



Department of
Job and Family Services

John Kasich, Governor

Michael B. Colbert, Interim Director

February 4, 2011

Dear Vendor:

This letter is to announce the release of the Ohio Department of Job and Family Services (ODJFS) Request for Proposal (RFP)#: R-1213-07-8004, for the purpose of obtaining one vendor to manage and operate the Ohio Medicaid Consumer Hotline. The contractor selected through this RFP process will provide a toll-free customer service call center for Ohio Medicaid consumers and provide Managed Care Enrollment functions for Ohio's Medicaid program consumers as well as the general public who have questions about Ohio's Medicaid program.

ODJFS is seeking vendors who are experienced in Medicaid and/or private or commercial health care programs; the development, implementation, and management of a toll-free call center; premium collection, including, maintaining a state-owned lockbox, generating and mailing invoices, account reconciliation, and reporting; electronic data file transfers (both incoming and outgoing); and educating managed care eligible consumers about managed care and enrolling them in a managed health care plan.

The selected vendor's responsibilities include informing consumers about managed care and the benefits of having a medical home. This includes, but not limited to, health needs assessment and reporting; processing of Bureau for Children with Medical Handicaps (BCMh), Supplemental Security Income (SSI) exemption requests; enrollee inquiries regarding Transition of Membership; Just Cause requests; consumer and county initiated Children in Custody (CIC); data entry of initial enrollments, changes, assignments and enrollment exceptions in the Management Information Technology System (MITS); provision of consumer contact records (CCR) in an ODJFS-specified electronic format to participating Managed Care Plans (MCP); and reporting of enrollment activity data in electronic and narrative format.

If you are interested in submitting an application for this important project, please obtain the RFP through the ODJFS web site at <http://jfs.ohio.gov/rfp/>. If you experience problems opening the above referenced ODJFS URL, please contact the RFP/RLB Unit at (614) 728-5693 or at the address: ODJFS, Office of Legal and Acquisitions Services, 30 E. Broad Street, 31st Floor, Columbus, Ohio 43215-3414.

Responses must be prepared and submitted in accordance with the requirements and time frames given in the RFP. Thank you for your attention to this request.

Sincerely,

Linette Alexander, A.P.O.
Acting Deputy Director

30 East Broad Street
Columbus, Ohio 43215
jfs.ohio.gov

An Equal Opportunity Employer and Service Provider

Ohio Medicaid Consumer Hotline

RFP# JFSR1213078004

Ohio Department of Job and Family Services

(February 4, 2011)

Ohio Medicaid Consumer Hotline RFP

RFP#: JFSR1011078004

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ODJFS REQUEST FOR PROPOSALS (RFP):
Ohio Medicaid Consumer Hotline

RFP#: R-1011-07-8036

SECTION I. GENERAL PURPOSE & VENDOR INFORMATION

1.1 Purpose

The Ohio Department of Job and Family Services (ODJFS) releases this Request for Proposals (RFP) for the purpose of obtaining one vendor to manage and operate the Ohio Medicaid Consumer Hotline (Hotline), a toll-free customer service call center for Ohio Medicaid consumers and the general public who have questions about Ohio's Medicaid program.

In the past, ODJFS released the customer service and managed care enrollment functions as two separate contracts. However, in this time of severe budget constraints, ODJFS must find ways to reduce costs without harming consumers. It is our expectation that combining the two functions into one contract will result in measurable cost savings.

ODJFS is seeking vendors who are experienced in Medicaid and/or private or commercial health care programs, the development, implementation, and management of a toll-free call center; premium collection, including, maintaining a state-owned lockbox, generating and mailing invoices, account reconciliation, and reporting; electronic data file transfers (both incoming and outgoing); and educating managed care eligible consumers about managed care and enrolling them in a managed health care plan.

The selected vendor's responsibilities include informing consumers about managed care and the benefits of having a medical home. This includes, but is not limited to, health needs assessment and reporting; processing of Bureau for Children with Medical Handicaps (BCMh), Supplemental Security Income (SSI) exemption requests; enrollee inquiries regarding Transition of Membership; Just Cause requests; consumer and county initiated Children in Custody (CIC); data entry of initial enrollments, changes, assignments and enrollment exceptions in the Management Information Technology System (MITS); provision of Consumer Contact Records (CCR) in an ODJFS-specified electronic format to participating Managed Care Plan (MCP); and reporting of enrollment activity data in electronic and narrative format.

If a vendor makes a suitable offer in response to this RFP, ODJFS may award a contract to the selected vendor to operate the Hotline. This RFP provides details of vendor qualifications, the work the vendor will perform, the deliverables required of the vendor, the requirements for proposal submission, and how ODJFS will evaluate the proposals.

Once awarded, the terms of the contract will be in effect from July 1, 2011, through June 30, 2013. ODJFS may renew this contract for four additional two-year terms, contingent on vendor performance, the future needs of ODJFS, and the discretionary decision of the Ohio General Assembly to appropriate funds for this contract (see Section 1.10, Time Frames and Funding Sources).

1.2 **Issuing Office**

This RFP is released by and the subsequent contract will be with ODJFS. Office of Ohio Health Plans (OHP), which will administer the contract, will be responsible for state level supervision of all activities of the selected vendor. The Ohio Health Plans' mission is to improve health care outcomes in Ohio by assuring access to quality health care for eligible Ohioans.

The contract expected to result from this RFP process will be an agreement between ODJFS and the selected Hotline vendor (also referred to as 'the contractor'). The Ohio Department of Administrative Services (DAS) involvement is limited to providing support by publishing this RFP and its related documents on the State of Ohio procurement opportunities web site, which it manages. This consolidated web site is intended to provide vendors with the convenience of a single web site from which to search all procurement opportunities offered by any State of Ohio governmental agency.

If interested vendors have a need to communicate regarding this RFP, they must contact **ODJFS** using one of the mechanisms provided for in **Sections 1.6, Internet Question and Answer Period/RFP Clarification Opportunity**, or **1.8, Communications Prohibited**, of this RFP. Vendor proposals must be submitted to ODJFS in strict accordance with proposal submission instructions provided in **Section 5.1, Proposal Submission**. Vendors are cautioned that communication attempts, which do not comply with these instructions will not be answered and that ODJFS will not consider any proposals submitted to any address other than the one provided in Section 5.1 of this RFP.

1.3 **Background**

ODJFS is the single state agency responsible for the implementation and administration of the Ohio Medical Assistance (Medicaid) program authorized under Title XIX of the Social Security Act. Medicaid is a federal and state funded assistance program that provides health care coverage to certain low-income and medically vulnerable individuals of all ages. ODJFS is also responsible for administering Title XXI of the Social Security Act, the State Children's Health Insurance Program (SCHIP), implemented in Ohio as a Medicaid expansion. Within ODJFS, OHP oversees Medicaid, SCHIP, and other publicly funded health coverage programs.

The Hotline is designed to enable consumers to effectively access and utilize their health care services. The Hotline's toll-free number, printed on every medical card, consumer notice, consumer publication, and Medicaid application is the primary source for consumers to obtain both general Medicaid information and case specific information.

Since 1978, ODJFS has contracted with MCPs for the provision of health care services to eligible low income families and children. Participating MCPs must be licensed as Health Insuring Corporations (HICs) through the Ohio Department of Insurance.

Today's health care environment is generating an unprecedented demand for health care delivery approaches that result in more cost effective management of the use of health care services while improving access, quality, and accountability. As a means of addressing the State's fiscal constraints, improving cost predictability and administrative simplicity, assuring the appropriate use of services, establishing accountability for both access to care and quality of care and minimizing preventable or unnecessary use of emergency care and inpatient services, the Ohio legislature through Am. Sub. House Bill 66 mandated statewide managed care expansion for the CFC population and a portion of the ABD Medicaid consumers. Effective July 1, 2006, Centers for Medicare and Medicaid Services (CMS) approved Ohio's request to implement statewide full-risk managed care for the CFC population and a subset of the ABD population. As a result, Ohio began managed care expansion efforts by moving from a county-based managed care approach in 16 counties to a regional approach—now placing Ohio's 88 counties into eight regions.

Below is a list of regions and their affiliated counties that define geographical areas for managed care enrollment. All Ohio Medicaid managed care regions are currently mandatory, meaning managed care enrollment is required for the eligible ABD and CFC population. The eight regions consist of:

1. **Central Region:** Crawford, Delaware, Fairfield, Fayette, Franklin, Hocking, Knox, Licking, Logan, Madison, Marion, Morrow, Perry, Pickaway, Pike, Ross, Scioto, and Union Counties;
2. **East Central Region:** Ashland, Carroll, Holmes, Portage, Richland, Stark, Summit, Tuscarawas, and Wayne Counties;
3. **Northeast Central Region:** Columbiana, Mahoning, and Trumbull Counties;
4. **Northeast Region:** Ashtabula, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, and Medina Counties;
5. **Northwest Region:** Allen, Auglaize, Defiance, Fulton, Hancock, Hardin, Henry, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood, and Wyandot Counties;
6. **Southeast Region:** Athens, Belmont, Coshocton, Gallia, Guernsey, Harrison, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Vinton, and Washington Counties;
7. **Southwest Region:** Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren Counties; and,
8. **West Central:** Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, and Shelby Counties.

1.4 Overview of the Project

ODJFS expects the selected vendor to transfer service from the previous contractor (if necessary) and operate a toll-free customer service call center. The call center must have sufficient staff to handle a call volume of at least 110,000 calls per month with an average talk time of five minutes per call, and an abandonment rate not to exceed an average of 5% per month. The hours of operation are Monday through Friday 7:00 a.m. to 8:00 p.m. and Saturdays 8:00 a.m. to 5:00 p.m.

The contract includes project management, transition, training, mail fulfillment, premium collection, surveying, data collection and reporting, data file transfers, and protocol development, managed care education and enrollment, development and maintenance of a website, as well as managing a customer service call center. Regular reporting to ODJFS staff is required throughout the project.

The selected vendor must have the ability to answer consumer inquiries from alternative sources such as instant messaging, e-mail, web portal, or written correspondence and to respond to the inquiry in a similar method in which it was received. The vendor will be expected to conduct special projects including, but not limited to: performing outgoing telephone surveys, facilitating telephone registrations, and other special projects as assigned by ODJFS.

The number of participating counties and their MCP enrollment status (e.g. mandatory to voluntary) may change at any time during the course of the contract. As of January 1, 2011, 1,532,651 individuals in the State of Ohio were eligible for CFC/MCP membership. January 1, 2011, CFC/MCP membership was 1,483,067. As of January 1, 2011, MCP membership was approximately 97% of the total CFC (including Ohio Works First [TANF] and Healthy Start) population statewide. As of January 1, 2011, 131,889 individuals in the State of Ohio were eligible for ABD/MCP membership. January 1, 2011, ABD/MCP membership was 123,266; representing 93% of the total ABD eligible population statewide.

With the exception of auto re-enrollments (loss and regaining eligibility within 60 days after managed care enrollment) and assistance group additions (adding individuals to an MCP eligible category), all managed care enrollment activities throughout the state will be completed by the Hotline. The Hotline provides consumers access to impartial information about managed care, participating MCPs, primary care providers (PCPs) and enrolls them in an MCP. Managed care education and enrollment is provided primarily over the phone and enrollment by mail packets (EMPs) are available upon request. Consumers may also access managed care information and enroll in an MCP via the Hotline's website.

Throughout the life of the resulting contract, ODJFS may create or eliminate other Medicaid eligible categories, reduce or increase MCP enrollment in the current or future eligible categories, or reduce the number of counties/regions served. Assistance to individuals belonging to these new categories would remain the responsibility of the Hotline.

Any state and/or federally mandated changes to rules, regulations, policies and procedures, such as found in the Ohio Revised Code (ORC) and OAC, Balanced Budget Act of 1997, Health Insurance Portability and Accountability Act of 1996 (HIPAA), etc., or Medicaid program changes that become effective during the contract, would be within the scope of work for the Hotline contractor.

1.5 Anticipated Procurement Timetable

DATE	EVENT/ACTIVITY
February 4, 2011	ODJFS Releases RFP to Potential Vendors on ODJFS Web Site; Q&A Period Opens - RFP becomes active - Vendors may submit inquiries for RFP clarification
March 7, 2011	Vendor Q&A Period Closes, 10 a.m. (for inquiries for RFP Clarification) - No further inquiries for RFP clarification will be accepted
March 10, 2011	ODJFS provides Final Vendor Question & Answer Document (estimated)
March 24, 2011	Deadline for Vendors to Submit Proposals to ODJFS (3 p.m.) - This is the proposal opening date, beginning the ODJFS process of proposal review. All proposals must be received at the specified ODJFS location by this deadline. Late proposals will be disqualified - NO EXCEPTIONS
April 12, 2011	ODJFS Issues Contract Award Notification Letter (estimated) - Vendors that submitted proposals in response to this RFP will be sent letters stating whether their proposal was accepted for award of the contract
May 23, 2011	Controlling Board Review of Contract (estimated—if applicable). -Contract with the selected vendor requires review and approval
June 1 – 30, 2011	Transition contract period*, if needed (start date estimated based on Controlling Board approval, end date firm)
July 1, 2011	Implementation** (estimated—following notification of all contractual and funding approvals) - ODJFS contracts are not valid and effective until the state Office of Budget Management approves the purchase order.

June 30, 2013	Project Completion*** - All work must be completed and approved by ODJFS Contract Manager
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ODJFS reserves the right to revise this schedule in the best interest of the State of Ohio and/or to comply with the State of Ohio procurement procedures and regulations and after providing reasonable notice.

*** In case of award of this contract to a different vendor, such transition activities must be performed under a no-cost contract between the vendor and ODJFS, to be in effect from approximately April 26, 2011 through June 30, 2011, in order to assure new vendor's readiness to undertake full contract responsibilities as of July 1, 2011.**

**** According to requirements of Ohio Revised Code (ORC) 126.07, ODJFS contracts are not valid and enforceable until the Office of Budget and Management (OBM) certifies the availability of appropriate funding, as indicated by the approval of the Purchase Order (P.O.). The contractor may neither perform work nor submit an invoice for payment for work performed for this project for any time period prior to the P.O. approval date. The ODJFS Contract Manager will notify the selected vendor when the requirements of ORC Section 126.07 have been met.**

***** Subject to approval by the Controlling Board, the contract period is expected to run from July 1, 2011 through June 30, 2013, with three renewal contracts to be in effect, contingent upon satisfactory performance, continued availability of funding, and all required approvals, from July 1, 2013 through June 30, 2019. Since state law prohibits ODJFS from making financial commitments beyond the fiscal biennium (e.g., 7/01/11 through 6/30/13), the contract with the selected vendor will be subject to multiple renewals. All renewals are subject to approval by the Controlling Board.**

1.6 Internet Question & Answer Period; RFP Clarification Opportunity

Potential vendors or other interested parties may ask clarifying questions regarding this RFP via the Internet during the Q&A Period as outlined in Section 1.5, Anticipated Procurement Timetable. To ask a question, potential vendors must use the following Internet process:

- * Access the ODJFS Web Page at <http://jfs.ohio.gov/>**
- * Select "About JFS" on the front page;**
- * Select "Doing Business with ODJFS;"**
- * Select "Requests for Proposals, Letterhead Solicitations, and Other Invitations;"**
- * RFP Number [JFSR1011078004](#);**
- * Follow the link to the dedicated web page;**
- * Select "Submit Inquiry" near the bottom of the web page;**
- * Follow instructions there for submitting questions.**

Questions about this RFP must reference the relevant part of this RFP, the heading for the provision under question, and the page number of the RFP where the provision can be found. The name of a representative of the potential vendor (or other interested party), the company name, phone number, and e-mail address must be provided to submit an inquiry. ODJFS may, at its option, disregard any questions which do not appropriately reference an RFP provision or location within the RFP, or which do not include an identification for the originator of the question. ODJFS will not respond to any questions submitted after **10:00 a.m.** on the date the Q&A period closes.

ODJFS responses to all questions asked via the Internet will be posted on the Internet website dedicated to this RFP, for public reference by any interested party. ODJFS will not provide answers directly to the vendors (or any interested party) that submitted the question. All questions about this RFP that are submitted in accordance with these instructions will be answered on the RFP's dedicated web page.

Questions submitted may be no more than 4,000 characters in length, but there is no limit on the number of questions submitted. The answers provided by ODJFS may be accessed by following the instructions above, but rather than selecting "Submit Inquiry," vendors and others should select "View Q and A." ODJFS strongly encourages vendors to ask questions early in the Q&A period so that answers can be posted with sufficient time for any possible follow-up questions.

Vendor proposals in response to this RFP are to take into account any information communicated by ODJFS in the Q&A process for the RFP. **It is the responsibility of all potential vendors to check this site on a regular basis for responses to all questions, as well as for any amendments, alerts, or other pertinent information regarding this RFP.**

Accessibility to questions and answers are clearly identified on the website dedicated to this RFP, once submitted questions have been answered.

