



TEXAS

Health and Human Services

Cecile E. Young, Executive Commissioner

Request for Proposals (RFP)
for
STAR Health Managed Care Services
RFP No. HHS0010427

Date of Release: October 25, 2021
Responses Due: December 28, 2021 by 10:30 a.m. Central Time

958-56 Health Care Management Services, Including Managed Care Services
915-20 Call Center Services
948-07 Administration Services, Health

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ARTICLE I. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

On April 1, 2008, HHSC launched the STAR Health Program as the first comprehensive health and medical network for children and young adults who are in the State of Texas' foster care system. The goal of STAR Health is to give each of these children and young adults Covered Services that are coordinated, comprehensive, easy to access and uninterrupted when the child moves.

Children and youth in foster care have significant healthcare needs. Up to 80% of children come into foster care with at least one healthcare related problem; 33% of children come into foster care with a chronic medical condition; and up to 80% of children and adolescents enter with a significant mental health condition. Members in the STAR Health Program may have health problems associated with poverty, such as low birth weight and malnutrition. They are also at risk for conditions associated with caregiver neglect, physical or sexual abuse, caregiver substance use or mental illness, and the separation and loss associated with out-of-home care.

The American Academy of Pediatrics recommends children and youth in conservatorship see medical professionals early and often. In 2017, the Texas Legislature required children in foster care to receive a medical screening exam within three (3) Business Days of entering conservatorship.

While they may have multiple and complex medical, physical health, Behavioral Health (BH), and developmental needs, Members also have the typical health needs of all children. Such needs include routine well-child healthcare, immunizations, developmental surveillance, and the treatment of acute childhood illnesses.

The STAR Health Program addresses the healthcare needs of children and young adults in foster care and beyond by delivering integrated physical and BH Services, centralized Service Coordination, and effectively managed healthcare data and information.

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

1.1.1 Scope of Work

The Scope of Work is found in **Exhibit H, STAR Health Scope of Work (SOW)**.

1.1.2 Contract Award, Term, and Historical Compensation

1.1.2.1 Contract Award and Execution

HHSC intends to award one (1) Contract as a result of this Solicitation. Any award is contingent upon approval of the HHSC executive commissioner or their designee.

If, for any reason, a final Contract cannot be executed with a Respondent selected for award within sixty (60) Days of HHSC determination to seek to contract with that Respondent, HHSC may negotiate a Contract with another Respondent in accordance with **Article III** or may withdraw or modify this Solicitation.

1.1.2.2 Contract Term

- a. The initial term of any Contract resulting from this Solicitation will be six (6) years. HHSC, at its sole option, may extend or renew the resulting Contract for a maximum of three (3) periods of two (2) years each. Except as provided in **Subsection(b)**, the maximum Contract term, including the initial Contract term and allowable renewals or extensions, is twelve (12) years.
- b. Following the initial Contract term and allowable extensions and renewals, HHSC may, if authorized by applicable law, extend the resulting Contract to address immediate operational or service delivery needs. A Contract extension under this section is subject to all requirements and limitations as may be provided under applicable law.

1.1.2.3 Historical Compensation

The total annual compensation under a prior contract resulting from a STAR Health solicitation was approximately \$361,000,000.

1.1.3 No Guarantee of Volume, Usage, or Compensation

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

HHSC reserves the right to cancel or decline to award a Contract under this Solicitation at any time at its sole discretion.

1.2 DEFINITIONS

Refer to **Exhibit A, STAR Health Uniform Terms and Conditions v. 1.0**; **Exhibit B, Texas Medicaid and CHIP - Uniform Managed Care Manual (UMCM)**; and **Exhibit H, STAR Health Scope of Work (SOW)** for additional definitions.

As used in this Solicitation, unless a different definition is specified, or the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

“**Addendum**” means a written clarification or revision to this Solicitation issued by HHSC PCS and posted to the ESBD.

“**Advancement Criteria**” means the criteria advertised in the Solicitation by which a Respondent may advance to the next phase of evaluation.

“**Award Consideration (AC) Documents**” means the documents Respondent must submit as part of the Proposal to be considered for negotiations or award.

“**Best Value Evaluation Criteria**” means the criteria against which all responses to the Technical Questions, and any Oral Presentation, will be measured; may also be referred to as “**Best Value Criteria**” and “**BVC**.”

“**Competitive Range**” has the same meaning as the definition under Title 1 of the Texas Administrative Code Part 15, Chapter 391, Subchapter A, Rule [§391.107](#).

“Consensus Scoring Meeting” means the process whereby the HHSC evaluation team members meet to collectively discuss Technical Question or Oral Presentation responses, select a score, and justify their decision.

“DFPS” means the Department of Family and Protective Services.

“DSHS” means the Department of State Health Services.

“ESBD” means the Electronic State Business Daily, the electronic marketplace where State of Texas bid opportunities over \$25,000 are posted. The ESBD may currently be accessed at <http://www.txsmartbuy.com/esbd>.

“Final Weighted Score” means the combination of the Weighted Technical Question Score and the Weighted Oral Presentation Score.

“HHSC” means the Health and Human Services Commission.

“HHSC PCS” means Procurement and Contracting Services (PCS), a division of HHSC.

“HUB” has the same meaning as the definition in **Exhibit A, STAR Health Uniform Terms and Conditions v. 1.0**.

“HUB Subcontracting Plan” or “HSP” means written documentation regarding the use of subcontractors, which is required to be submitted with all responses to state agency contracts with an expected value of \$100,000 or more where the state agency has determined subcontracting opportunities are probable. The HSP subsequently becomes a provision of the awarded Contract and shall be monitored for compliance by the state agency during the term of the Contract.

“Oral Presentation” means a secondary evaluation method following the evaluation of the written responses. The method is utilized for the purpose of distinguishing between Respondents in the Competitive Range.

“Oral Presentation Score” means the 0-5 score provided for each scenario following the evaluation of the Respondent’s Oral Presentation as described by **Section 3.1.3.4 (Oral Presentations)** and conducted in accordance with the criteria in **Section 3.1.5 (Oral Presentation Criteria)** and **Exhibit P, Scoring Guide**.

“Points” means the unit of measurement for the Weighted Technical Question Score and the Weighted Oral Presentation Score, as provided by **Exhibit N-1, Evaluation Tool and Sample Scoring Example**.

“Proposal” means the entire written response to the Technical Questions and all documents listed in **Section 2.5.4 (Submission Checklist)**.

“Respondent” means the individual or entity responding to this Solicitation.

“Sole Point of Contact” means the person listed in **Section 2.3.1**.

“Solicitation” means this RFP including all exhibits, attachments, forms, and Addenda, if any.

“**Solicitation Consideration (SC) Documents**” means the documents that must be submitted by Respondent as part of the Proposal in order to be considered for evaluation and cannot be resubmitted or have errors remedied after the submission due date and time in **Section 2.1 (Schedule of Events)** has passed.

“**State**” means the State of Texas and its instrumentalities, including HHSC, and any other state agency, its officers, employees, or authorized agents.

“**Technical Questions**” means the questions in **Article IV** which will be used to assess the Respondent’s ability to meet the **Best Value Evaluation Criteria** in **Section 3.1.4**.

“**Technical Question Score**” means the 0-5 score from the evaluation of the **Technical Questions (Article IV)** as described by **Section 3.1.3.2 (Proposal Evaluation)** and conducted in accordance with the criteria in **Section 3.1.4 (Best Value Evaluation Criteria)** and **Exhibit P, Scoring Guide**.

“**VPTS**” means Vendor Performance Tracking System, as defined under Section [2262.055](#) of the Texas Government Code and Title 34 of the Texas Administrative Code Part 1, Chapter 20, Subchapter B, Division 2, Rule [§20.115](#) and Subchapter F, Division 2, Rule [§20.509](#).

“**Weighted Oral Presentation Score**” means the sum of the number of Points earned by a Respondent based on the Oral Presentation Score received for each scenario, in accordance with **Exhibit P, Scoring Guide**, and the Points available for each scenario in **Exhibit N-1, Evaluation Tool and Sample Scoring Example**.

“**Weighted Technical Question Score**” means the sum of the number of Points earned by a Respondent based on the Technical Question Score received for each Technical Question, in accordance with **Exhibit P, Scoring Guide**, and the Points available for each Technical Question in **Exhibit N-1, Evaluation Tool and Sample Scoring Example**.

1.3 AUTHORITY

HHSC is soliciting the services stated in this Solicitation through its authority under the Texas Government Code Chapters 531, 533, and 536 and Section 2155.144.

ARTICLE II. ADMINISTRATIVE INFORMATION

2.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Posting Date to ESB	October 25, 2021
Pre-proposal Conference (Section 2.3.5, Pre-Proposal Conference)	NOVEMBER 10, 2021 AT 12:00 PM – 4:00 PM CENTRAL TIME
Deadline for Submitting Questions or Requests for Clarification (Section 2.3.4, Solicitation Questions)	NOVEMBER 18, 2021 at 10:30 AM Central Time
Tentative Date Responses to Questions or Requests for Clarification Posted on ESB	DECEMBER 8, 2021
Deadline for courtesy HSP review (Section 5.2, HUB Subcontracting Plan)	DECEMBER 10, 2021 at 10:30 AM Central Time
Deadline for Submission of Proposals <i>Proposals must be <u>RECEIVED</u> by HHSC by the deadline</i> (Section 2.5, Proposal Submission and Delivery)	December 28, 2021 at 10:30 AM Central Time
Evaluation Period (Section 3.1.3, Selection Methodology)	January – March 2022
Respondent Oral Presentation (Section 3.1.3.4, Oral Presentations)	March 2022
Anticipated Notice of Award	June 2022
Anticipated Contract Start Date	August 2022

Respondents must submit their Proposals to HHSC in accordance with the due date and time indicated in this Schedule of Events or as changed via an Addendum posted to the ESB.

NOTE: All dates are tentative and HHSC reserves the right to modify these dates at any time. At the sole discretion of HHSC, events listed in the Schedule of Events are subject to scheduling changes and cancellation. Scheduling changes or cancellation determinations made prior to the Deadline for Submission will be published by posting an Addendum to the ESB. After the Deadline for Submission, if there are delays that significantly impact

the anticipated award date, HHSC, at its sole discretion, may post updates regarding the anticipated award date to the [Procurement Forecast](#) on the HHS [Procurement Opportunities](#) web page. Each Respondent is responsible for checking the ESD and [Procurement Forecast](#) for updates.

By submitting a Proposal, Respondent represents and warrants that any individual submitting the Proposal and any related documents on behalf of the Respondent is authorized to do so and to bind the Respondent under any Contract that may result from this Solicitation.

2.2 **AMBIGUITY, CONFLICT, OR DISCREPANCY**

Respondent must notify the Sole Point of Contact (**Section 2.3.1**) of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in the Solicitation in the manner and by the deadline described in **Section 2.3.4 (Solicitation Questions)**.

Each Respondent submits a Proposal at its own risk.

If Respondent fails to properly and timely notify the Sole Point of Contact identified in **Section 2.3.1** of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in the Solicitation, the Respondent, whether awarded a Contract or not:

- a. Waives any claim of error or ambiguity in the Solicitation and any resulting Contract;
- b. Must not contest the interpretation by HHSC of such provision(s); and
- c. Is not entitled to additional compensation, relief, or time by reason of ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error or its later correction.

2.3 **INQUIRIES**

2.3.1 **Sole Point of Contact**

All requests, questions, or other communication about this Solicitation shall be made in writing to HHSC PCS addressed to the person listed below (Sole Point of Contact). Additionally, a phone number is provided for purposes such as instructing a potential Respondent through an IT system or website referenced in this Solicitation. Communications via telephone are not binding.

Name	Tomasz Gozdalski, CTCD
Title	PCS Purchaser
Address	1100 W. 49 th Street, MC 2020, Austin, TX 78756
Phone	512-406-2492
E-mail	Tomasz.Gozdalski@hhs.texas.gov

See also **Section 2.3.3 (Exception to Sole Point of Contact)** below.

