

# **Template B**

## **Vendor Experience**

**Including Response Template**

**Instructions for RFP Response**

**RFP #: 03410-128-14**

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## 1. Vendor Organization Overview

The Vendor must include details of the Vendor’s Experience in this section. The details must include Vendor organization overview; corporate background; Vendor’s understanding of the relevant domain, and Vendor’s experience in the public sector.

**Instructions:** Provide all relevant information regarding the general profile of the Vendor.

**Respondents are not to change any of the completed cells in the following tables. Any changes to the completed cells in the following tables could lead to the disqualification of a respondent.**

**Table 1 Vendor Organization Profile**

Company Name	<Response>
Name of Parent Company	<Response>
<b>Industry (NAICS)</b> (North American Industry Classification System)	<Response>
<b>Type of Legal Entity</b>	<Response>
<b>Company ownership</b> (i.e., private/public, joint venture)	<Response>
<b>Number of full time employees</b>	<Response>
<b>Last Fiscal Year Company Revenue</b>	<Response>
<b>Last Fiscal Year Company Net Income</b>	<Response>
<b>% of revenue from State and Local Government clients in the United States</b>	<Response>
<b>% of revenue from IT Design and Implementation Services</b>	<Response>
<b>Number of years in business</b>	<Response>
<b>Number of years Vendor has been providing the type of services specified in the RFP</b>	<Response>
<b>Number of Employees providing the type of services specified in the RFP</b>	<Response>
<b>Headquarters in the USA</b>	<Response>
<b>Locations in the USA</b>	<Response>
<b>Office Servicing this Account</b>	<Response>

## 1.1 Subcontractor Organization Overview (If applicable)

**Instructions:** If the Proposal includes the use of Subcontractor(s), provide all relevant information regarding the profile of each Subcontractor. This section may be duplicated in its entirety and a page created per Subcontractor included.

**Respondents are not to change any of the completed cells in the following tables. Any changes to the completed cells in the following tables could lead to the disqualification of a respondent.**

**Table 2 Subcontractor Organization Profile**

<b>Subcontractor Name</b>	<Response>
<b>Type of Legal Entity</b>	<Response>
<b>Company ownership (i.e., private/public, joint-venture)</b>	<Response>
<b>Headquarters Location</b>	<Response>
<b>Date Founded</b>	<Response>
<b>Number of employees</b>	<Response>
<b>Last Fiscal Year Company Revenue</b>	<Response>
<b>Last Fiscal Year Company Net Income</b>	<Response>
<b>Services to be provided</b>	<Response>
<b>Experience of Subcontractor in performing the services to be provided</b>	<Response>
<b>Brief description and number of projects that Vendor has partnered with this Subcontractor</b>	<Response>
<b>Locations where work is to be performed</b>	<Response>

## 2. Vendor Corporate Background and Experience

This section details the Vendor’s corporate background and experience. The section should include the following information:

### 2.1 Vendor’s Corporate Background

**Instructions:** Describe the Vendor’s corporate background as it relates to projects similar in scope and complexity to the project described in this RFP.

<Response>

### 2.2 Vendor’s Understanding of Medicaid and Care Management Solutions

**Instructions:** Describe the Vendor’s understanding of the use of Care Management solutions in the Medicaid space. Discuss the Vendor’s strategies and areas of focus related to this service. Discuss key trends affecting Care Management in the next three (3) to five (5) years and how this perspective will translate into benefits for Vermont.

<Response>

### 2.3 Care Management Projects Completed in the Last Five Years

**Instructions:** Provide a listing and contact information for all implementation and/or service contracts/clients in the care management space for the last five (5) years, and denote any that are pending litigation or Terminated for Cause or Convenience and associated reasons. If Vendor uses Subcontractors, associated companies and consultants that will be involved in any phase of this project, each of these entities will submit this information as part of the response.

**Table 3 Care Management Projects Completed in the Last Five (5) Years**

REF #	PROJECT NAME	CUSTOMER NAME	CUSTOMER CONTACT	PROJECT DURATION	BUSINESS DISPUTE?
1					YES <input type="checkbox"/> NO <input type="checkbox"/>
2					YES <input type="checkbox"/> NO <input type="checkbox"/>
3					YES <input type="checkbox"/> NO <input type="checkbox"/>
4					YES <input type="checkbox"/> NO <input type="checkbox"/>
5					YES <input type="checkbox"/> NO <input type="checkbox"/>

## 2.4 Vendor’s Understanding of Health and Human Services

**Instructions:** Describe the Vendor’s understanding of the provision of public and/or private health and human services. Discuss the Vendor’s strategies and areas of focus within this sector. Discuss key trends affecting this sector in the next three (3) to five (5) years and how the Vendor’s perspective will translate into benefits for the State of Vermont.