IMPORTANT: Requests from potential vendors for copies of previous RFPs, past vendor proposals, score sheets or contracts for this or similar past projects, are Public Records Requests (PRRs), and are not clarification questions regarding the present RFP. PRRs submitted in accordance with directions provided in Section 1.9, Communication Prohibitions, will be honored. The posted time frames for ODJFS responses to Internet questions for RFP clarification do not apply to PRRs.

Vendors are to base their RFP responses, and the details and costs of their proposed projects, on the requirements and performance expectations established in this RFP for the future contract, NOT on details of any current or past related contract. Requirements under a current project may or may not be required by ODJFS under any future contract, and so may not be useful information for vendors who choose to respond to the RFP. If vendors ask questions about existing or past contracts using the Internet Q&A process, ODJFS will use its discretion in deciding whether to provide answers. Interested vendors should also refer to RFP Section 1.10, Time Frames and Funding Source, for related information.

There is an established time period for the Vendor Q&A process (see Section 1.5, Anticipated Procurement Timetable, above). ODJFS will only answer those questions submitted within the stated time frame for submission of vendor questions, and which pertain to issues of RFP clarity, and which are not requests for public information. ODJFS is under no obligation to acknowledge questions submitted through the Q&A process if those questions are not in accordance with these instructions.

* Should vendors experience technical difficulties accessing either the ODJFS website where the RFP and its related documents are published, they may contact the ODJFS Office of Contracts and Acquisitions, RFP/RLB Unit, at (614) 728-5693 for guidance.

1.7 Vendors' Library

There is no specific library of documents, reports, or other information that vendors interested in this RFP should consider. However, a wide variety of information on ODJFS and its programs which interested vendors may find useful is available to the public via the ODJFS website at <http://jfs.ohio.gov/ohp>.

1.8 Communication Prohibitions

From the issuance date of this RFP until an actual contract is awarded to a vendor, there may be no communications concerning the RFP between any vendor that expects to submit a proposal and any employee of ODJFS in the issuing office, or any other ODJFS employee, or any other individual regardless of their employment status, who is in any way involved in the development of the RFP or the selection of the contractor.

The only exceptions to this prohibition are as follows:

1. Communications conducted pursuant to Section 1.6, Internet Q&A Period;
2. As necessary in any pre-existing or on-going business relationship between ODJFS and any vendor that could submit a proposal in response to this RFP;
3. As part of any vendor interview process or proposal clarification process initiated by ODJFS, which ODJFS deems necessary in order to make a final selection;
4. If it becomes necessary to revise any part of this RFP, ODJFS will post those revisions, amendments, etc., to the website dedicated to this RFP;*
5. Any Public Records Request (PRR) made through the ODJFS Office of Legal Services.

*** Important Note:** Amendments to the RFP or to any documents related to it will be accessible to interested vendors through the original web page established for the RFP. All interested vendors must refer to that web page regularly for amendments or other announcements. ODJFS will not specifically notify any vendor of changes or announcements related to this RFP except

through the website posting. It is the affirmative responsibility of interested vendors to be aware of and to fully respond to all updated information posted on this web page.

1.9 Time Frames & Funding Source

ODJFS is seeking to contract with a vendor to perform services as described in section 1.5 of this RFP. The contract period is expected to be from approximately July 1, 2011 to June 30, 2013 subject to approval by the Controlling Board.

In case of award of this contract to a different vendor, such transition activities must be performed under a no-cost contract between the vendor and ODJFS, to be in effect from approximately June 1, 2011 through June 30, 2011, in order to assure new vendor's readiness to undertake full contract responsibilities as of July 1, 2011.

The contract resulting from this RFP may be renewed, contingent upon satisfactory contractor performance, continuing programmatic need, and continued availability of funding from July 1, 2011 through June 30, 2021. As state law prohibits ODJFS from making financial commitments beyond any fiscal biennium (e.g., 7/01/11 through 6/30/13), the contract with the selected vendor will be subject to renewal each biennium (July 1, 2013 through June 30, 2015 and July 1, 2015 through June 30, 2017 and July 1, 2017 through June 30, 2019 and July 1, 2019 through June 30, 2021). The contract resulting from this RFP is intended to be renewed for this entire time period, and the renewal contracts may be entered into by the parties, at their discretion, without any intervening competitive opportunity. However, ODJFS may, at its sole discretion, choose not to renew the contract at any time, due to such factors as poor contractor performance, significant programmatic change, funding changes, or due to changes in applicable law, and offer the contract to qualified vendors through another competitive opportunity.

SECTION II. VENDOR EXPERIENCE AND QUALIFICATIONS

Vendors' proposals must address all the following minimum qualifications as well as organizational and staff experience and capabilities:

2.1 Mandatory Vendor Qualifications

In order to be considered for the contract expected to result from this RFP, an interested vendor must submit to ODJFS a proposal that demonstrates how, and to what degree, the vendor meets, at minimum, **all** the following qualification requirements. If a proposal fails to adequately address how the vendor at minimum meets all the following mandatory criteria, that proposal will be disqualified from any consideration. Proposals must demonstrate that the vendor:

- A. ODJFS will consider proposals from organizations that have at least five years experience in operating a toll-free call center, which has the capacity for at least 100,000 calls per month;

- B. Organizations must have at least five years experience working with public assistance programs, the Medicaid program and/or other public, private, or commercial health care programs e.g., health care enrollment and insurance premium collection;
- C. Organizations must have at least three years experience in data analysis and electronic data submission; and,
- D. Five years experience in operating a multi-county or statewide health care enrollment services contract.

Additionally, vendors will be disqualified if they fail to meet either of the following requirements:

- E. The proposal must be submitted to the specified ODJFS location by the deadline for proposal submission established in Section 1.5, Anticipated Procurement Time Frames.
- F. The vendor may not be listed on the Auditor of State's website as a party excluded from contracting with ODJFS by O. R.C. § 9.24 for an unresolved finding for recovery.
- G. The proposal must demonstrate that the physical location of the call center will be in the Columbus metropolitan area.
- H. The proposal must demonstrate that the project manager will be permanently headquartered at the call center.

Any vendor whose proposal fails to demonstrate that the vendor meets all the above experience and qualifications requirements will be disqualified from any further consideration for contract award. Vendors that meet these requirements will be evaluated for how well or to what degree the requirements are met, and for the clarity and thoroughness of the response.

2.2 Vendor Experience, Characteristics, and Capabilities

Proposals must document:

- A. Information on the background of the firm, including any subcontractors, any prior experience relevant to this RFP; historical and current data regarding the vendor's size, organizational structure, and whether the vendor is local, regional, or national in scope;
- B. Narrative description of at least two, but no more than four, similar sized projects completed in the past five years that demonstrate expertise in operating a toll-free inbound customer service call center. The samples should be no more than three pages in length each;
- C. A vendor profile summary, in narrative format, which includes the vendor's experience in:

1. Project design, development, and implementation;
 2. Management of a Medicaid managed care enrollment program, including procedures and protocol development;
 3. Experience in invoicing, payment collection, and account reconciliation; and
 4. Development and maintenance of databases, electronic data submission, and the preparation of statistical reports, including electronic communications.
- D. Three letters of reference from three different entities (excluding ODJFS) regarding work successfully performed and completed by the vendor within the past five years on call center and health care enrollment projects, which are reasonably similar in size and scope to the work specified in this RFP. Each reference must at minimum, include:
1. Company name and address;
 2. Reference name, title, email, and phone number;
 3. Project name, dates of contract; and,
 4. Descriptions of the services provided by the vendor that relates to the work described in this RFP.

Note: Multiple references for the same project will not be considered as separate references.

2.3 Key Staff Experience, Characteristics, and Capabilities

The vendor must also demonstrate significant expertise by assigning staff to key leadership roles for this project, at minimum: a project manager, information technology manger, and premium collection manager. Proposals must include resumes (or curriculum vitae) for persons the vendor would place in key positions in the project.

- A. The Project Manager's resume must demonstrate at minimum:
1. A bachelor's degree and at least five years management experience;
 2. Three years experience with public assistance programs, Medicaid, or the health care industry;
 3. Two years experience managing customer service projects, call centers, and data systems;
 4. One year employment with the vendor;
 5. Must be solely dedicated (100%) to the Medicaid Hotline contract; and
 6. Must not be a subcontractor.
- B. The information technology manager's resume must demonstrate at minimum:

1. Either a bachelor's degree in computer science, information systems or related field, accreditation in the computer science field, or at least three years experience in computer science or related field at a management level;
 2. Three years experience with creating data files and securely sending and receiving files;
 3. Three years experience at a management level, overseeing all aspects of an organization's information system.
 4. Three years experience designing, developing, testing, implementing and maintaining computer software, programs, and databases; and
 5. One year employment with the vendor.
- C. The premium collection manager's resume must demonstrate at minimum:
1. Either a bachelor's degree in business, accounting, or related field, certification in bookkeeping or accounting, or two years experience in accounting, bookkeeping, or related field;
 2. Two years experience with creating and managing consumer accounts, databases, including adding and processing data elements within the database;
 3. Two years experience with account reconciliation, invoice creation, and billing cycles;
 4. One year employment with the vendor.

2.4 Additional Staff Experience, Characteristics, and Capabilities

Vendors are not required to identify or hire the following employees prior to being awarded the contract. However, the vendor is required to use these standards when hiring staff. Vendor's personnel records will be audited throughout the contract.

- A. Customer service supervisor(s) must possess, at minimum:
1. Completion of an associate degree program, two-years of college, or two-years experience as customer service representative in a call center;
 2. Twelve months training or 12 months experience in Medicaid or the health care industry;
 3. Experience handling sensitive and confidential inquiries.

B. Customer service representatives must possess, at minimum:

1. Two years work experience in the customer service or the health care industry;
2. Experience in typing or data entry; and
3. Experience handling sensitive and confidential inquiries.

Proposals failing to demonstrate the appropriate staff education, experience, and capabilities or how the vendor will hire staff with the appropriate capabilities will be evaluated accordingly.

Important: It is the affirmative responsibility of the vendor submitting a proposal to remove all personal confidential information (such as home addresses and social security numbers) of vendor staff and/or of any subcontractor and subcontractor staff from resumes or any other part of the proposal package. Following submission to ODJFS, all proposals submitted become part of the public record and are therefore open to the public. **ODJFS reserves the right to disqualify any vendor whose proposal is found to contain such prohibited personal information.**

SECTION III. SCOPE OF WORK & SPECIFICATIONS OF DELIVERABLES

3.1 Scope of Work and Specifications of Deliverables

It is the responsibility of the vendor to demonstrate clearly how their proposed staffing plan, technology, business processes, etc. will meet the deliverables and provide a solution for the Ohio Medicaid Consumer Hotline. Proposals that fail to demonstrate this will be scored accordingly. The selected vendor will be required to, at minimum:

- The selected vendor must hire all Hotline personnel as outlined in Section 2.3 Key Staff Experience, Characteristics, and Capabilities. The vendor must complete all hiring and training so that the Hotline is fully staffed and operational by July 1, 2011. All transitional activities from current contracts must begin after Controlling Board approval under a no cost contract beginning approximately June 1, 2011.
- The proposal must clearly state the vendor's hiring plan and how many CSRs and supervisors the vendor plans to hire. The vendor must also describe how their staffing plan will consistently meet the performance requirements listed in Deliverable F., Call Center Metrics.
- The vendor must provide a sample table of organization for the call center to demonstrate there will be adequate management and/or support personnel to monitor

CSRs, to ensure all calls are answered in accordance with protocols, and quality completion of deliverables.

- CSRs and supervisors must be based at the call center in the required Columbus, Ohio metropolitan area. The vendor cannot use remotely based CSRs.
- The vendor must secure a location and provide all office furniture, systems hardware, software, and other office equipment necessary to operate a call center and transfer existing, usable ODJFS equipment to the new contractor at the end of the contract.
- The vendor must develop and implement a training curriculum for all call center personnel. ODJFS must approve the training curriculum prior to vendor implementation.

Deliverable A. Call Center Operations

1. The call center must be located in the Columbus, Ohio metropolitan area, within approximately a fifteen-mile radius of the downtown area.
2. Customer service representatives must answer calls Monday through Friday from 7:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 5:00 p.m. Management personnel must be present at the call center during business hours.
3. In the absence of the declaration of a weather emergency by the Director of the Ohio Department of Public Safety, the vendor must provide staff during regularly scheduled business hours. Failure to do so will result in a financial penalty of \$4,000.00 for each day the call center is closed.
4. The vendor will close the call center with an answering machine answering calls on all state holidays; New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and Christmas Day. The Hotline will close at 5:00 p.m. on Christmas Eve and New Year's Eve. Closing the call center at anytime other than the days and times listed above will be considered a breach of contract and will result in a financial penalty of \$4000.00 for each day the call center is closed.
5. The vendor must develop a comprehensive plan to handle call volume that exceeds staff capacity. This plan should include the capacity to roll over to other phone centers operated by the vendor within one hour of the increase in call volume, and/or to provide a voicemail system to callers. If a voice mail system is used, the vendor must assure that calls will be returned to consumers within one hour of the message.

6. Within one hour of its occurrence, the vendor must notify ODJFS of any problems with telephone lines, telephone equipment, computer systems, computer equipment, or staff shortages;
7. During regular business hours the contractor must have the capability to accommodate vision-, speech- and hearing-impaired and Limited-English Proficient (LEP) individuals. Consumers will be directed to contact the Hotline to obtain interpretive services and written information through the State printed notification of enrollment and open enrollment. Printed information must be provided on audio file or CD for the vision impaired. Printed information must be available in prevalent non-English languages as determined by ODJFS. Information for the speech- and hearing-impaired must be provided through Ohio Relay Services, or comparable service. Information for LEP individuals must be provided through contractor personnel fluent in one or more non-English languages, AT&T's Language Line, through a comparable service, or a combination of the above.
8. The vendor will report any threat, emergency, theft, or breach of personal health information to ODJFS within one hour of the occurrence. The vendor will call the Contract Manager or designee to verbally report the incident and submit a written report within 24 hours. The vendor will report incidents occurring during non-business hours by 8:00 a.m. the next business day, and;
9. Customer service staff must verify callers' identity against the eligibility system (CRIS-E), using name, address, and social security or case number in an attempt to protect private health information.

Deliverable B. Telephone System

The vendor will be responsible for securing and operating a telephone system.

1. Maintain phone system capability to warm (person-to-person) transfer callers to MCP member services, ODJFS, or the local CDJFS, as appropriate.
2. The vendor can use an automatic call distribution system, however; the vendor cannot use an interactive voice response system to respond to callers questions. Calls are to be handled by customer service representatives. The message system used during regular business hours:
 - advises caller of their place in the queue,
 - allows callers to leave a voicemail,
 - provides information about the website,
 - provides information about the enrollment process, the benefits of MCP selection, the differences between Medicaid Fee-for-Service (FFS) and managed care, and
 - any other message deemed necessary by ODJFS.

3. The vendor must secure a telephone system that has the capacity to process both incoming and outgoing calls, as well as the ability to transfer calls, regardless of carrier.
4. The telephone system must have the ability to route calls to specific queues, such as an automatic call distribution system.
5. The telephone system must be able track call statistics including number of calls answered, average talk time, number of calls abandoned.
6. The vendor must present a detailed disaster recovery plan that demonstrates how calls will be handled in the event of a disaster, power outage, phone line problem, computer virus, staff shortage, etc.
7. The telephone system must have the ability to allow (during high call volume) callers to enter a “call back” queue to leave a message and retain their place in the queue. CSRs must return the call when it would have come up in the queue;

Deliverable C. Managed Care Enrollment Services

Implement and provide managed care enrollment activities and choice counseling as appropriate to all Aged, Blind or Disabled (ABD) and Covered Families and Children (CFC) consumers in the Ohio Medicaid managed care program according to the Ohio Administrative Code (OAC) 5101: 3-26:

1. Assure that all enrollment activities are easily understood including notices, informational materials and instructional materials;
2. Inform and assist potential managed care enrollees who contact the Hotline about selecting a health care option for themselves and other members of their families including, but not limited to, explaining information on the State printed notification of enrollment consumers receive upon becoming eligible for Medicaid and open enrollment notices consumers receive prior to open enrollment month. (*CMS AF.2.05 & 2.06*)
3. Choice counseling must include, at a minimum, the opportunity for eligible consumers to ask questions or seek clarification about managed care. The key points discussed or reviewed are vendor developed and ODJFS approved and include:
 - Verify that consumers are eligible to make a health care selection;
 - The differences between Medicaid FFS and managed care;
 - The concept of a medical home and assist in choosing a primary care provider;
 - Accessing care through the MCP’s provider panel;

- Information regarding transition of membership and exceptions (e.g. Medicare, Children in Custody (CIC), Bureau of Children with Medical Handicaps (BMHC) and Supplemental Security Income (SSI)) as delineated in **Appendix B** and **Appendix C**;
 - The ability to change MCPs during their initial 90 days, annual open enrollment month, for Just Cause; and during MCP sanction periods; and (*CMS AF.4.13, 4.14 and 4.15*)
 - The approximate MCP effective date; MCP member services toll-free phone number and website; receipt of MCP identification card and new member packet prior to MCP effective date.
 - Choice counseling must also assist potential enrollees in choosing the MCP that best meet their health care needs and include:
 - o Existing health care provider relationships;
 - o Special health care needs;
 - o The managed care panel that contains primary care provider(s) and/or specialist(s) to meet potential enrollees health care needs; (*CMS AF.4.09*)
 - o Scheduled surgeries, treatments, or pregnancies; and,
 - o Additional benefits that an MCP might provide, such as transportation, annual eye exams for adults, gift certificates for obtaining prenatal care, etc.
4. Enrollment through the Hotline Website:
- Provide basic managed care enrollment information including available MCPs, information on who is eligible to select an MCP and that MCP members can only change MCPs without cause during their initial 90 days of MCP membership or during their annual open enrollment month;
 - Provide access to all currently available MCP providers in a searchable format. Searching must minimally be available by provider name, provider type, provider group, provider address, zip code, county and MCP. Providers must contain at a minimum: name, specialty, address, phone number, and MCP affiliation;
 - Provide to potential enrollees the ability to electronically select a managed care plan using criteria in section 3.1.C.6;

- Confirms selection via an email response or a phone call to the potential enrollees; and,
- Obtain all information necessary to complete the consumer contact record (CCR) (refer to **Appendix B**).

