

### Decision Support System Questionnaire

MCHCP requires that you provide concise responses to questions requiring explanation. Please note there is a 1,000 character limit on all textual responses. MCHCP expects that you will provide all explanations within the parameters of the questionnaire.

#### Proprietary Statement

**1.1 Pursuant to Section 610.021 RSMo, proposals and related documents shall not be available for public review until a contract has been awarded or all proposals are rejected. MCHCP maintains copies of all bid file material for review by appointment. Regardless of any claim by the bidder as to material being proprietary and not subject to copying or distribution, or how a bidder characterizes any information provided in its proposal, all material submitted by the bidder in conjunction with this RFP is subject to release after the award of a contract in relation to a request for public records under the Missouri Sunshine Law (see Chapter 610 of the Missouri Revised Statutes). Neither MCHCP nor its consultant shall be obligated to return any materials submitted in response to this RFP. The use of MCHCP's name in any way is strictly prohibited. Confirm your agreement with the Confidentiality and Public Record Policy listed above.**

Confirmed

Not confirmed (please explain)

#### Minimum Bidder Requirements

**2.1 Confirm your organization has at least five years' experience in converting and standardizing raw claim, encounter, health assessment, dental, vision, and eligibility data to provide accessible healthcare management information. The contractor must have experience in accepting data from the following plan types: Medical (PPO, HDHP, and Medicare Advantage), PBM, dental, vision, on-site health centers, and health assessment vendors.**

Confirmed (please describe)

Not confirmed (please explain)

**2.2 Confirm your organization currently is providing health care decision support services to at least 2 million (2,000,000) total covered lives in employer organizations.**

Confirmed (please describe)

Not confirmed (please explain)

**2.3 Confirm your organization is currently providing the same or similar tool being proposed to MCHCP to at least three large employers, two of which must have more than 40,000 subscribers and one which must have at least 50,000 subscribers. One of these employers must be a public sector state employer.**

Confirmed (please describe)

Not confirmed (please explain)

**2.4 Confirm your organization offers this product in such a manner that MCHCP has no responsibility for the database, the decision support software, or the technical infrastructure and associated processes and procedures.**

Confirmed (please describe)

Not confirmed (please explain)

**2.5 Confirm the database is accessible through the web and is secure.**

Confirmed (please describe)

Not confirmed (please explain)

**2.6 Confirm your commitment to maintain HIPAA compliance for the life of the contract and as long as the data is maintained by the contractor, and confirm compliance with all state and federal laws and regulations concerning data confidentiality and security.**

Confirmed (please describe)

Not confirmed (please explain)

**2.7 Confirm your organization will not increase your proposed costs after submission except with**

**agreement by MCHCP.**

Confirmed (please describe)

Not confirmed (please explain)

**Organization Background and Staffing**

**3.1 Describe any merger or acquisition activity in process or expected in the next two years. Discuss the impact any merger/acquisition may have on the business relationship with MCHCP.**

Response

**3.2 Describe any peer networking opportunities provided by the vendor along with topics covered that may be of interest to MCHCP.**

Opportunity 1

Opportunity 2

Opportunity 3

**3.3 How many clients does your company provide Data Warehousing and associated services for?**

Number of clients

**3.4 What differentiates you from your competitors?**

Response

**3.5 Complete the following table regarding the team that would be compiled for MCHCP.**

	Name	Role in your organization	Role for MCHCP	Brief work experience bio	Number of years at your organization	Number of years in their current role	Number of current accounts in this same role	Maximum number of accounts
Account Management (Primary)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Management (Secondary)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Implementation (Primary)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Implementation (Secondary)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Analysis (Primary)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Analysis (Secondary)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**System and General Capabilities**

**4.1 Confirm that you have uploaded documentation describing the product you are proposing to implement for MCHCP. Describe the product in terms of history, structure, functionality, and capacity. Upload the document to the Reference Files from Vendor section and name the file "Q4.1 Product Description".**

Confirmed

Not Confirmed

**4.2 How long has the product been in use? How many customers are currently using the product?**

Length of time product has been in use (years)

Number of customers currently using product

**4.3 How often are new versions of your system released?**

Response

**4.4 Describe the system update process as new versions are released, including MCHCP's role in the update process. Discuss any resulting disruption, downtime, antiquation of reports, etc.**

