



TEXAS

Health and Human Services

Stephanie Muth, Executive Commissioner

Request for Proposals (RFP)

for

Medicaid

and

Children's Health Insurance Program Dental Services

RFP No. HHS0017108

Date of Release: October 7, 2026

Responses Due: [See Section 2.1, Schedule of Events](#)

958-56 Health Care Management Services, Including Managed Care Services

915-20 Call Center Services

948-07 Administration Services, Health

Contents

Article I. Program Summary, Definitions, and Authority	5
1.1 Program Summary	5
1.1.1 Scope of Work	5
1.1.2 Contract Award, Term, and Historical Compensation.....	5
1.1.2.1 Contract Award and Execution.....	5
1.1.2.2 Contract Term	6
1.1.2.3 Historical Compensation.....	6
1.1.3 No Guarantee of Volume, Usage, or Compensation.....	6
1.2 Definitions.....	6
1.3 Authority	9
Article II. Administrative Information.....	10
2.1 Schedule of Events.....	10
2.2 Ambiguity, Conflict, or Discrepancy	11
2.3 Inquiries	11
2.3.1 Sole Point of Contact	11
2.3.2 Prohibited Communication	12
2.3.3 Exception to Sole Point of Contact.....	12
2.3.4 Solicitation Questions	13
2.3.5 Pre-proposal Conference.....	13
2.4 Proposal Composition Requirements.....	15
2.4.1 General Information.....	15
2.4.2 Page Limit and Supporting Documentation.....	15
2.4.3 Discrepancies	16
2.4.4 Exceptions.....	16
2.4.5 Assumptions.....	16
2.4.6 Binding Offer	17
2.4.7 Modifications and Withdrawals	17
2.5 Proposal Submission and Delivery	18
2.5.1 Deadline	18
2.5.2 Submission Option.....	18

2.5.3	Labeling and Delivery for USB Submission and Other Materials	19
2.5.4	Submission Checklist.....	20
Article III. Proposal Evaluation and Award Process		22
3.1	Evaluation Criteria	22
3.1.1	Conformance with State Law.....	22
3.1.2	Mandatory Contracts.....	22
3.1.3	Selection Methodology	22
3.1.4	Best Value Evaluation Criteria	25
3.1.5	Oral Presentation Criteria	27
3.1.6	Final Weighted Score.....	28
3.1.7	Final Consideration for Award	29
3.1.8	Final Award Determination	30
Article IV. Executive Summary and Technical Questions		31
4.1	Executive Summary	31
4.2	Technical Questions.....	31
Article V. Additional Required Documentation		38
5.1	Affirmations and Certifications	38
5.2	Subcontracting Plan	38
5.3	Authorization to Conduct Business in Texas.....	39
5.4	Company Profile	39
5.5	Required Financial Information.....	42
5.5.1	Company Organization	42
5.5.2	Material Subcontractor Information	43
5.5.3	Dun and Bradstreet Reports	44
5.5.4	Financial Statements and Financial Solvency.....	44
5.5.5	Alternate Report.....	46
5.5.6	Disclosures	47
5.5.7	Corporate Guarantee	48
5.6	Key Personnel	48
5.7	Breach and Security Incident Disclosure	48
Article VI. General Terms and Conditions		49

6.1	General Conditions	49
6.1.1	Changes, Modifications, and Cancellation	49
6.1.2	Offer Period	49
6.1.3	Costs Incurred	49
6.1.4	Contract Responsibility.....	49
6.1.5	Public Information Act - Respondent Requirements Regarding Disclosure	49
6.1.6	Respondent Waiver – Intellectual Property	52
6.1.7	Standards of Conduct for Vendors.....	52
6.1.8	Disclosure of Interested Parties	52
6.2	Insurance	53
6.2.1	Required Coverage.....	53
6.2.2	Alternative Insurability	53
6.3	Bonds	53
6.4	Protest	53
Article VII. List of Exhibits, Forms, and Attachments.....		54

ARTICLE I. PROGRAM SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 PROGRAM SUMMARY

The principal objectives of Medicaid and Children's Health Insurance Program (CHIP) managed care children's dental services are to provide quality, comprehensive dental services in a manner that improves the oral health of the Members through preventive care, health education, early intervention, and to promote improved access to quality care, thereby significantly improving health outcomes for the target populations.

Members' primary and preventive Medicaid and CHIP dental services are provided statewide through Dental Contractors. Each Dental Contractor is responsible for contracting with general dentists, pediatric dentists, and dental specialists to create a robust delivery Network.

HHSC PCS will administer the procurement process for this Solicitation, which includes RFP publication, handling of communications from vendors, as well as managing the receipt of Proposals for review and evaluation.

To be considered for award, a Respondent must execute **Exhibit H, HHS Solicitation Affirmations v. 2.10** and provide all other required information and documentation as set forth in this Solicitation.

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

1.1.1 SCOPE OF WORK

Refer to **Exhibit G, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Statement of Work (SOW)** for information concerning the programs and eligible population.

1.1.2 CONTRACT AWARD, TERM, AND HISTORICAL COMPENSATION

1.1.2.1 Contract Award and Execution

HHSC intends to award two or more Contracts as a result of this Solicitation. In this RFP, there is a single, statewide Service Area (SA). 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 60 Days of HHSC's determination to seek to contract with that Respondent, HHSC may negotiate

a Contract with the next highest-scoring Respondent or may withdraw, modify, or partially award 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 awarded pursuant to this Solicitation for a maximum of three (3) additional periods of two (2) years each. Except as provided in Subsection (b), the maximum Contract term, including the Initial Contract Period and allowable renewals or extensions, is 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 cumulative annual compensation under prior contracts resulting from a Medicaid Children's Dental program solicitation was approximately \$1,519,814,333.00.

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, make partial award, or decline to award a Contract under this Solicitation at any time at its sole discretion.

1.2 DEFINITIONS

Refer to **Exhibit A, Dental Contract Terms and Conditions**, **Exhibit B, Uniform Managed Care Manual**, and **Exhibit G, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Statement 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:

“540.0206 Claim” is a Respondent’s request to be considered for a Contract awarded pursuant to [Texas Government Code Section 540.0206](#), as provided by **Section 3.1.2 (Mandatory Contracts)**.

“540.0206 Claim Rejected” or “Rejected 540.0206 Claim” is a Respondent’s 540.0206 Claim that HHSC, in its sole discretion, determines does not meet the requirements of contract award under [Texas Government Code Section 540.0206\(a\)](#). If a Respondent’s 540.0206 Claim is denied, the Respondent will proceed through the procurement process as though they made no 540.0206 Claim.

“540.0206 Claim Validated by HHSC” or “Valid 540.0206 Claim” is a Respondent’s 540.0206 Claim that HHSC, in its sole discretion, determines qualifies the Respondent to be considered for a Contract awarded pursuant to [Texas Government Code Section 540.0206](#), based on the Respondent’s demonstration and HHSC’s determination that the Respondent is described by [Texas Government Code Sections 540.0206\(a\)\(1\), \(2\), or \(3\)](#). May also be referred to as “Validated 540.026 Claim.”

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

“Advancement Criteria” means the published criteria for Respondent to advance to the next phase of evaluation if multiple evaluation methods are utilized.

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

“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\(3\)](#)

“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.

“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 <https://www.txsmartbuy.gov/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.

“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 that meet the Advancement Criteria specified in this Solicitation.

“Oral Presentation Score” means the score provided to a Respondent following the evaluation of the Respondent’s Oral Presentation.

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

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

“Respondent” means the individual or entity responding to this Solicitation, regardless of whether the individual or entity is making a 540.0206 Claim.

