**Appendix C: Proposal Compliance Matrix**

|  |  |
| --- | --- |
| **RFP #3000011953** | **Proposer:** |
| **RFP Section** | **RFP Page(s)** | **Requirement** | **Proposal Section** | **Proposal Page(s)** |
| 2.2.1 | 9 | Table of Contents |  |  |
| 2.2.2 | 9-10 | Cover Letter |  |  |
| **Business Proposal** |
| 2.9.1 | 14-15 | Mandatory Qualifications |  |  |
| 2.9.2 | 15-16 | Conflict of Interests |  |  |
| 2.9.3 | 16 | Moral or Religious Objections |  |  |
| 2.9.4 | 16 | Material Subcontractors |  |  |
| 2.9.5 | 16-17 | Financial Condition |  |  |
| 2.9.6 | 17 | Required Forms and Certifications: |  |  |
| 2.9.6.1 | 17 | * Proposal Compliance Matrix
 |  |  |
| 2.9.6.2 | 17 | * Certification Statement
 |  |  |
| 2.9.6.3 | 17 | * Medicaid Ownership and Disclosure Form
 |  |  |
| **Technical Proposal** |
| 2.10.1 | 18 | Executive Summary |  |  |
| 2.10.2 | 18 | Organizational Experience: |  |  |
| 2.10.2.1 | 18 | * Proposal Experience
 |  |  |
| 2.10.2.2 | 18-19 | * Staff Experience and Organizational Structure
 |  |  |
| 2.10.2.3 | 19 | * Material Subcontractors
 |  |  |
| 2.10.2.4 | 19 | * Proposal Reference Contact Information
 |  |  |
| 2.10.2.5 | 19-20 | * NCQA Accreditation
 |  |  |
| 2.10.3 | 20-21 | Enrollee Value-Added Benefits |  |  |
| 2.10.4 | 21-22 | Population Health |  |  |
| 2.10.5 | 22-23 | Care Management |  |  |
| 2.10.6 | 23-24 | Case Scenarios |  |  |
| 2.10.7 | 24 | Provider Network |  |  |
| 2.10.8 | 25 | Network Management |  |  |
| 2.10.9 | 26-27 | Provider Support |  |  |
| 2.10.10 | 27-28 | Utilization Management |  |  |
| 2.10.11 | 28-29 | Quality |  |  |
| 2.10.12 | 29-30 | Value-Based Payment |  |  |
| 2.10.13 | 30-31 | Claims Management and Systems and Technical Requirements |  |  |
| 2.10.14 | 31-32 | Program Integrity |  |  |
| 2.10.15 | 32-33 | Veteran and Hudson Initiatives Programs Participation |  |  |