<Response>

## 2.5 Customers Served in the Health and Human Services Space

**Instructions:** Describe the customers the Vendor has served in HHS. To the extent possible, describe the size of the customers served and how they compare to the State of Vermont, the nature of those relationships in terms of services provided, verifiable outcomes achieved, and duration of the relationship.

<Response>

## 2.6 Vendor’s Work Locations

**Instructions:** The Vendor Key Project Personnel associated with the Care Management Solution implementation must be available to participate in-person during project-related meetings as scheduled by the State during normal business hours, 8:00 AM until 4:30 PM Eastern Time, Monday through Friday except State of Vermont holidays. The State will not provide facilities for Vendor Key Project Personnel.

Vermont expects that no more than 10% of all staff, including both Prime and Subcontractor, shall be performing the work on a valid working visa issued by the United States government. The State will not permit project work or business operations services to be performed offshore. At no time shall the Vendor maintain, use, transmit, or cause to be transmitted information governed by privacy laws and regulations outside of the United States and its territories.

Describe the locations where the Vendor proposes performing work associated with this RFP. Indicate the site(s) from which the Vendor will perform the relevant tasks identified in this Proposal. If the site(s) for a specific task change during the contract term, please provide a timeline reflecting where the task will be performed during each time period.

Specifically identify where the Key Project Personnel identified in Section 2.5.10.2.1 will be physically located for the duration of the Contract.

List any call centers, their related contract responsibilities, and the city and state where they will be physically located for the duration of the Contract.

For each of the deliverables identified in RFP Section 2.5, provide the percentage of work to be done in Vermont.

<Response>

## 2.7 Existing Business Relationships with Vermont

**Instructions:** Describe any existing or recent (within the last five (5) years) business relationships the Vendor or any of its affiliates and proposed Subcontractors has with the State of Vermont.

<Response>

## 2.8 Business Disputes

**Instructions:** Provide details of any disciplinary actions and denote any that are pending litigation or Terminated for Cause or Convenience and associated reasons. Also denote any other administrative actions taken by any jurisdiction or person against the Vendor. List and summarize all judicial or administrative proceedings involving your sourcing activities, claims of unlawful employment discrimination and anti-trust suits in which you have been a party within the last five (5) years. If Vendor is a subsidiary, submit information for all parent companies. If Vendor uses Subcontractors, associated companies and consultants that will be involved in any phase of this project, each of these entities will submit this information as part of the response.

<Response>

### 3. Financial Stability

The following questions pertaining to Financial Stability must be answered.

#### 3.1 Dun & Bradstreet (D&B) Ratings

**Instructions:** The Vendor must provide the industry standard D&B Ratings that indicates the firm's financial strength and creditworthiness, assigned to most US and Canadian firms (and some firms of other nationalities) by the US firm Dun & Bradstreet (D&B). These ratings are based on a firm's worth and composite credit appraisal. Additional information is given in credit reports (published by D&B) that contain the firm's financial statements and credit payment history.

<Response>

#### 3.2 Financial Capacity

**Instructions:** The Vendor must supply evidence of financial stability sufficient to demonstrate reasonable stability and solvency appropriate to the requirements of this procurement. Vendors must submit an Independent Auditor's Report and audited financial statements, including any management letters associated with the Auditor's Report with the applicable notes, OMB A-133 Audit (if conducted) for the last three (3) fiscal years (an Audit Receipt Letter from HHS-Agency Contract Support for each year is acceptable), balance sheet, statement of income and expense, statement of changes in financial position, cash flows, and capital expenditures.

Most current financial statements (may be unaudited) must be provided on a separate CD, labeled "Financial Capacity Information Template B – 3.2" to be provided as part of the Technical Proposal. If Vendor has not had an audit conducted within the past three (3) fiscal years, then Vendor must provide the following un-audited financial statements for the last three (3) fiscal years:

- a) State of Financial Position (Balance Sheet)
- b) Statement of Activities (Income Statement)
- c) Statement of Cash Flows

Vendor may submit one of the following in place of the requested audited or un-audited financial statements for the last three (3) fiscal years listed above:

1. Copies of letters issued by Health and Human Services Agency (HHS), Agency Contract Support (ACS), verifying receipt of audited or un-audited financial statements for the last three (3) fiscal years; *or*,
2. Audited or un-audited financial statements for the last three (3) fiscal years on a compact disc (CD).

If the Vendor is a corporation that is required to report to the Securities and Exchange Commission (SEC), it must submit its two (2) most recent SEC Forms 10K, Annual Reports. If any change in ownership is anticipated during the twelve (12) months following the proposal due date, the Vendor must describe the circumstances of such change and indicate when the change is likely to occur.