5. Enrollment by mail (EMP):

The vendor must provide EMPs to potential enrollees within 24 hours of the request. EMPS must contain, at a minimum, the following information:

- A cover letter explaining the enrollment by mail process that emphasizes they can receive additional assistance in completing the form by calling the Hotline or accessing the Hotline website;
- Information to assist the potential enrollees in determining their health care needs and ODJFS-developed Medicaid consumer guide;
- MCP-provided solicitation brochures and provider directories;
- A CCR form with instructions; and,
- A postage-paid return envelope.

6. Assign to an MCP those potential enrollees in mandatory enrollment counties or regions who fail to voluntarily choose an MCP. Make assignments as described in **Appendix B**. Assure that:

- In the event that the ODJFS-generated notice of mandatory enrollment (NME) or reminder letter is returned to the Hotline as undeliverable, the Hotline will attempt to obtain current address information. The Hotline must not assign consumers to an MCP who have not received a notice;
- The Hotline must make at least two phone calls to the consumer to remind them to select an MCP. This call can be made by staff or by electronic outbound dialer system (auto-dialer);

7. The Hotline mails a reminder letter to consumers indicating that an assignment will occur if an MCP is not chosen. The reminder/confirmation letter shall contain, at a minimum:

- The name of the MCP;
- The toll-free phone number to call to change the MCP; and,

- Information on MCP exceptions and transition of membership.

Assignments are made in accordance with the assignment utilization file (AUF) described in **Appendix C**;

8. Enrollment discrimination is prohibited. *(CMS AF.1.04)*

The contractor will not discriminate against individuals eligible to be covered under contract on the basis of health status or need for health services; and

The contractor will not discriminate against individuals eligible to enroll on the basis of race, color, or national origin, and will not use any policy or practice that has the effect of discriminating on the basis of race, color, or national origin.

Deliverable D. Alternative Inquiries

1. The vendor must have the ability to handle inquiries and correspondence from alternative sources, such as, instant messaging, e-mail, web portal (MITS), Contact Tracking Management System (MITS), and written correspondence.
2. Inquiries from alternative sources must be completed within timeframes established by ODJFS.
3. The vendor must attempt to respond to the inquiries in the same manner in which it was received.
4. The vendor must demonstrate how their IT systems, staff, and business process will accommodate these types of inquiries;

Deliverable E. Information Technology (IT) System

Interested vendors must clearly demonstrate how their proposed information technology system will ensure reliable high quality customer service. Proposals must address how, if selected, the vendor would ensure, at minimum, the following:

1. The vendor must have the ability to gain access to ODJFS mainframe systems, including: Client Registry Information System Enhanced (CRIS-E), Medicaid Information Technology System (MITS), the Medicare Buy-In system, and other systems ODJFS deems necessary for operation of the Hotline;
2. The vendor must have the ability to communicate with ODJFS electronically, including sending and receiving e-mail, and receiving files in the software package compatible with ODJFS;

3. The proposed IT system must have appropriate safeguards to protect against theft, use or disclosure of protected health information (PHI) as required under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, see Section (4.14) Health Insurance Portability and Accountability Act (HIPAA) Requirements;
4. The vendor must have the ability to create and transmit data files to ODJFS in a format, which is compatible with ODJFS. In addition, the vendor must have the ability to receive data files from ODJFS. The files will be transmitted on a timeframe determined by ODJFS. The files must be submitted and retrieved in a secure manner, according to Section (4.14) Health Insurance Portability and Accountability Act (HIPAA) Requirements:
 - Accepting on a daily basis, through a time sharing option (TSO) line or other electronic means as approved by ODJFS, consumer eligibility files at the individual and assistance group level in a file format delineated in **Appendix D**;
 - Retrieving and displaying eligibility file data by CRIS-E case number/category/sequence, CRIS-E individual identification number, billing number, name/date of birth, or social security number in a manner easily understood by selection services staff;
 - Accepting the ODJFS-produced assignment utilization file (AUF) on a monthly basis or as defined by ODJFS. Accepting ODJFS defined parameters for assignments and using those parameters for generating assignments not listed on the AUF. Both of the above are utilized in the assignment of eligible in mandatory counties in a format as specified by ODJFS (see **Appendix B**);
 - Producing and forwarding to MCPs, MCP-specific selection, selection change, and assignment transaction data in a format designated by ODJFS (see **Appendix G**). Frequency of transmission to the MCPs will be daily;
 - Producing and forwarding daily to ODJFS, all MCP health care enrollment data in a format designated by ODJFS (see **Appendix D and E**); The MCEC shall receive a daily error report listing all data entries MITS would not accept. Assure that all corrected errors are resubmitted on the next batch file;
 - The vendor must create and transmit a daily file of all consumer contact data to MITS; and
 - The vendor must have the ability to exchange premium data with CRIS-E, a daily file from CRIS-E containing new premium data and changes to existing premium data, a daily file to CRIS-E updating premium payment status, and a monthly reconciliation file.
5. The vendor must have the ability to accept, display, maintain, and recall all information gathered during all consumer contacts as outlined in Appendix B Consumer Contact

Record File Layout. The CSRs must request caller's names, case number or social security number, address, and phone number at the beginning of each call before giving case specific information to ensure compliance with section 4.14 Health Insurance Portability & Accessibility Act (HIPAA) Requirements. This information must be cross-reference with case information in CRIS-E or the MITS recipient subsystem. In addition to collecting the information in Appendix B Consumer Contact Record File Layout, the vendor must collect:

- How the caller learned of the Hotline;
 - Nature of call – Using a standard descriptive list of why the individual call the Hotline;
 - Call resolution;
 - Name of CSR who took the call; and
 - Notes detailing the conversation with the caller.
6. The vendor must produce individual consumer contact data as requested by ODJFS;
 7. The vendor will be required to create a Medicaid provider directory using data from OHP's provider master file and MCP provider panel information (Appendix F Managed Care Provider Network and Appendix G Provider Master File). ODJFS will send the file to the vendor to be uploaded to their IT system. The vendor must make the directory available to the Hotline website and CSRs electronically. The directory must be searchable, at minimum, by provider name, provider location (including zip code, city, and county), specialty, group name (if applicable), and provider type;
 8. The vendor must have the ability for Hotline staff to display, at a minimum, the following resources on their desktops; protocols (scripts on how to answer specific questions); county resources; county department of job and family services locations and phone numbers; and all relevant managed care plan information;
 9. The vendor must have the ability to store and generate data on a weekly, monthly, annual, and ad hoc basis;
 10. The vendor must have the ability to receive eligibility files from CRIS-E, as outlined in Appendix D. CRIS-E Premium File Format on a daily basis and create a premium account. The files will contain:
 - Payer name
 - Consumer name
 - Payer address
 - Case/category/sequence number
 - Consumer's eligibility status
 - Consumer's premium payment amount (consumers with a premium of \$0 will not be included in the file)
 - New eligibility and cases in which there has been a case change (Once new eligibility is initially sent, the vendor will not receive in the information again)

until there is some type of case change)

11. The vendor will send a daily file to CRIS-E that contains the following information:
 - Case/category/sequence number
 - Premium payment status: 0 = current, never late; 00 = previously past due, now current; 1 = one month past due; 2 = two months past due, etc.
12. The vendor will be responsible for developing and implementing an account structure that will:
 - Record and track consumer specific payment information for each program. The full premium amount must be received by the due date or it will be considered non-payment;
 - Apply payments to the most delinquent premium;
 - ‘Flag’ cases that are in non-payment status, but have not been terminated in the eligibility file, and continue to monitor the cases for payment. The vendor must continue to bill the consumer until the termination indicator is sent via the data file from CRIS-E;
 - Have the ability to apply payments to future months;
 - Have the ability to trigger consumer refunds;
 - Record and track consumer notice information;
 - Create an account number that will correspond to the CRIS-E case number; and
 - Track cases that have been certified to the Ohio Attorney General’s Office for collection.
13. The vendor’s IT staff must communicate with ODJFS’s IT staff as necessary.

Deliverable F. Call Center Metrics

ODJFS will use the following criteria to evaluate the quality of service provided by the vendor when call volume is at or below the contract standard of 110,000 calls per month.

1. The monthly average speed to answer incoming calls must be within 120 seconds of the call entering the queue.
2. Any recorded information provided at the beginning of a call (*e.g.*, the call may be monitored for quality purposes or public service announcements) must be in Spanish as well as English.
3. The call abandonment rate must not exceed 5% monthly when call volume does not exceed contract standards. Calls abandoned in less than seconds after entering the queue should not be counted in the abandonment rate;

Deliverable G. Audits & Compliance

1. ODJFS shall evaluate, at least semi-annually, throughout the life of the resulting contract and at the discretion of ODJFS, various components of the deliverables to determine the level of compliance.
2. The vendor must provide a plan for evaluating employees' telephone performance. ODJFS in conjunction with the vendor will conduct semi-annual performance, telephone, and personnel audits (Appendix I, Sample Telephone Audit Form) and ad hoc evaluations to review:
 - Staff qualifications
 - CSR's general call process
 - CSR's customer service skills
 - CSR's call and data documentation
 - Accuracy of information given during telephone calls
 - Call center metrics

At minimum, the vendor must conduct quarterly monitoring of telephone calls for each employee to ensure that the information provided is correct and in accordance to protocols and the expected quality of customer service is provided. The results must be available to ODJFS upon request.

3. The selected vendor will be accountable for complying with performance standards when providing services. Upon evidence that the selected vendor has not met one or more of the standards, ODJFS will work with the selected vendor to meet the standard(s).

Failure to meet performance standards will result in a \$10,000 nonrefundable penalty per month for each month that the standard is not met. If the vendor fails to meet any of the performance standards listed, the vendor must deduct \$10,000 from the next invoice submitted for payment. The first two failures to meet the standards will result in a conference between ODJFS and the vendor. The vendor will present a corrective plan of action for ODJFS to review and approve. Upon the third failure to meet the standard or failure to comply with the corrective action plan, ODJFS may elect to terminate the contract.

Deliverable H. Reporting

The vendor must have the ability to transmit data and reports electronically to ODJFS in a format that is compatible with ODJFS. The selected vendor will provide the following reports:

1. Weekly Detail Report: The vendor will submit a weekly summary report to ODJFS. The report is due to the contract manager or designee every Tuesday morning for the preceding week. The weekly report will contain the following information:
 - A narrative summary of the week's events;
 - A list of any complaints received;
 - A list of any reported inaccurate information given to callers, along with an

- indication of the action taken to rectify the situation;
 - The status of any training provided;
 - A call center activity report that lists all of the call center's statistics based on performance metrics (Deliverable F, Call Center Metrics);
 - A busy hour report that lists the number of calls received per hour per day and a cumulative percentage of calls received by hour;
 - An activity summary that lists the number of calls received by the nature of the call; and
 - A summary that states how callers heard of the 1-800 number by category.
2. Monthly Summary Report: The vendor will submit a monthly summary report to ODJFS. The report is due to the contract manager or designee by the tenth day of the month for the preceding month. If the tenth day of the month is on the weekend or a holiday, the due date will be the first business day following the weekend or holiday. The monthly report will contain the following information:
- Any significant activities and/or events;
 - Specific outreach activities;
 - Personnel staffing levels (i.e., number of customer service representatives, number of supervisors, number of hires/separations);
 - Staff schedule to demonstrate adequate staffing throughout the day;
 - An activity report that lists all of the call center's statistics based on performance metrics Deliverable F. Call Center Metrics;
 - A summary of managed care enrollment activity;
 - A summary of consumer satisfaction surveys;
 - A summary of premium collection activity, including a list of all outstanding unpaid premiums;
 - Mail fulfillment activity; and
 - A statistical summary of all calls, including:
 - Total number of callers;
 - Total number of complaints;
 - Total number of calls by type of call (Nature of Call);
 - Total number of calls by resolution of call;
 - Total number of calls by referral identifying where the CSR referred the caller;
 - Total number of calls received during non-business hours; and
 - Number of calls by language.
3. Semi-Annual Report: The vendor will submit an semi-annual report due by July 15 for Jan 1 through June 30th and by January 15th for July 1 through December 31. If those dates fall on the weekend, the due date will be the first business day following the due date. The semi-annual reports will contain the following information:

- Major activities and or events;
 - Personnel staffing levels (i.e., number of customer service representatives, number of supervisors, number of hires/separation, turnover rate);
 - An activity report that lists all of the call center's statistics based on the performance metrics in Deliverable F. Call Center Metrics;
 - A summary of managed care enrollment activity as defined by ODJFS;
 - A summary of consumer satisfaction surveys;
 - A summary of premium collection activity as defined by ODJFS;
 - Mail fulfillment activity; and
 - A statistical summary of all calls including:
 - Total number of calls received;
 - Total number of calls answered;
 - Total number of calls abandoned;
 - Total number of complaints;
 - Total number of calls by type of call (Nature of Call);
 - Total number of calls by resolution of call;
 - Total number and analysis of required follow-up calls; and
 - Any other data identified as necessary.
4. Premium collection reporting: The vendor will prepare a summary report of reconciled deposits, non-posted deposits, and premium refunds every Tuesday and Thursday as outlined by ODJFS.
5. Ad-Hoc Reporting: The vendor is to provide ODJFS with ad hoc reports as requested within a time limit established by ODJFS;

Deliverable I. Premium and Co-Payment Collection

ODJFS has two Medicaid programs, which require consumers to pay a monthly premium to maintain coverage Medicaid Buy-In for Workers with Disabilities (MBIWD) and Children's Buy-In (CBI). ODJFS may develop additional programs, which would require the payment of premiums in the future, for which the vendor will be required to collect premiums. The addition of such programs may increase the number of premiums to be collected significantly. The vendor will be required to provide the mechanism for collecting the premiums, reconciling consumer accounts, and reporting premium information to ODJFS. The requirements include, but not limited to:

1. The vendor must manage a state-owned lock box account. This will be held by a bank chosen by ODJFS not the vendor.
2. The vendor will be responsible for paying all banking fees associated with the account including fees for checks returned for non-sufficient funds. A list of lockbox fees is included in Appendix J. List of State-Owned Lock Box Fees. The vendor is permitted to choose what services it wishes the bank to perform, e.g., having the bank electronically

transmit deposit and remittance information or having the documentation transmitted via ground or air courier as long as the vendor is able to meet the needs of ODJFS.

3. The vendor will generate and mail invoices to consumers by the 20th of each month with a due date of the first of the following month. The vendor will continue generating and mailing invoices from the 20th through to the end of the month for consumers who are newly enrolled in the programs after the 20th with a due date of 10 days after the invoice mailing date. The vendor will use the invoice template approved by ODJFS. Invoice Template.
4. The vendor must demonstrate the ability to process electronic fund transfers and credit card payments through the bank. Currently, ODJFS only accepts checks and money orders for premium payment.
5. The vendor must generate letters to consumers, which identify non-payment or payment discrepancy, e.g., full payment not received, and other letters as defined by ODJFS.
6. The vendor will be responsible for ongoing maintenance of premium accounts.
7. The vendor is responsible for daily reconciliation of accounts by program. The vendor must:
 - Document what was deposited and what was applied and any unresolved/suspense items;
 - What suspense items have been resolved;
 - What is to be refunded (ODJFS authorizes any refunds and issues the check to the payer);
 - Breakdown of types of deposits, e.g., money order, check, etc.; and
 - Identify return deposit items that are returned for non-sufficient funds, lack of endorsement, or account closed and back the item out of the vendor financial system.
 - Identify account status as current, under review, or sent to the Ohio Attorney General.
8. The vendor will create and maintain a process for misapplied payments. The vendor must back out misapplied payments and reapply the item to the correct case or identify the item for refund if it was not intended for Medicaid. The vendor must create a business process to notify consumers of misapplied payments.
9. The vendor must create and maintain a process for “non-posted” payments (for example, payments that did not include enough information to post the payment to the appropriate account). The payment must have a resolution within 30 days or forward to ODJFS for a refund.
10. The vendor must respond to consumer payment questions.