Response

**4.5 Describe the procedure for support, transition, and training when implementing new versions.**

Response

**4.6 What enhancements and upgrades are included with the license or purchase of the product?**

Response

**4.7 Describe any content enhancements planned for the next 18 months to your proposed product.**

Response

**4.8 What is your product development strategy and how is it funded?**

Response

**4.9 Describe user hardware requirements.**

Response

**4.10 Describe user software requirements.**

Response

**4.11 Confirm that all data is integrated for analysis and reporting and is warehoused in one system.**

Confirmed (please describe)

Not confirmed (please explain)

**System Features**

**5.1 Specify the various types of coding used by your system to identify and correlate claim data across programs. Include both generally known coding systems (e.g., ICD, CPT, MDCs) and any internal groupings you have developed to facilitate analysis.**

Response

**5.2 Describe how your system provides the ability to import lists or datasets.**

Response

**5.3 Describe how adjustments can be made for differences in population such as age, case mix, severity, and geography. Are these adjustments made automatically?**

Response

**5.4 Describe your health risk scoring capabilities including type of data elements included and how often they are updated.**

Response

**5.5 Are these health risk scoring capabilities seamlessly accessible through the same user interface within your decision support system?**

Yes, please describe

No, please explain

**5.6 Describe how your product supports each of the features listed below. State whether each function is seamlessly available within the decision support tool.**

Plan management	<input type="text"/>
Strategy design	<input type="text"/>
Identification of cost drivers	<input type="text"/>
Measurement of overall program effectiveness	<input type="text"/>
Financial management reporting	<input type="text"/>
Early identification of trends	<input type="text"/>

**5.7 Describe your normative data capabilities.**

Response

**5.8 What specific industry benchmarks are available? Include the number of lives specific to each benchmark.**

	Industry	Describe	Number of lives
Benchmark 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benchmark 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benchmark 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benchmark 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benchmark 5	<input type="text"/>	<input type="text"/>	<input type="text"/>

**5.9 What timeframes are available for the benchmarks (check all that apply)?**

- Annual
- Quarterly
- Monthly
- Rolling year
- Rolling quarter
- Other

**5.10 Does the user have the ability to adjust the benchmarks to enhance comparability (age, gender, geography, etc.)**

- Yes, please describe
- No, please explain

**5.11 Describe your capabilities and methodology for creating episodes of care that integrate inpatient, outpatient and prescription claims.**

Response

**5.12 Does your system allow users to switch from "paid" data to "incurred" data within reports?**

- Yes, please describe
- No, please explain

**5.13 Is your metadata available in electronic format and embedded within your decision support system?**

- Yes, please describe
- No, please explain

**5.14 Do users have the ability to create distribution reports on your system (e.g. groups of individuals based on net medical payments over a given timeframe)?**

- Yes, please describe
- No, please explain

**5.15 Does your decision support tool automatically inform users of the existence of any report structure problems (e.g. problems that may produce faulty results or report failure) prior to running and saving reports?**

Yes, please describe

No, please explain

**5.16 Does your reporting system have the ability to include/exclude based on continuous enrollment (e.g. members with 11 out of 12 most recent months of medical coverage)?**

Yes, please describe

No, please explain

**5.17 Does your reporting system provide users the opportunity to build reports based on a defined selection of summarized variables (e.g. identify patients who had more than \$25,000 in net payments over the most recent rolling year)?**

Yes, please describe

No, please explain

**5.18 Does your system have the ability to report on a specific group of, for example, individuals constrained by a defined set of procedures completed within a defined date range? An example could be to look for frequency of episodes of otitis media occurring within a year prior to tube insertion for individuals under age 18.**

Yes, please describe

No, please explain

#### Security and User Access

**6.1 Describe your processes to ensure the security and confidentiality of MCHCP protected health information contained in your system.**

Response

**6.2 Describe the roles and qualifications of your privacy and/or security officer.**

Response

**6.3 How do your employees gain access to MCHCP-specific data?**

Response

**6.4 Are there different levels of access within your organization?**

Yes, please describe

No, please explain

**6.5 How do you set up a user's access to limit the data the user may access?**

Response

**6.6 Describe your business continuity and disaster recovery plans.**

Response

**6.7 Describe your data backup and archiving processes to protect the data in your system.**

Response

**6.8 How is data that ages out of the warehouse (i.e. older than five years) maintained?**

Response

**6.9 Describe a circumstance and outcome when you had to invoke your disaster recovery plan.**

Response

**6.10** If, in a subsequent bid process, a new bidder is awarded the contract, how would your company release to MCHCP and/or the new contractor the previously submitted claims data?