2.3.2 Prohibited Communication

Except as provided in **Sections 2.3.1** and **2.3.3**, Respondents are prohibited from any communication with HHSC regarding the Solicitation. HHSC and its representative(s), will not otherwise discuss the contents of this Solicitation with any potential Respondent or its representative(s). Attempts to ask questions by phone or in person will not be allowed or recognized as valid. Respondent shall rely only on written statements issued by or through HHSC PCS as provided by **Section 2.3 (Inquiries)**. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these restrictions may result in disqualification of Respondent's Proposal.**

2.3.3 Exception to Sole Point of Contact

Exceptions to **Section 2.3.1 (Sole Point of Contact)** are as follows:

- a. Respondents with questions relating to the HUB Subcontracting Plan are permitted to direct those questions to the HUB coordinator at Bob.McCurdy@hhs.texas.gov; and
- b. Where it is expressly directed by the Sole Point of Contact that another designated HHSC representative may speak to the Respondent, such as during Contract negotiations. Respondents are required to ensure that communications have been authorized by the Sole Point of Contact before engaging in such communication. **Failure to comply with this requirement may result in the disqualification of a Respondent's Proposal.**

2.3.4 Solicitation Questions

HHSC allows for the submission of written questions (including requests for clarification) regarding this Solicitation. Questions must be submitted by e-mail to the Sole Point of Contact (**Section 2.3.1**) by the deadline established in **Section 2.1 (Schedule of Events)**. Responses to written questions will be consolidated and posted to the ESBD and will not be provided individually to requestors.

HHSC reserves the right to amend answers previously posted, prior to the Proposal deadline in **Section 2.1 (Schedule of Events)**. Amended answers will be posted on the ESBD. It is the Respondent's responsibility to check the ESBD. Only answers posted to the ESBD are binding.

All questions must include the following information:

- a. Solicitation number;
- b. Solicitation reference (e.g., page number, section, and where applicable, the exhibit or procurement library document title);
- c. Question topic (e.g., "Schedule of Events" or "Technical Question # _");
- d. The question the Respondent would like HHSC to address; and
- e. Contact information, including:

1. Company name;
2. Name of company's representative;
3. Contact phone number for representative; and
4. E-mail address for representative.

Questions received after the deadline in **Section 2.1 (Schedule of Events)** may be reviewed by HHSC but may not be answered. Only answers to questions submitted to the Sole Point of Contact in writing, in accordance with this section, are binding.

2.3.5 Pre-Proposal Conference

HHSC PCS will conduct a pre-proposal conference. Attendance is optional but highly recommended as the pre-proposal conference will include the training on the proper completion of the HUB Subcontracting Plan. See **Section 5.2 (HUB Subcontracting Plan)**.

In-person attendees are required to sign an attendance log prior to leaving the pre-proposal conference. Attendees to virtual pre-proposal conferences are required to send an e-mail to the Sole Point of Contact (**Section 2.3.1**), advising of participation in the pre-proposal conference. The attendee's e-mail must provide the following regardless of whether the pre-proposal conference is in-person or virtual:

- a. The legal business entity name which will be used if submitting a proposal;
- b. The name of each representative on the call; and
- c. The e-mail address for the entity's point of contact.

2.3.5.1 Conference Logistical Information

HHSC PCS will hold the pre-proposal conference in-person and via Microsoft Teams, on the date and time set out in **Section 2.1 (Schedule of Events)**.

People with disabilities who wish to attend the pre-proposal conference and require auxiliary aids or accessibility services should contact the Sole Point of Contact (**Section 2.3.1**) at least seventy-two (72) hours before the pre-proposal conference so appropriate arrangements can be made.

Location of the pre-proposal conference:

North Austin Complex
4601 Guadalupe St.
Room 1.401
Austin, Texas, 78751

[Provide any additional access information such as identification required, floor numbers, parking information etc.]

Pre-proposal Microsoft Teams Information:

HHSC will simultaneously broadcast the pre-proposal conference via Microsoft Teams at the date and time listed in **Section 2.1 (Schedule of Events)**.

Participants who will participate in the pre-proposal conference virtually must register for the pre-proposal conference via Microsoft Teams prior to the event according to **Section 2.3.5 (Pre-proposal Conference)**. After registration, participants will receive another e-mail with the link to the Microsoft Teams pre-proposal conference meeting.

By telephone:

Participants who will participate in the pre-proposal conference virtually call-in to the pre-proposal conference using the information below and use a telephone as the speaker and microphone when attending the pre-proposal conference via Microsoft Teams.

United States: +1 (512) 580-4366

Pre-proposal conference phone ID: To be provided to registered participants via e-mail.

2.3.5.2 Questions at Pre-Proposal Conference

- a. Reference **Section 2.3.4 (Solicitation Questions)** for the required format and information to be provided for submission of questions and requests for clarification.
- b. Attendees may submit questions in writing at the pre-proposal conference. All questions must be in the required format and include the participant information as referenced in **Section 2.3.4 (Solicitation Questions)**. Questions submitted in-person must be submitted on the provided index cards during the pre-proposal conference. Questions submitted while attending the pre-proposal conference via Microsoft Teams must be submitted via e-mail to the Sole Point of Contact (**Section 2.3.1**).
- c. During the pre-proposal conference, HHSC may provide verbal responses to questions, but only written responses posted by HHSC PCS as an Addendum to the Solicitation on the ESBDD will be considered binding.
- d. HHSC reserves the right to amend, prior to the Proposal deadline, answers previously posted. Amended answers will be posted on the ESBDD.
- e. Except for the Sole Point of Contact, conversations with HHSC staff **before or after the pre-proposal conference** are prohibited.

2.4 PROPOSAL COMPOSITION REQUIREMENTS

2.4.1 General Information

Failure to submit all Proposal documents in the required format(s) may result in disqualification of the Proposal without further consideration, see **Section 2.5.4 (Submission Checklist)**. Respondent shall prepare a Proposal that clearly and concisely represents its qualifications and capabilities. Colored displays, promotional materials, etc.

are not necessary or desired. Respondent should focus on the instructions and requirements of the Solicitation.

2.4.2 Page Limits and Supporting Documentation

The number of pages for the responses to the Technical Questions must not exceed the page limitations specified in **Section 4.2 (Technical Questions)**. All documents submitted with the Proposal, including the Technical Questions, should be formatted for 8 ½" x 11" paper with 1-inch margins and typed in Times New Roman, 12-point font. All pages must be numbered.

2.4.3 Discrepancies

In the event of any discrepancies or variations between copies, HHSC is under no obligation to resolve the inconsistencies and may make its scoring and selection decisions accordingly, including the decision to potentially disqualify a Proposal. If Respondent is required to designate an "Original Proposal," but fails to do so, HHSC, in its sole discretion, will determine the unredacted version to be used as the "Original Proposal" or may disqualify the Proposal (see **Section 6.1.5, Public Information Act – Respondent Requirements Regarding Disclosure** regarding redacted Public Information Act copies). If the Respondent submits a redacted Proposal as the "Original Proposal," HHSC will disqualify the Proposal and it will not be evaluated. HHSC will not accept submissions after the "Deadline for Submission of Proposals" in the **Schedule of Events (Section 2.1)** to remedy discrepancies or variations in Proposal submissions.

2.4.4 Exceptions

Respondents are highly encouraged, in lieu of including exceptions in their Proposals, to address all issues that might be advanced by way of exception by submitting such issues as questions or requests for clarification pursuant to **Section 2.3.4 (Solicitation Questions)**.

Any exception included in a Proposal may result in a Respondent not being awarded a Contract. If a Respondent includes exceptions in its Proposal, Respondent is required to use the **Exceptions Form** included as **Exhibit L** to this Solicitation and provide all information requested on the form. Any exception that does not provide all required information in the format set forth in **Exhibit L, Exceptions Form**, may be rejected without consideration.

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

2.4.5 Assumptions

Respondent must identify on the **Assumptions Form** included as **Exhibit M** any business, economic, legal, programmatic, or practical assumptions that underlie the Respondent's response to the Solicitation. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated in writing by HHSC into any Contract resulting from this RFP are deemed rejected by HHSC.

2.4.6 Binding Offer

A Proposal should be responsive to the Solicitation as worded and without any assumption that any or all terms, conditions, or provisions of the Solicitation will be negotiated. Furthermore, all Proposals constitute binding offers. **Any Proposal that includes any type of disclaimer or other statement indicating that the response does not constitute a binding offer will be disqualified.**

If a Respondent's ability to enter into a Contract is contingent upon any exception or assumption provided in accordance with **Section 2.4.4 (Exceptions)** or **Section 2.4.5 (Assumptions)**, the Respondent may be disqualified from further consideration for Contract award.

By submitting a Proposal, Respondent grants HHSC the right to ask questions, request clarifications and to obtain any information from any lawful source regarding the past history, practices, conduct, ability and eligibility of the Respondent to fulfill requirements under this RFP, and the past history, practices, conduct, ability and eligibility of any director, officer, or key employee of the Respondent. Such information may be taken into consideration in evaluating the Proposal. By submitting a Proposal, the Respondent releases from liability and waives all claims against any party providing information about the Respondent at the request of HHSC.

2.4.7 Modifications and Withdrawals

Prior to the Proposal submission deadline in **Section 2.1 (Schedule of Events)**, Respondent may: (1) withdraw its Proposal by submitting a written request via e-mail to the Sole Point of Contact (**Section 2.3.1**); or (2) modify its Proposal by submitting a written amendment to the Sole Point of Contact (**Section 2.3.1**). The Respondent must reference the section(s) of its submission that will be replaced by the amendment or removed by written request.

2.5 PROPOSAL SUBMISSION AND DELIVERY

2.5.1 Deadline

Proposals must be received at the address in **Section 2.5.3 (Labeling and Delivery)** and time-stamped shipping box or package by HHSC PCS no later than the date and time specified for the "Deadline of Submission of Proposals" in **Section 2.1 (Schedule of Events)**.

Late submittals will not be accepted.

2.5.2 Submission Instructions

Respondent shall submit two (2) USB drives – one (1) labeled "Original Submission" and one (1) labeled "Copy of Submission" – containing the following documents:

- a. Each USB drive must contain one file named "Original Proposal" that contains the Respondent's entire Proposal (see **Section 2.5.4, Submission Checklist**) in searchable portable document format (PDF).
- b. In accordance with **Section 6.1.5 (Public Information Act – Respondent Requirements Regarding Disclosure)**, each USB must contain one (1) file named

“Public Information Act Copy” that contains the Respondent’s entire Proposal in searchable PDF, if applicable.

- c. In accordance with Section 5.2 (HUB Subcontracting Plan), each USB must contain one (1) file named “HUB Subcontracting Plan” in searchable PDF, that contains the Respondent’s HUB Subcontracting Plan and all supporting documentation.

2.5.3 Labeling and Delivery

Respondent must deliver Proposals submitted via USB drive(s) in a shipping box or package by one of the methods below.

U.S. Postal Service	Overnight/Express Mail	Hand Delivery
Health and Human Services Commission ATTN: Bid Room / Response Coordinator (MC 2020 P.O. Box 149166 Austin, Texas 78714	Health and Human Services Commission ATTN: Bid Room / Response Coordinator (MC 2020) 1100 W. 49th St., MC 2020 Austin, Texas 78756	Health and Human Services Commission ATTN: Bid Room / Response Coordinator (MC 2020) 1100 W. 49th St., MC 2020 Austin, Texas 78756

BE ADVISED, all Proposals become the property of HHSC after submission and will not be returned to Respondent. It is Respondent’s responsibility to appropriately mark and deliver the Proposal to HHSC by the specified date. A U.S. Postal Service (USPS) postmark or round validation stamp; a mail receipt with the date of mailing, stamped by the USPS; a dated shipping label, invoice of receipt from a commercial carrier; or any other documentation in lieu of the on-site time stamp WILL NOT be accepted.

Each Respondent is solely responsible for ensuring its Proposal is submitted in accordance with all Solicitation requirements, including, but not limited to, proper labeling of packages, sufficient postage or delivery fees, and ensuring timely receipt by HHSC. **In no event will HHSC be responsible or liable for any delay or error in delivery. Proposal must be received by HHSC by the Proposal deadline identified in Section 2.1 (Schedule of Events).**

Proposals submitted via USB drive(s) by mail or hand delivery shall be placed in a sealed package. The sealed package as well as the USB drive(s) shall be clearly labeled on the outside as follows:

Solicitation No:	HHS0010427
Solicitation Name:	STAR Health Managed Care Services
Proposal Deadline:	December 28, 2021 at 10:30 AM Central Time
Purchaser Name:	Tomasz Gozdalski, CTCD
Respondent Name:	[Respondent Name]

It is Respondent’s sole responsibility to ensure that packaging is sufficient to prevent damage to contents. HHSC is not responsible or liable for any damage, and damaged Proposals will not be considered at HHSC’s sole discretion.