At this time, ODJFS does not directly charge consumers a co-payment. However, if in the future, ODJFS develops a co-payment program the vendor must develop and, following approval by ODJFS, implement a system for the collection of co-payments or of an annual enrollment fee for enrollees in the Medicaid program. The vendor must report data on the co-payment and enrollment fee collection.

Deliverable J. Managed Care Enrollment Exception Requests

1. Implement and maintain procedures to process Children in Custody (CIC), Title IV-E foster care or adoption assistance, Bureau for Children with Medical Handicaps (BCMh), Supplemental Security Income (SSI) or Medicare exception requests (refer to **Appendix E**).
2. Accept and verify CIC status, Title IV-E foster care or adoption assistance, receipt of BCMh services, receipt of SSI or Medicare benefits as specified in **Appendix E**. The selected vendor shall be responsible for:
 - Processing consumer initiated CIC, foster care or adoption assistance under Title IV-E, BCMh, SSI and Medicare exception requests. CIC or foster care or adoption assistance under Title IV-E status and BCMh or SSI benefits are verified for consumers electing not to select an MCP because of CIC or Title IV-E foster care or adoption assistance or approved BCMh/SSI benefits;
 - Notifying consumers of the approval or denial of an exception for BCMh or SSI, Medicare or if CIC or Title IV-E foster care or adoption assistance cannot be confirmed;
 - Accepting and processing electronic lists from Public Children's Services Agencies (PCSAs) intended to enroll, disenroll or prevent MCP enrollment of children in custody (CIC) or Title IV-E foster care or adoption assistance ;
 - Communicating the results to the PCSAs (in a format or manner as specified by ODJFS) upon completion of processing the electronic lists;
 - Forwarding those currently enrolled consumers who qualify for a BCMh, SSI, CIC or Title IV-E foster care or adoption assistance exception and have scheduled medical appointments prior to the disenrollment effective date to ODJFS for adjustment no later than 9:00 a.m. the next business day utilizing FTP or as designated by ODJFS; and,
 - Maintaining a record of the request and outcome for reporting purposes in the contractor's MIS. The record shall be maintained by case name, case number, consumer name, billing number, county, region, MCP, reason for request, and date received;

Deliverable K. Managed Care Transition of Membership and Just Cause

1. Implement and maintain ODJFS-developed procedures related to Transition of Membership issues and Just Cause requests.
2. Refer Transition of Membership issues to the MCP for assistance or to ODJFS once the consumer has contacted the MCP and is not satisfied with the outcome. The selected vendor will be responsible for:
 - Confirming that the consumer has contacted the MCP to request assistance with Transition of Membership; if not, the consumer is advised that he/she must contact the MCP for assistance;
 - Submitting a dissatisfied consumer's concern to ODJFS, once the consumer has contacted the MCP in an unsuccessful attempt to resolve his/her Transition of Membership issue;
 - Completing, logging and forwarding these concerns to ODJFS utilizing ODJFS-approved formats and procedures;
 - Ensuring that all forwarded requests are received by ODJFS no later than 9:00 a.m. the next business day utilizing FTP or as designated by ODJFS. In urgent situations, the call is immediately warm (person-to-person) transferred to ODJFS; and,
 - Maintaining a record of the request for reporting purposes in the contractor's MIS. The record shall be maintained by case name, case number, consumer name, billing number, county, region, MCP, reason for request, and date received.
3. Complete and forward to ODJFS all Just Cause change requests discussed with callers (except as described below) as part of the enrollment process or Just Cause change requests as described in **Appendix A**. The selected vendor will be responsible for:
 - Confirming that the consumer has contacted the MCP about the reason for the Just Cause request; if not the consumer must be advised they have three business days to contact the MCP;
 - Completing, logging and forwarding to ODJFS all requests not resolved by the Hotline utilizing the ODJFS-approved format and procedures (refer to **Appendix C**);
 - Forwarding applicable requests to ODJFS no later than 9:00 a.m. the next business day utilizing FTP or as designated by ODJFS; and,

- Maintaining a record of the request for reporting purposes in the contractor's MIS. The record shall be maintained by case name, case number, consumer name, billing number, county, MCP, reason for request, and date received.
4. Resolve all Just Cause requests involving PCPs not contracted with the consumer's MCP provider panel. The selected vendor will be responsible for:
- Complying with all procedures above when processing the request;
 - Contacting the MCP to confirm resolution or lack of resolution of the request within the required timeframes; and,
 - Sending a letter to the consumer explaining the consumer's obligation to select an MCP or be assigned if an MCP resolution has not been accomplished or if the consumer has not contacted the MCP within the required timeframes:

Deliverable L. Mail Fulfillment

1. The vendor must have the ability to mail, within 24 hours of the request, publications, applications, managed care enrollment by mail packets (EMPs) and managed care reminder letters as outlined in Deliverable C, or other material determined by ODJFS.
2. The vendor must assist callers to complete applications, if desired by the caller, by filling in the basic information such name, address, and family members. The vendor should not complete income or resource information. In addition, CSRs must assist callers with online applications found on the ODJFS website.
3. The contractor will be responsible for assuming all mailing costs, including packaging, labeling, envelopes, printing of cover letters, and postage. ODJFS will provide all ODJFS forms to the contractor at no cost. Mail fulfillment volume averages 19,000 which includes 1,000 managed care enrollment by mail packets (EMPs) and 18,000 invoices, applications, letters, etc. per month.

Deliverable M. Surveys and Other Miscellaneous Activities

1. The vendor must have the ability to perform research, statistical analysis, telephone surveys, and consumer and provider forum registration, as required by ODJFS.
2. Implement and maintain procedures to measure consumer satisfaction. The vendor must conduct monthly customer satisfaction surveys. The vendor must receive responses from 500 callers from a random sample of callers from the current month to measure consumer satisfaction and provide consumers with the opportunity to comment on the service they received.
3. Evaluate consumer satisfaction data and utilize information for continuous quality improvement.

The information above is a summary of the duties and responsibilities that would be contractually required of the selected vendor. In order to receive consideration for contract award, all aspects of the requirements described in this section must be addressed in **Tab 2** of the vendor's technical proposal.

Proposals submitted in response to this RFP must reflect the vendor's understanding of, and commitment to, perform this Scope of Work fully. The vendor will be responsible for the deliverables as described above, including all preparatory and intervening steps, whether or not ODJFS has explicitly specified or delineated them within the RFP. In developing their proposals, all interested vendors must fully and appropriately plan and cost out their proposed projects, including all necessary preparatory and intervening steps.

3.2 Number of Participants

As of September, 2010, there were 2,112,760 individuals eligible for Medicaid. The Hotline averaged 104,274 calls per month from September, 2009 to September, 2010 fluctuating from a high of 142,942 calls to a low of 85,851. The Hotline's target audience is callers who are currently receiving Ohio Medicaid and those who are not currently receiving Medicaid, but are seeking information about the Medicaid program. The Hotline receives calls from authorized representatives and case managers who are seeking information to assist their Medicaid clients. The Hotline is not designed to assist Medicaid providers, prospective Medicaid providers, or county departments of job and family services, however; the Hotline frequently receives calls from these groups.

The Hotline averaged 65,023 calls a month from consumers interested in enrolling in an MCP or wanted additional information about managed care. There were approximately 1,678,140 managed care eligible consumers as of September, 2010. Although managed care enrollment is mandatory for Aged, Blind or Disabled (ABD) and Covered Families and Children (CFC) consumers, these populations do contain exceptions to managed care enrollment.

As of September 2010, ODJFS had approximately 1,000 individuals who are required to pay a premium to continue their Medicaid coverage. This number fluctuates monthly. If ODJFS adds additional premium programs, the number of individuals required to pay a premium could increase significantly. The vendor must have the capacity to process the incoming payments, the daily data files, reconciliation, and associated phone calls from these consumers.

3.3 Administrative Structures—Proposed Work Plan

Proposals are to include, at minimum, the following administrative structures and technical approach for the proposed work plan. The proposal shall:

- A. Provide a proposed timeline for the project;

- B. Provide a status reporting procedure for reporting work completed, and resolution of unanticipated problems; and
- C. Provide a current organizational chart (including any subcontractors) of vendor staff that would be directly involved in this program, specifying the key management and administrative personnel who will be assigned to this project, and their roles.

3.4 Compensation Structure

Vendors are to propose their compensation rates as a fixed monthly fee using the Cost Proposal Form found in Attachment F. For the performance of the deliverables described in Section 3.2 of the RFP, vendors must provide invoices on a monthly basis as specified by ODJFS. The compensation structure and rates will be in effect throughout the contract, including any renewal periods. No additional fees or costs of any sort will be paid under this contract.

If ODJFS determines that the vendor systematically fails to satisfy any of the deliverables listed in Section 3.2, the vendor must deduct \$10,000.00 from the next invoice submitted for payment as a nonrefundable penalty for each month that the standard is not met.

If ODJFS determines, for whatever reason, the vendor cannot perform their duties for any amount of time, ODJFS will only compensate the vendor for the days work was authorized. ODJFS will not pay for any expenses incurred during the period the vendor did not work.

SECTION IV. CONDITIONS AND OTHER REQUIREMENTS

Through this section of the RFP, ODJFS notifies vendors seeking award of a contract of certain conditions and requirements which may affect their eligibility or willingness to participate in any procurement (RFP, RLB, etc.) process; or their eligibility to be awarded a contract; and of requirements that would be in effect should they be awarded a contract.

4.1 State Contracts

Proposals must list any current contracts the vendor has with State of Ohio agencies. The list must indicate the purpose of the contract, the amount of the contract, the time period covered by the contract, and the percentage of the project completed. Vendors must complete a copy of the Required Vendor Information and Certifications Document (provided as **Attachment A.**) to report this information and include the completed document in the vendor's proposal as specified in **Section 5.2 B., 1** of this RFP.

4.2 Interview

Vendors submitting proposals may be required to participate in an in-depth interview as part of the evaluation process. The interview, if necessary, may include participants from ODJFS and/or

other state or county agency staff or other representatives it may appoint, as appropriate. ODJFS reserves the right to select from responding vendors for interviews and may not interview all vendors submitting proposals. The vendor shall bear all costs of any scheduled interview.

4.3 Start Work Date

The selected vendor must be able to begin work no later than seven (7) working days after the time funds are encumbered and approved by the Office of Budget & Management. The selected vendor will be notified by the ODJFS project manager when work may begin. **Any work begun by the vendor prior to this notification will NOT be reimbursable by ODJFS.**

4.4 Proposal Costs

Costs incurred in the preparation of this proposal are to be borne by the vendor, and ODJFS will not contribute in any way to the costs of the preparation. Any costs associated with interviews will be borne by the vendor and will not be ODJFS' responsibility (see Section 4.2, above).

4.5 Trade Secrets Prohibition; Public Information Disclaimer

Vendors are prohibited from including any trade secret information as defined in ORC 1333.61 in their proposals in response to any ODJFS RFP, RLB or other procurement efforts. ODJFS shall consider all proposals voluntarily submitted in response to any ODJFS RFP (or etc.) to be free of trade secrets and such proposals shall, in their entirety, be made a part of the public record.

All proposals and any other documents submitted to ODJFS in response to this RFP shall become the property of ODJFS. This RFP and, after formal announcement by ODJFS of the results of this RFP project (e.g., notices provided to responding vendors regarding vendor selection, notice of project cancellation, etc.), any proposals submitted in response to the RFP are deemed to be public records pursuant to R.C. 149.43. For purposes of this section, "proposal" shall mean both the technical and the cost proposals (if opened by ODJFS) submitted by the vendor, any attachments, addenda, appendices, or sample products.

Any proposals submitted in response to this or any ODJFS RFP which make claims of trade secret information shall be disqualified from consideration immediately upon determination that such unallowable claim has been made.

4.6 Contractual Requirements

- A. Any contract resulting from the issuance of this RFP is subject to the terms and conditions as provided in the model contract, which is included as **Attachment D** of this RFP;

- B. Many of the terms and conditions contained in the model contract (See **Attachment D.**) are required by state and federal law; however, the vendor may propose changes to the model contract by annotating the model, and returning it with the vendor's proposal submission. Any changes are subject to ODJFS review and approval;
- C. Payments for any and all services provided pursuant to the contract are contingent upon the availability of state and federal funds;
- D. All aspects of the contract apply equally to work performed by any and all subcontractors;
- E. The contractor, and any subcontractor(s), will not use or disclose any information made available to them for any purpose other than to fulfill the contractual duties specified in the RFP. The contractor, and any subcontractor(s), agrees to be bound by the same standards of confidentiality that apply to the employees of ODJFS and the State of Ohio. Any violation of confidentiality will result in an immediate termination of the contract, and may result in legal action;
- F. As a condition of receiving a contract from ODJFS, the contractor, and any subcontractor(s), shall certify compliance with any court order for the withholding of child support which is issued pursuant to Section 3113.217 of the ORC. The contractor, and any subcontractor(s), must also agree to cooperate with ODJFS and any Ohio Child Support Enforcement Agency in ensuring that the contractor or employees of the contractor meet child support obligations established under state law;
- G. By signing a contract with ODJFS, a vendor agrees that all necessary insurance is in effect; and
- H. The selected contractor shall be required to comply with prevailing wage standards, as established in ORC 4115.03 to 4115.16.

4.7 Travel Expense Compensation

ODJFS will not compensate the contractor for any travel expenses related to work that may be performed under the contract expected to result from this RFP.

4.8 Minority Business Enterprise

ODJFS is required by Section 125.081(B) and 123.151 of the ORC to award fifteen percent (15%) of its total procurements to vendors certified as Minority Business Enterprises (MBE). Ohio certified MBE is defined in ORC Section 122.71. If the proposal is not submitted by a

certified MBE, the vendor is strongly encouraged to subcontract a minimum of fifteen percent (15%) of the total contract price to an Ohio certified MBE.

The proposal must clearly indicate the name of the proposed Ohio MBE vendor and the exact nature of the work to be performed under the proposed subcontract. The proposal must include a letter from the proposed MBE, signed by a person authorized to legally bind the subcontractor, indicating the following:

1. The subcontractor's legal status, federal tax ID number, and principle business address;
2. The name, phone number, and fax number of a person who is authorized to legally bind the subcontractor to contractual obligations;
3. A complete description of the work the subcontractor will do;
4. A commitment to do the work, if the vendor is selected;
5. A statement that the subcontractor has and understands the RFP, the nature of the work, and the requirements of the RFP; and
6. A copy of the Ohio MBE certificate.

A listing of Ohio certified MBEs can be accessed through the Ohio Department of Administrative Services (DAS) Web Site at: <http://das.ohio.gov/Eod/MBESearch/index.asp>.

While ODJFS strongly encourages the use of MBE subcontractors, the vendor's use of an MBE subcontractor will have no effect on vendors' technical scores or on final contractor selection for this RFP, unless Section VI, Criteria for Proposal Evaluation and Selection of this RFP (and/or the Technical Proposal Score Sheet for this RFP) affirmatively establish an MBE participation criterion.

4.9 Subcontractor Identification and Participation Information

Any vendors proposing to use a subcontractor for any part of the work described in this RFP must clearly identify the subcontractor(s) and their tasks in their proposals. The proposal must include a letter from the proposed subcontractor(s), signed by a person authorized to legally bind the subcontractor, indicating the following:

1. The subcontractor's legal status, federal tax ID number, and principle business address;
2. The name, phone number, and fax number of a person who is authorized to legally bind the subcontractor to contractual obligations;
3. A complete description of the work the subcontractor will do;
4. A commitment to do the work, if the vendor is selected;
5. A statement that the subcontractor has read and understands the RFP, the nature of the work, and the requirements of the RFP.

4.10 Confidentiality

All contracts will require that the contractor maintain the confidentiality of information and records which state and federal laws, rules, and regulations require to be kept confidential.

4.11 Key Personnel

ODJFS will require a clause in the resulting contract regarding key personnel in that any person identified as critical to the success of the project may not be removed without reasonable notice to ODJFS, and replacements will not be made without ODJFS approval.

4.12 Ethical & Conflict of Interest Requirements

- A. No contractor or individual, company or organization seeking a contract shall promise or give to any ODJFS employee anything of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties;
- B. No contractor or individual, company or organization seeking a contract shall solicit any ODJFS employee to violate any of the conduct requirements for employees;
- C. Any contractor acting on behalf of ODJFS shall refrain from activities which could result in violations of ethics and/or conflicts of interest. Any contractor or potential contractor who violates the requirements and prohibitions defined here or of Section 102.04 of the ORC is subject to termination of the contract or refusal by ODJFS to enter into a contract; and
- D. ODJFS employees and contractors who violate Sections 102.03, 102.04 2921.42 or 2921.43 of the ORC may be prosecuted for criminal violations.

