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement. Further, Business Associate will implement administrative, physical and technical safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity as required by Subpart C of 45 C.F.R. Part 164.
- 3.3** Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- 3.4** Report to Covered Entity within five (5) business days any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.
- 3.5** Ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information in accordance with 45 C.F.R. § 164.502(e)(1)(ii) and § 164.308(b)(2), if applicable.
- 3.6** Provide Covered Entity with access to PHI within thirty (30) business days of a written request from Covered Entity, in order to allow Covered Entity to meet its requirements under 45 C.F.R. § 164.524, access to PHI maintained by Business Associate in a Designated Record Set.
- 3.7** Make amendment(s) to PHI maintained by Business Associate in a Designated Record Set that Covered Entity directs or agrees to, pursuant to 45 C.F.R. § 164.526 at the written request of Covered Entity, within thirty (30) calendar days after receiving the request.
- 3.8** Make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, Covered Entity, available to Covered Entity or to the Secretary within five (5) business days after receipt of written notice or as designated by the Secretary for purposes of determining compliance with the HIPAA Rules.
- 3.9** Maintain and make available the information required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI as necessary to satisfy the Covered Entity's obligations under 45 C.F.R. § 164.528.
  - 3.1** Provide to the Covered Entity, within thirty (30) days of receipt of a written request from Covered Entity, the information required for Covered Entity to respond to a request by an Individual or an authorized representative for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.
  - 3.2** Maintain a comprehensive security program appropriate to the size and complexity of the Business Associate's operations and the nature and scope of its activities as defined in the Security Rule.

**3.3** Notify the Covered Entity within five (5) business days following the discovery of a breach of unsecured PHI on the part of the Vendor or any of its sub-Vendors, and

3.12.1 Provide the Covered Entity the following information:

3.12.1(a) The number of recipient records involved in the breach.

3.12.1(b) A description of what happened, including the date of the breach and the date of the discovery of the breach if known.

3.12.1(c) A description of the types of unsecure protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other type information were involved).

3.12.1(d) Any steps the individuals should take to protect themselves from potential harm resulting from the breach.

3.12.1(e) A description of what the Business Associate is doing to investigate the breach, to mitigate harm to individuals and to protect against any further breaches.

3.12.1(f) Contact procedures for individuals to ask questions or learn additional information, which shall include the Business Associate's toll-free number, email address, Web site, or postal address.

3.12.1(g) A proposed media release developed by the Business Associate.

3.12.2 Work with Covered Entity to ensure the necessary notices are provided to the recipient, prominent media outlet, or to report the breach to the Secretary of Health and Human Services (HHS) as required by 45 C.F.R. Part 164, Subpart D.;

3.12.3 Pay the costs of the notification for breaches that occur as a result of any act or failure to act on the part of any employee, officer, or agent of the Business Associate;

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

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

Except as otherwise limited in this Agreement, Business Associate may

**4.1.** Use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as agreed to, provided that such use or disclosure would not violate the Subpart E of 45 C.F.R. Part 164 if done by Covered Entity;

**4.2.** Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

**4.3.** Disclose PHI for the proper management and administration of the Business Associate, provided that:

4.3.1 Disclosures are Required by Law; or

4.3.2 Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

4.4 Use PHI to provide data aggregation services to Covered Entity as permitted by 42 C.F.R. § 164.504(e)(2)(i)(B).

## 5. REPORTING IMPROPER USE OR DISCLOSURE

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

5.1 Any use or disclosure of PHI not provided for by this agreement

5.2 Any Security Incident and/or breach of unsecured PHI

## 6. OBLIGATIONS OF COVERED ENTITY

The Covered Entity agrees to the following:

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

6.2 Notify the Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes may affect the Business Associate's use or disclosure of PHI.

6.3 Notify the Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.

6.4 Not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

6.5 Provide Business Associate with only that PHI which is minimally necessary for Business Associate to provide the services to which this agreement pertains.