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

“Solicitation Consideration (SC) Documents” means documents that must be submitted by Respondent with 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 the Schedule of Events has passed.

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

“Subcontracting Plan” or “SP” means written documentation regarding the use of subcontractors, which is required by [Section 2161.252 of the Texas Government Code](#), for a purchase with an expected value of \$100,000 or more when the state agency has determined subcontracting opportunities are probable. The SP subsequently becomes a provision of the Contract and Contractor’s compliance with the SP will be monitored during the Contract Term.

“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 (Best Value Evaluation Criteria)**.

“Technical Question Score” means the 0-5 score from the evaluation of **Section 4.2 (Technical Questions)** 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 O, Medicaid and Children’s Health Insurance Program (CHIP) Dental Services Scoring Guides**.

“VPTS” means Vendor Performance Tracking System maintained by the Texas Comptroller of Public Accounts. The VPTS may be currently accessed at <https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/>.

“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 O, Medicaid and Children’s Health Insurance Program (CHIP) Dental Services Scoring Guides**, and the Points available for each scenario in **Exhibit Q, Evaluation Tool and 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 O, Medicaid and Children’s Health Insurance Program (CHIP) Dental Services Scoring Guides**, and the Points available for each Technical Question in **Exhibit Q, Evaluation Tool and Scoring Example**.

1.3 AUTHORITY

HHSC is soliciting the services stated in this Solicitation under the authority of Texas Government Code Chapters 531, 532, 540, and 543A and Section 2155.144.

ARTICLE II. ADMINISTRATIVE INFORMATION

2.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Posting Date to ESBD	October 7, 2026
Pre-proposal Conference Attendance is Optional	October 27, 2026, at 2:30 PM, CST
Deadline for Submitting Questions or Requests for Clarification	October 30, 2026, at 5:00 PM, CST
Tentative Date Responses to Questions or Requests for Clarification Posted on ESBD	November 19, 2026, at 5:00 PM, CST
Deadline for courtesy SP review	November 20, 2026, at 5:00 PM, CST
Deadline for Submission of Proposals <i>[NOTE: Responses must be <u>RECEIVED</u> by HHSC by the deadline.]</i>	December 7, 2026, at 10:30 AM, CST
Evaluation Period	December 2026 – March 2027
Respondent Oral Presentation	February 2027 – March 2027
Anticipated Notice of Award	August 2027
Anticipated Contract Start Date	September 2027

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 ESBD.

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 ESBD. 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 ESBD 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)**.

Respondent submits a Proposal at its own risk.

If Respondent fails to properly and timely notify the **Sole Point of Contact (Section 2.3.1)** of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in the Solicitation, 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.

The Sole Point of Contact will authorize a secondary Sole Point of Contact in the event of their absence and, in such an event, will include the contact information for the secondary Sole Point of Contact in their automatic reply out-of-office e-mail message. Respondents seeking to contact the Sole Point of Contact should do so via e-mail in order to receive updated contact information.

Name	Iris Triana- Zuniga #1900001233
Title	Contract Administration Manager
Address	Procurement and Contracting Services Building 1100 W 49th St. MC: 2020 Austin, TX 78756
Phone	512-406-2489
Email	iris.triana-zuniga@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 **Section 2.3.1 (Sole Point of Contact)** and **Section 2.3.3 (Exception to Sole Point of Contact)**, potential Respondents are prohibited from any communication with HHSC regarding the Solicitation. HHSC, its representative(s), and partners will not answer any questions or 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 designated staff 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 Subcontracting Plan are permitted to direct those questions to the VetHUB coordinator at cheryl.bradley@hhs.texas.gov.
- 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 will allow written questions and requests for clarification regarding this Solicitation. Questions must be submitted by e-mail to the Sole Point of Contact identified in **Section 2.3.1 (Sole Point of Contact)**, by the deadline established in **Section 2.1 (Schedule of Events)**. Responses to questions or other written requests for clarification 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. HHSC also reserves the right to provide a single consolidated response to all similar questions at the agency's sole discretion.

- a. All questions and requests for clarification must include the following information:
 1. Solicitation number;
 2. Solicitation package reference (page number, section, library documents, and exhibit or attachment, if applicable);
 3. Question topic (e.g., "Schedule of Events," or "Technical Question #_"); and
 4. Question for HHSC.
- b. Requestor contact information below must be included in the body of the e-mail and submitted with the question(s):
 1. Company name;
 2. Company representative name;
 3. Phone number; and
 4. E-Mail address.

Questions or requests for clarification 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 Subcontracting Plan. See **Section 5.2 (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 email to the Sole Point of Contact identified in **Section 2.3.1 (Sole Point of Contact)**, advising of participation in the pre-proposal conference. Attendees must provide their name, phone number, and name of the company they are representing regardless of whether the pre-proposal conference is in-person or virtual.

2.3.5.1 Conference Logistical Information

HHSC PCS will hold the pre-proposal conference on the date and time set out in **Section 2.1 (Schedule of Events)**. Attendance is optional but highly recommended as the pre-proposal conference will include the training on the proper completion of the Subcontracting Plan. See **Section 5.2 (Subcontracting Plan)**. People with disabilities who wish to attend the meeting and require auxiliary aids or services should contact the Sole Point of Contact identified in **Section 2.3.1 (Sole Point of Contact)**, at least seventy-two (72) hours before the meeting to have reasonable accommodations made by HHSC.

Location of the pre-proposal conference:

1100 W. 49th Street

Street, Building

Room 224

Austin, Texas 78756

Webinar Information:

<https://events.teams.microsoft.com/event/>

At prompt enter passcode: [+1 512-580-4366, 463731667#](#)

Phone conference ID: 463 731 667#

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 conference. All questions must be in the required format and include the information as referenced in **Section 2.3.4 (Solicitation Questions)**.

- c. During the conference, HHSC may provide responses to questions and requests for clarification, but only written responses posted by HHSC PCS as an Addendum to the Solicitation on the ESBD will be considered an official, binding update to the Solicitation.
- d. HHSC reserves the right to amend, prior to the Proposal Deadline, answers previously posted. Amended answers will be posted on the ESBD. Notification of posting will be in accordance with **Section 2.1 (Schedule of Events)**.
- e. Conversations with HHSC program area 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 Limit 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 except as expressly provided in this section, including the Technical Questions, must be properly paginated, formatted as an 8 ½" x 11" page with 1-inch margins, and use a 12 point or larger font, except that a smaller font may be used for page headers and footers, footnotes, and illustrations such as tables, charts, diagrams, figures, graphs and other visual aids. If a font smaller than 12 point is used, the text when printed on 8 ½" x 11" paper must not require magnification to be legible. Times New Roman font is preferred. Supporting documents that cannot be altered may be submitted in their native format as long as the supporting documents are submitted electronically in accordance with **Section 2.5.2 (Submission Instructions)**. Large organizational charts, such as those required by **Section 4.1 (Executive Summary)** may be formatted as an 11" x 17" page.

The responses to the Technical Questions must not include other documents embedded as electronic files within the text. The responses to the Technical Questions, submitted as an electronic file, should be pre-formatted for printing on 8 ½" x 11" paper.

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 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” (see **Section 2.1 (Schedule of Events)**) to remedy discrepancies or variations in Proposal submissions.

2.4.4 Exceptions

Although permitted, exceptions are disfavored. 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)**.