4.13 Health Insurance Portability & Accessibility Act (HIPAA) Requirements

As a condition of receiving a contract from ODJFS, the contractor, and any subcontractor(s), will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and to implement regulations at 45 C.F.R. Section 164.502 (e) and Sections 164.504 (e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Protected Health Information (PHI) is information received by the contractor from or on behalf of ODJFS that meets the definition of PHI as defined by HIPAA and the regulations promulgated by the United States Department of Health & Human Services, specifically 45 CFR 164.501 and any amendments thereto. The selected vendor can reasonably anticipate HIPAA language in the contract that results from this RFP.

In the event of a material breach of contractor obligations under this section, ODJFS may at its option terminate the contract according to provisions within the contract for termination.

4.14 Waiver of Minor Proposal Errors

ODJFS may, at its sole discretion, waive minor errors or omissions in vendors' Technical and/or Cost proposals/forms when those errors do not unreasonably obscure the meaning of the content.

4.15 Proposal Clarifications

ODJFS reserves the right to request clarifications from vendors of any information in their Technical and/or Cost proposals/forms, and may request such clarification as it deems necessary at any point in the proposal review process.

4.16 Contractual Requirements and Prevailing Wage Requirements

Any contract resulting from the issuance of this solicitation is subject to the terms and conditions as provided in the model contract, which is provided as **Attachment D**, to this RFP. Potential vendors are strongly encouraged to read the model contract and to be fully aware of ODJFS' contractual requirements. Additionally, the selected contractor will be required to comply with prevailing wage standards, as established in ORC 4115.03-4115.16.

4.17 Unresolved Findings for Recovery (R.C. 9.24)

ORC Section 9.24 prohibits ODJFS from awarding a contract to any entity against whom the Auditor of State has issued a finding for recovery, if the finding for recovery is "unresolved" at the time of award. By submitting a proposal, the vendor warrants that it is not now, and will not become, subject to an "unresolved" finding for recovery under R.C. 9.24 prior to the award of any contract arising out of this RFP, without notifying ODJFS of such finding. ODJFS will review the Auditor of State's website prior to completion of evaluations of proposals submitted pursuant to this RFP. ODJFS will not evaluate a proposal from any vendor whose name, or the name of any of the subcontractors proposed by the vendor, appears on the website of the Auditor of the State of Ohio as having an "unresolved" finding for recovery.

4.18 Mandatory Contract Performance Disclosure

Each proposal must disclose whether the vendor's performance, or the performance of any of the proposed subcontractor(s), under contracts for the provision of services that are the same or similar to those to be provided for the project which is the subject of this RFP has resulted in any "formal claims" for breach of those contracts. For purposes of this disclosure, "formal claims" means any claims for breach that have been filed as a lawsuit in any court, submitted for arbitration (whether voluntary or involuntary, binding or not), or assigned to mediation. If any such claims are disclosed, vendor shall fully explain the details of those claims, including the allegations regarding all alleged breaches, any written or legal action resulting from those allegations, and the results of any litigation, arbitration or mediation regarding those claims, including terms of any settlement. While disclosure of any formal claims in response to this section will not automatically disqualify a vendor from consideration, at the sole discretion of ODJFS, such claims and a review of the background details may result in a rejection of the vendor's proposal. ODJFS will make this decision based on its determination of the seriousness

of the claims, the potential impact that the behavior that led to the claims could have on the vendor's performance of the work, and the best interests of ODJFS.

4.19 Mandatory Disclosures of Governmental Investigations

Each proposal must indicate whether the vendor and any of the proposed subcontractor(s) has been the subject of any adverse regulatory or adverse administrative governmental action (federal, state, or local) with respect to vendor's performance of services similar to those described in this RFP. If any such instances are disclosed, vendor must fully explain, in detail, the nature of the governmental action, the allegations that led to the governmental action, and the results of the governmental action including any legal action that was taken against vendor by the governmental agency. While disclosure of any governmental action in response to this section will not automatically disqualify a vendor from consideration, such governmental action and a review of the background details may result in a rejection of the vendor's proposal at the sole discretion of ODJFS. The decision by ODJFS on this issue will be based on a determination of the seriousness of the matter, the matter's potential impact on the vendor's performance of the work, and the best interests of ODJFS.

4.20 Mandatory Disclosures of Work Location

Proposals must explicitly state the location(s) (city, state/province, country) where work described in this RFP would be performed, whether by the vendor or by any subcontractors.

4.21 Vendor Selection Restriction

Any vendor deemed not responsible, or submitting a proposal deemed not to be responsive to the terms of this RFP, shall not be awarded the resulting contract.

4.22 Declaration of Material Assistance Requirements

Any vendor responding to any ODJFS RFP, RLB, or any other procurement opportunity is required to provide certification that the vendor has not provided material support or resources to any organization listed on the "Terrorist Exclusion List" (TEL) maintained by the U.S. Department of State. The Declaration of Material Assistance Form, provided as **Attachment C**, to this RFP, must be printed, completed, and signed by the interested vendor's authorized representative, and returned to ODJFS as a component of the vendor technical proposal/bid. Failure to properly complete the form or to provide it as part of the proposal submitted to ODJFS may result in the disqualification of the vendor's proposal from consideration.

Vendors may access the TEL from the Ohio Homeland Security Office website, located at www.homelandsecurity.ohio.gov.dma.asp or via e-mail to dma-info@dps.state.oh.us for the current list of excluded organizations and additional information.

4.23 Ohio Presence Consideration

The vendor that is awarded the contract resulting from this RFP is required to maintain a physical presence in Ohio throughout the term of the contract, including all renewal periods. Therefore, each vendor must either demonstrate in its proposal that it currently has a physical presence in Ohio or demonstrate concrete plans for establishing a physical presence, to include the actual or proposed location of the vendor's presence. Vendor proposals must identify the work to be performed for this project at that location and identify vendor personnel, either by staff name or function, that will operate from the Ohio location. ODJFS reserves the right, at its sole discretion to reject any proposals which fail to comply with this requirement.

SECTION V. PROPOSAL FORMAT & SUBMISSION

5.1 Proposal Submission Information

ODJFS requires proposal submissions in both paper and electronic format. The proposal must be prepared and submitted in accordance with instructions found in this Section. The proposal submission must be comprised of:

Six (6) paper copies (one signed original and five copies) and one CD-ROM copy of the Technical Proposal (including the vendor's completed Cost Proposal Form, which is provided as Attachment F. to this RFP). It is the vendor's affirmative responsibility to ensure that all copies and all formats of the proposal are identical. Any pages or documents omitted from any or all copies can negatively affect the vendor's score and possibly result in the vendor's disqualification. In the event of any discrepancies or variations between copies, ODJFS is under no obligation to resolve the inconsistencies and may make its scoring and vendor selection decisions accordingly, including the decision to disqualify the vendor.

The vendors' total proposal submissions (both the technical and cost proposals in all required copies) must be received by ODJFS complete no later than **3:00 p.m. (local time) on March 24, 2011** Faxes or e-mailed submissions will not be accepted. **Proposals must be addressed to:**

**Office of Legal and Acquisition Services
Ohio Department of Job and Family Services
30 East Broad Street, 31st Floor
Columbus, Ohio 43215-3414
ATTN: RFP/RLB Unit**

Vendors' original technical and cost proposals must contain all the information and documents specified in Section 5.2, "Format for Organization of the Proposal."

All copies (both paper and CD-ROM) of the original proposal must include identical copies of ALL information, documents, and pages in the original proposal. The entire vendor proposal should be converted into one single secure PDF document saved to the CD-ROM submitted to ODJFS. If the proposal's size necessitates more than a single PDF document to contain the

entire proposal, vendors must still send the CD-ROM copy of the proposal, but use the fewest separate .pdf documents possible. The hard-copies and the CD-ROM must be clearly labeled with the vendor's name, submission date, and the name and RFP number for this project.

The requested CD may be used in the formal proposal review processes, and will be used by ODJFS for archiving purposes and for fulfillment of Public Records Requests, and failure to include or to properly label it may, at ODJFS discretion, result in the rejection of the vendor from any consideration.

All proposal submissions must be received, complete, at the above address, via mail, delivery service, or hand delivery by the above date and time. Materials received separately from a vendor's proposal submission (e.g., letters of recommendation from past customers of the vendor's services) will not be added to the proposal nor considered in the review and scoring process. Materials received after the date and time as stated above will not be included in any previous submissions, nor will they be considered. ODJFS is not responsible for proposals incorrectly addressed or for proposals delivered to any ODJFS location other than the address specified above. No confirmation of mailed proposals can be provided.

For hand delivery on the due date, vendors are to allow sufficient time for traffic incidents, downtown parking considerations, as well as for possible security checks at both the lobby of the Rhodes State Office Tower (address as stated above) and again on the 31st Floor. All proposals must be received **no later than the specified deadline, both time and date**, by the Office of Legal and Acquisition Services (OLAS), on the 31st Floor of the Rhodes Tower. Proposals may be submitted at any time prior to that deadline, during normal working hours, excluding weekends and state holidays. **ODJFS is not responsible for proposals delivered to any address other than the address provided above. No late proposals will be considered.**

Submission of a proposal indicates acceptance by the vendor of the conditions contained in this RFP, unless clearly and specifically noted in the proposal submitted and confirmed in the contract between ODJFS and the vendor selected.

5.2 Format for Organization of the Proposal

A. Overall Proposal Organization

A sample Technical Proposal Score Sheet is provided as **Attachment E.** of this RFP. **Vendors are strongly encouraged to use the Score Sheet to check their proposals for quality, compliance, and completeness prior to submission.**

The vendor's Technical Proposal must contain the following components (organized in six (6) primary tabs and divided into sub-tabs) as described below. Any other information thought to be relevant, but not applicable to a specific RFP section number/letter must be provided as an appendix to the proposal and so marked as an additional tab. ODJFS reserves the right not to review submitted

appendices which includes information/materials not required in the RFP. All pages beyond Tab 1 shall be sequentially numbered.

Vendors must organize their Technical Proposals in the following order:

Tab 1 Required Vendor Information and Certifications Document
Request for Taxpayer Identification Number (W-9) Form
Declaration Regarding Material Assistance/Non-Assistance to a Terrorist

Org.

Tab 2 Vendor Experience, Characteristics and Capabilities
Sub-Tab 2a. Mandatory Vendor Qualifications (Section 2.1, items A

through F)

Sub-Tab 2b. Vendor Experience, Characteristics, and Capabilities
(Section 2.2, items A through F)

Tab 3 Scope of Work and Specifications of Deliverables

Sub-Tab 3a. Deliverable A

Sub-Tab 3b. Deliverable B

Sub-Tab 3c. Deliverable C

Sub-Tab 3d. Deliverable D

Sub-Tab 3e. Deliverable E

Sub-Tab 3f. Deliverable F

Sub-Tab 3g. Deliverable G.

Sub-Tab 3h. Deliverable H.

Sub-Tab 3i. Deliverable I

Sub-Tab 3j. Deliverable J

Sub-Tab 3k. Deliverable K

Sub-Tab 3l. Deliverable L

Sub-Tab 3m. Deliverable M

Tab 4 Administrative Structures—Proposed Work Plan

Sub-Tab 4a. Project Timeline

Sub-Tab 4b. Status Reporting Procedure

Sub-Tab 4c. Organizational Chart

Tab 5 Cost Proposal

Tab 6 Vendor Attachments or Appendices (*for example, for possible excerpts/samples of work products*)

All pages in the Technical Proposal must be sequentially numbered, with the exception of Tab 1 contents. In the interest of efficiency and economy, vendors may present information for more than one sub-tab per page, but must provide clear indications of the breaks on the page between the different sub-tab contents.

NOTE: Vendors are required to submit **one CD-ROM copy** of their entire proposal packages in non-rewriteable CD format.

B. Technical Proposal Details

The vendor's Technical Proposal must contain the following components, at minimum. It is mandatory that vendor proposals be organized in the following order, and that wherever appropriate, sections/portions of the vendor proposal make reference by section number/letter to those RFP requirements to which they correspond.

1. (Tab 1)

Required Vendor Information & Certifications

Request for Taxpayer Identification Number (W-9) Form

Declaration Regarding Material Assistance / Non-Assistance to a Terrorist Organization

In this section, the vendor is required to provide required information and certifications of eligibility for state contract awards, as described in **Attachment A.** to this RFP, entitled "Required Vendor Information & Certifications Document." Vendors may, at their discretion, either print **Attachment A.**, complete and sign it (in blue ink), and return it as the content of their Proposal Tab 1; or they may provide all the required information and certifications (each fully re-stated from **Attachment A.**) on their own letterhead, properly signed (in blue ink), and use that document as the content of their Proposal Tab 1. Vendors who fail to provide all information and certifications as described in **Attachment A.** in their Proposal Tab 1 risk disqualification.

The vendor must attach the **Request for Taxpayer Identification Number (W-9) Form**, which is provided as **Attachment B.** to this RFP, completed with an original signature in blue ink.

Vendors are required to provide a declaration regarding material assistance to a terrorist organization or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List and described in **Attachment C, Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization.** Vendors MUST print **Attachment C.**, complete and sign it (in blue ink), and return it as the content of their Proposal Tab 1. Vendors who fail to provide a signed and completed **Attachment C.** risk disqualification. This form may also be accessed and printed at the Ohio Department of Public Safety, Division of Homeland Security's Website at <http://www.homelandsecurity.ohio.gov>.

The signed originals of the above referenced forms (**RFP Attachments A., B., and C.**) are to be provided in the vendor's original proposal; photocopies of the completed and signed forms must also be provided with each of the required copies.

In the event that the vendor proposes the use of any subcontractors, information on the subcontractor(s) and letters of commitment as required by Section 4.8, Minority Business Enterprise or 4.9, Subcontractor Identification and Participation Information should also be provided in Tab 1.

**2. (Tab 2)
Vendor Experience & Qualifications**

a. Mandatory Vendor Qualifications (Sub-Tab 2 a.)

The vendor must include information on the mandatory experience of the vendor, as described in **Section 2.1**, of this RFP.

b. Vendor Experience, Characteristics, and Capabilities (Sub-Tab 2 b.)

Under this section the vendor is required to describe its accessibility and customer service standards, including, at minimum, its geographic coverage, operating hours, and loan processing times, and must include resumes, education, and experience, for all key personnel for this project (including any subcontractors to be involved), as described in **Section 2.2**, of this RFP.

**3. (Tab 3)
Scope of Work & Specifications of Deliverables**

This section should describe in detail how the vendor proposes to perform each tasks of the scope of work identified in Sections 3.1, Scope of Work and Specifications of Deliverables of this RFP. The responses must address each element separately. Vendors should place their responses for each Deliverable identified in Section 3.1 behind separate sub-tabs as described above.

**4. (Tab 4)
Administrative Structures—Proposed Work Plan**

This section should describe in detail (in the order as outlined) the vendor's administrative structures as specified in Section 3.3, Administrative Structures—Proposed Work Plan of this RFP.

5. (Tab 5)
Cost Proposal

Vendors are to complete a Cost Proposal Form (provided as Attachment F.) with their proposed prices for services that would be provided. Vendors may ONLY propose payment in the format provided; no other fees, costs, or expenses will be considered. All proposals for compensation must be presented in the format and categories as prescribed on that form. This form must be completed and submitted as the vendor's proposal Tab 5.

Costs proposed may NOT EXCEED \$50.00 (Fifty dollars) per application processed (regardless of the decision to approve or deny the loan), up to \$25,000 per year, plus an amount equal to no more than ten percent (10%) of the monthly loan repayments actually collected, up to \$25,000 per year. Vendors may, at their discretion, propose rates below these stated maximums, and may propose NO compensation for either or both categories. However, vendors seeking rates in excess of these limits will be disqualified from consideration.

6. (Tab 6)
Vendor Attachments or Appendices

This section may be used to include excerpts/samples of work products or methods comparable to those described in this RFP.

C. IMPORTANT –DISQUALIFIERS FOR PROPOSAL ERRORS:

- Any trade secret, proprietary, or confidential information (as defined in Section XI., E. of this RFP) found anywhere in a vendor's proposal shall result in immediate disqualification of that vendor's proposal.
- Any sensitive personal information on vendor or sub-contract staff (e.g., social security numbers, addresses) must be omitted from vendor proposals, or rendered fully unreadable, or ODJFS may at its option disqualify the vendor from any consideration.

SECTION VI. CRITERIA FOR PROPOSAL EVALUATION & SELECTION

6.1 Scoring of Proposals

ODJFS will contract with a vendor that best demonstrates the ability to meet requirements as specified in this RFP. Vendors submitting a response will be evaluated based on the capacity and experience demonstrated in their Technical and Cost Proposal. All proposals will be reviewed and scored by a Proposal Review Team (PRT), comprised of staff from ODJFS, Office for Families and Children and their designees. Vendors should not assume that the review team members are familiar with any current or past work activities with ODJFS. Proposals containing assumptions, lack of sufficient detail, poor organization, lack of proofreading and unnecessary use of self-promotional claims will be evaluated accordingly. PRT members will be required to sign disclosure forms to establish that they have no personal or financial interest in the outcome of the proposal review and contractor selection process.