HHSC is not responsible for any Proposal that is mishandled prior to receipt by HHSC. It is the Respondent’s sole responsibility to appropriately label and deliver the Proposal to

HHSC by the specified date and time. HHSC is not responsible for late delivery, inappropriately identified documents, or other submission errors that may lead to disqualification or nonreceipt of the Respondent’s Proposal.

2.5.4 Submission Checklist

Solicitation Consideration and Award Consideration Documents, reference **Section 1.2 (Definitions)**, must be submitted by the deadline for Proposal submissions in **Section 2.1 (Schedule of Events)**. Solicitation Consideration Documents will be reviewed as-is, without any opportunity to remedy missed requirements. HHSC, at its sole discretion, may request some or all of the Respondents to remedy missing elements of Award Consideration Documents.

The Proposal must be submitted using the approved method identified in **Section 2.5.2 (Submission Instructions)** and labeled and delivered in accordance with **Section 2.5.3 (Labeling and Delivery)**. **Proposals submitted through any other method will not be accepted or considered for evaluation.** The subsections below set out all the required documents that make up the Proposal. Those documents marked “SC” are Solicitation Consideration Documents and those marked “AC” are Award Consideration Documents (see **Section 1.2, Definitions**) and include the following:

Required Proposal Documents				
a.	Executive Summary	(Section 4.1)	SC	_____
b.	Technical Question Responses	(Section 4.2)	SC	_____
c.	HHS Solicitation Affirmations	(Section 5.1 and Exhibit I)	SC	_____
d.	HUB Subcontracting Plan	(Section 5.2 and Exhibit G)	SC	_____
e.	Authorization to Conduct Business in Texas	(Section 5.3)	SC	_____
f.	Exceptions (if applicable)	(Section 2.4.4 and Exhibit L)	AC	_____
g.	Assumptions (if applicable)	(Section 2.4.5 and Exhibit M)	AC	_____
h.	Supporting Documentation for Mandatory Contract Eligibility (if applicable)	(Section 3.1.2)	AC	_____

i.	Assurances – Non-Construction Programs	(Section 5.1 and Exhibit J)	AC	_____
j.	Certification Regarding Lobbying	(Section 5.1 and Exhibit K)	AC	_____
k.	Company Profile	(Section 5.4)	AC	_____
l.	Required Financial Information	(Section 5.5)	AC	_____
m.	Key Personnel	(Section 5.6)	AC	_____

ARTICLE III. PROPOSAL EVALUATION AND AWARD PROCESS

3.1 EVALUATION CRITERIA

3.1.1 Conformance with State Law

Proposals shall be evaluated in accordance with State law, including, but not limited to, applicable provisions of Chapters 533, 536, and 2155 of the Texas Government Code. HHSC will also review the reports available in the VPTS for each responsive Respondent as required by Texas Government Code Section [2262.055\(d\)](#). HHSC shall make an award to the Respondent that, in HHSC's sole determination, provides the best value to the State of Texas as set out in this Solicitation.

3.1.2 Mandatory Contracts

If Respondent asserts that it qualifies under Texas Government Code Section 533.004, then Respondent must include in its Response, supporting documentation (e.g., organization charter, city ordinance, commissioners court order) that evidences its eligibility under Section 533.004(a). Respondents claiming eligibility under Section 533.004(a)(1) must provide a certificate of fact (or similar document) showing Respondent is "wholly owned and operated by a hospital district in that region." Respondents claiming eligibility under Section 533.004(a)(2) must provide a copy of the "contract, agreement, or other arrangement with a hospital district in that region or with a municipality in that region that owns a hospital licensed under Chapter 241, Health and Safety Code." Respondents claiming eligibility under Section 533.004(a)(3) must provide a copy of the "contract, agreement, or other arrangement with a hospital district in that region."

3.1.3 Selection Methodology

Proposals that satisfy the Initial Compliance Screening (**Section 3.1.3.1**) will be submitted to the HHSC evaluation team for review and scoring. Each member of the HHSC evaluation team will receive a copy of each responsive Proposal that satisfies the initial compliance screening for review. The HHSC evaluators will not individually score the Technical Questions or Oral Presentations. This procurement will utilize a consensus scoring methodology as outlined by this section.

The HHSC evaluators will score the responses to the Technical Questions in accordance with the **Exhibit P, Scoring Guide**. Respondents meeting the Advancement Criteria (**Section 3.1.3.3**) will be invited to Oral Presentations (**Section 3.1.3.4**).

The following subsections describe the evaluation process, including any criteria for advancement to the various phases of evaluation, where applicable.

3.1.3.1 Initial Compliance Screening

During the initial compliance screening, HHSC will review the Proposals for compliance with the submission requirements in **Article II** of this RFP.

Failure to meet the submission requirements in **Article II** may, at any time, result in disqualification of the Respondent without further consideration or evaluation of its Proposal.

HHSC will automatically disqualify any Proposal that does not include the following completed Solicitation Consideration Documents:

- a. **Exhibit I, HHS Solicitation Affirmations v. 2.0;**
- b. **Exhibit G, HUB Subcontracting Plan;** and
- c. Any other document identified as a Solicitation Consideration Document in **Section 2.5.4 (Submission Checklist).**

At its sole discretion, HHSC may disqualify any Proposal that does not include all required Award Consideration Documents. Reference **Section 2.5.4 (Submission Checklist).**

3.1.3.2 Proposal Evaluation

Each member of the HHSC evaluation team will read their assigned Technical Question responses in the Proposals in preparation for evaluation. Each Technical Question will be reviewed in isolation and it should not be assumed that any evaluator has read or will read any other Technical Question response. The HHSC evaluation team will score the responses to the Technical Questions (**Article IV**) for all Proposals that pass initial compliance screening (**Section 3.1.3.1, Initial Compliance Screening**) against the criteria in **Section 3.1.4 (Best Value Evaluation Criteria)** using the **Scoring Guide** in **Exhibit P**. Each one of these 0-5 scores given to a Respondent's Technical Question are known as a Technical Question Score.

There will not be individual scores from each HHSC evaluation team member. Rather, the HHSC evaluation team will participate in one or more Consensus Scoring Meetings. At the Consensus Scoring Meeting, the HHSC evaluation team will come to a consensus on the Technical Question Score for responses to each Technical Question. The Consensus Scoring Meetings will be led by a facilitation team who will facilitate the discussion and record the scores. The HHSC evaluation team may be assisted by non-scoring technical advisors as needed.

3.1.3.3 Advancement Criteria

After the evaluation of the Technical Question responses, Respondents will be selected for invitation to Oral Presentations using the Advancement Criteria specified by this section. Advancement to Oral Presentations will be determined by using the Competitive Range as the Advancement Criteria.

The Competitive Range will consist of the Proposals that receive the highest Weighted Technical Question Score. HHSC may place reasonable limits on the number of Proposals that will be included in the Competitive Range. Determination of the Proposals which are considered within the Competitive Range will be based on the "natural break" in scores, and on HHSC's reasoned judgement that Proposals below the cutoff cannot be made successful. By way of example, in a scenario where initial evaluation scores are 97, 93, 82, 81, 79 and 68, the Competitive Range would include the top two (2) Respondents.

HHSC will limit advancement to subsequent evaluation activities, and further award consideration, to Respondents that meet the specified Advancement Criteria following evaluation of the Technical Questions.

3.1.3.4 Oral Presentations

To further identify the Respondent providing best value, Oral Presentations will be requested. The Advancement Criteria, as described by **Section 3.1.3.3 (Advancement Criteria)**, will be utilized to determine which Respondents will advance to Oral Presentations. Failure to participate in Oral Presentations, if invited, will result in disqualification from further consideration for Contract award.

Respondents selected for Oral Presentations will be the final group of Respondents eligible for potential Contract award. Oral Presentations will allow for Points to be added to Respondent's Weighted Technical Question Score, in accordance with the Points and criteria specified in **Section 3.1.5 (Oral Presentation Criteria)**. A Consensus Scoring Meeting will take place following each presentation, in order to score the Respondent's Oral Presentation. Information from the Oral Presentation will be used to score the scenarios using **Exhibit P, Scoring Guide, Section 3.1.4 (Best Value Evaluation Criteria)** in accordance with Points available for Oral Presentation scenarios specified by **Exhibit N-1, Evaluation Tool and Sample Scoring Example**. Each one of these 0-5 scores given to a Respondent's Oral Presentation scenarios are known as an Oral Presentation Score.

Respondents will be provided with advance notice of any such Oral Presentation and are responsible for their own presentation equipment. All Respondents will be asked the same questions and given the same amount of time to prepare and respond. HHSC plans to conduct the Oral Presentations in-person, however HHSC reserves the right to conduct Oral Presentations virtually. This policy may change as needed and logistical information will be provided to invited Respondents prior to their presentation.

Advance notice will include an agenda, ground rules, and any other logistical information HHSC wishes to provide. The specific scenarios for the topic areas listed in **Section 3.1.5 (Oral Presentation Criteria)** will be provided on the day of the presentation, as outlined below.

Each Oral Presentation will be scheduled for a two-hour block of time to be used as follows:

Introductions and Provision of Question(s)	15 minutes
Respondent Prep Time	45 minutes
Respondent Presentation	60 minutes

The Respondent presentation team will be limited to individuals identified as Key Personnel or those who are responsible for direct oversight of the program in Texas if awarded a Contract; **no other consultants or staff, including Respondent corporate executives, will be allowed to participate in Oral Presentations.**

HHSC will ask each Respondent to confirm the Respondent's intent to participate in the Oral Presentation and provide names, current positions, length of employment with the organization, areas of responsibility within the organization, and role under the STAR Health Contract (if awarded), which must be submitted by the deadline provided in any invitation to Oral Presentations.

Respondent will be given a maximum of sixty (60) minutes to provide a comprehensive response to the questions. If any visual aids are presented, Respondent must e-mail the visual aids to the Sole Point of Contact immediately following the presentation. Visual aids will be considered part of Respondent's Oral Presentation and will be retained by HHSC.

Failure to participate in the requested Oral Presentations will eliminate a Respondent from further consideration. HHSC is not responsible for any costs incurred by the Respondent in preparation for any Oral Presentation. All costs incurred by Respondent are the responsibility of Respondent.

3.1.4 Best Value Evaluation Criteria

Best Value Evaluation Criteria for this Solicitation is the basis upon which the written responses to the Technical Questions in **Article IV** will be scored, in addition to the considerations provided by **Exhibit P, Scoring Guide**. Responses to the Oral Presentation scenarios will also be scored against Best Value Evaluation Criteria and **Exhibit P, Scoring Guide**, in accordance with **Sections 3.1.3.4 and 3.1.5**. See also, **Exhibit N, Consensus Scoring Rubric**.

Best Value Evaluation Criteria, Technical Questions, and Oral Presentation Scenarios were developed to ensure HHSC requests the information necessary to ensure that the Respondent selected for Contract award can achieve the outcomes mandated in Texas Government Code Sections 533.002, 533.003(a)(1), and 536.052.

- BVC 1. Delivers Person-Centered Service Coordination that connects Member needs to effective care.
- a. Demonstrates an understanding of the unique elements of Service Coordination and the needs of children/youth in State conservatorship, including coordination with the DFPS and other appropriate stakeholders.
 - b. Demonstrates an effective, Person-Centered process and infrastructure to identify, assess, and respond to individual Member's needs.
 - c. Demonstrates engagement of Providers and community supports in the Service Coordination process.
 - d. Supports successful transitions of care for Members between programs and services.
 - e. Demonstrates how data will be used to inform Service Coordination approaches and to measure success.
- BVC 2. Ensure Members have timely access to the Services they need.
- a. Demonstrates the ability to deliver Services timely in the most appropriate setting for the population covered in the STAR Health Program.
 - b. Demonstrates use of innovative and proven strategies to promote access to Providers and Services, including to address Provider shortages and barriers to care in specific areas of the State.