Response

**6.11** Will there be predictable or unpredictable occasions that MCHCP's DSS utilization will be adversely affected?

Response

**6.12** Will MCHCP ever lose the ability to utilize its DSS for reasons such as periodic database maintenance?

Response

**6.13** Has your organization had a Statement on Standards for Attestation Engagements (SSAE) audit performed? If so, upload a copy to the Reference Files from Vendor section, and name the file "Q6.13 SSAE Report".

- Audit performed and report has been uploaded
- Audit performed and report has not been provided (please explain)
- Audit not performed (please explain)

**Data Consolidation and Quality Review**

**7.1** Briefly describe your experience collecting data from MCHCP plan vendors specified in Attachment 1.

Response

**7.2** Do you have common feeds established with vendors mentioned in Attachment 1?

- Yes, please describe
- No, please explain

**7.3** Briefly describe your experience providing data extracts to outside parties.

Response

**7.4** What format do you require for vendor data feeds? Indicate your desired mode.

Response

**7.5** Describe your process for receiving, reviewing and reconciling data received from each vendor to ensure completeness and accuracy.

Response

**7.6** Is the data receiving, reviewing and reconciling process 100 percent automated? If not, what portion(s) of the process is automated?

- Yes, please describe
- No, please explain

**7.7** How do you define "clean" data?

Response

**7.8** Does a benchmark level for "clean" data exist before it is loaded into the system?

Response

**7.9** What are your minimum standards for data quality?

Response

**7.10 How do you resolve conflicts regarding data integrity?**Response **7.11 What proactive strategies are currently in place to detect data integrity issues prior to flawed data being loaded into the system?**Response **7.12 Describe the type of feedback on data quality you provide to the data suppliers and MCHCP.**Response **7.13 Provide a timetable of the monthly upload process from the time a file is received by you until fully operational and available to MCHCP. Are all data sources updated simultaneously?**Response **7.14 How are "unique" fields incorporated into your database? For example, MCHCP may have a unique field in its eligibility file. How would this be incorporated?**Response **7.15 Describe the process used to match enrollment and claims data.**Response **7.16 Do your security procedures create any difficulties in this matching process?** Yes, please explain No**7.17 Describe your plans for MCHCP's role in both the initial and subsequent routine data collection and cleaning process.**Response **7.18 Confirm that you have uploaded an actual (blinded) example of a typical data request to a data supplier in the Reference Files from Vendor section. Name the document "Q7.18 Data Request".** Confirmed Not confirmed (please explain)**Reporting****8.1 The system must provide a multi-dimensional, user-definable analytic reporting utility across business functions using a single integrated system. Confirm that you have uploaded a full description of how your system meets and/or surpasses this requirement to the Reference Files from Vendor section. Name the file "Q8.1 Reporting Utility Description".** Confirmed Not confirmed (please explain)**8.2 Confirm that you have uploaded samples of standard reports in the Reference Files from Vendor section and named the file "Q8.2 Sample Standard Reports".** Confirmed Not confirmed (please explain)**8.3 Describe ad hoc reporting capabilities and associated costs. On average, what is the delivery time associated with ad hoc reporting requests? Also include any associated costs in the Supplemental Pricing section of the pricing model.**Response **8.4 Confirm your ability to support the following MCHCP reporting needs:**

	<b>Confirmed, please</b>	<b>Not confirmed,</b>
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	describe	please explain
Account structure for reporting purposes to enable MCHCP to analyze data by agency, work location, geography, employee/retiree status, etc.	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Ability to produce reports on any timeframe selected by MCHCP	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Analysis on both paid and incurred claim basis	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Reporting by demographic characteristics such as age, gender, etc.	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Reporting by provider groups and by individual providers	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Reporting by place of service	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Separate reporting by primary care physicians versus specialists	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Assessment of provider network usage	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Health plan network discounts	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
High dollar claim activity (individual claims above MCHCP-specified threshold)	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Reserve analysis (paid v. incurred lag)	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Year over year, time period over time period trend and PMPM analysis	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Analysis of changes in cost due to changes in population demographics	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Competitive benchmarking (book of business and industry)	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Trend analysis	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Risk-assessment	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Time windows	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>