Selection of the vendor will be based upon the criteria specified in this RFP. Any proposals not meeting the requirements contained in this RFP will not be scored or may be held pending receipt of required clarifications. The PRT reserves the right to reject any and all proposals, in whole or in part, received in response to this request. The review team may waive minor defects that are not material when no prejudice will result to the rights of any vendor or to the public. In scoring the proposals, ODJFS will score in three phases:

A. Phase I. Review—Initial Qualifying Criteria:

In order to be fully reviewed and scored, proposals must pass the following **Phase I. Review. Any “no” for the listed Phase I. criteria will eliminate a proposal from further consideration.**

1. Was the proposal received by the deadline as specified in Sections 1.5 and 5.1?
2. Did the vendor submit six (6) paper copies and one electronic copy of their Technical Proposal?
3. Does the vendor’s proposal include all required affirmative statements and certifications, signed by the vendor’s responsible representative, as described in **Attachments A., and C.** to the RFP?
4. According to those certifications, does the vendor affirmatively indicate that it is not on the federal debarment list; that there are no unfair labor findings against it; and it is not in violation of ORC Section 9.24, and therefore may enter into a contract with ODJFS?
5. Does ODJFS’ review of the Auditor of State website verify that the vendor is not excluded from contracting with ODJFS by ORC Section 9.24 for an unresolved finding for recovery (*i.e.*, the proposal of any vendor whose name appears on the Auditor’s website as having an unresolved finding for recovery will be eliminated from further consideration.)?

6. Has the vendor's proposal met all other mandatory requirements as established in Section 2.1, Mandatory Vendor Qualifications ?

B. Phase II. Review—Criteria for Scoring the Technical Proposal:

The PRT will score those proposals, not eliminated in **Phase I. Review** by assessing how well the vendor meets the requirements as specified in this RFP. Using the score sheet for **Phase II** scoring (see **Attachment E.** of this RFP for specific evaluation criteria), the PRT will read, review, discuss and reach consensus on the final technical score for each qualifying technical proposal.

A technical proposal must achieve at least a minimum total score as established on the Technical Proposal Score Sheet (Attachment E. to this RFP), a score which represents that the vendor can successfully perform the resulting contractual duties. Proposals must earn at least that minimum point value to qualify for continued consideration. Any proposal which does not meet the minimum required technical proposal points will be disqualified from any further consideration and its cost proposal will not be considered.

All **Phase II** technical proposal evaluation criteria will be scored according to the following scale, based on a proposed plan's ability to meet ODJFS needs. The Technical Proposal Score Sheet (see **Attachment E.**) uses the following point values for rating each requirement.

0	6	8	10
Does Not Meet Requirement	Partially Meets	Meets Requirement	Exceeds Requirement

Technical Performance Scoring Definitions:

“Does Not Meet Requirement”- A particular RFP criteria or requirement was not addressed in the vendor's proposal in any way adequate for ODJFS to assess that the vendor could adequately meet program needs corresponding to that criteria, **Score: 0**

“Partially Meets Requirement”-Vendor proposal demonstrates some attempt at meeting a particular RFP requirement, but that attempt falls below acceptable level, **Score: 6**

“Meets Requirement”-Vendor proposal essentially fulfills a particular RFP requirement in all material respects, potentially with only minor, non-substantial deviation, **Score: 8**

“Exceeds Requirement”-Vendor proposal essentially fulfills a particular RFP requirement in all material respects, and offers some additional level of quality in excess of ODJFS expectations, **Score: 10**

IMPORTANT: Before submitting a proposal to ODJFS in response to this RFP, vendors are strongly encouraged to use the Technical Proposal Score Sheet (**Attachment E.**) and the above technical performance scoring information to review their proposals for completeness, compliance and quality.

All the remaining qualified Technical Proposals will proceed to the next level of review, which is consideration of the Cost Proposal. Any other proposals will be disqualified from further consideration, and the corresponding Cost Proposals will neither be opened nor will be scored.

C. Phase III.—Criteria for Considering the Cost Proposal

The Cost Proposal will be reviewed by ODJFS, and any vendor failing to comply with Cost Proposal format requirements or pricing limits as stated in this RFP will be disqualified at that point. The grand total of each technically qualified vendor's Cost Proposal (the sum total of the vendor's proposed rates for compensation, even if the vendor's proposed total is \$0.00) will be used in the vendor selection process. The sum total of each qualifying vendor will be ranked by ODJFS from lowest cost to highest. The vendor proposing the lowest cost will be awarded a designated number of points (as specified on the Technical Proposal Score Sheet, Attachment E.) The vendors proposing the second and third lowest costs will earn successively fewer points, and any proposals offering costs higher than the third lowest will earn NO points for their cost proposals. In the event of identical proposed costs (*e.g.*, two or more vendors are tied for offering the lowest costs), all vendors proposing the same rates will be awarded the same number of points. Each vendor's grand total score will be the sum of its technical quality score and its cost proposal score (see Attachment E., Technical Proposal Score Sheet). The vendor earning the highest grand total score will be recommended for award of the contract.

6.2 Review Process Caveats

ODJFS may, at its sole discretion, waive minor errors or omissions in vendors' Technical and/or Cost proposals/forms when those errors do not unreasonably obscure the meaning of the content.

ODJFS reserves the right to request clarifications from vendors to any information in their Technical and/or Cost proposals/forms, and may request such clarification as it deems necessary at any point in the proposal review process. Any such requests for proposal clarification when initiated by ODJFS, and vendors' verbal or written response to those requests, shall not be considered a violation of the communication prohibitions

contained in Section 1.8 of this RFP. Such communications are expressly permitted when initiated by ODJFS, but are at the sole discretion of ODJFS.

Should ODJFS determine a need for interviewing vendors prior to making a final selection, results to interview questions shall be scored in a manner similar to the process described in Section 6.1, Scoring of Proposals, above. Such scored results may be either added to those vendors' proposal scores, or will replace certain criteria scores, at the discretion of ODJFS. The standards for scoring the interviews and the method used for considering the results of the interviews shall be applied consistently for all vendors participating in the interview process for that RFP.

ODJFS reserves the right to negotiate with vendors for adjustments to their proposals should ODJFS determine, for any reason, to adjust the scope of the project for which this RFP is released. Such communications are not violations of any communications prohibition, and are expressly permitted when initiated by ODJFS, but are at the sole discretion of ODJFS.

Any vendor deemed not responsible, or any submitting a proposal deemed not to be responsive to the terms of this RFP, shall not be awarded the contract.

6.3 Final Vendor Recommendation

The PRT will recommend to the Director of ODJFS the technically qualified vendor offering the proposal most advantageous to ODJFS, as determined by the processes and requirements established in this RFP. This will be determined by comparing each vendor's grand total score; the vendor earning the highest score will be recommended for award of the contract.

6.4 Tie Breaker

In the event that two or more of the proposals have a score which is tied after final calculation of both the technical proposal and the cost proposal, the proposal with the higher technical proposal score will prevail. Should that process still result in a tied score, the vendor earning the highest score for the quality of geographic coverage, Phase II, item 1. on the Technical Proposal Score Sheet (Attachment E. to this RFP) will be deemed the technically qualified vendor offering the proposal most advantageous to ODJFS, and recommended for award of the contract.

SECTION VII. PROTEST PROCEDURE

7.1 Protests

Any potential, or actual, vendor objecting to the award of a contract resulting from the issuance of this RFP may file a protest of the award of the contract, or any other matter relating to the process of soliciting the proposals. Such a protest must comply with the following guidelines:

- A. A protest may be filed by a prospective or actual bidder objecting to the award of a contract resulting from this RFP. The protest shall be in writing and shall contain the following information:
1. The name, address, and telephone number of the protestor;
 2. The name and number of the RFP being protested;
 3. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
 4. A request for a ruling by ODJFS;
 5. A statement as to the form of relief requested from ODJFS; and
 6. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.
- B. A timely protest shall be considered by ODJFS, if it is received by ODJFS' Office of Legal and Acquisition Services, within the following periods:
1. A protest based on alleged improprieties in the issuance of the RFP or any other event preceding the closing date for receipt of proposals which are apparent or should be apparent prior to the closing date for receipt of proposals shall be filed no later than 3:00 p.m. the closing date for receipt of proposals, as specified in Section 1.5, Anticipated Procurement Time Table, of this RFP.
 2. If the protest relates to the announced intent to award a contract, the protest shall be filed no later than 3:00 p.m. of the **eighth (8th)** calendar day after the issuance of formal letters sent to all responding vendors regarding the State's intent to make the award. The date on these ODJFS letters to responding vendors is the date used to determine if a protest regarding the intent to award is submitted by the end of the protest period.
- C. An untimely protest may be considered by ODJFS if ODJFS determines that the protest raises issues significant to the department's procurement system. An untimely protest is one received by OLAS after the time periods set forth in Item B. of this section.
- D. All protests must be filed at the following location:
- Chief Legal Counsel
ODJFS Office of Legal and Acquisition Services
30 East Broad Street, 31st Floor
Columbus, Ohio 43215-0423
- E. When a timely protest is filed, a contract award shall not proceed until a decision on the protest is issued or the matter is otherwise resolved, unless the Director of ODJFS determines that a delay will severely disadvantage the Department. The

vendor(s) who would have been awarded the contract shall be notified of the receipt of the protest.

- F. OLAS shall issue written decisions on all timely protests and shall notify any vendor who filed an untimely protest as to whether or not the protest will be considered.

7.2 **Caveats**

ODJFS is under no obligation to issue a contract as a result of this solicitation if, in the opinion of ODJFS and the proposal review team, none of the proposals are responsive to the objectives and needs of the Department. ODJFS reserves the right to not select any vendor should ODJFS decide not to proceed. Changes in this RFP of a material nature will be provided via the agency website. All vendors are responsible for obtaining any such changes without further notice by ODJFS.

SECTION VIII. **ATTACHMENTS AND THEIR USES**

- A. **Required Vendor Information and Certifications** *(To be completed & included in proposal packet as specified in Sec. 5.2)*
- B. **Request for Taxpayer Identification Number (W-9) Form** *(To be completed & included in proposal packet as specified in Sec. 5.2)*
- C. **Declaration of Material Assistance Form** *(To be completed & included in proposal packet as specified in Sec. 5.2.)*
- D. **ODJFS Model Contract** *(For vendor reference purposes)*
- E. **Technical Proposal Score Sheet** *(For vendor self-evaluation purposes...do not submit)*
- F. **Cost Proposal Form** *(To be completed & included in cost proposal packet as specified in Sec. 5.2.)*

SECTION IX. **APPENDICES AND THEIR USES**

- A. **Just Cause File Format**
- B. **Managed Care CCR Format**
- C. **Assignment Utilization File**
- D. **Daily Eligibility File Layout**
- E. **Hotline MCP Enrollment to MITS**
- F. **Managed Care Provider Network File**
- G. **Provider Master File**
- H. **Premium File Layouts**
- I. **Sample Telephone Audit Form**
- J. **Lockbox Fee List**

Thank you for your interest in this project.

Attachment A

REQUIRED VENDOR INFORMATION and CERTIFICATIONS

Purpose: The Ohio Department of Job and Family Services (ODJFS) requires the following information on vendors who submit proposals or bids in response to any ODJFS Requests for Proposals (RFPs) or Requests for Letterhead Bids (RLBs), in order to facilitate the development of the contract (or finalization of a purchase) with the selected vendor. ODJFS reserves the right to reject your proposal if you fail to provide this information fully, accurately, and by the deadline set by ODJFS. Further, some of this information (as identified below) **must** be provided in order for ODJFS to accept and consider your proposal\bid. **Failure to provide such required information will result in your proposal's immediate disqualification.**

Instructions: Provide the following information regarding the vendor submitting the proposal or bid. Vendors may either print this attachment, complete and sign it, or may provide the required information and certifications (each fully re-stated from this attachment) on their letterhead as the opening pages of their proposals. It is mandatory that the information provided is certified with an original signature (in blue ink, please) from a person with authority to represent the vendor. Vendors are to provide the completed and signed information and certifications as the cover pages of their original proposal submitted to ODJFS.

IMPORTANT: If the RFP\RLB specified a maximum page limit for vendor proposals\bids, the attachment of any required certifications, other documents, or additional pages needed to fully provide the information requested here will NOT be counted against that page limit.

Vendors must provide all information

1. ODJFS RFP/RLB #:	2. Proposal Due Date:
3. Vendor Name: (legal name of the vendor – person or organization – to whom contract\purchase payments would be made)	4. Vendor Federal Tax ID # or Social Security #: (this number MUST correspond with the name in Item # 3)
5. Vendor Corporate Address:	6. Vendor Remittance Address: (or “same” if same as Item # 5)
7. Print or type information on the vendor representative/contact person <u>authorized to answer questions on the proposal\bid</u>: Vendor Representative: Representative's Title: Address: Phone #: Fax #: E-Mail:	
8. Print or type the name of the vendor representative <u>authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, and to whom legal notices regarding contract termination or breach, should be sent</u> (if not the same individual as in #7, provide the following information on each such representative and specify their function): Vendor Representative: Representative's Title: Address: Phone #: Fax #: E-Mail:	
9. Is this vendor an Ohio certified MBE? Yes ☐ No ☐ If yes, attach a copy of current certification to proposal\bid. (If ODJFS has specified the RFP\RLB\purchase document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification <u>WILL RESULT IN DISQUALIFICATION.</u>)	

10. Mandatory Vendor Certifications:

ODJFS may not enter into contracts with/make purchases from any vendors who have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Vendors responding to any ODJFS RFP\RLB or other purchase opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. **Failure to provide proper affirming signature on any of these statements will result in the disqualification of your proposal\bid.**

I _____ (signature of representative shown in Item # 7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes.

AND

I _____ (signature of representative shown in Item #7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), is not on the list established by the Ohio Secretary of State, pursuant to ORC Section 121.23, which identifies persons and businesses with more than one unfair labor practice contempt of court finding against them.

AND

I _____ (signature of representative shown in Item #7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), either is not subject to a finding for recovery under ORC Section 9.24, or has taken appropriate remedial steps required under that statute, or otherwise qualifies under that section to enter into contracts with the State of Ohio.

11. Location of Business Declaration: Vendors responding to any ODJFS RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/performed offshore by completing, signing, and returning the "Location of Business Form," which is the final page of this attachment. **FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODJFS CONTRACT.**

12. Equal Employment Opportunity Information on the Vendor and any Subcontractor(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

Nationwide:

Ohio Offices:

Total Number of Employees: _____

% of those who are Women: _____

% of those who are Minorities: _____

B. If you are the selected vendor, will you subcontract any part of the work?

☐ NO -or- ☐ YES, but for less than 50% of the work -or- ☐ YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: _____

Address: _____

Work To Be _____

Performed: _____

(a brief description) _____

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): _____

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed subcontractors:

	<u>Nationwide:</u>	<u>Ohio Offices:</u>
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

C. Identify all state contracts which the vendor has had approved by the Controlling Board since the beginning of the last fiscal year (i.e., since July 01, 2009) through this fiscal year to date. Also include contracts approved for ODJFS or institutions of higher education:

Total number of contracts: _____

For each state contract, list the state agency and provide the following information:

State Agency/Educational Institution: _____

Contract Dollar Amount: _____

State Agency/Educational Institution: _____

Contract Dollar Amount: _____

State Agency/Educational Institution: _____

Contract Dollar Amount: _____

Attach additional pages if needed

13. Vendor and Grantee Ethics Certification

As a vendor or grantee doing business with* or receiving grants from the State of Ohio, I certify on behalf of _____ (name of vendor or grantee):

- (1) I have reviewed and understand Ohio ethics and conflict of interests laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.
- (2) I have reviewed and understand Governor Strickland's Executive Order Number 2007-01S.
- (3) I will not do anything inconsistent with those laws or Executive Order Number 2007-01S.
- (4) I acknowledge that failure to comply with this certification, is, by itself, grounds for termination of this contract or grant with the State of Ohio.

Signature of authorized agent

Date

*"Doing business with" includes all contracts for goods and services, excluding purchases made using the State of Ohio's Payment Card Program that cost less than \$1,000.

14. I have read the ODJFS Model Contract attached to the RFP/RLB, and if awarded a contract, I will not _____ (or) I will _____ request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODJFS. (If so, ODJFS will review those requested changes if you are the selected vendor. All requested changes to model contract language are subject to ODJFS approval.) (NOTE: Item 14 is not applicable and not required when the subject ODJFS procurement opportunity is offered only to State Term Schedule Vendors.)

15. I _____, (vendor representative in Item # 7) hereby affirm that this proposal accurately represents the capabilities and qualifications of _____ (vendor's name), and I hereby affirm that the cost(s) bid to ODJFS for the performance of services and/or provision of goods covered in this proposal in response to the ODJFS RFP/RLB/other purchase opportunity is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal\bid.)

**DEPARTMENT OF ADMINISTRATIVE SERVICES/
OHIO DEPARTMENT OF JOB AND FAMILY SERVICES**

STANDARD AFFIRMATION AND DISCLOSURE FORM

EXECUTIVE ORDER 2010-09S

Banning the Expenditure of Public Funds on Offshore Services

This form must be completed and signed by every bidder, offeror, applicant, grantee, or vendor seeking to do business with Ohio Department of Job and Family Services. This must either be submitted as part of the response to any invitation to bid, request for proposals, state term schedule, multiple award contract, request for quotations, informal quotations, and statement of work or submitted during the negotiation of a business relationship but prior to the execution of an agreement.