<Response>

In the following Table 5, please list credit references that can verify the financial standing of your company.

**Table 5 Credit References**

INSTITUTION	ADDRESS	PHONE NUMBER

### 3.3 Corporate Guarantee

**Instructions:** If the Vendor is substantially owned or controlled, in whole or in part, by one or more other legal entities, the Vendor must submit the information required under the “Financial Capacity” section above for each such entity, including the most recent financial statement for each such entity. The Vendor must also include a statement that the entity or entities will unconditionally guarantee performance by the Vendor for each and every obligation, warranty, covenant, term and condition of the Contract. If the State determines that an entity does not have sufficient financial resources to guarantee the Vendor’s performance, the State may require the Vendor 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 performance.

<Response>

## 4. General Assumptions

Document the assumptions related to Vendor experience in Table 5. Vendor may add rows as necessary to the response table.

**Table 6 Vendor Experience Assumptions**

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	RATIONALE
1.			
2.			
3.			

<Response>

## 5. Exceptions

**Instructions:** Please return the Proposal Exception Summary Form at the end of this section with all exceptions to items in any Section of this RFP listed and clearly explained or state “No Exceptions Taken.” If no Proposal Exception Summary Form is included, the Vendor is indicating that it takes no exceptions to any item in this RFP document.

The State of Vermont expects the Vendor to agree to the State and Agency Customary Contracting Provisions outlined in Attachments C, E and F of this RFP (Section 1.7.6). Exceptions to Attachments C, E and F shall be noted in the bidder’s cover letter and further defined by completing the Proposal Exceptions Summary Form in this Section. Exceptions shall be subject to review by the Office of the Attorney General.

Failure to note exceptions will be deemed to be acceptance of the Standard State Provision for Contracts and Grants as outlined in Attachment C, E and F of the RFP. If exceptions are not noted in the RFP but raised during contract negotiations, the State reserves the right to cancel the negotiation if deemed to be in the best interests of the State of Vermont.

The State reserves the right to reject any proposals, including those with exceptions, prior to and at any time during negotiations.

1. Unless specifically disallowed on any specification herein, the Vendor may take exception to any point within this RFP, including a specification denoted as mandatory, as long as the following are true:
  - a. The specification is not a matter of State law;
  - b. The Proposal still meets the intent of the RFP;
  - c. A Proposal Exception Summary Form is included with Vendor’s Proposal; and
  - d. The exception is clearly explained, along with any alternative or substitution the Vendor proposes to address the intent of the specification, on the Proposal Exception Summary Form.
2. The Vendor has no obligation to provide items to which an exception has been taken. The State has no obligation to accept any exception. During the proposal evaluation and/or contract negotiation process, the Vendor and the State will discuss each exception and take one of the following actions:
  - a. The Vendor will withdraw the exception and meet the specification in the manner prescribed;
  - b. The State will determine that the exception neither poses significant risk to the project nor undermines the intent of the RFP and will accept the exception;
  - c. The State and the Vendor will agree on compromise language dealing with the exception and will insert same into the contract; or,
  - d. None of the above actions is possible, and the State either disqualifies the Vendor’s proposal or withdraws the award and proceeds to the next ranked Vendor.

3. Should the State and the Vendor reach a successful agreement, the State will sign adjacent to each exception which is being accepted or submit a formal written response to the Proposal Exception Summary responding to each of the Vendor’s exceptions. The Proposal Exception Summary, with those exceptions approved by the State, will become a part of any contract on acquisitions made under this RFP.
4. An exception will be accepted or rejected at the sole discretion of the State.
5. The State desires to award this RFP to a Vendor with whom there is a high probability of establishing a mutually agreeable contract, substantially within the State General Provisions included herein. As such, Vendors whose proposals reflect a substantial number of material exceptions to this RFP may place themselves at a comparative disadvantage in the evaluation process or risk disqualification of their proposals.

In the following Table 8, please list and clearly explain any exceptions, for all RFP Sections, Supplements and Exhibits, in the table below. The Vendor may add rows as appropriate.

**Table 8 Proposal Exceptions Summary Form**

STATE OF VERMONT RFP REFERENCE	VENDOR PROPOSAL REFERENCE	BRIEF EXPLANATION OF EXCEPTION	STATE OF VERMONT ACCEPTANCE (SIGN HERE ONLY IF ACCEPTED)
(Reference specific outline point to which exception is taken)	(Page, section, items in Vendor’s proposal where exception is explained)	(Short description of exception being made)	
1.			
2.			