**8.5 Do you have reporting capabilities that integrate medical and drug data within episodes of care?**

- Yes, please describe
- No, please explain

**8.6 If you answered "Yes" to Question 8.5, please describe what data is integrated and the integration process.**

Response

**8.7 Describe the system's ability to produce forecasting reports. Specifically, describe your approach to IBNR. Are there differences among types of carriers? Types of claims?**

Response

**8.8 Will MCHCP have the ability to:**

	Yes, please describe	No, please explain
Modify standard reports?	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Create new reports using standard reports as templates?	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Create new reports from scratch?	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Run individual reports at will and on an automated user-defined schedule?	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Run groups of reports at will and on an automated user-defined schedule?	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Download reports in a manipulatable format (e.g. Excel)?	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Save notations in report description, allowing MCHCP to communicate report content for future reference?	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>

Implementation, Training and Client Support

9.1 Confirm you have uploaded in the Reference Files from Vendor section a detailed implementation plan. The implementation plan should assume a January 1, 2025 implementation date. Name the document "Q9.1 Implementation Plan". The plan must include a list of specific implementation tasks/transition protocols and a timetable for initiation and completion of such tasks.

Confirmed

Not Confirmed (please explain)

9.2 Provide a description of your general approach to implementation.

Response

9.3 Describe the factors you believe are most closely associated with successful and unsuccessful implementations.

Successful implementations

Unsuccessful implementations

9.4 Describe in detail any challenges you anticipate arising during implementation and with performing ongoing services described in this RFP.

Response

9.5 What MCHCP resources and support will be required during implementation?

Response

9.6 Describe the process and timetable for training MCHCP users. MCHCP expects to train up to 4 internal and 2 external high level users.

Response

9.7 Has your organization ever transitioned a client from Merative to your company's product? If yes, provide a client reference, including name, company name, phone number and email address.

Yes, provide reference information

No

Not applicable

9.8 Describe the support services you provide following implementation? Include the hours of availability for telephonic support.

Response

9.9 Do you have an online user's website that functions as a resource where power users can search FAQs and/or a knowledge base to find answers prior to seeking assistance from the account team?

Yes, please describe

No, please explain

9.10 Describe how your clients achieved measurable results, including, but not limited to, return on investment ("ROI")? Please provide relevant descriptions and associated returns.

Response

**Analytic Services**

10.1 Describe the analytic services available to clients.

Response

10.2 For what percent of clients do you provide analytic services in addition to data management?

Percentage

 %

**10.3 What level of analytic assistance is anticipated in your proposal? How is this expressed, e.g., as a specified number of hours?**

Response

**10.4 If MCHCP exceeds the level of analytic assistance assumed in your proposal, is there an additional cost? Describe any additional costs in the Supplemental Pricing section of the pricing model.**

Response

**Voluntary Data Share Agreement (VDSA) Services**

**11.1 Describe your experience providing the necessary eligibility to the Centers for Medicare and Medicaid (CMS) Coordination of Benefits Contractor (COBC) to receive Medicare entitlement information.**

Response

**11.2 Provide a current client reference for whom you have provided VDSA reporting services.**

Name

Organization

Phone

E-mail

**Consumer Plan Selection Tool**

**12.1 Describe your experience providing a consumer plan selection tool as described in Exhibit B, Section B5.**

Response

**12.2 Confirm you have uploaded sample screen shots of the consumer plan selection tool you are proposing for MCHCP. Upload the file to the Reference Files from Vendor section, and name the file "Q12.2 Consumer Plan Selection Tool".**

- Confirmed
- Not confirmed (please explain)

**12.3 Confirm you have uploaded sample reporting that will be provided to demonstrate the effectiveness of the tool to determine if members selected the recommended plan. Upload the file to the Reference Files from Vendor section, and name the file "Q12.3 Consumer Tool Reporting".**

- Confirmed
- Not confirmed (please explain)

**Performance Guarantees**

Indicate the dollar amount you are willing to put at risk for each instance the stated standard is not met. The offeror must designate a minimum of 5% of the total monthly fees for the implementation standard and 20% of the total monthly fees for the remaining performance standards. The offeror may designate a maximum amount for any one standard.

**13.1 Implementation - The following category will be measured following implementation, January, 2025.**

	<b>Will you guarantee this standard (Yes or No)</b>	<b>Measurement process</b>	<b>Fees at risk (state as flat dollar amount at risk per day for each business day implementation milestone is missed)</b>	<b>Maximum dollar amount at risk</b>
Contractor will complete each phase of implementation on or before the date listed in the Implementation Plan. A final Implementation Plan will be negotiated with the contractor within 15 days of contract award.	<input type="text"/>	MCHCP will determine if implementation milestones are met	<input type="text"/>	<input type="text"/>

**13.2 Accuracy - The following category will be reported and measured quarterly beginning January, 2025.**

	<b>Will you guarantee this standard (Yes or No)</b>	<b>Measurement process</b>	<b>Fees at risk (state as flat dollar amount at risk for each day beyond 15 business days that error is not corrected)</b>	<b>Maximum dollar amount at risk</b>
Errors identified by MCHCP will be corrected within fifteen (15) business days of notification by MCHCP	<input type="text"/>	MCHCP will monitor adherence to this standard	<input type="text"/>	<input type="text"/>

**13.3 Database updates - The following category will be reported and measured quarterly beginning January, 2025.**

	<b>Will you guarantee this standard (Yes or No)</b>	<b>Measurement process</b>	<b>Fees at risk (state as flat dollar amount at risk for each day beyond 15 calendar days that database is not available)</b>	<b>Maximum dollar amount at risk</b>
Database updates will be available to MCHCP within 15 calendar days of receipt of usable data from data sources	<input type="text"/>	MCHCP will monitor adherence to this standard	<input type="text"/>	<input type="text"/>

**13.4 System availability - The following category will be reported and measured quarterly beginning January, 2025.**

	<b>Will you guarantee this standard (Yes or No)</b>	<b>Measurement process</b>	<b>Fees at risk (state as flat dollar amount at risk for each instance when system is found to be unavailable during stated hours)</b>	<b>Maximum dollar amount at risk</b>
System must be available 99.5 percent of the time between the hours of 7:00 am and 6:00 pm CT. Calculation for percentage of time system is available shall not include those times for which preventive maintenance and system updates are scheduled and for which MCHCP has been notified at least three business days in advance	<input type="text"/>	MCHCP will monitor adherence to this standard	<input type="text"/>	<input type="text"/>

**13.5 System response time - The following category will be reported and measured quarterly beginning January, 2025.**

	<b>Will you guarantee this standard (Yes or No)</b>	<b>Measurement process</b>	<b>Fees at risk (state as flat dollar amount at risk for each month that standard is not met)</b>	<b>Maximum dollar amount at risk</b>
All standard stored on-line reports available from the system must be delivered within 30 seconds of the user request 90 percent of the time, calculated on a monthly basis. The "time to deliver" is to be measured from the last key stroke entered by the requestor to full display of the report at the requestor's workstation.	<input type="text"/>	MCHCP will monitor adherence to this standard	<input type="text"/>	<input type="text"/>

**13.6 User support - routine. The following category will be reported and measured quarterly beginning January, 2025.**

	<b>Will you guarantee this standard (Yes or No)</b>	<b>Measurement process</b>	<b>Fees at risk (state as flat dollar amount at risk for each month that standard is not met)</b>	<b>Maximum dollar amount at risk</b>
	<input type="text"/>		<input type="text"/>	<input type="text"/>

	Will you guarantee this standard (Yes or No)	Measurement process	Fees at risk (state as flat dollar amount at risk per incident)	Maximum dollar amount at risk
Responses to MCHCP user questions will be made within one (1) business day of receipt	<input type="text"/>	MCHCP will monitor adherence to this standard	<input type="text"/>	<input type="text"/>

**13.7 User support - research. The following category will be reported and measured quarterly beginning January, 2025.**

	Will you guarantee this standard (Yes or No)	Measurement process	Fees at risk (state as flat dollar amount at risk per incident)	Maximum dollar amount at risk
Responses to MCHCP user questions that require research will be made within three (3) business days of receipt	<input type="text"/>	MCHCP will monitor adherence to this standard	<input type="text"/>	<input type="text"/>