Changes or exceptions to RFP requirements or exceptions to Solicitation or Contract terms required by law or otherwise required by HHSC policy or practice, as determined by the agency in its sole discretion, may disqualify a potential Respondent. If a Respondent includes exceptions in its Proposal, Respondent is required to use the **Exceptions Form** included as **Exhibit K, Exceptions Form** 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 K, 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 **Exhibit L, Assumptions Form**, 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. In accordance with **Section 6.1.2 (Offer Period)** and **Exhibit H, HHS Solicitation Affirmations v. 2.10**, Proposals shall be binding for 240 Days after the submission due date. **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 to the Sole Point of Contact identified in **Section 2.3.1 (Sole Point of Contact)**; or (2) modify its Proposal by submitting a written amendment to the Sole Point of Contact identified in **Section 2.3.1 (Sole Point of Contact)**. When modifying its Proposal, Respondent must include in writing the section(s) of its submission that will be replaced or removed by the amendment.

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 for USB Submission and Other Materials)** and time-stamped by HHSC PCS no later than the date and time specified for the “**Deadline for Submission of Proposals**” in **Section 2.1 (Schedule of Events)**.

Proposals received after the deadline specified in Section 3.1 will be rejected and not considered for Contract award.

2.5.2 Submission Option

Submission Option #1: Respondents must submit only one Proposal in accordance with this section; see also **Sections 2.4.1 (General Information)** and **2.4.3 (Discrepancies)**. Respondent shall submit two (2) USB drives—one (1) labeled “Original Proposal” and one (1) labeled “Copy of Proposal”—containing the following documents:

1. Each USB must contain one file named “Original Proposal” that contains the Respondent’s entire Proposal (except the Subcontracting Plan) in searchable portable document format (PDF), unless otherwise specified for a particular attachment or exhibit.
2. If applicable in accordance with **Section 6.1.5, (Public Information Act – Respondent Requirement Regarding Disclosure)**, each USB must contain one (1) file named “Public Information Act Copy” that contains the Respondent’s entire Proposal, including all exhibits and attachments, in searchable PDF, if applicable.
3. In accordance with **Section 5.2, (Subcontracting Plan)**, each USB must contain one (1) file named “Subcontracting Plan” in searchable PDF, that contains the Respondent’s Subcontracting Plan and all supporting documentation.
4. Respondent may submit a Proposal with electronic signatures (e.g., a handwritten signature on a paper document that is converted to electronic format, or a digital signature placed on an electronic document using a software application).

2.5.3 Labeling and Delivery for USB Submission and Other Materials

Respondent must deliver Proposals submitted via USB by one of the methods below.

Overnight/Express/Priority Mail	Hand Delivery
Health and Human Services Commission ATTN: Response Coordinator Tower Building Room 108 1100 W. 49th St., MC 2020 Austin, Texas 78756	Health and Human Services Commission ATTN: Response Coordinator Procurement & Contracting Services Building 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 the Respondent. It is the Respondent's responsibility to appropriately mark and deliver the Proposal to HHSC PCS by the specified date. A dated shipping label, invoice of receipt from USPS or 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 PCS by the Proposal Deadline identified in Section 2.1 (Schedule of Events).**

Proposal submitted via USB drive(s) by mail or hand delivery shall be placed in a sealed package. Hand deliveries will not be accepted outside normal business hours, which are Monday-Friday 8:00 am – 5:00 pm, not including state and federal holidays. The sealed package and the USB drive(s) shall be clearly labeled on the outside as follows:

SOLICITATION NO:	HHS0017108
SOLICITATION NAME	Medicaid and Children's Health Insurance Program Dental Services
PROPOSAL DEADLINE	See, Section 2.1, Schedule of Events
PURCHASER NAME:	Iris Triana-Zuniga, CTCD and CTCM
RESPONDENT NAME:	Respondent Name

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

HHSC will not be held responsible for any Proposal that is mishandled prior to receipt by HHSC PCS. It is the Respondent's sole responsibility to mark appropriately and deliver the Proposal to HHSC PCS by the specified date and time. HHSC will not be responsible for late delivery, inappropriately identified documents, or other submission errors that may lead to disqualification or nonreceipt of the Respondent's Proposal. Respondent USB drive submissions that contain a Solicitation Consideration Document (see **Section 2.5.4 (Submission Checklist)**) that is corrupted or otherwise inaccessible to HHSC in both the "Original Submission" and the "Copy of Submission," as required by **Section 2.5.2 (Submission Option)**, will be disqualified.

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, reference **Section 2.1 (Schedule of Events)**. Solicitation Consideration Documents will be reviewed as received, and Respondent will not have an opportunity to remedy missed requirements. At its sole discretion, HHSC may request some or all of the Respondents to remedy missing elements of Award Consideration Documents. Those marked "SC" are Solicitation Consideration Documents and those marked "AC" are Award Consideration Documents.

The Proposal must be submitted using one of the approved methods identified in **Section 2.5 (Proposal Submission and Delivery)** and labeled and delivered in accordance with **Section 2.5.3 (Labeling and Delivery for USB Submission and Other Materials)**. **Proposals submitted through any other method will not be accepted or considered for Contract award.** Below are the documents required to be submitted with the Proposal. Where searchable PDF files are required, submission of non-searchable (image only) PDF files may result in disqualification from further consideration for Contract award.

A.	Proposal and Respondent Information			
1.	Executive Summary	(Section 4.1)	SC	_____
2.	Technical Question	(Section 4.2)	SC	_____
3.	HHS Solicitation Affirmations v. 2.10	(Section 5.1(a), <u>Exhibit H</u>)	SC	_____
4.	Subcontracting Plan	(Section 5.2, <u>Exhibit M</u>)	SC	_____
5.	Authorization to Conduct Business in Texas/Secretary of State Certification	(Section 5.3)	AC	_____
6.	Copy of Franchise Tax Exemption, if applicable	(Section 5.3)	AC	_____
7.	Copy of Respondent's licensure, certifications, or approval from TDI to operate as HMO or copy of application for the above.	(Section 5.3)	AC	_____
8.	TDI Certificate of Authority Table	(Section 5.3, <u>Exhibit S</u>)	AC	_____
9.	Exceptions (if applicable)	(Section 2.4.4, <u>Exhibit K</u>)	AC	_____
10.	Assumptions (if applicable)	(Section 2.4.5, <u>Exhibit L</u>)	AC	_____
11.	Certification Regarding Lobbying	(Section 5.1(c), <u>Exhibit J</u>)	AC	_____
12.	Supporting Documentation for 540.0206 Claim	(Section 3.1.2)	AC	_____
13.	Federal Assurance Non-Construction Programs	(Section 5.1(b), <u>Exhibit I</u>)	AC	_____
14.	Company Profile	Section 5.4	AC	_____
15.	Required Financial Information	(Section 5.5)	AC	_____
16.	Key Personnel	(Section 5.6)	AC	_____
17.	Breach and Security Incident Disclosure	(Section 5.7)	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 Texas Government Code Chapters 531, 532, 540, 543A, and 2155. HHSC will also review the reports available in the VPTS for each responsive Respondent in accordance with [Texas Government Code Section 2262.055\(d\)](#). HHSC shall not be obligated to select the lowest priced Proposal but shall make an award to the Respondent that provides the best value to the State of Texas as set out in this Solicitation.

3.1.2 Mandatory Contracts

Respondent making a 540.0206 Claim must include, in its Proposal, supporting documentation (e.g., organization charter, city ordinance, commissioners court order) that evidences its eligibility under [Texas Government Code Section 540.0206\(a\)](#). Respondent must include such documentation in which Respondent asserts a 540.0206 Claim. Respondent claiming eligibility under [Texas Government Code Section 540.0206\(a\)\(1\)](#) must provide a certificate of fact (or similar document) showing Respondent is “wholly owned and operated by a hospital district in that region.” Respondent claiming eligibility under [Texas Government Code Section 540.0206\(a\)\(2\)](#) 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.” Respondent claiming eligibility under [Texas Government Code Section 540.0206\(a\)\(3\)](#) must provide a copy of “the contract, agreement, or other arrangement with a hospital district in that region.” HHSC will reject Respondent’s 540.0206 Claim if HHSC determines Respondent does not meet the eligibility criteria of [Section 540.0206\(a\)\(1\), \(2\), or \(3\)](#). In that event, Respondent will proceed through the procurement process as though it made no 540.0206 Claim.