CONTRACTOR/SUBCONTRACTOR AFFIRMATION AND DISCLOSURE:

By the signature affixed to this response, the Signee affirms, understands and will abide by the requirements of Executive Order 2010-09S issued by Ohio Governor Ted Strickland. If awarded an agreement, the Signee becomes the Contractor/Grantee and affirms that both the Contractor/Grantee and any of its subcontractors/subgrantees shall perform no services requested under this Agreement outside of the United States. The Executive Order is attached and is available at the following website: (<http://www.governor.ohio.gov/Default.aspx?tabid=1495>).

The Signee shall provide all the name(s) and location(s) where services under this Agreement will be performed in the spaces provided below or by attachment. Failure to provide this information as part of the response will deem the Signee not responsive and no further consideration will be given to the response. Signee's offering will not be considered. If the Signee will not be using subcontractors/subgrantees, indicate "Not Applicable" in the appropriate spaces.

1. Principal location of business of Contractor/Grantee:

(Address)

(City, State, Zip)

Name/Principal location of business of subcontractor(s)/subgrantee(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

2. Location where services will be performed by Contractor/Grantee:

(Address)

(City, State, Zip)

Name/Location where services will be performed by subcontractor(s)/subgrantee(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor/Grantee:

(Address)

(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s)/subgrantees:

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

4. Location where services to be performed will be changed or shifted by Contractor/Grantee:

(Address)

(Address, City, State, Zip)

5. Name/Location(s) where services will be changed or shifted to be performed by subcontractor(s)/Subgrantee(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

By signing below, I hereby certify and affirm that I have reviewed, understand, and will abide by the Governor's Executive Order 2010-09S. I attest that no funds provided by ODJFS for this project or any other agreement will be used to purchase services provided outside the United States or to contract with a subcontractor who will use the funds to purchase services provided outside the United States. I will promptly notify ODJFS if there is a change in the location where any of the services relating to this project will be performed. If I am signing this on behalf of a company, business, or organization, I hereby acknowledge that I have the authority to make this certification on behalf of that entity.

Signature

Date

Entity Name

Address (Principal Place of Business)

Printed name of individual authorized to sign
on behalf of entity.

City, State, Zip



TED STRICKLAND
GOVERNOR
STATE OF OHIO

Executive Order 2010-09S

Banning the Expenditure of Public Funds for Offshore Services

1. **Ohio's Economic Vitality Necessitates Constant Vigilance in State Job Creation Efforts.** State officials and employees must at all times remain passionately focused on initiatives that will create and retain jobs in the United States in general and in Ohio, in particular, and must do so especially during Ohio's continuing efforts to recover from the recent global recession.
2. **No Public Funds Should be Spent on Services Provided Offshore.** Allowing public funds to pay for offshore services undermines economic development objectives and any such offshore services carry unacceptable quality and security risks.
 - a. **The Purchase of Offshore Services with Public Funds Undermines Economic Development and Other Job Creation and Retention Objectives.** The expenditure of public funds for services provided offshore deprives Ohioans and other Americans critical employment opportunities. It also undermines efforts to attract businesses to Ohio and retain them in Ohio, initiatives in which the State has invested heavily.
 - b. **The Purchase of Offshore Services Has Unacceptable Business Consequences.** The use of offshore service providers could pose unacceptable data security, and thus privacy and identity theft risks. There are pervasive service delivery problems with offshore providers, including dissatisfaction with the quality of their services and with the fact that services are being provided offshore. It is difficult and expensive to detect illegal activity and contract violations and to pursue legal recourse for poor performance or data security

violations. The State's use of offshore service providers ill-serves the people of Ohio who are the primary consumers of the services provided by the State.

3. **Ohio's Policy Has Been – and Must Continue To Be – That Public Funds Should Not Be Spent on Services Provided Offshore.** Throughout my Administration, procurement procedures have been in place that restrict the purchase of offshore services. Despite these requirements, federal stimulus funds were recently used to purchase services from a domestic company which ultimately provided some of those services offshore. This incident was unacceptable and has caused me, through this Order, to redouble my commitment to ensure that public funds are not expended for offshore services.
4. **Additional Steps Will Ensure that Public Funds Are Not Spent on Services Provided Offshore.** In order to ensure that the State of Ohio makes no expenditures for services provided offshore, I hereby order the following:
 - a. No Cabinet Agency, Board or Commission (Executive Agency) shall enter into any contract which uses any funds within its control to purchase services which will be provided outside the United States. This Order applies to all funds in the custody of an Executive Agency, be they from state, federal, philanthropic or private sources. It applies to all purchases of service made directly by an Executive Agency and services provided by sub-contractors of those providing services purchased by an Executive Agency.
 - b. This Executive Order will be personally provided, by the Director, Chair or other chief executive official of each Executive Agency, to the Chief Procurement Officer or other individual at that entity responsible for contracts for services.
 - c. The Department of Administrative Services, through Ohio's Chief Procurement Officer (OCPO), shall have in place, by August 31, 2010, procedures to ensure all of the following:
 - i. All agency procurement officers, or the person with equivalent duties at each Executive Agency (APOs), have standard language in all Executive Agency contracts which:
 - (a) Reflect this Order's prohibition on the purchase of offshore services.
 - (b) Require service providers or prospective service providers to:

- (i) Affirm that they understand and will abide by the requirements of this Order.
 - (ii) Disclose the location(s) where all services will be performed by any contractor or subcontractor.
 - (iii) Disclose the locations(s) where any state data associated with any of the services they are providing, or seek to provide, will be accessed, tested, maintained, backed-up or stored.
 - (iv) Disclose any shift in the location of any services being provided by the contractor or any subcontractor.
 - (v) Disclose the principal location of business for the contractor and all subcontractors who are supplying services to the state under the proposed contract.
 - ii. All APOs are ensuring that all quotations, statements of work, and other such proposals for services affirm this Order's prohibition on the purchase of offshore services and include all of this Order's disclosure requirements.
 - (a) Any such proposal for services lacking the affirmation and disclosure requirements of this Order will not be considered.
 - (b) Any such proposal where the performance of services is proposed to be provided at a location outside the United States by the contractor or any sub-contractor, will not be considered.
 - iii. All procurement manuals, directives, policies, and procedures reflect the requirements of this Order.
 - iv. All APOs have adequate training which addresses the terms of this Order.
5. **Exceptions.** Nothing in this Order is intended to contradict any state or federal law. In addition, this Order does not apply to:
- a. Services necessary to support the efforts of the Department of Development Global Markets Division to attract jobs and business to the State of Ohio, including incidental services for the support of trade missions, payment of international staff, and services necessary for the operation of international offices.
 - b. Academic, instructional, educational, research or other services necessary to support the international missions of Ohio's public colleges and universities.

6. I signed this Executive Order on August 6, 2010 in Columbus, Ohio and it will not expire unless rescinded.



Ted Strickland
Ted Strickland, Governor

ATTEST:

Jennifer Brunner, Secretary of State

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶	☐ Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			+			+		
or								
Employer identification number								
			+					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of	Date ▶
	U.S. person ▶	

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME			
BUSINESS ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE NUMBER			

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☐ No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☐ No

GOVERNMENT BUSINESS AND FUNDING CONTRACTS - CONTINUED

3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☐ No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☐ No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☐ No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
☐ Yes ☐ No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X

Signature

Date

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES CONTRACT AGREEMENT

C-00-00-0000

RECITALS:

This Contract is entered into between the Ohio Department of Job and Family Services (hereinafter referred to as "ODJFS") and **Vendor Name** (hereinafter referred to as "CONTRACTOR").

- A. (Optional) ODJFS issued a Request for Proposal (RFP) titled _____, numbered _____, and dated _____, which is hereby incorporated by reference.
- B. (Optional) The ODJFS proposal review team recommended for award the Proposal of CONTRACTOR dated [DATE] which is hereby incorporated by reference.
- C. (Optional) In the event of any inconsistency or ambiguity between the provisions of the RFP, the Proposal, or this Contract, the provisions of this Contract will determine the obligations of the parties. In the event that this Contract fails to clarify any inconsistency or ambiguity between the RFP and the Proposal, the RFP will determine the obligations of the parties. In the event of a disputed issue that is not addressed in any of the aforementioned documents, the parties hereby agree to make every reasonable effort to resolve this dispute in keeping with the objectives of this Contract and the budgetary and statutory constraints of ODJFS.

ARTICLE I. PURPOSE; DELIVERABLES

- A. The purpose of this Contract is **INSERT PURPOSE**. CONTRACTOR will perform its responsibilities under this Contract in accordance with the RFP and the Proposal. The responsibilities ("Deliverables") are summarized as follows:

INSERT DELIVERABLES

- B. The ODJFS Contract Manager is **OJFS Contract Manager**.
- C. The ODJFS Contract Manager may periodically communicate specific requests and instructions to CONTRACTOR concerning the performance of the Deliverables described in this Contract. CONTRACTOR agrees to comply with any requests or instructions to the satisfaction of ODJFS within ten (10) days after CONTRACTOR's receipt of the requests or instructions. ODJFS and CONTRACTOR expressly understand that any requests or instructions will be strictly to ensure the successful completion of the Deliverables described in this Contract, and are not intended to amend or alter this Contract in any way. If CONTRACTOR believes that any requests or instructions would materially alter the terms and conditions of this Contract or the compensation stated hereunder, CONTRACTOR will immediately notify the ODJFS Contract Manager pursuant to ARTICLE V of this Contract. CONTRACTOR agrees to consult with the ODJFS Contract Manager as necessary to ensure understanding of the Deliverables and the successful completion thereof.
- D. Ownership of Deliverables:
 - 1. All Deliverables provided by CONTRACTOR under this Contract or with funds hereunder, including any documents, data, photographs and negatives, electronic reports/records, or other media, are the property of ODJFS, which has an unrestricted right to reproduce, distribute, modify, maintain, and use the Deliverables. CONTRACTOR will not obtain copyright, patent, or other proprietary protection for the Deliverables. CONTRACTOR will not include in any Deliverable any copyrighted matter, unless the copyright owner gives prior written approval for ODJFS and CONTRACTOR to use such copyrighted matter in the manner provided herein. CONTRACTOR agrees that all Deliverables will be made freely available to the public unless ODJFS determines that, pursuant to state or federal law, such materials are confidential or otherwise exempted from disclosure.

2. All Deliverables provided or produced pursuant to this Contract will be considered "works made for hire" within the meaning of copyright laws of the United States and the State of Ohio. ODJFS is and will be deemed sole author of the Deliverables and sole owner of all rights therein. If any portion of the Deliverables is deemed not a "work made for hire," or if there are any rights in the Deliverables not conveyed to ODJFS, CONTRACTOR agrees to, and by executing this Contract does, assign ODJFS all worldwide rights, title, and interest in and to the Deliverables. ODJFS acknowledges that its sole ownership of the Deliverables under this Contract does not affect CONTRACTOR's right to use general concepts, algorithms, programming techniques, methodologies, or technology that CONTRACTOR developed prior to or as a result of this Contract or that are generally known and available.
3. CONTRACTOR understands that it must submit a written request to ODJFS and receive express written permission from ODJFS include any of its own pre-existing, proprietary materials in any of the Deliverables under this Contract. ODJFS's approval of the inclusion of pre-existing, proprietary materials is predicated on CONTRACTOR granting to ODJFS and the State of Ohio a worldwide, non-exclusive, perpetual, royalty-free license to use, modify, sell, and otherwise distribute all such materials that are included in the Deliverables under this Contract. Upon request by CONTRACTOR, ODJFS will incorporate into any future copies of the Deliverables under this Contract any proprietary notice(s) CONTRACTOR may reasonably require for any pre-existing, proprietary materials included in the Deliverables of this Contract. Any proprietary notices will be the minimum required by law so as not to be seen as an endorsement by ODJFS of or advertisement for CONTRACTOR.

ARTICLE II. EFFECTIVE DATE OF THE CONTRACT

- A. This Contract is in effect from the date of issuance of an approved State of Ohio purchase order (see ARTICLE II, Section B, *infra*) or _____, whichever is later, through _____, unless this Contract is suspended or terminated pursuant to ARTICLE IV prior to the expiration date. **This Contract may be renewed through June 30, 2013, upon satisfactory completion of activities hereunder, appropriation of funds by the Ohio General Assembly, and at the sole discretion of ODJFS. ODJFS will issue a notice to CONTRACTOR if ODJFS decides to renew this Contract. CONTRACTOR will not obligate resources in anticipation of a renewal until notice is provided.**
- B. In addition to Section A above, it is expressly understood by both ODJFS and CONTRACTOR that this Contract will not be valid and enforceable until the Director of the Ohio Office of Budget and Management, first certifies, pursuant to Section 126.07 of the Ohio Revised Code (ORC), that there is a balance in the appropriation not already allocated to pay existing obligations. The ODJFS Contract Manager will notify CONTRACTOR when this certification is given.

ARTICLE III. COMPENSATION

- A. The total amount payable under this Contract is **TOTAL AMT** Dollars (**\$TOTAL**). ODJFS will pay an amount up to **SFY1 AMT** Dollars (**\$SFY 1**) for State Fiscal Year **SFY1** and up to **SFY2 AMT** Dollars (**\$SFY2**) for State Fiscal Year **SFY2** expressly for the completion of the Deliverables described in ARTICLE I. CONTRACTOR understands that the terms of this Contract do not provide for compensation in excess of the total amount listed in this section. CONTRACTOR hereby waives the interest provisions of ORC 126.30.
- B. Compensation will be paid ...
- C. CONTRACTOR will submit three (3) copies of detailed invoices on a **monthly, quarterly, annual** basis to the ODJFS Bureau of Accounts Payable at 30 East Broad Street, 38th Floor, Columbus, Ohio 43215. CONTRACTOR agrees to use an invoice instrument to be prescribed by ODJFS and will include in each invoice:
 1. CONTRACTOR's name, complete address, and federal tax identification number;
 2. Contract number and dates;
 3. Purchase order number;
 4. Amount and purpose of the invoice;
 5. Description of Deliverables performed during the billing period; and

6. Receipt or other proof of costs paid by CONTRACTOR for which CONTRACTOR is seeking reimbursement.
- D. CONTRACTOR expressly understands that ODJFS will not compensate CONTRACTOR for any work performed prior to CONTRACTOR's receipt of notice from the ODJFS Contract Manager that the provisions of ORC 126.07 have been met as set forth in ARTICLE II, nor for work performed after the ending date specified in ARTICLE II.
- E. CONTRACTOR expressly understands that ODJFS does not have the ability to compensate CONTRACTOR for invoices submitted after the State of Ohio purchase order has been closed. CONTRACTOR must submit final invoices for payment no later than ninety (90) days after the ending date of this Contract. Failure to do so will be deemed a forfeiture of the remaining compensation due hereunder.
- F. Subject to the provisions of ORC 126.07 and 131.33, which will at all times govern this Contract, ODJFS represents that:
1. It has adequate funds to meet its obligations under this Contract;
 2. It intends to maintain this Contract for the full period set forth in ARTICLE II and has no reason to believe that sufficient funds will not be available to make all payments due hereunder; and
 3. It will use its best efforts to obtain the appropriation of necessary funds during the term of this Agreement. CONTRACTOR understands that availability of funds is contingent on appropriations made by the Ohio General Assembly or by funding sources external to the State of Ohio, such as federal funding. If the Ohio General Assembly or the external funding source fails at any time to continue funding ODJFS for the payments due under this Contract, this Contract will be terminated as of the date funding expires without further obligation of ODJFS or the State of Ohio.
- G. CONTRACTOR and ODJFS understand that the terms of this Contract, when combined with any other payments made to or open encumbrances with CONTRACTOR during the same State Biennium, cannot establish compensation in excess of Fifty Thousand and 00/100 Dollars (\$50,000.00) aggregate without prior approval from the State Controlling Board in accordance with ORC 127.16.

ARTICLE IV. SUSPENSION AND TERMINATION, BREACH AND DEFAULT

- A. This Contract will automatically terminate upon expiration of the time period in ARTICLE II, upon completion of all Deliverables, or once all of the compensation has been paid.
- B. Notwithstanding other provisions in this ARTICLE, either party may terminate this Contract at will by giving ninety (90) days written notice to the other party. Upon thirty (30) days written notice to CONTRACTOR, ODJFS may suspend this Contract at ODJFS's sole discretion.
- C. Notwithstanding the provision of Section A, above, ODJFS may suspend or terminate this Contract immediately upon delivery of a written notice to CONTRACTOR if:
1. ODJFS loses funding as described in ARTICLE III, Section F;
 2. ODJFS discovers any illegal conduct by CONTRACTOR; or
 3. CONTRACTOR has violated any provision of ARTICLE VIII.
- D. Except as provided in Sections A and B of this ARTICLE V, CONTRACTOR will have thirty (30) calendar days within which to cure any breach that is curable after receipt of written notice from ODJFS that CONTRACTOR is in breach of any of its obligations under this Contract. If CONTRACTOR fails to cure the breach within the thirty (30) calendar days after written notice or if the breach is not curable, ODJFS may immediately suspend or terminate this Contract. ODJFS may also suspend or terminate this Contract when breaches are persistent, regardless of whether they are cured within thirty (30) calendar days. For purposes of this Section C, "persistent" means that ODJFS has notified CONTRACTOR three (3) times in writing of CONTRACTOR's failure to meet any of its contractual obligations. The three (3) notices do not have to relate to the same obligation or type of failure. After the third notice, ODJFS may suspend or terminate this Contract without a cure period if CONTRACTOR again fails to meet any contractual obligation. At the sole discretion of ODJFS, certain instances of breach may require a shorter cure period

than the thirty (30) calendar days generally applicable in this Section C. In such instances, ODJFS will include in its notice of breach the shorter cure period deemed appropriate.

- E. CONTRACTOR, upon receiving notice of suspension or termination, will:
1. Cease performance of the suspended or terminated Deliverables;
 2. Take all necessary steps to limit disbursements and minimize costs including, but not limited to, suspending or terminating all contracts and subgrants related to suspended or terminated Deliverables;
 3. Prepare and furnish a report to ODJFS, as of the date the notice of termination or suspension was received, that describes the status of all Deliverables and includes the results accomplished and the conclusions reached through Deliverables; and
 4. Perform any other tasks ODJFS requires.
- F. In the event of suspension or termination under this ARTICLE, ODJFS will, upon receipt of a proper invoice from CONTRACTOR, determine the amount of any unpaid Contract funds due to CONTRACTOR for Deliverables performed before CONTRACTOR received notice of termination or suspension. In order to determine the amount due to CONTRACTOR, ODJFS will base its calculations on the payment method described in ARTICLE III and any funds previously paid by or on behalf of ODJFS. ODJFS will not be liable for any further claims submitted by CONTRACTOR.
- G. If ODJFS terminates this Contract for any reason provided in this ARTICLE, except for termination at will pursuant to Section A or termination for loss of funding pursuant to Section B, ODJFS will be entitled to utilize another contractor to complete the Deliverables described in ARTICLE I of this Contract on any commercially reasonable terms as ODJFS and the covering contractor may agree. In this event, CONTRACTOR will be liable to ODJFS for all costs related to covering the project to the extent that such costs, when combined with payments already made to CONTRACTOR prior to termination, exceed the costs that ODJFS would have incurred under this Contract. CONTRACTOR's liability under this Section G is in addition to any other remedies available to ODJFS pursuant to this Contract.
- H. Upon CONTRACTOR's breach or default of provisions, obligations, or duties embodied in this Contract or any term of an award, a federal statute or regulation, an assurance, a State plan or application, a notice of award, or other applicable rule, ODJFS reserves the right to exercise any administrative, contractual, equitable, or legal remedies available without limitation. Any waiver by ODJFS of an occurrence of breach or default is not a waiver of subsequent occurrences. If ODJFS or CONTRACTOR fails to perform any obligation under this Contract and the other party subsequently waives the failure, the waiver will be limited to that particular occurrence of a failure and will not be deemed to waive other failures that may occur. Waiver by ODJFS will not be effective unless it is in writing signed by the ODJFS Director.

ARTICLE V. NOTICES

- A. ODJFS and CONTRACTOR agree that communication regarding Deliverables, scope of work, invoice or billing questions, or other routine instructions will be between CONTRACTOR and the identified ODJFS Contract Manager pursuant to ARTICLE I, Section C of this Contract.
- B. Notices to ODJFS from CONTRACTOR that concern changes to CONTRACTOR's principal place of operation, billing address, legal name, federal tax identification number, mergers or acquisitions, corporate form, excusable delay, termination, bankruptcy, assignment, any notice pursuant to ARTICLE VIII, and/or any other formal notice regarding this Contract will be sent to the ODJFS Deputy Director of Contracts and Acquisitions at 30 East Broad Street, 31st Floor, Columbus, Ohio 43215.
- C. Notices to CONTRACTOR from ODJFS concerning termination, suspension, option to renew, breach, default, or other formal notices regarding this Contract will be sent to CONTRACTOR's representative at the address appearing on the signature page of the this Contract.

- D. All notices in accordance with Sections B and C of this ARTICLE will be in writing and will be deemed given when received. All notices must be sent using a delivery method that documents actual delivery to the appropriate address herein indicated (e.g., certified mail).

ARTICLE VI. RECORDS, DOCUMENTS AND INFORMATION

CONTRACTOR agrees that all records, documents, writings, and other information, created or used pursuant to this Contract will be treated according to the following terms, and that the terms will be included in any subcontracts executed for the performance of the Deliverables under this Contract:

- A. CONTRACTOR agrees that any media produced pursuant to this Contract or acquired with Contract funds will become the property of ODJFS. This includes all documents, reports, data, photographs (including negatives), and electronic reports and records. ODJFS will maintain the unrestricted right to reproduce, distribute, modify, maintain, and use the media in any way ODJFS deems appropriate. CONTRACTOR further agrees not to seek or obtain copyright, patent or other proprietary protection for any materials or items produced under this Contract. CONTRACTOR understands that all materials and items produced under this Contract will be made freely available to the public unless ODJFS determines that certain materials are confidential under federal or state law.
- B. All ODJFS information that is classified as public or private under Ohio law and ODJFS rules will be treated as such by CONTRACTOR. Should the nature of any information be in question, ODJFS will determine whether the information is public or private. CONTRACTOR will restrict the use of any information, systems, or records ODJFS provides to the specific Deliverables specified in ARTICLE I of this Contract. CONTRACTOR and its employees agree to be bound by the same standards and rules of confidentiality that apply to employees of ODJFS and the State of Ohio. CONTRACTOR agrees that the terms of this Section B will be included in any subcontract executed by CONTRACTOR for work under this Contract.
- C. CONTRACTOR information that is proprietary and has been specifically identified by CONTRACTOR as proprietary will be held as confidential by ODJFS. Proprietary information is information that would put CONTRACTOR at a competitive disadvantage in CONTRACTOR's market place and trade if it were made public. ODJFS reserves the right to require reasonable evidence of CONTRACTOR's assertion of the proprietary nature of any information. The provisions of this ARTICLE are not self-executing. CONTRACTOR must demonstrate that any information claimed as proprietary meets the definition of "trade secrets" found at ORC 1333.61.
- D. All records relating to cost, work performed, supporting documentation for invoices submitted to ODJFS, and copies of all materials produced under or pertaining to this Contract will be retained by CONTRACTOR and will be made available for audit by state and federal government entities that include but are not limited to, ODJFS, the Ohio Auditor of State, the Ohio Inspector General and all duly authorized law enforcement officials. The records and materials will be retained and made available for a minimum of three (3) years after CONTRACTOR receives the last payment pursuant to this Contract. If an audit, litigation or similar action is initiated during this time period, CONTRACTOR will retain the records until the action is concluded and all issues are resolved, or until the end of the three-year period if the action is resolved prior to the end of the three-year period. If applicable, CONTRACTOR must meet the requirements of the federal Office of Management and Budget (OMB) Circulars A-110, A-122, and A-133. CONTRACTOR acknowledges, in accordance with ORC 149.43, that financial records related to the performance of services under this Contract are presumptively deemed public records.
- E. CONTRACTOR hereby agrees to current and ongoing compliance with Title 42, Section 1320 of the United States Code (42 USC 1320d -1320d(8)) and the implementing regulations found at Title 45, Parts 164.502 and 164.504 of the Code of Federal Regulations (45 CFR 164.502(e) and 164.504(e)) regarding disclosure of Protected Health Information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). CONTRACTOR further agrees to include the terms of this Section E in any subcontracts that may be executed pursuant to this Contract.

ARTICLE VII. AMENDMENT AND ASSIGNMENT

- A. This writing constitutes the entire agreement between ODJFS and CONTRACTOR with respect to all matters herein. Only a writing signed by both parties may amend this Contract. However, ODJFS and CONTRACTOR agree that any amendments to any laws or regulations cited herein will result in the

correlative modification of this Contract without the necessity for executing written amendments. Any written amendment to this Contract will be prospective in nature.

- B. CONTRACTOR agrees not to assign any interest in this Contract nor transfer any interest in the Contract without the prior written approval of ODJFS. CONTRACTOR will submit any requests for approval of assignments and transfers to the ODJFS Contract Manager at least 10 (ten) days prior to the desired effective date. CONTRACTOR understands that any assignments and transfers will be subject to any conditions ODJFS deems necessary and that no approval by ODJFS will be deemed to provide for any ODJFS obligation that exceeds the Contract amount specified in ARTICLE III of this Contract.

ARTICLE VIII. CONTRACTOR CERTIFICATION OF COMPLIANCE WITH SPECIAL CONDITIONS

By accepting this Contract and by executing this Contract, CONTRACTOR hereby affirms current and continued compliance with each condition listed in this ARTICLE. CONTRACTOR's certification of compliance with each of these conditions is considered a material representation of fact upon which ODJFS relied in entering into this Contract:

- A. If at any time, CONTRACTOR is not in compliance with the conditions affirmed in this Section A, ODJFS will consider this Contract *void ab initio* and will deliver written notice to CONTRACTOR. Any funds the State of Ohio paid CONTRACTOR for work performed before CONTRACTOR received notice that the Contract is *void ab initio* will be immediately repaid or the State of Ohio may commence an action for recovery against CONTRACTOR.
1. **Federal Debarment Requirements.** CONTRACTOR affirms that neither CONTRACTOR nor any of its principals or subcontractors, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by any federal agency. CONTRACTOR also affirms that within three (3) years preceding this Contract neither CONTRACTOR nor any of its principals:
 - a. Have been convicted of, or had a civil judgment rendered against them for commission of fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction; for violation of federal or state antitrust statutes; for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements; or for receiving stolen property; or
 - b. Are presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) for the commission of any of the offenses listed in this paragraph and have not had any federal, state, or local, public transactions terminated for cause or default.
 2. **Qualifications to Conduct Business.** CONTRACTOR affirms that it has all of the approvals, licenses, or other qualifications needed to conduct business in Ohio and all are current. If at any time during the Contract period CONTRACTOR, for any reason, becomes disqualified from conducting business in the State of Ohio, CONTRACTOR will immediately notify ODJFS in writing and will immediately cease performance of all Deliverables.
 3. **Unfair Labor Practices.** CONTRACTOR affirms that neither CONTRACTOR nor its principals are on the most recent list established by the Ohio Secretary of State, pursuant to ORC 121.23, which would identify CONTRACTOR as having more than one (1) unfair labor practice contempt of court finding.
 4. **Finding for Recovery.** CONTRACTOR affirms that neither CONTRACTOR nor its principals or subcontractors, is subject to a finding for recovery under ORC 9.24, or it has taken the appropriate remedial steps required, or otherwise qualifies under ORC 9.24 to contract with the State of Ohio.
 5. **Material Assistance to Terrorist Organization.** CONTRACTOR affirms that CONTRACTOR, its principals, affiliated groups, or persons with a controlling interest in CONTRACTOR's organization are in compliance with ORC 2909.33 in that none of the aforementioned have provided Material Assistance to a Terrorist Organization.

- B. If at any time CONTRACTOR is not in compliance with the conditions affirmed in this Section B, ODJFS may immediately suspend or terminate this Contract and will deliver written notice to CONTRACTOR. CONTRACTOR will be entitled to compensation, upon submission of a proper invoice per ARTICLE III, only for work performed during the time CONTRACTOR was in compliance with the provisions of this Section B. Any funds paid by the State of Ohio for work performed during a period when CONTRACTOR was not in compliance with this Section B will be immediately repaid or the State of Ohio may commence an action for recovery against CONTRACTOR.
1. **Americans with Disabilities.** CONTRACTOR, its officers, employees, members, and subcontractors hereby affirm current and ongoing compliance with all statutes and regulations pertaining to The Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.
 2. **Fair Labor Standards and Employment Practices.**
 - a. CONTRACTOR certifies that it is in compliance with all applicable federal and state laws, rules, and regulations governing fair labor and employment practices.
 - b. In carrying out this Contract, CONTRACTOR will not discriminate against any employee or applicant for employment because of race, religion, national origin, ancestry, color, gender, gender identity, sexual orientation, age, disability, or veteran status. CONTRACTOR will ensure that all applicants are hired, and all employees are considered for promotion, demotion, transfer; recruitment or recruitment advertising, layoff, termination, rates of pay, other forms of compensation, selection for training—including apprenticeship—or any other employment-related opportunities, without regard to race, religion, national origin, ancestry, color, gender, gender identity, sexual orientation, age, disability, or veteran status.
 - c. CONTRACTOR agrees to post notices affirming compliance with all applicable federal and state non-discrimination laws in conspicuous places accessible to all employees and applicants for employment.
 - d. CONTRACTOR will incorporate the foregoing requirements of this Paragraph 2 in all of its subgrants or subcontracts for any of the work prescribed herein.
 3. **Ethics Laws.** CONTRACTOR certifies that by executing this Contract, it has reviewed, knows and understands the State of Ohio's ethics and conflict of interest laws, which includes the Governor's Executive Order 2007-01S pertaining to ethics. CONTRACTOR further agrees that it will not engage in any action(s) inconsistent with Ohio ethics laws or the aforementioned Executive Order.
 4. **Conflicts of Interest.**
 - a. CONTRACTOR certifies, by executing this Contract, that no party who holds a position listed or described in ORC 3517.13 (I) or (J), has made, while in his/her current position, one (1) or more personal monetary contributions in excess of One Thousand and 00/100 Dollars (\$1,000.00) to the current Governor or to the Governor's campaign committee when he was a candidate for office within the previous two (2) calendar years. ORC 3517.13 does not apply to professional associations organized under ORC Chapter 1785.
 - b. CONTRACTOR agrees to refrain from promising or giving to any ODJFS employee anything of value that could be construed as having a substantial and improper influence upon the employee with respect to the employee's duties. CONTRACTOR further agrees that it will not solicit any ODJFS employee to violate ORC 102.03, 2921.42, or 2921.43.
 - c. CONTRACTOR agrees that CONTRACTOR, its officers, employees, and members have not nor will they acquire any interest, whether personal, business, direct or indirect, that is incompatible, in conflict with, or would compromise the discharge and fulfillment of CONTRACTOR's functions and responsibilities under this Contract. If CONTRACTOR, its officers, employees, or members acquire any incompatible, conflicting, or compromising

interest, CONTRACTOR agrees it will immediately disclose the interest in writing to the ODJFS Chief Legal Counsel at 30 East Broad Street, 31st Floor, Columbus, Ohio 43215-3414. CONTRACTOR further agrees that the person with the conflicting interest will not participate in any Deliverables until ODJFS determines that participation would not be contrary to public interest.

5. **Lobbying Restrictions.**

- a. CONTRACTOR affirms that no federal funds paid to CONTRACTOR by ODJFS through this Contract or any other agreement have been or will be used to lobby Congress or any federal agency in connection with a particular contract, grant, cooperative agreement or loan. CONTRACTOR further affirms compliance with all federal lobbying restrictions, including, 31 USC 1352. If this Contract exceeds One Hundred Thousand and 00/100 (\$100,000.00), CONTRACTOR affirms that it has executed and filed the Disclosure of Lobbying Activities standard form LLL, if required by federal regulations.
- b. CONTRACTOR certifies compliance with the Ohio executive agency lobbying restrictions contained in ORC 121.60 to 121.69.

6. **Child Support Enforcement.** CONTRACTOR agrees to cooperate with ODJFS and any child support enforcement agency in ensuring that CONTRACTOR and its employees meet child support obligations established by state and federal law including present and future compliance with any court or valid administrative order for the withholding of support issued pursuant to the applicable sections of ORC Chapters 3119, 3121, 3123, and 3125.

7. **Pro-Child Act.** If any Deliverables call for services to minors, CONTRACTOR agrees to comply with the Pro-Children Act of 1994; Public Law 103-277, Part C – Environment Tobacco Smoke that requires smoking to be banned in any portion of any indoor facility owned, leased, or contracted by an entity that will routinely or regularly use the facility for the provision of health care services, day care, library services, or education to children under the age of eighteen (18).

8. **Drug-Free Workplace.** CONTRACTOR, its officers, employees, members, any subcontractors and/or any independent contractors (including all field staff) associated with this Contract agree to comply with all applicable state and federal laws, including, but not limited to, 41 USC Chapter 10, regarding a drug-free workplace. CONTRACTOR will make a good faith effort to ensure that none of CONTRACTOR's officers, employees, members, or subgrantees will purchase, transfer, use, or possess illegal drugs or alcohol or abuse prescription drugs in any way while working or while on public property.

9. **Work Programs.** CONTRACTOR agrees not to discriminate against individuals who have or are participating in any work program administered by any county department of Job and Family Services under ORC Chapter 5101 or 5107.

10. **MBE/EDGE.** