**Form 8070001412-B** **BIDDER PROPOSAL SUBMISSION CHECKLIST**

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| **Bidder Name:** |  |

Complete a copy of Form 8070001412-B, by indicating if the described submission item is included in your proposal. Place an “X” in the “Yes” or “No” box as applicable. Include an explanation for any “No” responses.

|  | **Submission**  **Item Included** | | **If No, explain reason for non-inclusion** |
| --- | --- | --- | --- |
| **Submission Item** | **Yes** | **No** |
| Item 1 – Form 8070001412-B Bidder Proposal Submission Checklist |  |  |  |
| Item 2 – Transmittal Letter |  |  |  |
| Item 3a – PLE Status: Proof of Ownership |  |  |  |
| Item 3b – PLE Status: Owner and/or Governing Body Member summary table and supporting documentation |  |  |  |
| Item 4 – Governance narrative |  |  |  |
| Item 5 – Solicitation Amendments |  |  |  |
| Item 6a – Form 8070001412-C Cover Page |  |  |  |
| Item 6b – Form 8070001412-D Bidder Representations and Certifications *(Word Version)* |  |  |  |
| Item 6c – Form 8070001412-D Bidder Representations and Certifications *(Excel Version)* |  |  |  |
| Item 7 – Privatization Act Mandated Representations and Certifications narrative |  |  |  |
| Item 8 – Contract Termination narrative |  |  |  |
| Item 9 – Executive Summary |  |  |  |
| Item 10a – Oklahoma and Medicaid Experience narrative |  |  |  |
| Item 10b – Form-8070001412-F Other State Medicaid Experience |  |  |  |
| Item 10c – Form-8070001412-E Oklahoma Experience |  |  |  |
| Item 11 – Form 8070001412-G References |  |  |  |
| Item 12 – Organization Overview narrative |  |  |  |
| Item 13a – Litigation narrative |  |  |  |
| Item 13b – Form 8070001412-D Bidder Representations and Certifications, tab B.12 “Legal Actions” |  |  |  |
| Item 14a – Company Financial Information |  |  |  |
| Item 14b – Cash Flow narrative |  |  |  |
| Item 15 – Reinsurance narrative |  |  |  |
| Item 16 – Licensure narrative or copy of license |  |  |  |
| Item 17a – Major Subcontractors narrative |  |  |  |
| Item 17b – Form 8070001412-H Major Subcontractors |  |  |  |
| Item 18a – Key Staff narrative |  |  |  |
| Item 18b – Form 8070001412-J Plan Staffing |  |  |  |
| Item 18c – Form 8070001412-I Key Staff and Oklahoma Presence |  |  |  |
| Item 18d – Job descriptions |  |  |  |
| Item 18e – Resumes |  |  |  |
| Item 18f – Summary of recruitment timelines and activities |  |  |  |
| Item 18g – Contingency plans |  |  |  |
| Item 19 – PLE Status or Association narrative |  |  |  |
| Item 20 – Local Oklahoma Provider Organizations narrative |  |  |  |
| Item 21a – Oklahoma Presence narrative |  |  |  |
| Item 21b - Map |  |  |  |
| Item 22a – Economic Impact narrative |  |  |  |
| Item 22b – Form 8070001412-K Economic Impact |  |  |  |
| Item 23a – Operations Plan narrative |  |  |  |
| Item 23b – Gantt chart |  |  |  |
| Item 24 – Mandatory, Voluntary and Excluded Populations narrative |  |  |  |
| Item 25 – Primary Care Dentist Model narrative |  |  |  |
| Item 26 – Provider Network Adequacy narrative |  |  |  |
| Item 27 – Onboarding narrative |  |  |  |
| Item 28 – Provider Education narrative |  |  |  |
| Item 29 – Monitoring narrative |  |  |  |
| Item 30a – Statewideness and Development Challenges narrative |  |  |  |
| Item 30b – Detailed Timelines and Milestones to Achieve Statewideness |  |  |  |
| Item 31 – Access to Services in Rural Areas narrative |  |  |  |