3.1.3 Selection Methodology

Proposals that satisfy the initial compliance screening, **Section 3.1.3.1 (Initial Screening)**, 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 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 O, Medicaid and Children’s Health Insurance Program (CHIP) Dental Services**

Scoring Guides. Respondents meeting the Advancement Criteria in **Section 3.1.3.3** (Advancement Criteria) will be invited to Oral Presentations in **Section 3.1.3.4 (Oral Presentations)**.

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

3.1.3.1 Initial Screening

During the initial screening of the Proposals, HHSC will review Proposals for compliance with the submission requirements in **Article II (Administrative Information)** of this RFP (“initial compliance screening”). Failure to meet the submission requirements in **Article II (Administrative Information)** may, at any time, result in the disqualification of the Proposal.

HHSC will automatically disqualify any Proposal that does not include one or more of the completed and signed (as applicable) Solicitation Consideration Documents listed in Submission Checklist. Reference 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)**.

HHSC will also identify Respondents making any 540.0206 Claims in accordance with **Section 3.1.2 (Mandatory Contracts)**. HHSC may contact references provided in response to this Solicitation. HHSC may contact Respondent’s clients, or solicit information from any available source, including the Comptroller’s VPTS. Any information received may be grounds for disqualification if that information, in HHSC’s sole discretion, suggests that the Respondent may perform poorly if selected.

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. In accordance with **Section 4.2 (Technical Questions)**, each Technical Question response must be a complete response to the Technical Question at issue and Respondents should not assume the evaluators will consider or look for additional information in the response to other Technical Questions not at issue. The HHSC evaluation team will score the responses to the Technical Questions (Article IV) for all Proposals that pass initial compliance screening in **Section 3.1.3.1 (Initial Screening)** against the criteria in **Section 3.1.4 (Best Value Evaluation Criteria)** using the Technical Question Scoring Guide in **Exhibit O, Medicaid and Children’s Health Insurance Program (CHIP) Dental Services Scoring Guides**. Each one of these 0-5 scores given to a Respondent’s Technical Question is 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 Meetings, the HHSC evaluation team will come to a consensus on the Technical Question Scores for responses to each Technical Question. The Consensus Scoring Meetings will be led by a 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 Proposal responses to the Technical Questions, certain Respondents will be selected for invitation to Oral Presentations using the Competitive Range Advancement Criteria specified by this section.

As defined in Texas Administrative Code, Title 1, Part 15, Chapter 391, Subchapter A, Rule § 391.107(3), the Competitive Range consists of the “Proposals that have a reasonable chance of being selected for award taking into account the evaluation criteria and basis for award as stated in the Solicitation.” A Respondent meeting the Competitive Range must receive a Technical Evaluation Score that has, in the sole determination of HHSC based on the Respondent’s highest possible Final Weighted Score if all available Oral Presentation points were awarded to that Respondent, a reasonable chance of being selected for award when considered.

After HHSC’s consideration of the factors set out in this section, all Respondents without a reasonable chance for award will be eliminated from the Competitive Range and will not advance to Oral Presentations. Notwithstanding the factors stated in this section, all Respondents with a Validated 540.0206 Claim will advance to Oral Presentations.

3.1.3.4 Oral Presentations

To further identify the Respondent providing best value, Oral Presentations may 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 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. A Consensus Scoring Meeting will take place following each presentation, to score Respondent’s Oral Presentation. Information from the Oral Presentation will be used to score the scenarios using the **Oral Presentation Scenario Scoring Guide in Exhibit O, Medicaid and Children’s Health Insurance Program (CHIP) Dental Services Scoring Guides** and **Section 3.1.4 (Best Value Evaluation Criteria)** in accordance with Points available for Oral Presentation scenarios specified by **Exhibit Q, Evaluation Tool and Scoring Example**.

Respondents will be provided with advance notice of any such Oral Presentation and are responsible for their own presentation equipment. All Respondents will be provided the same

scenarios 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 block of time to be used as follows:

- | | |
|---|------------|
| a. Introductions and Provision of Question(s) | 15 minutes |
| b. Respondent Prep Time | 60 minutes |
| c. Respondent Presentation | 90 minutes |

Respondent's 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 Medicaid and CHIP Dental Services Contract (if awarded), which must be submitted by the deadline provided in any invitation to Oral Presentations.

Respondents will be given a maximum of ninety (90) minutes to provide a comprehensive response to the questions. If any visual aids are presented, Respondents 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.

HHSC is not responsible for any costs incurred by Respondents in preparation for any Oral Presentation. All costs incurred by Respondents are the responsibility of Respondents.

3.1.4 Best Value Evaluation Criteria

Best Value Evaluation Criteria (BVC) for this Solicitation is the basis upon which the written responses to the Technical Questions in **Article IV (Executive Summary and Technical Questions)** will be scored, in addition to the considerations provided by the **Technical Question Scoring Guide** in **Exhibit O, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Scoring Guides**. Responses to the Oral Presentation scenarios will also be scored against Best Value Evaluation Criteria and the **Oral Presentation Scoring Guide** in **Exhibit O**.

Medicaid and Children’s Health Insurance Program (CHIP) Dental Services Scoring Guides, in accordance with **Sections 3.1.3.4 (Oral Presentations)** and **3.1.5 (Oral Presentation Criteria)**. See also **Exhibit P, 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\(a\)\(1\), 536.052, and 2155.144](#).

BVC 1. Ensures Members have timely access to the Services they need.

- a. Demonstrates the ability to deliver timely dental services in the most clinically appropriate and cost-effective setting for Members covered in the Dental Program.
- b. Demonstrates use of innovative and proven strategies to promote access to Providers and Services, including addressing Provider shortages and barriers to care in specific areas of the State.
- c. Demonstrates the ability to provide, arrange, and coordinate services between providers, including specialists, and MCOs that contribute to the oral health of Members.
- d. Demonstrates a proactive approach to outreach and education, including related to Texas Health Steps services, the role of the Main Dental Home and Member’s management of their services that is culturally and linguistically appropriate, accessible, and responsive to the needs of Members in the Dental Program.

BVC 2. Encourages Providers to participate in the Dental program.

- a. Demonstrates effective collaboration and communication with the Provider community as evidenced by Network participation.
- b. Demonstrates proactive strategies to streamline processes and reduce administrative burden for Providers.
- c. Demonstrates transparent and efficient policies and processes for key business operations, such as credentialing, contracting, claims payment, claims appeal, and Utilization Management.
- d. Demonstrates support to Providers in complex clinical decision-making through decision-support tools, best practice guidelines, and Utilization Management approaches.
- e. Utilizes Network development strategies and incentives that ensure appropriate access for Members, including access to consistent providers and services.

- f. Demonstrates support to Providers serving the Member using technology, data, and processes and tools to better inform and improve care.

BVC 3. Ensures a sustainable Dental Program by incentivizing value in the Service delivery model and optimizing resources.

- a. Demonstrates proven strategies to monitor and manage dental care 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 Providers through the transition to value-based payment arrangements with necessary data and information.
- d. Demonstrates achievable cost efficiencies and program integrity through effective monitoring and control of spending and Utilization Management trends.

BVC 4. Uses 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.

3.1.5 Oral Presentation Criteria

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

The opportunity to participate in Oral Presentations will be given in accordance with **Section 3.1.3.3 (Advancement Criteria)**. 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. Provider communication, support, and outreach;

- b. Coordination with MCOs;
- c. Addressing preventive care rates; 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 in **Section 3.1.3.2 (Proposal Evaluation)**. Scenarios will be scored using the Oral Presentation Scenario Scoring Guide in **Exhibit O, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Scoring Guides** and **Section 3.1.4 (Best Value Evaluation Criteria)**, in accordance with Points available for Oral Presentation scenarios specified by **Exhibit Q, Evaluation Tool and 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 V (Additional Required Documentation)**, and the Weighted Oral Presentation Score except as provided below.

The Weighted Technical Question Score is the score from the evaluation of the Technical Questions **Article IV (Executive Summary and Technical Questions)** as described by **Section 3.1.3.2 (Proposal Evaluation)** and scored using the **Technical Question Scoring Guide** in **Exhibit O, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Scoring Guides**, and **Section 3.1.4 (Best Value Evaluation Criteria)**, in accordance with Points available for Technical Questions specified by **Exhibit Q, Evaluation Tool and Scoring Example**.

A Respondent who does not meet the Advancement Criteria in **Section 3.1.3.3 (Advancement Criteria)** 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.

All Respondents with a Validated 540.0206 Claim will advance to Oral Presentations in accordance with **Section 3.1.3.3 (Advancement Criteria)** and receive a Final Weighted Score.

3.1.7 Final Consideration for Award

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 are provided by this section.

3.1.7.1 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 financial due diligence review process may take place concurrently with the Oral Presentations. 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, Dental Contract Terms and Conditions**, **Section 12.03 (Minimum Net Worth)**, and **Section 12.04 (Insurer Solvency)**. Respondents must demonstrate financial solvency based on the following requirements:

- a. **Exhibit B, Uniform Managed Care Manual (UMCM)**, and **Sections 2.5 (Transition Phase Scope)**, **2.6 (Operations Phase Scope)** and **2.7 (Turnover Phase Scope)** of **Exhibit G, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Statement of Work (SOW)**;
- b. 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);
- c. Liquidity and capital resources, assets and liabilities, commonly used financial ratios, audit and/or actuarial opinions and written risk factors; and
- d. 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, Respondents 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 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.

3.1.7.2 Certification

All Respondents recommended for Contract award must be certified by HHSC as reasonably able to fulfill the terms of the Contract, as required by [Texas Government Code Section 540.0203](#). Certification will not impact a 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 Contract award will be based on the evaluation process described in **Section 3.1.3 (Selection Methodology)** in accordance with **Section 3.1.4 (Best Value Evaluation Criteria)**, **Section 3.1.5 (Oral Presentation Criteria)** as well as the reviews conducted in accordance with **Section 3.1.7 (Final Considerations for Award)**. A Respondent's Proposal must pass the Initial Screening in **Section 3.1.3.1 (Initial Screening)**, meet the Advancement Criteria in **Section 3.1.3.3 (Advancement Criteria)** for Oral Presentations following the **Proposal Evaluation (Section 3.1.3.2)**, receive a **Final Weighted Score (Section 3.1.6)** following Oral Presentations in **Section 3.1.3.4 (Oral Presentations)**, and meet the requirements in **Section 3.1.7 (Final Considerations for Award)** in order to be considered for Contract award.

ARTICLE IV. EXECUTIVE SUMMARY AND TECHNICAL QUESTIONS

4.1 Executive Summary

Respondents must provide a high-level overview of their approach to meeting the requirements contained in **Exhibit G, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Statement of Work (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 response must be clearly labeled to indicate which Technical Question it is applicable to and where that Technical Question's response begins and ends. Repeating the Technical Question within the response is not required. 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 Technical Question Scoring Guides in **Exhibit O, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Scoring Guides**, Section 3.1.3.2 (Proposal Evaluation), and Section 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 G, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Statement of Work (SOW)**. "SOW References" are inclusive of all subsections unless expressly limited. Sections listed for the "BVC Descriptor" refer to this document, **Section 3.1.4**

(Best Value Evaluation Criteria). To the extent that any exhibits or attachments documenting the BVC, the “BVC Descriptors,” and the “SOW References” associated with a Technical Question differ from this section of the RFP, this section of the RFP prevails. In answering some Technical Questions, it may be beneficial to reference the **Exhibit R, 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.

BVC 1 (Section 3.1.4, Best Value Evaluation Criteria)
Technical Question No. 1
Describe the Respondents’ process of providing education and messaging to a Member including how the Dental Program operates, how to access services, including Texas Health Steps services, the role of the Main Dental Home, and how to access help with MCO services. SOW Reference: 2.6.14; 2.6.16, 2.6.30; 2.6.31; 2.6.33; 2.6.39; and 2.6.40.2 BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 1c, 1d Page Limit: 5
Technical Question No. 2
A Member is an 18-year-old woman in her second trimester of pregnancy. She has received no prenatal care to date. Her last dental exam was 5 years ago, and she is experiencing tooth pain on the lower right side of her mouth. She is noted to have relapsed in her substance use about six months ago, abusing alcohol and opiates after two years of sobriety. She is noted to have high levels of stress after losing her job and she has little family support. Describe what steps the Respondent would take to support this member, including how the Respondent would handle MCO coordination with the Member’s Managed Care Organization (MCO), and MCO providers to promote overall well-being. SOW Reference:2.6.30; 2.6.31; and 2.6.40.2 BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 1a, 1c Page Limit: 5

Technical Question No. 3

A Member is a six-year-old boy diagnosed with autism spectrum disorder and asthma. Mom is concerned about a dark lesion on his palate. The child is also having mouth pain and is unable to cooperate for a dental exam at the dental office. The child needs to be seen under anesthesia. He is the oldest of four siblings and his parents describe being overwhelmed by his medical needs. Describe how services will be coordinated to achieve improved health outcomes for this child. Please include a description of how preventative care and family support (including MCO Coordination and community resources and supports available) will be provided.

SOW Reference: 2.6.30; 2.6.31; 2.6.33; 2.6.35; and 2.6.40.2

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 1a, 1c

Page Limit: 5

Technical Question No. 4

Describe the Respondent's initiatives to educate Members on seeking non-emergency dental care in the most appropriate setting and to encourage Members to establish and maintain a Main Dental Home relationship.

SOW Reference: 2.6.14; 2.6.16; 2.6.22; 2.6.30; 2.6.31, and 2.6.33

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 1a, 1b, 1d

Page Limit: 7

Technical Question No. 5

Describe the Respondent's strategies for monitoring and addressing Network Provider issues including:

- a. DMO compliance with timely access standards and improving a Member's ability to obtain services as needed;
- b. Ongoing Provider compliance with appointment timeliness standards;
- c. Provider Network adequacy including developing Services and Providers where they are needed, including specialists;
- d. Developing and promoting the use of Teledentistry; and
- e. Potential challenges, including Network gaps, and how the Respondent would address those challenges.

SOW Reference: 2.6.21.3; 2.6.31; and 2.6.32

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 1a, b, c

Page Limit: 10

Technical Question No. 6

Describe how the Respondent will ensure the delivery of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medicaid Services. Please describe the process, including tracking dental checkups, addressing low utilization of these services, education to Members, and monitoring the provision of treatment and related health outcomes. Describe how the Respondent will use the information to improve Member dental checkup rates.

SOW Reference: 2.6.16; 2.6.37; and 2.6.39

BVC Descriptor: Section 3.1.3 (Best Value Evaluation Criteria) 1d

Page Limit: 5

BVC 2 (Section 3.1.4, Best Value Evaluation Criteria)**Technical Question No. 7**

Describe the Respondent's approach to developing, contracting, and managing a Provider Network that is robust, qualified, and able to meet the individual needs of Members in the Dental Program. The response should describe the Respondent's strategies to collaborate with Providers and evaluate Provider satisfaction, streamline processes for Provider contracting and credentialing, maintain an up-to-date provider directory, and operate incentive programs or other mechanisms to promote Provider participation and retention.

SOW Reference: 2.6.6; 2.6.7; 2.6.10; 2.6.11; 2.6.21.4; 2.6.28; 2.6.33, 2.6.34; and Chapters 3, 5.28 and 8 (except 8.6) of Exhibit B, UNIFORM MANAGED CARE MANUAL (UMCM)

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 2a, 2b, 2c, 2e

Page Limit: 10

Technical Question No. 8

Describe areas of Provider administrative burden the Respondent has identified and the proposed approaches to mitigating these barriers and challenges. The response should explain how the Respondent shares and maintains key business operations policies and processes with Providers and the approach to minimize Provider complaints, contracting challenges, Prior Authorization (PA) disputes, and claims/reimbursement concerns.

SOW Reference: 2.6.6; 2.6.7; 2.6.11; 2.6.15; 2.6.23; 2.6.28; 2.6.34; and Chapter 3 of Exhibit B, Uniform Managed Care Manual (UMCM)

BVC Descriptor: Section 3.1.3 (Best Value Evaluation Criteria) 2a, 2b, 2c

Page Limit: 7

Technical Question No. 9

Describe how the Respondent supports Providers in decision-making, trainings, best practices guidelines, and other Utilization Management (UM) tools available to Providers.

SOW Reference: 2.6.7; 2.6.9; 2.6.10; and 2.6.22

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 2b, 2c, 2d, 2f

Page Limit: 7

BVC 3 (Section 3.1.4, Best Value Evaluation Criteria)**Technical Question No. 10**

Describe the Respondent's approach for proper UM of Covered Services under Medicaid and CHIP. Describe any strategies and intervention(s) aimed at improving the consistency and quality of care of Covered Services.

SOW Reference: 2.6.7; 2.6.9; 2.6.10; and 2.6.24

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 3a, 3b, 3d

Page Limit: 5

Technical Question No. 11

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

- a. Identify methods for evaluating Member outcomes and how the evaluation results are incorporated into the Respondent's Quality Improvement program;
- b. Describe processes for incorporating Provider input into the design and evaluation of the Respondent's Quality Improvement strategies and initiatives and processes for disseminating outcome results to Providers for continued improvement; and
- c. Describe a clinical or non-clinical initiative that Respondent proposes to pursue in the first and subsequent years of the Contract and why the topic warrants investment. Describe the Respondent's measurable goals for the initiative and how its impact will be evaluated.

SOW Reference: 2.6.21

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 3a, 3b, 3c

Page Limit: 10

Technical Question No. 12

Describe Alternative Payment Models (APM) that the Respondent intends to implement for the Medicaid and CHIP Dental populations. The response should include a description of how those APMs improve health outcomes or experience of Members, lower healthcare cost trends,

and increase quality and efficiency of the program. Once the APMs have been implemented, the Respondent should describe how APMs will be evaluated on an ongoing basis to determine the effectiveness and how the Respondent will increase the use of APMs over the term of the Contract.

SOW Reference: 2.6.21.5

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 3a, 3b, 3c

Page Limit: 5

Technical Question No. 13

Explain the Respondent's strategies to detect, prevent, and report on Provider and Member Fraud, Waste, and Abuse (FWA). The explanation should include how the Respondent will use resources to identify possible areas of Overpayment or overutilization of Services which lead to inefficiencies and increased cost to the program and how these strategies will be effective.

SOW Reference: 2.6.11; 2.6.22; and 2.6.26

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 3a, 3d

Page Limit: 5

BVC 4 (Section 3.1.4 Best Value Evaluation Criteria)

Technical Question No. 14

Describe the Respondent's proposed information systems and processes that, at a minimum, address the functional areas listed below:

- a. Implementation cycles for systems change management, including Member, utilization, Provider, and Network management;
- b. Claims processing and Encounters, payments, and coordination of benefits; and
- c. Any other ancillary systems supporting the program.

SOW Reference: 2.5.3.6; and 2.6.25

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 4a

Page Limit: 15

Technical Question No. 15

Describe how the Respondent will use systems, data, and technology to identify trends in Service delivery and utilization. Provide examples of how trends are identified and used to inform continuous improvement activities and Service delivery.

SOW Reference: 2.6.21; 2.6.22; 2.6.24; and 2.6.25

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 4a, 4c

Page Limit: 7

Technical Question No. 16

Describe the Respondent's capability to meet reporting requirements specified in the SOW. At a minimum, the response should include:

- a. Capabilities and processes to build, configure, and/or expand systems to produce reports in predetermined formats, such as the reports included in the SOW;
- b. Processes for compiling data from multiple sources/systems for the purpose of reporting, including processes to obtain, validate, and monitor compliance data from Subcontractors;
- c. Processes to ensure accuracy and timeliness of reported information and compliance with contractual reporting requirements;
- d. Capabilities to produce financial and non-financial Medicaid and CHIP reports on a monthly, quarterly, annual, and ad hoc basis; and
- e. The approach to continuous Quality Improvement activities related to reporting, including development, implementation, and monitoring of internal plans of correction.

SOW Reference: 2.6.21; 2.6.24; and 2.6.25

BVC Descriptor: Section 3.1.4 (Best Value Evaluation Criteria) 4b

Page Limit: 7

ARTICLE V. ADDITIONAL REQUIRED DOCUMENTATION

5.1 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete, sign and return its Proposal with all of the following:

- a. **Exhibit H, HHS Solicitation Affirmations v. 2.10;**
- b. **Exhibit I, Federal Assurances Non-Construction Programs;** and
- c. **Exhibit J, Certification Regarding Lobbying.**

5.2 SUBCONTRACTING PLAN

Respondent must complete, sign and return its Subcontracting Plan (SP) and all supporting documentation, in accordance with **Section 2.5 (Proposal Submission and Delivery)**. The SP should be labeled: “Subcontracting Plan (SP)” and include all supporting documentation in accordance with **Exhibit M, Subcontracting Plan,** and the SP.

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

A courtesy review of a Respondent’s completed SP is optional and is available upon request to assist in providing a compliant and responsive SP. This courtesy review may only identify possible deficiencies, but a final compliant determination cannot be provided until the Proposal is submitted.

To request a courtesy review, submit the completed SP including all supporting documentation in a PDF format by e-mail to the HHSC VetHUB Program Office by or before the Courtesy Review of Subcontracting Plan Deadline in the **Schedule of Events (Section 2.1)**.

E-Mail for Courtesy Review: Cheryl.Bradley@hhs.texas.gov.

E-mail Subject Line: SP Courtesy Review, No. HHS0017108

Due Date: [See, Section 2.1, Schedule of Events](#)

SP received after the courtesy review deadline in **Section 2.1 (Schedule of Events)**, will not be processed. To allow sufficient time to rectify any potential deficiencies for the final SP submission, the HHSC VetHUB Office will provide a response to the Respondent regarding the SP at least eight (8) Business Days prior to the Proposal deadline in the **Schedule of Events (Section 2.1)**.

Respondent must submit its final SP with the Proposal by the deadline in **Section 2.1 (Schedule of Events)**. Proposals that does not include a completed Subcontracting Plan shall be rejected due to material failure to comply with [Texas Government Code Section 2161.252\(b\)](#).

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 either a Certificate of Fact from the Texas Secretary of State showing that it is authorized to do business in Texas, or a Certificate of Compliance from the Texas Department of Insurance (TDI), as applicable.

Respondent must be set up in the Texas franchise tax system prior to Contract award unless an subject to an exemption under Tax Code Chapter 171, Subchapter B. Respondent must submit in its Proposal, if applicable, a copy of Respondent's exemption status with the Texas Comptroller. Texas franchise tax information can be currently 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 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 2.5.6 (Texas Department of Insurance Licensure, Certification, or Approval) of Exhibit G, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Statement of Work (SOW)**, Respondent must receive TDI approval no later than 60 Days after the Effective Date of the Contract.

Respondent must include with its Proposal the completed **TDI Certificate of Authority Table** in accordance with **Exhibit S, TDI Certificate of Authority Table**, to indicate whether the Respondent is currently authorized by TDI to operate as an HMO in all counties in the State. For each county where the Respondent is not authorized to conduct business as an HMO 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

Respondents must provide a company profile, including:

- a. Their ownership structure (e.g., corporation, partnership, LLC, or sole proprietorship), including any wholly owned subsidiaries, affiliated companies, or joint ventures. *(Please provide this information in a narrative and as a graphical representation.)* If Respondent is an affiliate of, as defined in **Exhibit G, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Statement of Work (SOW)**, 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 Work under any Contract resulting from this RFP, throughout the duration of the Contract, must be the primary bidder. Finally, Respondents must provide their proposed operating structure for the Services requested under this Solicitation and which entities (i.e., parent company, affiliate, joint venture, subcontractor) will be performing them;
- b. The year the company was founded and/or incorporated. If incorporated, please 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 DMO;
- c. The location of company headquarters and any field office(s) that may provide Services for any resulting Contract under this Solicitation;
- d. The number of employees in the company, both locally and nationally, and the location(s) from which employees will be assigned;
- e. The full name, title, and address of Respondent's executive authorized to sign the Contract(s);
- f. The name, address, and telephone number of Respondent's point of contact for any resulting Contract under this Solicitation;
- g. The name, address, and telephone number of Respondent's point of contact for any questions regarding the Proposal;
- h. Indicate whether the company has ever contracted with any State agency. If "Yes," specify the term of the contract, the company's duties, and the State agency;
- i. Indicate whether the company has ever been in contract with any Texas state agency. If "Yes," specify the contract term, for what duties, and for which agency;
- j. Respondent's complete and exact legal name, as well as any trade name, d.b.a., acronym, and any other name under which Respondent currently does business or has done business in the past five (5) years of the Solicitation Posting to ESBD Date;
- k. 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;

- l. 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 five (5) years prior to the Solicitation Posting to ESBD Date, related to financial issues or maintenance of status as an insurer in a state;
- m. 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, provide the complete and exact legal name, as well as any trade name, d.b.a., acronym, and any other name under which the Affiliate currently does business or has done business in the past five (5) years, and describe each contract involved;
- n. 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;
- o. State whether Respondent, including its ultimate parent and all Affiliates, own or control any of the following types of health services providers, networks, companies, or facilities directly or indirectly, wholly or partially:
 1. Dental;
 2. Medical transportation;
 3. Utilization Management (UM);
 4. Real estate management, commercial space leasing, or similar services;
 5. Workforce services, including temporary or contract workers, and placement services;
 6. Consulting services or information technology (IT) services; or
 7. Reinsurance.
- p. The physical location of all businesses potentially associated with the Proposal;
- q. A statement attesting that all business functions associated with any resulting Contract, including call lines and data, will remain within the United States;
- r. The name and address of all other sponsoring corporations or others, excluding the Respondent's ultimate parent, who provide financial support to Respondent and the type of support provided, e.g., guarantees or letters of credit. Indicate whether there are maximum limits of the additional financial support;

- s. The name and address of each health professional that has a five (5) percent or greater financial interest in Respondent and the type of financial interest it has; and
- t. If any change of ownership of Respondent's company or its parent is anticipated during the 12 months following the Solicitation Posting to ESBD Date, Respondent must describe the circumstances of the change and indicate when the change is likely to occur.

5.5 REQUIRED FINANCIAL INFORMATION

5.5.1 Company Organization

In its Proposal, Respondent must provide its planned operating structure for the Services required in this Solicitation and designate which entities (e.g., parent company, Affiliate, joint venture, Subcontractor) will be performing the Services by submitting the organizational 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 dental 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; and

- 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 who will be responsible for overseeing the Subcontract.

5.5.2 Material Subcontractor Information

Respondent must identify any current or anticipated Material Subcontractors who will perform under the Contract. Material Subcontractor is a defined term in **Exhibit A, Dental Contract Terms and Conditions**. Respondent must list the identified Material Subcontractors in descending order of estimated annual payments, i.e., 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 Solicitation Posting to ESBD Date.
- b. The full and exact legal name of the Material Subcontractor's ultimate parent.
- c. All of 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, and telephone number of the Material Subcontractor's headquarters office, and the name of its chief executive officer.
- e. A definitive statement specifying 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 Reports

Respondent with a Dun and Bradstreet number must include all available Dun and Bradstreet Reports with their Proposal.

5.5.4 Financial Statements and Financial Solvency

Respondent must submit the following information:

- a. Audited financial statements from the three (3) years immediately prior to the Solicitation Posting to ESBD 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. However, if Respondent is substantially owned or controlled, in whole or in part, by one or more other legal entities, Respondent must also submit in its Proposal the most recent financial statement and documentation required under this section for each such entity. 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 any firm that has audited Respondent within the three (3) years immediately prior to the Solicitation Posting to ESBD Date 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 three (3) years immediately prior to the Solicitation Posting to ESBD Date and, if so, include the relevant audit report and opinion letter;
 2. A qualified opinion by any auditor issued in the three (3) years immediately prior to the Solicitation Posting to ESBD Date and if so, include the relevant audit report and opinion letter;
 3. A change of audit firms in the three (3) years immediately prior to the Solicitation Posting to ESBD Date; and
 4. Any delay of two (2) months or more in completing the current audit.
 5. A description of the organization and operation of all of Respondent's business outside of that with HHSC, including ownership, markets served, type of entity, number of locations and employees, and dollar amount and type.
- b. A disclosure of any material contingencies and any current, past (i.e., in the three (3) years immediately prior to the Solicitation Posting to ESBD Date), or known potential material litigation, regulatory proceedings, bankruptcies, award of punitive damages against Respondent, legal matters, or similar issues;
 - c. 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;
 - d. 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 other state department of insurance financial examination report;
 - e. 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;
 - f. In the three (3) years immediately prior to the Solicitation Posting to ESBD 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;

- g. If applicable, submit the consolidated statements for any holding companies or Affiliates for the three (3) years immediately prior to the Solicitation Posting to ESBD Date;
- h. 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 immediately prior to the Solicitation Posting to ESBD Date;
- i. If Respondent is a corporation required to report to the Securities and Exchange Commission (SEC), then 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);
- j. If Respondent is a tax-exempt entity, then submit the most recent annual Internal Revenue Service (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, then demonstrate and explain the nature of the exemption;
- k. 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;
- l. If Respondent is either substantially or wholly owned by another corporate (or legal) entity, then Respondent must include the information required for each such entity, including the most recent detailed financial report for each such entity; and
- m. 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. Respondent must provide the most recent version of such annual reports or similar items.

5.5.5 Alternate Report

If any Respondent(s) is unable to provide the annual report specified above, the Respondent(s) must provide the following alternate report:

- a. Last three (3) years of unaudited financial statements, 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.

At a minimum, such financial statements must include:

1. Balance sheet;
2. Income statement;
3. Statement of changes in financial position;
4. Statement of cash flows; and
5. Capital Expenditures.

5.5.6 Disclosures

Respondent must submit with its Proposal the following information from the three (3) years immediately prior to the Solicitation Posting to ESBD Date:

- a. Report of Legal and Other Proceedings and Related Events – Respondent must submit a report as described in **Chapter 5.8 (Report of Legal and Other Proceedings (PDF))** of **Exhibit B, Uniform Managed Care Manual (UMCM)**, 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 (Affiliate Report (PDF))** of **Exhibit B, Uniform Managed Care Manual (UMCM)**. 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 an MCO Disclosure Statement as described in **Chapter 5.3.2 (MCO Disclosure Statement (MS WORD))** of **Exhibit B, Uniform Managed Care Manual (UMCM)**. This Disclosure Statement 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, and 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 Solicitation Posting to ESBD Date.

5.5.7 Corporate Guarantee

If the Respondent is substantially owned or controlled, in whole or in part, by one or more other legal entities, the Respondent must submit the information required under **Section 5.5.4 (Financial Statements and Financial Solvency)** above for each such entity, including the most recent financial statement for each such entity. The Respondent must also include a statement that the entity or entities will unconditionally guarantee performance by the Respondent of 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 the Respondent's performance, HHSC may require the 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 that include job descriptions and functional duties with resumes for all key staff who will be responsible for the performance of the Services in accordance with **Section 4.02 (Dental Contractor's Key Personnel)** of **Exhibit A, Dental Contract Terms and Conditions**.

5.7 BREACH AND SECURITY INCIDENT DISCLOSURE

The Respondent, in its Solicitation Response, must disclose a breach of information, data breach or security incident reported to any state or federal regulatory authority within the three (3) calendar years immediately preceding the submission of the Solicitation Response in accordance with **Section 2.9.1 Breach and Security Incident Disclosure Requirements of Exhibit G, Medicaid and Children's Health Insurance Program (CHIP) Dental Services Statement of Work (SOW)**. The breach disclosure and all supporting documentation must be provided in accordance with **Exhibit N, Breach Disclosure History**.

If selected for negotiation, Respondent shall notify HHSC PCS in writing within one-hour if federal system data or in all other instances within 48-hour notice of any and all reportable breaches or incidents as described in **Section 5.7.1 Breach and Security Incident Disclosure** occurring after the Solicitation Response deadline in **Section 2.1 (Schedule of Events)**.

At the sole discretion of HHSC, a breach or incident as described above, whether disclosed or not, may result in a determination that the Respondent does not have sufficient controls such as adequate security, technical, administrative, or organizational measures designed to protect Confidential Information.

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 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 any resulting 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”; and
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 Version 2.10 (attached as Exhibit H (HHS Solicitation Affirmations v. 2.10) to this Solicitation):

Certify, in the designated section of the HHS Solicitation Affirmations Version 2.10, 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 Affirmations and Solicitation Acceptance, 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's 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 response is protected from disclosure because it contains any amount of confidential, proprietary, trade secret, or privileged information is not acceptable, and may make the entire proposal subject to release under the PIA.

A Proposal should not be marked or asserted as copyrighted material. If Respondent asserts a copyright to any portion of its response, by submitting a response, Respondent agrees to reproduction and posting on public websites by the State of Texas, including HHSC and all other state agencies, without cost or liability.

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 most current 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 and download the current Public Information Act Handbook, please visit the attorney

general's website at <https://www.texasattorneygeneral.gov/open-government/members-public>.

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 OF INFRINGEMENT BY 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 Part 15, Chapter 391, Subchapter D, Rule §391.405\(a\)](#), Contractors, Respondents, and vendors interested in working with HHSC are required to implement standards of conduct for their own personnel and agents on terms at least as restrictive as those applicable to HHSC. 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. A Respondent must sign and submit all ethics, disclosure, confidentiality, and other forms required under the procurement and any resulting contract.

The standards of conduct must include the ten 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, [Title 1 of the Texas Administrative Code Part 15, Chapter 391, Subchapter D, Rule §391.405\(a\)](#)).

Standards of conduct of any Contractor, Respondent, or vendor may be reviewed and/or audited by the State Auditor and HHSC. The Contractor, Respondent, or vendor must cooperate with the review and/or audit. Additionally, pursuant to [Title 1 of the Texas Administrative Code Part 15, Chapter 391, Subchapter D, Rule §391.405\(a\)](#), HHSC 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, Contractor, or Subcontractor, that violates a provision of [Title 1 of the Texas Administrative Code 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, Dental Contract Terms and Conditions, Section 15.01 (Insurance Coverage)**. Failure to maintain insurance coverage or acceptable alternative methods of insurance shall be deemed a breach of the Contract. Acceptability of such alternative methods of insurance shall be determined by HHSC in its sole discretion.

6.2.2 Alternative Insurability

Notwithstanding the preceding, HHSC reserves the right to consider reasonable alternative methods of insuring the Contract in lieu of the insurance policies customarily required. It will be the Respondent's responsibility to recommend to HHSC alternative methods of insuring the Contract. Any alternatives proposed by Respondent should be accompanied by a detailed explanation regarding Respondent's inability to obtain the required insurance and/or bonds. HHSC shall be the sole and final judge as to the adequacy of any substitute form of insurance coverage.

6.3 BONDS

Prior to beginning any Work under any Contract resulting from this Solicitation, the successful Respondent shall acquire bonds in the type and on the form listed in **Exhibit A, Dental Contract Terms and Conditions, 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, Uniform Managed Care Manual and **Exhibit D, 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, **Exhibit B, Uniform Managed Care Manual (UMCM)** provides a link to the live documents maintained on the Agency's website, and information contained within **Exhibit D, Texas Medicaid Provider Procedures Manual** 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 fact that **Exhibit B, Uniform Managed Care Manual (UMCM)** is a live document that may be amended at any time during this Solicitation and to the "snapshot in time" format of **Exhibit D, Texas Medicaid Provider Procedures Manual**. 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, Uniform Managed Care Manual** and **Exhibit D, Texas Medicaid Provider Procedures Manual**, as written at the time of the execution of the Contract including any amendments that may be issued during the term of the Contract.

<u>EXHIBIT A</u>	DENTAL CONTRACT TERMS AND CONDITIONS
<u>EXHIBIT B</u>	UNIFORM MANAGED CARE MANUAL (UMCM)
<u>EXHIBIT C</u>	DELIVERABLES - LIQUIDATED DAMAGES MATRIX
<u>EXHIBIT D</u>	TEXAS MEDICAID PROVIDER PROCEDURE MANUAL
<u>EXHIBIT E</u>	ACCESS STANDARDS MAP
<u>EXHIBIT F</u>	DENTAL REPORTING REGIONS MAP
<u>EXHIBIT G</u>	MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) DENTAL SERVICES STATEMENT OF WORK (SOW)
<u>EXHIBIT H</u>	HHSC SOLICITATION AFFIRMATIONS V. 2.10
<u>EXHIBIT I</u>	FEDERAL ASSURANCES NON-CONSTRUCTION PROGRAMS
<u>EXHIBIT J</u>	CERTIFICATION REGARDING LOBBYING
<u>EXHIBIT K</u>	EXCEPTION FORM
<u>EXHIBIT L</u>	ASSUMPTIONS FORM

<u>EXHIBIT M</u>	SUBCONTRACTING PLAN
<u>EXHIBIT N</u>	BREACH DISCLOSURE HISTORY
<u>EXHIBIT O</u>	MEDICAID AND CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) SCORING GUIDES
<u>EXHIBIT P</u>	CONSENSUS SCORING RUBRIC
<u>EXHIBIT Q</u>	EVALUATION TOOL AND SCORING EXAMPLE
<u>EXHIBIT R</u>	PROCUREMENT LIBRARY
<u>EXHIBIT S</u>	TDI CERTIFICATE OF AUTHORITY TABLE