## 7. TERM AND TERMINATION

7.1 **Term.** The Term of this Agreement shall be effective as of the effective date stated above and shall terminate when the Business Associate no longer provides agreed upon services to the Covered Entity.

7.2 **Termination for Cause.** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:

7.2.1 Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

7.2.2 Immediately terminate this Agreement; or

7.2.3 If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.

### **7.3 Effect of Termination.**

- 7.3.1 Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
- 7.3.2 In the event that Business Associate determines that the PHI is needed for its own management and administration or to carry out legal responsibilities, and returning or destroying the PHI is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall:
- 7.3.2(a) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
  - 7.3.2(b) Return to Covered Entity or, if agreed to by Covered Entity, destroy the remaining PHI that the Business Associate still maintains in any form;
  - 7.3.2(c) Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the PHI;
  - 7.3.2(d) Not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 4, "Permitted Uses and Disclosures" which applied prior to termination; and
  - 7.3.2(e) Return to Covered Entity or, if agreed to by Covered Entity, destroy the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

### **7.4 Survival**

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

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

- 8.1** Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the HIPAA Rules.
- 8.2** A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the services of the Business Associate.
- 8.3** The Parties agree to take such action as is necessary to amend this Agreement from time to time for Covered Entity to comply with the requirements of the HIPAA Rules.

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

**ALABAMA MEDICAID AGENCY**

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

Printed Name: Clay Gaddis

Title: Privacy Officer

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

**BUSINESS ASSOCIATE**

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

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

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

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

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

**CONTRACT REVIEW REPORT**

(Separate review report required for each contract)

Name of State Agency: Alabama Medicaid Agency

Name of Contractor: \_\_\_\_\_

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

Is Contractor a Sole Source? YES \_\_\_\_\_ NO \_\_\_\_\_

Is Contractor organized as an Alabama Entity in Alabama? YES \_\_\_\_\_ NO \_\_\_\_\_

Is Contractor a minority and/or woman-owned business? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, is Contractor certified as such by the State of Alabama? YES \_\_\_\_\_ NO \_\_\_\_\_

Check all that apply: ALDOT \_\_\_\_\_ ADECA \_\_\_\_\_ OTHER (Name) \_\_\_\_\_

Is Contractor Registered with Alabama Secretary of State to do Business as a Corporation in Alabama? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF LLC, GIVE NAMES OF MEMBERS:** \_\_\_\_\_

Is Act 2001-955 Disclosure Form Included with this Contract? YES X NO \_\_\_\_\_

Does Contractor have current member of Legislature or family member of Legislator employed? YES \_\_\_\_\_ NO \_\_\_\_\_

Was a Lobbyist/Consultant used to secure this contract OR affiliated with this Contractor? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, GIVE NAME:** \_\_\_\_\_

Contract Number: C \_\_\_\_\_ (See Fiscal Policies & Procedures Manual, Page 5-8)  
Contract/Amendment Amount: \$ \_\_\_\_\_ **(PUT AMOUNT YOU ARE ASKING FOR TODAY ONLY)**

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

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

Date Contract Effective: \_\_\_\_\_ Date Contract Ends: \_\_\_\_\_

Type of Contract: NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_ AMENDMENT: \_\_\_\_\_

If Renewal, was it originally Bid? YES \_\_\_\_\_ NO \_\_\_\_\_

If AMENDMENT, Complete A through C:

(A) **O ORIGINAL contract amount** \$ \_\_\_\_\_

(B) Amended total prior to this amendment \$ \_\_\_\_\_

(C) Amended total after this amendment \$ \_\_\_\_\_

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

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

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

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

Summary of Contract Services to be Provided: \_\_\_\_\_

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

*I certify that the above information is correct.*

\_\_\_\_\_  
Signature of Agency Head

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

\_\_\_\_\_  
Printed Name of Agency Head

\_\_\_\_\_  
Printed Name of Contractor

Agency Contact: Stephanie Lindsay Phone: (334) 242-5833

Revised: 8/2/17



**IMMIGRATION STATUS**

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

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

\_\_\_\_\_  
Witness



# State of Alabama Disclosure Statement

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

ENTITY COMPLETING FORM  
ADDRESS  
CITY, STATE, ZIP TELEPHONE NUMBER  
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama Medicaid Agency  
ADDRESS  
501 Dexter Avenue, Post Office Box 5624  
CITY, STATE, ZIP TELEPHONE NUMBER  
Montgomery, Alabama 36103-5624 (334)242-5833