- c. Implements infrastructure and tools to support integration of physical health and BH Services at the Member level.
 - d. Demonstrates provision of Member Services and supports that are culturally appropriate and responsive to the needs of Members in the STAR Health Program.
 - e. Demonstrates a proactive approach to outreach and education to support Members in successfully managing their health.
- BVC 3. Encourage Providers to participate in the Medicaid program.
- a. Demonstrates effective collaboration and communication with the Provider community as evidenced by Network participation and Provider satisfaction.
 - b. Demonstrates transparent, efficient policies and processes for key business operations, such as Credentialing, contracting, claims payment, and utilization management.
 - c. Demonstrates support to Providers in complex clinical decision making through decision-support tools, best practice guidelines, and utilization management approaches.
 - d. Demonstrates proactive strategies to streamline processes and reduce administrative burden for Providers.
 - e. Demonstrates supports to Providers in using technology, data, and processes to better inform and improve care.
- BVC 4. Ensure a sustainable Medicaid program by incentivizing value in the Service delivery model and optimizing resources.
- a. Demonstrates proven strategies to monitor and manage healthcare quality and improve key quality metrics that align with the goals of the State.
 - b. Demonstrates a system of care that identifies, invests in, and rewards desired outcomes for access and high-value care.
 - c. Demonstrates advances in value-based care and delivery system reform and supports Provider through these transitions with necessary data and information.
 - d. Demonstrates achievable cost efficiencies and program integrity through effective monitoring and control of spending and trends.
- BVC 5. Use data, technology, and reporting to facilitate and demonstrate strong performance and oversight.
- a. Demonstrates capability to meet all requirements related to access to Services, Service delivery, quality of care, operations, and financial performance.

- b. Demonstrates consistent, timely, and accurate delivery of data, analysis, and reporting.
- c. Demonstrates process improvements and cost efficiencies using automation and data solutions.
- d. Develops and manages Health Passport and related technology to ensure data informed coordination with DFPS.

3.1.5 Oral Presentation Criteria

Oral Presentations will add up to a possible **200 additional Points** to a Respondent's **Final Weighted Score (Section 3.1.6)**.

The opportunity to participate in Oral Presentations will be given in accordance with **Section 3.1.3 (Selection Methodology)**. Additional information can be found in **Section 3.1.3.4 (Oral Presentations)**.

Oral Presentations will be scored based on Respondent's performance in addressing specific Oral Presentation scenarios which will cover the following topics:

- a. Transitions due to age-out;
- b. Addressing potentially preventable emergency department visits;
- c. Social determinants of health (health equity); and
- d. Network adequacy and Provider participation.

This section is meant to provide an indication of the scenarios the Respondent will be expected to address. The complete scenarios will be provided only to Respondents that are invited to Oral Presentations and not before completion of the **Proposal Evaluation (Section 3.1.3.2)**. Scenarios will be scored using **Exhibit P, Scoring Guide**, and **Section 3.1.4 (Best Value Evaluation Criteria)**, in accordance with Points available for Oral Presentation scenarios specified by **Exhibit N-1, Evaluation Tool and Sample Scoring Example**.

3.1.6 Final Weighted Score

A Respondent's Final Weighted Score will be a combination of the Weighted Technical Question Score (see **Article IV**) and the Weighted Oral Presentation Score.

The Weighted Technical Question Score is the score from the evaluation of the Technical Questions (**Article IV**) as described by **Section 3.1.3.2 (Proposal Evaluation)** and scored using **Exhibit P, Scoring Guide**, and **Section 3.1.4 (Best Value Evaluation Criteria)**, in accordance with Points available for Technical Questions specified by **Exhibit N-1, Evaluation Tool and Sample Scoring Example**.

A Respondent who does not meet the **Advancement Criteria (Section 3.1.3.3)** will not be asked to Oral Presentations and therefore receives no Points for the Weighted Oral Presentation Score added to the Weighted Technical Question Score. The total number of available Points for the Weighted Technical Question Score is 1,800 and the total number of available Points for the Weighted Oral Presentation Score is 200. The total number of

Points available for the Final Weighted Score is 2,000 and is the maximum number of Points available to a Respondent resulting from the evaluation activities for this Solicitation.

3.1.7 Final Considerations for Award

Following the Technical Question Evaluation and Oral Presentations, the Respondent with the highest Final Weighted Score will be further reviewed according to the final considerations described by this section.

HHSC will review required financial information and conduct a review for the certification required by Texas Government Code Section 533.0035. Respondents must satisfactorily meet each of the final considerations in the manner described by this Solicitation in order to be eligible for Contract award. The scope and criteria for each review is as follows:

- a. Required Financial Information - Respondents must submit the required financial information in the manner and form provided by **Section 5.5 (Required Financial Information)** and **Section 5.4 (Company Profile)**. The information submitted in **Section 5.4 (Company Profile)** and **Section 5.5 (Required Financial Information)** will be reviewed to establish that Respondent provided satisfactory assurances regarding its financial solvency in accordance with the requirements under 42 C.F.R. § 438.116, Solvency Standards and this Solicitation. The requested financial information will be analyzed in accordance with accepted financial industry standards and HHSC's financial requirements set forth in **Exhibit A, STAR Health Uniform Terms and Conditions v. 1.0, Section 12.03**, Minimum Net Worth, and **Section 12.04**, Insurer Solvency. Respondent must demonstrate financial solvency based on the following requirements:
 1. **Exhibit B, Texas Medicaid and CHIP – UMCM**, and **Sections 2.5, 2.6 and 2.7 of Exhibit H, STAR Health SOW**;
 2. Reasonableness and likelihood of compliance with the contractual performance measures (e.g., the ability to meet immediate liabilities and sufficient capitalization to perform all requirements of the resulting Contract and the preservation of Medicaid funds for Medicaid operations by Respondent);
 3. Liquidity and capital resources, assets and liabilities, commonly used financial ratios, audit and/or actuarial opinions and written risk factors; and
 4. Dun and Bradstreet report (if any).

HHSC reserves the right, at any time, to request additional information to supplement the information required by **Section 5.4 (Company Profile)** and **Section 5.5 (Required Financial Information)**. To the extent Respondent does not provide adequate assurance of financial stability or solvency, whether initially or through supplementation, and in HHSC's sole discretion, Respondent will be required to provide an explanation and other assurances (e.g., capital contributions, high-cost reinsurance, letters-of-credit, etc.) based on the needs of HHSC to resolve any financial viability or solvency concerns raised in the review of this selection

criterion. The sufficiency of any such remedial efforts will be determined by HHSC in its sole discretion. If a Respondent refuses to, or is unable to, give such explanation and/or assurance to HHSC's reasonable satisfaction, Respondent may not be considered for Contract Award. HHSC's determination whether Respondent has provided satisfactory assurances regarding its financial solvency shall be final.

- b. Certification - Prior to Contract award, the recommended Respondent must be certified by HHSC as reasonably able to fulfill the terms of the Contract, as required by Texas Government Code Section 533.0035. Certification will not impact Respondent's Final Weighted Score described by **Section 3.1.6 (Final Weighted Score)**, but failure to obtain certification will result in no further consideration for Contract award, and another Respondent may be considered for Contract award in accordance with this section.

3.1.8 Final Award Determination

The final determination for award will be based on the evaluation process described in **Section 3.1.3 (Selection Methodology)** and the reviews conducted in accordance with **Section 3.1.7 (Final Considerations for Award)**. Proposals will be evaluated in accordance with the requirements of this Solicitation. A Respondent's Proposal must pass the initial compliance screening (**Section 3.1.3.1**), meet the Advancement Criteria (**Section 3.1.3.3**) for Oral Presentations following the Proposal evaluation (**Section 3.1.3.2**), receive the highest Final Weighted Score (**Section 3.1.6**) following Oral Presentations (**Section 3.1.3.4**), and meet the requirements in **Section 3.1.7 (Final Considerations for Award)** in order to be considered for Contract award.

Respondents with successful mandatory contract claims under **Section 3.1.2 (Mandatory Contracts)** may be considered for Contract award without having the highest Final Weighted Score (**Section 3.1.6**). For this reason, a Respondent who has the highest Final Weighted Score (**Section 3.1.6**) may not move on to Final Considerations for Award (**Section 3.1.7**) if another Respondent has made a successful mandatory contract claim.

ARTICLE IV. EXECUTIVE SUMMARY AND TECHNICAL QUESTIONS

4.1 EXECUTIVE SUMMARY

Provide a high-level overview of the Respondent's approach to meeting the requirements contained in Exhibit H, STAR Health SOW. The summary must demonstrate an understanding of HHSC goals and objectives for this Solicitation.

If the Respondent is providing services or deliverables beyond those specifically requested, those services or deliverables must be identified. If the Respondent is offering Services or Deliverables that do not meet the specific requirements of this RFP, but in the opinion of the Respondent are equivalent or superior to those specifically requested, any such differences must be noted in the Executive Summary. The Respondent should realize, however, that failure to provide the Services and Deliverables specifically requested may result in disqualification.

The Executive Summary must not exceed two (2) pages and should represent a full and concise summary of the contents of the Proposal. HHSC will not read or consider any response in excess of the page limitations. While the Executive Summary is not a scored element of the Proposal, a Proposal with an Executive Summary that does not adhere to the requirements in **Section 2.4.2 (Page Limits and Supporting Documentation)** may be disqualified from further consideration for Contract award.

4.2 TECHNICAL QUESTIONS

Respondents must submit with each Proposal a written response to the Technical Questions provided below. Respondents must provide a complete answer to each Technical Question that does not reference other Technical Questions or materials. Each Technical Question will be reviewed in isolation and it should not be assumed that any evaluator has read or will read any other Technical Question response. Technical Questions will be evaluated in accordance with the Exhibit P, Scoring Guide, 3.1.3.2 (Proposal Evaluation), and **3.1.4 (Best Value Evaluation Criteria)**. Respondents must answer each question with consideration of the "SOW Reference" and the "BVC Descriptor" listed for that Technical Question. Sections listed for the "SOW Reference" refer to Exhibit H, STAR Health SOW. "SOW References" are inclusive of all subsections unless expressly limited. Sections listed for "BVC Descriptor" refer to this document, **Section 3.1.4 (Best Value Evaluation Criteria)**. In answering some Technical Questions, it may be beneficial to reference the Exhibit Q, Procurement Library.

Respondents must also adhere to the page limitations for each Technical Question and must number all pages submitted with the Proposal. HHSC will not read or consider any response in excess of the page limitations. In addition, Technical Question responses that do not adhere to the requirements in **Section 2.4.2 (Page Limits and Supporting Documentation)** may be disqualified from further consideration for Contract award.

To the extent that any exhibits or attachments documenting the BVC, BVC descriptors, and SOW references associated with a Technical Question differ from this section of the RFP, this section of the RFP prevails.

BVC 1 - Delivers Person-Centered Service Coordination that connects Member needs to effective care.

Technical Question No. 1

Describe the Respondent’s model for managing and coordinating Services for children and young-adult Members with multiple and complex medical, physical health, Behavioral Health (BH), and developmental needs. At a minimum, the response should:

- a. Describe elements of the Service Coordination model design specific to meeting the needs of children and young adult Members with co-morbid and/or co-occurring disorders such as Substance Use Disorders (SUDs) or Severe Emotional Disturbance (SED);
- b. Include resources and roles for Medicaid providers and other entities involved in a Member’s care such as DFPS;
- c. Describe how assessment tools, data and other information sources are used within the model;
- d. Include specific strategies to work with Network Providers to ensure coordination of physical health, BH, Long Term Services and Supports (LTSS), and other Services; and
- e. Provide lessons learned from relevant experience and/or evidence the approaches are likely to be successful.

SOW Reference: Sections 2.6.25; 2.6.45; 2.6.46; 2.6.47; 2.6.48; 2.6.49; 2.6.50; 2.6.60.10; and 2.6.60.11

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 1A; 1B; 1C; and 1E

Page Limit: 10

Technical Question No. 2

Describe the Respondent’s Service Coordination processes (including non-Medicaid providers and DFPS). At a minimum, the response should:

- a. Describe processes to conduct initial and periodic assessments of Members’ needs, including need for Covered Services and non-covered services and how information is used and shared;
- b. Describe the approach to development and updates to the Member’s Individual Service Plan (ISP);
- c. Describe specific processes that ensure safe and appropriate transitions of care;
- d. Address integration of physical and BH Services; and
- e. Address plans to measure clinical progress and adherence to the Healthcare Services Plan and include this information in the Health Passport.

SOW Reference: Sections 2.5.4; 2.6.21.2; 2.6.22; 2.6.24; 2.6.46; 2.6.47; 2.6.48; 2.6.50; and 2.6.57

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 1A; 1B; 1C; 1D; and 1E

Page Limit: 10

BVC 1 - Delivers Person-Centered Service Coordination that connects Member needs to effective care.

Technical Question No. 3

A Member is a 15-year-old boy diagnosed with bipolar disorder and Attention Deficit Hyperactivity Disorder (ADHD). He is currently prescribed oxcarbazepine, aripiprazole, and methylphenidate extended release. Each prescription was written by a different provider, likely because of his frequent placement changes. He has not had a check-up or lab work in 14 months. Based on this scenario, describe the approach to monitoring use of these medications, any issues or concerns identified, and all steps the Respondent would take to ensure the best possible outcomes for this Member.

SOW Reference: Sections 2.6.19; 2.6.24; 2.6.25; 2.6.32; 2.6.33.4; 2.6.46; 2.6.47; 2.6.48; 2.6.50.4; 2.6.53; and 2.6.58

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 1A; 1B; 1C; and 1E

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Technical Question No. 4

A Member is a 10-year old girl diagnosed with autism spectrum disorder, generalized anxiety disorder, and has uncontrolled aggressive outbursts towards other children and teachers. She is currently receiving intensive Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) with a goal of discharging to a family foster home. Describe the Service coordination plan during the Member's stay in the ICF/IID and how Services (waiver and non-waiver) will be coordinated to achieve a transition for this Member to a family foster placement or home.

SOW Reference: Sections 2.6.22; 2.6.24; 2.6.32; 2.6.33; 2.6.39; 2.6.40; 2.6.41; 2.6.43; 2.6.46; 2.6.47; 2.6.48; and 2.6.50

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 1A; 1B; 1C; and 1D

Page Limit: 5

Technical Question No. 5

The Respondent is notified of an emergent admission of an enrolled Member into an inpatient psychiatric facility due to a suicide attempt. The Member is a 14-year-old male, with a medical history of type 2 diabetes. The Member recently entered the foster care system, having been placed within the past week. The Member's medical information shows that the Member has received a prescription of an anti-depressant from his PCP, but the record does not indicate any prior BH treatment. Describe how the Managed Care Organization (MCO) will execute its responsibilities under the Scope of Work (SOW) to engage and coordinate care for this Member throughout his Inpatient Stay and following Discharge.

SOW Reference: Sections 2.4.3.1; 2.6.22; 2.6.24; 2.6.32; 2.6.43; 2.6.33 (only); 2.6.46; 2.6.47; 2.6.48; 2.6.50.4; 2.6.50.5; 2.6.50.7; 2.6.51; 2.6.55; and 2.6.58

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 1A; 1B; 1C; and 1D

Page Limit: 5

BVC 2 - Ensure Members have timely access to the Services they need.

Technical Question No. 6

Describe the Respondent’s methods for encouraging Members and their Caregivers to actively engage in improving their health and wellness and meeting their care goals. Provide a specific example of how the Respondent’s approach is Person-Centered, culturally competent, and promotes health literacy. Include at least one example of how the Respondent has successfully used similar methods in Texas or another state.

SOW Reference: Sections 2.6.17; 2.6.37; 2.6.38; 2.6.47(only); 2.6.47.1; 2.6.47.5; and 2.6.58.5

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 2A; 2B; and 2D

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Technical Question No. 7

Describe the systems, protocols, and procedures a BH Crisis Services Hotline representative will use to address, document, and follow up on the following situations, including how the approach promotes integration of BH and physical health:

- a. A DFPS caseworker calls to inquire about the Member entering an inpatient facility;
- b. A DFPS caseworker calls to find out the results of a Court Ordered medical test;
- c. A Mandarin speaking foster parent calls about enrollment for the Member in a SUD program; and
- d. A Caregiver, Medical Consenter, or DFPS caseworker calls regarding a Member discharged from a facility (e.g., correctional, inpatient psychiatric, or emergency) without appropriate medications. Please identify the differences, if any, in each of these scenarios.

SOW Reference: Sections 2.6.16; 2.6.17.1; 2.6.25.1; 2.6.27; 2.6.47.6; 2.6.50; and 2.6.53.2

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 2A; and 2D

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Technical Question No. 8

A 14-year-old male Member with a diagnosis of recurrent major depressive disorder was recently diagnosed with moderate persistent asthma and type 1 diabetes. He is also morbidly obese. The Member is currently receiving Services through a Health Home in Bexar County but will be placed in a new foster home in El Paso County. Currently he uses two (2) different inhaler medications for his asthma, receives insulin injections daily, and requires weekly monitoring to assess stabilization of his medical conditions. The new placement means that the Member will need to transition to new Providers. The biological family who live in Bexar County have been closely involved in his treatment. Describe the considerations for helping the Member, foster parents, and biological family transition to a new Health Home.

SOW Reference: Sections 2.6.25; 2.6.32; 2.6.47.1; and 2.6.55

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 2A; 2B; and 2C

Page Limit: 7

BVC 2 - Ensure Members have timely access to the Services they need.

Technical Question No. 9

Respondent receives notice of a new enrollment in STAR Health of a 6-year old male who has been placed in a family foster home. The Respondent did not receive any medical or BH information about the Member and must quickly perform all required assessments. Please describe how the Respondent will meet the requirements of 3 in 30, including communication to the Caregiver, scheduling of appointments, document compliance and necessary follow-up?

SOW Reference: Sections 2.6.24; 2.6.46; 2.6.47 (only); and 2.6.47.2

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 2A; 2B; 2C; and 2D

Page Limit: 5

Technical Question No. 10

Describe the proposed Telemedicine, Telehealth, and/or Telemonitoring functions and how the Respondent will execute its responsibilities under the SOW. At a minimum, the response should:

- a. Describe the Respondent's approach to offering, promoting, supporting, and expanding the appropriate and effective use Telemedicine, Telehealth, and/or Telemonitoring services;
- b. Describe the Respondent's current and proposed capabilities to promote and support Telemedicine, Telehealth, and/or Telemonitoring services;
- c. Describe how the Respondent will recruit, incentivize and support Providers to deliver Telemedicine, Telehealth, and/or Telemonitoring services capabilities; and
- d. Describe how the Respondent will educate and support Members on available services and access to such services.

SOW Reference: Sections 2.6.17; 2.6.33.4; 2.6.34; and 2.6.50.4

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 2A; 2B; and 2E

Page Limit: 5

BVC 3 – Encourage Providers to participate in the Medicaid program.

Technical Question No. 11

Describe the Respondent's approach to developing and managing a robust, qualified, and culturally competent Provider Network. At a minimum, the response should:

- a. Describe the development and monitoring of a qualified and culturally competent Provider Network that meets the requirements of the SOW; and
- b. Demonstrate provider expertise in child welfare, child abuse, Trauma Informed Care (TIC), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

SOW Reference: Sections 2.6.6; 2.6.7; 2.6.18; 2.6.35; and Chapters 3, 4, 5.28 and 8 (except 8.3 and 8.6) of **Exhibit B, Texas Medicaid and CHIP – UMCM.**

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 3A

Page Limit: 7

BVC 3 – Encourage Providers to participate in the Medicaid program.

Technical Question No. 12

Describe the Respondent’s strategies and monitoring practices to ensure Member access to Covered Services and compliance with Provider Network adequacy requirements in the SOW. At a minimum, the response should:

- a. Describe how the Respondent will identify and address Provider shortages and appointment availability performance issues; and
- b. Describe specific plans to reach and maintain Provider access statewide, including in Metro, Micro and Rural areas and harder to serve areas in Texas.

SOW Reference: Sections 1.6.1; 2.6.33.1; 2.6.33.2; 2.6.33.4; 2.6.35; Chapter 5.28 of **Exhibit B, Texas Medicaid and CHIP - UMCM**; and **Exhibit D, Access Standard Map**.

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 3A; 3E

Page Limit: 7

Technical Question No. 13

Describe how the Respondent will structure Provider training functions to ensure that Providers have the support, training and technology necessary to achieve quality, efficiency, satisfaction and participation in the Provider Network. At a minimum, the response should describe:

- a. How the Respondent determines training and technical assistance priorities and topics;
- b. How the Respondent encourages or incentivizes participation and measures the efficacy of trainings; and
- c. How the Respondent proactively identifies Providers who are experiencing difficulty with administrative processes and how the Respondent will target interventions to assist these Providers.

SOW Reference: Sections 2.6.6; 2.6.7.3; 2.6.21.4; 2.6.33.4; 2.6.35; 2.6.21.3; and 2.6.21.2.5

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 3A; and 3B

Page Limit: 7

Technical Question No. 14

Describe areas of Provider burden the Respondent has identified and proposed approaches to mitigating these barriers and challenges. At a minimum, the response should:

- a. Explain how Respondent will minimize Provider complaints, contracting issues, Prior Authorization (PA) disputes and claims/reimbursement concerns; and
- b. Provide evidence the approach is likely to be successful in Texas.

SOW Reference: Sections 2.6.7.3; 2.6.35; 2.6.21.3; 2.6.14; 2.6.30.1; and Chapter 3 of **Exhibit B, Texas Medicaid and CHIP – UMCM**.

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 3A; 3B; 3C; and 3D

Page Limit: 7

Technical Question No. 15

Describe the Respondent’s processes and methodology for ensuring that claims payment accuracy, performance, and timeliness are monitored and improved. At a minimum, the response should:

- a. Describe how trends are identified;
- b. Describe how barriers to accurate and timely claims payment are identified;

BVC 3 – Encourage Providers to participate in the Medicaid program.

- c. Describe the processes for implementing any necessary corrective actions resulting from an audit or other performance review; and
- d. Describe the strategy for ensuring accurate and timely payment, Provider notices and remediation as necessary.

SOW Reference: Sections 1.6.3; 2.6.7.3; 2.6.10.3; 2.6.14; 2.6.27.2; 2.6.28.3; and Chapter 2 of **Exhibit B, Texas Medicaid and CHIP – UCM**.

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 3A, 3B, 3D

Page Limit: 10

BVC 4 - Ensure a sustainable Medicaid program by incentivizing value in the Service delivery model and optimizing resources.

Technical Question No. 16

Describe the Respondent's approach to Utilization Management (UM). At a minimum, the response should:

- a. Describe development of and training for Providers on clinical guidelines;
- b. Describe the Respondent's approach to UM that demonstrates that Services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope;
- c. Describe a process to monitor for consistent application of clinical review criteria; and
- d. Describe the Respondent's approach to monitoring trends and using this information to improve quality of care and ensure appropriate Service utilization (not over or underutilization).

SOW Reference: Sections 2.6.5; 2.6.6; 2.6.7; 2.6.8; 2.6.9; 2.6.21; 2.6.22; and 2.6.30

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 4A; 4B; and 4D

Page Limit: 15

Technical Question No. 17

Describe the Respondent's Quality Improvement and performance evaluation strategies and initiatives. At a minimum, the response should:

- a. Describe the complete process for development, implementation, monitoring, and revision of a Quality Assurance and Performance Improvement (QAPI) program. Provide specific examples and lessons learned in Texas or another state in the description;
- b. Describe how the Respondent proposes to integrate BH into its QAPI program;
- c. Describe data-driven clinical initiatives that the Respondent initiated within the past 24 months that have yielded improvement in clinical outcomes for a managed care population comparable to the STAR Health population; and
- d. Describe two (2) clinical initiatives that the Respondent proposes to pursue in the first year of the Contract. Document why each topic warrants Quality Improvement investment and describe the Respondent's measurable goals for the initiative.

SOW Reference: Section 2.6.21

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 4A; 4B; and 4C

Page Limit: 15

BVC 4 - Ensure a sustainable Medicaid program by incentivizing value in the Service delivery model and optimizing resources.

Technical Question No. 18

Describe how the Respondent will use its experience and resources to design and implement Alternative Payment Models (APMs) that support the objectives of the STAR Health program and enhance care and outcomes for its Members and Providers, and how the Respondent will meet its responsibilities under the SOW. At a minimum, the response should:

- a. Describe at least three (3) proposed APM initiatives, the types of Providers involved, the target populations/Services, the type/category of APMs, and the associated level of financial risk to Providers;
- b. Describe how data is used to identify and select proposed APMs;
- c. Include the types of quality measures and metrics utilized in APMs, and outreach and recruitment strategies of Providers;
- d. Describe the processes to share quality, utilization, cost, and outcomes data with Providers and technical assistance offered to Providers participating in these arrangements; and
- e. Describe the process to evaluate the impact of the APMs on utilization, quality and cost.

SOW Reference: Sections 2.6.10; 2.6.21; and 2.6.26

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 4A; 4B; 4C; and 4D

Page Limit: 7

Technical Question No. 19

Explain the Respondent's approach to monitoring and controlling health care cost trends. In addition, describe a situation in which the Respondent identified an unfavorable trend including the strategies and specific actions implemented to control expenditures.

SOW Reference: Sections 2.6.21; 2.6.26; 2.6.29; and 2.6.55

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 4A, 4D

Page Limit: 5

BVC 5 - Use data, technology, and reporting to facilitate and demonstrate strong performance and oversight.

Technical Question No. 20

Describe how the Respondent identifies patterns of Fraud, Abuse, gross overuse, or inappropriate or medically unnecessary care (e.g., opioids, antipsychotics for children) and the targeted provider interventions employed by the Respondent to address problematic prescribing patterns including, but not limited to:

- a. Data and systems used to identify Fraud, Abuse, and Waste patterns; and
- b. Description of how targeted interventions are derived, implemented and operationalized with providers.

SOW Reference: Sections 2.6.22.1; 2.6.22.2; 2.6.29; 2.6.50.4; and 2.6.53.1

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 5C

Page Limit: 3

BVC 5 - Use data, technology, and reporting to facilitate and demonstrate strong performance and oversight.

Technical Question No. 21

Describe the Respondent's proposed information systems to meet the requirements in the SOW that, at a minimum, address the functional areas listed below. The narrative response may include embedded visuals/illustrations to assist HHSC with understanding the Respondent's systems. In addition, describe how these functional areas are integrated and how the Respondent's system will interface and exchange data with HHSC and other entities. At a minimum, the response should include:

- a. Processes for systems change management (e.g., Respondent initiated, HHSC requested, and/or federal/State mandates). The response should describe the full implementation cycle for systems change management;
- b. Member management (e.g., demographic, enrollment status, benefit package, third party insurance, etc.);
- c. Provider enrollment and Network management;
- d. Service Coordination system and interface with claims, PAs, and Provider and Member portals;
- e. UM and Service authorization;
- f. Claims payment and prompt payment guidelines;
- g. Coordination of benefits for claims with third party liability;
- h. Access to formularies and Medicaid Preferred Drug Listing (PDL);
- i. Encounter submission, correction, adjustment;
- j. Telemedicine technology; and
- k. Any other ancillary systems supporting the program.

SOW Reference: Sections 2.5.3.6; and 2.6.28

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 5A; 5B; and 5C

Page Limit: 15

Technical Question No. 22

Describe how the Respondent will collect and use data, including at a minimum, for at least the following activities:

- a. Support Providers with analytical, administrative and clinical support systems that can be used to improve Service delivery, develop UM efficiencies, and inform diagnostic and prescribing patterns;
- b. Identification of trends and patterns that define future program direction;
- c. Identify and respond to gaps in care for Members and perform outreach and remediation; and
- d. Collection and submission of data as required for external requests, such as Healthcare Effectiveness Data and Information Set (HEDIS) and the Mental Health Statistics Improvement Program (MHSIP).

SOW Reference: Sections 1.6.8; 2.6.21.2.2; 2.6.21.2.7; 2.6.21.8; 2.6.22.1; 2.6.22.2; and 2.6.31

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) - 5A; 5B; and 5C

Page Limit: 10

BVC 5 - Use data, technology, and reporting to facilitate and demonstrate strong performance and oversight.

Technical Question No. 23

Data requirements for the Health Passport are described in **Exhibit F, Health Passport Overview and Requirements**. The Respondent must, at a minimum, describe:

- a. The Respondent's experience working with and increasing participation with electronic medical records systems and health information exchanges including any prior affiliations with local, state, or federal government agencies;
- b. The platform on which the system will reside and software(s) used to maintain and operate the Health Passport. The platform should reflect claims/pharmacy integration and processes for accurate/timely updates and compliance maintenance with applicable State and federal laws protecting patient confidentiality;
- c. How the Respondent will seek to improve connectivity and data sharing between the Health Passport and commonly used electronic medical record systems and health information exchanges, including training activities, applicable data refresh activities, and continuous system availability;
- d. How the Respondent will accomplish timely termination of access to the Health Passport for users who leave the Provider Network or cease employment with DFPS;
- e. How the Respondent will prevent security breaches in the Health Passport system, and the processes the Respondent will employ to identify and address any breaches; and
- f. Statistical measures related to the Health Passport that the Respondent proposes to report to HHSC to evaluate access, utilization, and compliance with the Health Passport and assist HHSC in identifying issues for improvement.

SOW Reference: 1.6.7; 2.6.24; and **Exhibit F, Health Passport Overview and Requirements**

BVC Descriptor: 5D

Page Limit: 10

ARTICLE V. ADDITIONAL REQUIRED DOCUMENTATION

5.1 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete and return in its Proposal all of the following affirmations and certifications:

- a. **Exhibit I, HHS Solicitation Affirmations v. 2.0;**
- b. Federal Assurance and Certifications:
 1. **Exhibit J, Assurances – Non-Construction Programs;** and
 2. **Exhibit K, Certification Regarding Lobbying.**

5.2 HUB SUBCONTRACTING PLAN

Respondent must submit the HUB Subcontracting Plan in accordance with **Section 2.5 (Proposal Submission and Delivery)**. The HSP should be labeled: “HUB Subcontracting Plan (HSP)” and include all supporting documentation in accordance with **Exhibit G, HUB Subcontracting Plan,** and the HSP.

In accordance with Texas Government Code [Section 2161.252\(b\)](#) a Proposal that does not contain an HSP is non-responsive, see also [Texas Administrative Code, Title 34, Part 1, Chapter 20, Subchapter D, Division 1, Rule §20.285\(b\)\(3\)](#). Responses that do not include a completed HSP in accordance with **Exhibit G, HUB Subcontracting Plan** shall be rejected without further evaluation. In addition, if HHSC determines that the HSP was not developed in good faith, it will reject the Proposal for failing to comply with material RFP specifications.

OPTIONAL HUB HSP TRAINING AND COURTESY HSP REVIEW ARE OFFERED FOR THIS SOLICITATION. PLEASE CONTACT THE HUB COORDINATOR (SECTION 2.3.3, EXCEPTION TO THE SOLE POINT OF CONTACT) FOR MORE INFORMATION.

5.3 AUTHORIZATION TO CONDUCT BUSINESS IN TEXAS

Respondent must be authorized to do business in the State of Texas prior to an award. Respondent must provide a Certificate of Fact from the Texas Secretary of State to do business in Texas.

Respondent must be set up in the Texas franchise tax system prior to Contract award. Texas franchise tax information can be accessed at <https://comptroller.texas.gov/taxes/franchise/>.

Respondent must submit in its Proposal a copy of Respondent's licensure, certification, or approval from the Texas Department of Insurance (TDI) to operate as a health maintenance organization (HMO), approved non-profit health corporation (ANHC), or exclusive provider organization (EPO)/issuer of an exclusive provider benefit plan (EPBP). If Respondent has not received TDI licensure, certification, or approval then Respondent must submit in its Proposal a copy of the application filed with TDI. In accordance with **Section 2.5.5 of Exhibit H, Star Health SOW,** Respondent must receive TDI approval no later than 60 Days after the Effective Date of the Contract.

Respondent must complete with its Proposal the **TDI Certificate of Authority Table** in the **Exhibit Q, Procurement Library**, located on the ESBD to indicate whether the Respondent is currently authorized by TDI to operate as an MCO in all counties in the State. For each county where the Respondent is not authorized to conduct business as an MCO in all or part of the county, the Respondent must state in the **TDI Certificate of Authority** table the date that it applied for such approval and the status of its TDI application.

5.4 COMPANY PROFILE

Respondent must provide in its Proposal a company profile that includes the following information:

- a. Ownership structure and legal status (e.g., corporation, partnership, LLC, or sole proprietorship, wholly owned subsidiary of a publicly traded corporation, wholly owned subsidiary of a private closely held non-traded corporation, subsidiary or component of a tax-exempt, non-governmental foundation, etc.). Respondent must provide the ownership structure and legal status in a narrative and as a graphical representation. If Respondent is an Affiliate, as defined in **Exhibit A, STAR Health Uniform Terms and Conditions v. 1.0**, of, or has a joint venture or strategic alliance with another company, Respondent must identify the percentage of ownership of each joint venture member or Affiliate and the percentage of the parent's ownership. The entity performing the majority of the Services and Deliverables under the Contract resulting from this RFP, throughout the duration of the Contract, must be the primary Respondent;
- b. The year the company was founded and/or incorporated and where commercially domiciled. If incorporated, Respondent must indicate the state where the company is incorporated and the date of incorporation. Respondent must also include all states in which Respondent is licensed to do business as an HMO, ANHC, or EPO/EPBP;
- c. The number of employees in the company, both locally and nationally, and the location(s) from which employees will be assigned;
- d. The full name, title, and address of Respondent's executive authorized to sign the Contract(s);
- e. The name, address, and telephone number of Respondent's point of contact(s) for the Contract;
- f. Indicate whether the company has ever contracted with any State agency. If "Yes," specify the contract term, company's duties, and the State agency;
- g. Respondent's complete and exact legal name, as well as all trade names, d.b.a., acronym, and all other names under which Respondent currently does business or has done business in the past five (5) years of the Proposal due date;
- h. The complete and exact legal name of the ultimate parent, if any, of Respondent. Further, state whether Respondent's ultimate parent or its Subsidiaries operate in multiple states or only in Texas;

- i. With respect to Respondent and its ultimate parent, including other managed care Subsidiaries of the ultimate parent, briefly describe all regulatory actions, sanctions, or fines imposed by any federal or Texas regulatory entity, or a regulatory entity in another state, within the last five (5) years of the Proposal due date related to financial issues or maintenance of status as an insurer in a state;
- j. If Respondent has Affiliates operating under a different legal name or trade name that do business with HHSC, or are applying to do business with HHSC, the complete and exact legal names, as well as all trade names, d.b.a., acronym, and all other names under which the Affiliate currently does business or has done business in the past five (5) years and which contracts are involved;
- k. State whether Respondent, including its ultimate parent and all Affiliates, directly or indirectly, wholly or partially, own, control, operate, or lease any Hospitals. If so, briefly describe each Hospital, including the name of the Hospital; the city it is in; the number of beds; and any population type focus, such as being a children's Hospital;
- l. State whether Respondent, including its ultimate parent and all Affiliates, directly or indirectly, wholly or partially, own or control any of the following types of health services providers, networks, companies, or facilities:
 1. Behavioral Health (BH);
 2. Vision;
 3. Pharmacy Benefit Manager (PBM);
 4. Physician groups;
 5. Health clinics;
 6. Emergency centers or urgent care centers;
 7. Diagnostic or specialty (includes facilities that provide such services as x-ray, blood work, colonoscopy, labs, chemotherapy, physical therapy, counseling, rehabilitation, medical supplies, nursing home, and similar);
 8. Dental;
 9. Medical transportation;
 10. Utilization Management (UM);
 11. Real estate management, commercial space leasing, or similar services;
 12. Workforce services, including temporary or contract workers, and placement services;
 13. Consulting services or information technology (IT) services; or
 14. Reinsurance.
- m. The physical location of all businesses potentially associated with the Proposal;

- n. A statement attesting that all business functions associated with any resulting Contract, including call lines and data, will remain within the United States;
- o. The name and address of all other sponsoring corporation or others, excluding the Respondent's ultimate parent, who provide financial support to Respondent and the type of support, e.g., guarantees or letters of credit. Indicate whether there are maximum limits of the additional financial support;
- p. The name and address of each health professionals that has a five (5) percent or greater financial interest in Respondent and the type of financial interest; and
- q. If any change of ownership of Respondent's company or its parent is anticipated during the 12 months following the Proposal due date, Respondent must describe the circumstances of the change and indicate when the change is likely to occur.

5.5 REQUIRED FINANCIAL INFORMATION

In addition to the foregoing required financial information, Respondents may choose to submit information that Respondent believes should be taken into consideration to address any concerns or other unfavorable items disclosed in the required financial information.

As a financial due diligence process, prior to awarding the Contract, HHSC will review the required financial information submitted by Respondent in accordance with this section, and information in **Section 5.4 (Company Profile)**. The required financial information and company profile will be considered in accordance with **Section 3.1.7 (Final Considerations for Award)**.

5.5.1 Company Organization

Respondent must provide in its Proposal its proposed operating structure for the Services required in this Solicitation and which entities (e.g., parent company, Affiliate, joint venture, Subcontractor) will be performing the Services by submitting the organization charts and information requested below. For each organizational chart, include an explanatory narrative no more than one-page in length, in the format prescribed by **Article II**. The narrative must highlight the key functional responsibilities and reporting requirements of each organizational unit relating to Respondent's proposed management of the Program. With regard to any proposed Material Subcontractors managing BH Services, dental services, vision services, or pharmacy services, indicate whether Respondent and any proposed Material Subcontractor will collocate their offices, and if so, how and where. Each narrative must be labelled so it is associated with the appropriate chart, e.g., "Narrative for Chart A."

Respondent must include the following:

- a. An organizational chart (labelled as Chart A) showing the corporate structure and lines of responsibility and authority in the administration of Respondent's business as a whole;
- b. An organizational chart (labelled as Chart B) showing the Texas organizational structure, including staffing and functions performed within the State, including the

organizational structure in each city if Respondent proposes to maintain offices in more than one city in Texas;

- c. An organizational chart (labelled as Chart C) illustrating how administration of Services to Members is integrated into the overall organizational structure. Specifically, show the organizational structure if Respondent proposes to maintain offices in more than one city in Texas;
- d. An organizational chart (labelled as Chart D) showing the Management Information Systems (MIS) staff organizational structure. Specifically, show the organizational structure if Respondent proposes to maintain offices in more than one city in Texas;
- e. An organizational chart (labelled as Chart E) showing Respondent's structure and lines of accountability;
- f. If applicable, an organizational chart (labelled as Chart F) demonstrating how the Material Subcontractors will be managed within Respondent's Texas organizational structure, including the primary individuals at the Respondent's organization and at each Material Subcontractor responsible for overseeing such Material Subcontract; and

5.5.2 Material Subcontractor Information

Material Subcontractor is a defined term in **Exhibit A, STAR Health Uniform Terms and Conditions v. 1.0**. Respondent must identify any current or anticipated Material Subcontractors who will perform under the Contract. Respondent must list the identified Material Subcontractors in descending order of estimated annual payments, wherein payment amounts are the estimated total under all managed care programs, and provide the following information for each Material Subcontractor:

- a. The Material Subcontractor's legal name, trade name, acronym, d.b.a., and all other names under which the Material Subcontractor does business or has done business in the past five (5) years from the Proposal due date.
- b. The full and exact legal name of the Material Subcontractor's ultimate parent.
- c. All Respondent's estimated annual payments to the Material Subcontractor that may be included in any Financial Statistical Reports submitted by Respondent under the Contract or any other HHSC contract. Show separate amounts by managed care program for each Material Subcontractor.
- d. The physical address, mailing address, telephone number of the Material Subcontractor's headquarters office, and the name of its chief executive officer.
- e. A definitive statement regarding whether the Material Subcontractor is an Affiliate of the Respondent or an unrelated third party.
- f. If the Material Subcontractor is an Affiliate, Respondent must provide the following information:
 1. The Material Subcontractor's relationship to Respondent;

2. The proportion, if any, of the Material Subcontractor's total Revenues received from non-Affiliates. If the Material Subcontractor has significant Revenues from non-Affiliates, then also indicate the portion, if any, of those external, non-Affiliate Revenues that are for services similar to those that Respondent would procure under the proposed Material Subcontract;
3. A description of the proposed method of pricing under the Material Subcontract;
4. A statement as to whether there is, or is not, any anticipated mark-up, margin, profit, or amount in excess of actual incurred costs anticipated to be included in the pricing;
5. The number of employees, both staff and management, who are dedicated full-time to the Affiliate's business. Do not include any staff or management that have other duties in addition to working on this specific Affiliate's business; and
6. A statement regarding whether the Affiliate's office facilities are completely separate from Respondent and Respondent's ultimate parent. If not completely separate, include the approximate number of square feet of office space dedicated solely to the Affiliate's business.

5.5.3 Dun and Bradstreet Report

Respondent with a Dun and Bradstreet number must include a Comprehensive Insight Plus Report, Business Information Report, or Credit Evaluator Report in its Proposal.

5.5.4 Financial Statements

Respondent must submit the following information:

- a. Audited financial statements from the last three (3) years from the Proposal due date, including all supplements, management discussion and analysis, and actuarial opinions. If audited financial statements are not available, Respondent must submit unaudited financial information and any other information Respondent believes meets the requirements of this section. Reference **Section 5.5.5 (Alternate Report)**. **At a minimum, financial statements must include a balance sheet; income statements; statement of changes in financial position; statement of cash flows; and capital expenditures.**

Note that these must be the financial statements of the legal entity of Respondent itself and not those of the ultimate parent or any other entity or operating component. These statements must include the independent auditor's report, audit opinion letter to the board or shareholders, the notes to the financial statements, any written description of legal issues or contingencies, and any management discussion or analysis. Ensure that the name and address of the firm that audits Respondent is included. State the date of the most recent audit and whether Respondent is audited annually or otherwise. State definitively if there has, or has not, been any of the following:

1. A "going concern" statement by any auditor issued in the past three (3) years from the Proposal due date and if so, include the relevant audit report and opinion letter;
 2. A qualified opinion by any auditor issued in the past three (3) years from the Proposal due date and if so, include the relevant audit report and opinion letter;
 3. A change of audit firms in the past three (3) years from the Proposal due date; and
 4. Any delay of two (2) months or more in completing the current audit.
- b. A description of organization and operation, including ownership, markets served, type of entity, number of locations and employees, and dollar amount and type of all Respondent's businesses outside of that with HHSC;
 - c. A disclosure of any material contingencies and any current, past (i.e., in the past three (3) years from the Proposal due date), or known potential material litigation, regulatory proceedings, bankruptcies, award of punitive damages against Respondent, legal matters, or similar issues;
 - d. Respondent's most recent quarterly and annual financial statements filed with TDI, and if Respondent is domiciled in another state, the financial statements filed with the state insurance department in its state of domicile. The annual financial statement must include all schedules, attachments, supplements, management discussion, analysis, and actuarial opinions;
 - e. Respondent's most recent financial examination report issued by TDI and Respondent's most recent financial examination reports issued by any state insurance department in states where Respondent operates a Medicaid or comparable managed care product. If any financial examination report submitted is two (2) or more years old, or if Respondent has never had a financial examination report issued, submit the anticipated approximate date of the next issuance of a TDI or state department of insurance financial examination report;
 - f. Respondent's most recent Form B Registration Statement disclosure filed with TDI and any similar form filed with any state insurance department in other states where Respondent operates a Medicaid or comparable managed care product. If Respondent is exempt from the TDI Form B filing requirement, demonstrate and explain the nature of the exemption;
 - g. In the past three (3) years from the Proposal due date, if Respondent has been the subject of any bond rating analysis, ratings affirmation, write-up, or related report, such as by AM Best, Fitch Ratings, Moody's, or Standard & Poor's, submit the most recent detailed report from each rating entity that has produced such a report;
 - h. If applicable, last three (3) years from the Proposal due date of consolidated statements for any holding companies or Affiliates;

- i. A full disclosure of any events, liabilities, or contingent liabilities that could affect Respondent's financial ability to perform this Contract, inclusive of financially relevant press releases in the 12 months prior to the Proposal due date;
- j. If Respondent is a corporation that is required to report to the Securities and Exchange Commission (SEC), Respondent must submit its three (3) most recent SEC Form 10K, Annual Reports, pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934, Title 15 of the United States Code Chapter 2B, Sections 78m or 78o(d);
- k. If Respondent is a tax-exempt entity, then submit the most recent annual IRS Form 990 filing, including all attachments and schedules. If Respondent is a tax-exempt entity that is exempt from the IRS Form 990 filing requirement, demonstrate and explain the nature of the exemption;
- l. If Respondent is a tax-exempt entity that is a component or Subsidiary of a county Hospital district, or otherwise an entity of a government, then submit the most recent annual financial statements as prepared under the relevant rules or statutes governing annual financial reporting and disclosure for Respondent, including all attachments, schedules, and supplements. This may be the Comprehensive Annual Financial Report (CAFR) or other existing county Hospital district financial statements;
- m. If Respondent is either substantially or wholly owned by another corporate (or legal) entity, Respondent must include the information required for each such entity, including the most recent detailed financial report for each such entity; and
- n. In addition to the above-referenced documents, Respondent must submit an annual report or similar item if it is different than, or supplementary to, the other financial statements submitted and particularly if such documents are distributed to shareholders, customers, employees, owners, ultimate parent, banks, creditors, donors, communities, any regulatory body, or constituents, or is otherwise externally distributed or posted. The MCO must provide the most recent version of such annual reports or similar items.

5.5.5 Alternate Report

If Respondent is unable to provide the annual report specified above, Respondent must provide an alternate report. **At a minimum, financial statements must include a balance sheet; income statement; statement of changes in financial position; statement of cash flows; and capital expenditures.** The alternate report must contain the following information:

- a. Unaudited financial statements from the last three (3) years from the Proposal due date, including all supplements, management discussion and analysis, and actuarial opinions;
- b. An unaudited financial statement of the most recent quarter of operation; and
- c. A full disclosure of any events, liabilities, or contingent liabilities that could affect Respondent's financial ability to perform this Contract.

5.5.6 Disclosures

Respondent must submit with its Proposal the following information from the last three (3) years from the Proposal due date:

- a. Report of Legal and Other Proceedings and Related Events – Respondent must submit a report as described in **Chapter 5.8 of Exhibit B, Texas Medicaid and CHIP – UCMCM**, regarding the disclosure of certain matters involving either Respondent, its Affiliates, or its anticipated Material Subcontractors;
- b. Affiliate Report – Respondent must submit an Affiliate Report as described in **Chapter 5.11 of Exhibit B, Texas Medicaid and CHIP - UCMCM**. This report must include all anticipated transactions with Affiliates applicable to the Contract, including parental overhead assessments. Failure to include Affiliate transactions may result in such transactions being deemed as unallowable costs in the Contract; and
- c. Disclosure Statement – Respondent must submit a disclosure statement as described in **Chapter 5.3.2 of Exhibit B, Texas Medicaid and CHIP - UCMCM**. This report must include disclosures of other contracts held, amount of assets and net equity, information on facilities in Texas, number of employees, requirements to pay the health insurer providers fee, certain federally required disclosures. Material omissions or misrepresentations in the disclosure statement could be deemed a material Breach of the Contract, which could lead to termination or other remedies as may be available to HHSC.

If Respondent previously filed these reports and the disclosure statement with HHSC under a different contract, then Respondent may instead provide an updated submission of those documents, current as of the approximate time of the Proposal due date.

5.5.7 Corporate Guarantee

If Respondent is substantially owned or controlled, in whole or in part, by one or more other legal entities, Respondent must submit in its Proposal the information required under **Section 5.5.4 (Financial Statements)** above for each such entity, including the most recent financial statement for each such entity. Respondent must also include a statement that the entity or entities will unconditionally guarantee performance by Respondent for each and every obligation, warranty, covenant, term, and condition of any Contract resulting from this Solicitation. If HHSC determines that an entity does not have sufficient financial resources to guarantee Respondent's performance, HHSC may require Respondent to obtain another acceptable financial instrument or resource from such entity, or to obtain an acceptable guarantee from another entity with sufficient financial resources to guarantee Respondent's performance.

5.6 KEY PERSONNEL

Respondents must provide key staffing profiles for all key staff who will be responsible for the performance of the Services in accordance with **Section 4.02 of Exhibit A, STAR Health Uniform Terms and Conditions v. 1.0**.

ARTICLE VI GENERAL TERMS AND CONDITIONS

6.1 GENERAL CONDITIONS

6.1.1 Changes, Modifications, and Cancellation

HHSC reserves the right to make changes to and/or cancel this RFP and will post all changes and modifications, whether made as a result of a potential Respondent's written inquiries or otherwise, and cancellation notices on the ESBD. It is the responsibility of the Respondent to check the ESBD regularly for any additional information regarding this RFP. If the Respondent fails to monitor the ESBD for any changes or modifications to the RFP, such failure will not relieve the Respondent of its obligation to fulfill the requirements as posted.

6.1.2 Offer Period

Proposals shall be binding for a period of 240 Days after the submission due date. A Respondent may extend the time for which its Proposal will be honored. No other costs, rates, or fees shall be payable to the successful Respondent unless expressly agreed upon in writing by HHSC.

6.1.3 Costs Incurred

Respondents understand that issuance of this Solicitation in no way constitutes a commitment by HHSC to award a Contract or to pay any costs incurred by a Respondent in the preparation of a Proposal or response to this Solicitation. HHSC is not liable for any costs incurred by a Respondent. Costs of developing Proposals, preparing for or participating in Oral Presentations, or any other similar expenses incurred by a Respondent are entirely the responsibility of the Respondent, and will not be reimbursed in any manner by the State of Texas.

6.1.4 Contract Responsibility

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

6.1.5 Public Information Act - Respondent Requirements Regarding Disclosure

Proposals and contracts are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Other legal authority also requires HHSC to post contracts and proposals on its public website and to provide such information to the Legislative Budget Board for posting on its public website.

Under the PIA, certain information is protected from public release. If Respondent asserts that information provided in its Proposal is exempt from disclosure under the PIA, Respondent must:

- a. **Mark Original Proposal:**

1. Mark the Original Proposal, on the top of the front page, with the words “CONTAINS CONFIDENTIAL INFORMATION” in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font or larger);
 2. Mark the bottom of each page on the Proposal that contains information that Respondent claims is exempt from public disclosure with the words “CONTAINS CONFIDENTIAL INFORMATION”;
 3. Identify, adjacent to each portion of the Proposal that Respondent claims is exempt from public disclosure, the claimed exemption from disclosure (*NOTE: no redactions are to be made in the Original Proposal*);
- b. **Certify in Original Proposal – HHS Solicitation Affirmations v. 2.0 (attached as Exhibit I to this Solicitation):**

Certify, in the designated section of the HHS Solicitation Affirmations, Respondent’s confidential information assertion and the filing of its Public Information Act Copy; and

c. **Submit Public Information Act Copy of Proposal:**

Submit a separate “Public Information Act Copy” of the Original Proposal (in addition to the original and all copies otherwise required under the provisions of this Solicitation). The Public Information Act Copy must meet the following requirements:

1. The copy must be clearly marked as “Public Information Act Copy” on the front page in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font or larger);
2. Each portion Respondent claims is exempt from public disclosure must be redacted (blacked out); and
3. Respondent must identify, adjacent to each redaction, the claimed exemption from disclosure. Each identification provided as required in Subsection (c) of this section must be identical to those set forth in the Original Proposal as required in Subsection (a)(2), above. The only difference in required markings and information between the Original Proposal and the “Public Information Act Copy” of the Proposal will be redactions - which can only be included in the “Public Information Act Copy.” There must be no redactions in the Original Proposal.

By submitting a response to this Solicitation, Respondent agrees that, if Respondent does not mark the Original Proposal, provide the required certification in the HHS Solicitation Affirmations, and submit the Public Information Act Copy, Respondent’s Proposal will be considered to be public information that may be released to the public without notice to the Respondent in any manner including, but not limited to, in accordance with the Public Information Act, posted on HHSC’ public website, and posted on the Legislative Budget Board’s public website.

If any or all Respondents submit partial, but not complete, information suggesting inclusion of confidential information and failure to comply with the requirements set forth in this section, HHSC, in its sole discretion and in any Solicitation, reserves the right to (1) disqualify all Respondents that fail to fully comply with the requirements set forth in this section, or (2) to offer all Respondents that fail to fully comply with the requirements set forth in this section additional time to comply.

Respondent should not submit a Public Information Act Copy indicating that the entire Proposal is exempt from disclosure. Merely making a blanket claim that the entire Proposal is protected from disclosure because it contains any amount of confidential, proprietary, trade secret, or privileged information is not acceptable.

Proposals should not be marked or asserted as copyrighted material. If Respondent asserts a copyright to any portion of its proposal, by submitting a proposal, Respondent agrees to reproduction and posting on public websites by the State of Texas, including all other state agencies, without cost or liability and, additionally, agrees to allow the State of Texas to provide a copy of the Proposal to individuals making a PIA request for the proposal.

HHSC will strictly adhere to the requirements of the PIA regarding the disclosure of public information. As a result, by participating in this Solicitation process, Respondent acknowledges that all information, documentation, and other materials submitted in the Proposal in response to this Solicitation may be subject to public disclosure under the PIA. HHSC does not have authority to agree that any information submitted will not be subject to disclosure. Disclosure is governed by the PIA and by rulings of the Office of the Texas Attorney General. Respondents are advised to consult with their legal counsel concerning disclosure issues resulting from this process and to take precautions to safeguard trade secrets and proprietary or otherwise confidential information. HHSC assumes no obligation or responsibility relating to the disclosure or nondisclosure of information submitted by Respondents.

For more information concerning the types of information that may be withheld under the PIA or questions about the PIA, please refer to the Public Information Act Handbook published by the Office of the Texas Attorney General or contact the attorney general's Open Government Hotline at (512) 478-OPEN (6736) or toll-free at (877) 673-6839 (877-OPEN TEX). To access the Public Information Act Handbook, please visit the attorney general's website at <http://www.texasattorneygeneral.gov>.

6.1.6 Respondent Waiver – Intellectual Property

SUBMISSION OF ANY DOCUMENT TO HHSC IN RESPONSE TO THIS SOLICITATION CONSTITUTES AN IRREVOCABLE WAIVER AND AGREEMENT BY RESPONDENT TO FULLY INDEMNIFY THE STATE OF TEXAS, AND HHSC FROM ANY CLAIM AGAINST HHSC REGARDING THE INTELLECTUAL PROPERTY RIGHTS OF RESPONDENT OR ANY THIRD PARTY FOR ANY MATERIALS SUBMITTED TO HHSC BY RESPONDENT.

6.1.7 Standards of Conduct for Vendors

Pursuant to [Title 1 of the Texas Administrative Code \(TAC\), Part 15, Chapter 391, Subchapter D, Rule §391.405\(a\)](#), contractors, Respondents, and vendors interested in

working with HHS are required to implement standards of conduct to apply to all matters involving, or related to, those solicitations and contract(s) between themselves and HHS. These standards must adhere to ethics requirements adopted in rule, in addition to any ethics policy, or code of ethics approved by the HHSC executive commissioner and must be at least as restrictive as those applicable to HHS personnel in the applicable ethics law and policy provisions.

The standards of conduct must include the ten (10) standards of ethical conduct set forth in Section I of the [HHS Ethics Policy](#) and requirements to comply with ethical standards set forth in federal and state law (including, but not limited to, 1 TAC pt. 15, ch. 391, subch. D).

The standards of conduct, together with the responsibilities and restrictions incorporated herein, also apply to Subcontractors of Contractors, Respondents, and vendors.

Standards of conduct of any Contractor, Respondent, or vendor may be reviewed and/or audited by the State Auditor and HHSC. Additionally, pursuant to [Title 1 TAC Part 15, Chapter 391, Subchapter D, Rule §391.405\(a\)](#), HHS may examine a Respondent's standards of conduct in the evaluation of a bid, offer, proposal, quote, or other applicable expression of interest in a proposed purchase of Goods or Services.

Any vendor or contractor that violates a provision of [Title 1 TAC Part 15, Chapter 391, Subchapter D](#) may be barred from receiving future contracts or have an existing contract canceled. Additionally, HHSC may report the vendor's actions to the Comptroller of Public Accounts for statewide debarment, or law enforcement.

6.1.8 Disclosure of Interested Parties

Pursuant to Section 2252.908 of the Texas Government Code, a successful Respondent to be awarded a Contract with a value of \$1 million or more or awarded a Contract that would require the successful Respondent to register as a lobbyist under Texas Government Code Chapter 305 must submit a disclosure of interested parties form to HHSC at the time the Respondent submits the signed Contract. Rules and filing instructions may be found on the Texas Ethics Commission's public website and additional instructions will be given by HHSC to the successful Respondent.

6.2 INSURANCE

6.2.1 Required Coverage

For the duration of any Contract resulting from this Solicitation, the successful Respondent shall acquire insurance, bonds, or both, with financially sound and reputable independent insurers, in the type and amount listed in [Exhibit A, STAR Health Uniform Terms and Conditions v. 1.0, Section 15.01, Insurance Coverage](#). Failure to maintain insurance coverage or acceptable alternative methods of insurance shall be deemed a breach of Contract.

6.3 BONDS

Prior to beginning any Services and Deliverables under any Contract resulting from this Solicitation, the successful Respondent shall acquire bonds in the type and on the form listed in **Exhibit A, STAR Health Uniform Terms and Conditions v. 1.0, Section 15.02, Performance Bond, and Section 15.03, TDI Fidelity Bond.**

6.4 PROTEST

Any protest shall be governed by the rules published by HHSC in the [Texas Administrative Code, Title 1, Part 15, Chapter 391, Subchapter C, Protests.](#)

ARTICLE VII. LIST OF EXHIBITS, FORMS, AND ATTACHMENTS

Exhibit B “Texas Medicaid and CHIP Uniform Managed Care Manual” and Exhibit E “Texas Medicaid Provider Procedures Manual” to this procurement, are two documents that contain policy and procedures relating to the delivery of managed care services and related deliverables that are frequently amended to reflect the most current delivery of services and reporting requirements. As such, the information contained within the two exhibits for this procurement’s posting reflects the documents’ contents as of the date noted within each document at the time of posting. By submitting a response to this procurement, Respondent understands and agrees to the “snapshot in time” format of these two exhibits. Furthermore, Respondent understands and agrees that if awarded a Contract as a result of this procurement, the Respondent will accept and be bound to the terms of Exhibit B “Texas Medicaid and CHIP Uniform Managed Care Manual” and Exhibit E “Texas Medicaid Provider Procedures Manual,” as written at the time of the execution of the Contract.

Exhibit A	STAR Health Uniform Terms and Conditions v. 1.0
Exhibit B	Texas Medicaid and CHIP - Uniform Managed Care Manual (UMCM)
Exhibit C	Deliverables/Liquidated Damages Matrix
Exhibit D	Access Standard Map
Exhibit E	Texas Medicaid Provider Procedures Manual (TMPPM)
Exhibit F	Health Passport Overview and Requirements
Exhibit G	HUB Subcontracting Plan
Exhibit H	STAR Health Scope of Work (SOW)
Exhibit I	HHS Solicitation Affirmation v. 2.0
Exhibit J	Assurances – Non-Construction Programs
Exhibit K	Certification Regarding Lobbying
Exhibit L	Exceptions Form
Exhibit M	Assumptions Form
Exhibit N	Consensus Scoring Rubric
Exhibit N-1	Evaluation Tool and Sample Scoring Example
Exhibit O	STAR Health Contract Signature Template
Exhibit P	Scoring Guide
Exhibit Q	Procurement Library
Attachment A	HHS Contract Affirmations v. 2.0