| Item 32a – Claims Processing narrative |  |  |  |
| Item 32b – Form 8070001412-N Claims Processing |  |  |  |
| Item 33 – Covered Benefits narrative |  |  |  |
| Item 34a – Value-Added Benefits narrative |  |  |  |
| Item 34b – Form 8070001412-L Value-Added Benefits |  |  |  |
| Item 35 – EPSDT narrative |  |  |  |
| Item 36 – School-Based Services narrative |  |  |  |
| Item 37 – Coordination with Other SoonerCare Programs and Other State Agencies narrative |  |  |  |
| Item 38a – New SoonerSelect Dental Enrollee Outreach narrative |  |  |  |
| Item 38b – Form 8070001412-T New SoonerSelect Dental Enrollee Contact Rates |  |  |  |
| Item 39 – Enrollee Website, Social Media, and Mobile Application narrative |  |  |  |
| Item 40a – Enrollee Services Call Center narrative |  |  |  |
| Item 40b – Form 8070001412-M Call Center Performance |  |  |  |
| Item 41a – SoonerSelect Dental Enrollee Grievances and Appeals narrative |  |  |  |
| Item 41b – Form 8070001412-O SoonerSelect Dental Enrollee Grievances and Appeals Resolution |  |  |  |
| Item 42 – Cost Sharing narrative |  |  |  |
| Item 43 – Tribal Government Liaison narrative |  |  |  |
| Item 44 – Quality Performance Measures narrative |  |  |  |
| Item 45 – Performance Improvement Projects narrative |  |  |  |
| Item 46 – CAHPS® data and/or substitute enrollee satisfaction data with description |  |  |  |
| Item 47 – Provider satisfaction and/or substitute data with description |  |  |  |
| Item 48 – Accreditation narrative |  |  |  |
| Item 49 – Dental Services Utilization Management narrative |  |  |  |
| Item 50 – Transition of Care narrative |  |  |  |
| Item 51 – High Utilizers narrative |  |  |  |
| Item 52 – Health Outcomes narrative |  |  |  |
| Item 53a – Provider Profiling narrative |  |  |  |
| Item 53b – Provider Profile sample |  |  |  |
| Item 54 – Value-Based Payment Program narrative |  |  |  |
| Item 55 – Value-Based Payment Program Design and Experience narrative |  |  |  |
| Item 56 – Value-Based Payment Program Innovation narrative |  |  |  |
| Item 57 – Coordination with Other SoonerCare Programs Case Study (Billy) |  |  |  |
| Item 58 – Coordination with Other SoonerCare Programs Case Study (Billy, ctd.) |  |  |  |
| Item 59 – New SoonerSelect Dental Enrollee Outreach Case Study (Rebecca) |  |  |  |
| Item 60 – Coordination with Other SoonerCare Programs Case Study (Sarah) |  |  |  |
| Item 61 – Coordination with Other SoonerCare Programs Case Study (Mark and Denise) |  |  |  |
| Item 62 – Transition of Care Case Study (Janet) |  |  |  |
| Item 63 – Reporting narrative |  |  |  |
| Item 64a – Contractor Performance Standards narrative |  |  |  |
| Item 64b – Form 8070001412-R Contractor Performance History |  |  |  |
| Item 65 – Program Integrity narrative |  |  |  |
| Item 66 – Third Party Liability narrative |  |  |  |
| Item 67a – Information Technology General Requirements narrative |  |  |  |
| Item 67b – System Diagram |  |  |  |
| Item 67c – Interface Diagram |  |  |  |
| Item 67d – IT Roadmap |  |  |  |
| Item 68 – Communications with OHCA narrative |  |  |  |
| Item 69a –System Security narrative |  |  |  |
| Item 69b – Form 8070001412-P Security Specifications |  |  |  |
| Item 69c – Form 8070001412-Q State of Oklahoma Security Accreditation and Assessment |  |  |  |
| Item 69d – Form 8070001412-U CMS Minimum Acceptable Risk Safeguards for Exchanges (MARS-E) Document Suite 2.2 |  |  |  |
| Item 69e – Form 8070001412-S OMES Hosting Agreement |  |  |  |