This form is provided with:  
 Contract  Proposal  Request for Proposal  Invitation to Bid  Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?  
 Yes  No

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

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?  
 Yes  No

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

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

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

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

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

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

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

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

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

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS

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

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

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

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



Kay Ivey  
Governor

**Alabama Medicaid Agency**  
**501 Dexter Avenue**  
**P.O. Box 5624**  
**Montgomery, Alabama 36103-5624**  
**www.medicaid.alabama.gov**  
**e-mail: [almedicaid@medicaid.alabama.gov](mailto:almedicaid@medicaid.alabama.gov)**

Telecommunication for the Deaf: 1-800-253-0799  
334-242-5000 1-800-362-1504



STEPHANIE MCGEE AZAR  
Commissioner

MEMORANDUM

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

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

Please review your situation for applicability of this statute. The address of the Alabama Ethics Commission is:  
100 North Union Street  
RSA Union Bldg.  
Montgomery, Alabama 36104

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

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

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

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

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

1. By signing and submitting this contract, the prospective lower tier participant is providing the certification set out therein.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Alabama Medicaid Agency (the Agency) may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the Agency if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, and voluntarily excluded, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this contract is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this contract that, should the contract be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this contract that it will include this certification clause without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Agency may pursue available remedies, including suspension and/or debarment.

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

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

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

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

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

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

1. The undersigned holds the position of \_\_\_\_\_ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".

2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

**BUSINESS ENTITY.** Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

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

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

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

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

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

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

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

Its \_\_\_\_\_

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

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

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



## State of Alabama Solicitation

<b>Solicitation</b> RFP 062 19000000093	<b>Document Phase</b> Final	<b>Document Description</b> Accounting, Auditing and Consulting Services RFP2019-AACS-01
<b>Procurement Folder</b> 952901	<b>Creation Date</b> 09/20/19	<b>Print Date</b> 09/20/19

## Request for Proposals

### CONTACTS

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

**Bids will be accepted from:** 09/20/19  
to: 10/11/19

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

### COMMODITY INFORMATION

<b>Group:</b> 1	<b>Line:</b> 1	<b>Line Type:</b> Service
<b>Commodity Code:</b> PRF13000029		<b>Quantity:</b>
<b>Commodity Description:</b> AUDITING SERVICES		<b>Unit:</b>
<b>Extended Description:</b>		
AUDITING SERVICES		

### SHIPPING AND BILLING

#### Shipping

Medicaid Headquarters Shipping  
501 Dexter Avenue  
Montgomery, AL 36104

**Delivery Date:**

#### Billing

Medicaid Headquarters Billing  
501 Dexter Avenue  
Montgomery, AL 36104

**Delivery Type:**

### COMMODITY INFORMATION

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

**SHIPPING AND BILLING**

**Shipping**

Medicaid Headquarters Shipping  
501 Dexter Avenue  
Montgomery, AL 36104

**Delivery Date:**

**Billing**

Medicaid Headquarters Billing  
501 Dexter Avenue  
Montgomery, AL 36104

**Delivery Type:**

**COMMODITY INFORMATION**

**Group:** 1

**Line:** 3

**Line Type:** Service

**Commodity Code:** PRF13000001

**Quantity:**

**Commodity Description:** FINANCIAL SERVICES

**Unit:**

**Extended Description:**

FINANCIAL SERVICES

**SHIPPING AND BILLING**

**Shipping**

Medicaid Headquarters Shipping  
501 Dexter Avenue  
Montgomery, AL 36104

**Delivery Date:**

**Billing**

Medicaid Headquarters Billing  
501 Dexter Avenue  
Montgomery, AL 36104

**Delivery Type:**



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GENERAL TERMS AND CONDITIONS FOR RFP FOR SERVICES v 7-9-15 rhc edit 7-28-15

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

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

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

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

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

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

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

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

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

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

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the Disclosure Statement, and information, may be downloaded from the State of Alabama Attorney General's web site at <http://ago.alabama.gov/Page-Vendor-Disclosure-Statement-Information-and-Instructions>.

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

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

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

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

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

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

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

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**ATTENTION:** Alabama Medicaid intends to post the AACS Services RFP specifications document by the close of business on 10/11/2019, to the Alabama Medicaid website at:

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

All questions concerning this RFP must be directed to:

[AACSRFP@medicaid.alabama.gov](mailto:AACSRFP@medicaid.alabama.gov)

**RFP # 2019-AACS-01**  
**State of Alabama Medicaid**  
**Accounting, Auditing, and Consulting Services**  
**Contractor Questions and Medicaid Answers**  
**10/07/2019**

<b>Question ID:</b>	1
<b>Date Question Asked:</b>	9/24/19
<b>Question:</b>	Who is your current vendor?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	The current vendor is Myers and Stauffer.
<b>Question ID:</b>	2
<b>Date Question Asked:</b>	9/24/2019
<b>Question:</b>	How long has this vendor provided these services?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	The current vendor has provided these services for 5+ years.
<b>Question ID:</b>	3
<b>Date Question Asked:</b>	9/24/2019
<b>Question:</b>	What is the pricing per hour for your current vendor's services?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	Medicaid will not provide this information through the procurement process.
<b>Question ID:</b>	4
<b>Date Question Asked:</b>	9/24/2019
<b>Question:</b>	Why would you consider changing vendors?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	State of Alabama Law to rebid every 5 year.
<b>Question ID:</b>	5

<b>Date Question Asked:</b>	9/24/2019
<b>Question:</b>	What is you annual budget for this project?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	Medicaid will not provide this information.
<b>Question ID:</b>	6
<b>Date Question Asked:</b>	9/24/2019
<b>Question:</b>	What firm performs the Disproportionate Share Audit?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	The Disproportionate Share Audit vendor is Berry Dunn.
<b>Question ID:</b>	7
<b>Date Question Asked:</b>	9/24/2019
<b>Question:</b>	What are the hourly rates for your DSH audits by position?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	Medicaid will not provide this information through the procurement process.
<b>Question ID:</b>	8
<b>Date Question Asked:</b>	9/24/2019
<b>Question:</b>	Is subcontracting allowed??
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	Yes, subcontracting is allowed and will be evaluated. This is not the preferred method and compliance with Section VIII.5 is still required.
<b>Question ID:</b>	9
<b>Date Question Asked:</b>	9/24/2019
<b>Question:</b>	Please provide a copy of the most recent contract to provide the accounting and consulting services.
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	The previous RFP can be found at the following location:  <a href="https://medicaid.alabama.gov/content/2.0_Newsroom/2.4.1_Procurement_Archive/2.4.1.4_2014.aspx">https://medicaid.alabama.gov/content/2.0_Newsroom/2.4.1_Procurement_Archive/2.4.1.4_2014.aspx</a>
<b>Question ID:</b>	10
<b>Date Question Asked:</b>	9/24/19

<b>Question:</b>	If possible, please disclose the fees paid to the current vendor for the previous Medicaid plan year. Additionally, if possible, it would be helpful if AMA could disclose the projects completed by the current vendor and the total number of hours worked / paid. Given that the RFP is somewhat open-ended with respect to the potential projects that may be requested, we would need a listing of likely projects / time in order to provide the most accurate scoping and quote.
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Medicaid Answer:</b>	RFP provider estimated hours by project. The Vendor must provide hour rates.