**13.8 Turnover plan - The following category will be reported and measured at contract termination.**

	Will you guarantee this standard (Yes or No)	Measurement process	Fees at risk (state as flat dollar amount at risk per business day for each day the turnover plan is not provided)	Maximum dollar amount at risk
Within six months prior to end of contract, contractor shall prepare and submit turnover work plan within 30 days of notification of contract termination, as described in Exhibit B, Section B3.2	<input type="text"/>	MCHCP will monitor adherence to this standard	<input type="text"/>	<input type="text"/>

**13.9 Describe any additional guarantees you will offer to MCHCP.**

	Describe guarantee	Measurement process	Amount at risk	Maximum amount at risk
Guarantee 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guarantee 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guarantee 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guarantee 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guarantee 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**MBE-WBE Participation Commitment**

If the bidder is committing to participation by or if the bidder is a qualified MBE/WBE, the bidder must provide the required information in the appropriate table (s) below for the organization proposed and must submit the completed Exhibit A-5 with the bidder's proposal. For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the bidder must either (1) enter the participation percentage under MBE or WBE, or must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

**14.1 MBE Participation Commitment Table**

	Name of Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for MBE	Description of Products/Services to be Provided by MBE
Company 1	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 2	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 3	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 4	<input type="text"/>	<input type="text"/> %	<input type="text"/>

Total MBE Percentage	<input type="text"/>	<input type="text"/> %	<input type="text"/>
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**14.2 WBE Participation Commitment Table**

	Name of Qualified Women Business Enterprise (WBE) Proposed	Committed Percentage of Participation for WBE	Description of Products/Services to be Provided by WBE
Company 1	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 2	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 3	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 4	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Total WBE Percentage	<input type="text"/>	<input type="text"/> %	<input type="text"/>

**References**

**15.1 Provide three references for current customers that would be similar in size and scope to MCHCP. We will not contact these references without discussing it with you first; however, having information on references is critical.**

	Company 1	Company 2	Company 3
Company Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Implementation Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Services Provided	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>

**15.2 Provide references for two clients who have terminated your services. If possible use companies of similar size and needs as MCHCP. We will not contact these references without discussing it with you first; however, having information on references is critical.**

	Terminated Client #1	Terminated Client #2
Name or Industry	<input type="text"/>	<input type="text"/>
Services provided by your organization	<input type="text"/>	<input type="text"/>
Number of employees	<input type="text"/>	<input type="text"/>
Number of years working with your organization	<input type="text"/>	<input type="text"/>
Reason for termination of relationship	<input type="text"/>	<input type="text"/>

**Scope of Work**

**16.1 Confirm you agree with the Purpose as stated in Exhibit B, Section B1.**

Confirmed

Not confirmed (please explain)

**16.2 Confirm you will meet the Implementation requirements as stated in Exhibit B, Section B2.**

Confirmed

Not confirmed (please explain)

**16.3 Confirm you agree with the Rights in Data/Turnover Requirements stated in Exhibit B, Section B3.**

- Confirmed  
 Not confirmed (please explain)

**16.4 Confirm you will meet the Voluntary Data Share Agreement (VDSA) Services requirements as stated in Exhibit B, Section B4.**

- Confirmed  
 Not confirmed (please explain)

**16.5 Confirm you will meet the Consumer Plan Selection Tool requirements as stated in Exhibit B, Section B5.**

- Confirmed  
 Not confirmed (please explain)

**16.6 Confirm you will meet the Electronic Transmission Protocols as described in Exhibit B, Section B6.**

- Confirmed  
 Not confirmed (please explain)

**16.7 Confirm you agree to the Payment Terms outlined in Exhibit B, Section B7.**

- Confirmed  
 Not confirmed (please explain)

**16.8 Confirm you agree with the Renewal and Termination of Contract provisions outlined in Exhibit B, Section B8.**

- Confirmed  
 Not confirmed (please explain)

**Attachment checklist**

**17.1 Confirm the following have been provided with your proposal. A check mark below indicates the document has been uploaded to the Reference Files from Vendor section.**

- Q4.1 Product description  
 Q6.13 SSAFE report  
 Q7.18 Data request  
 Q8.1 Reporting utility description  
 Q8.2 Sample standard reports  
 Q9.1 Implementation plan  
 Q12.2 Consumer plan selection tool  
 Q12.3 Consumer tool reporting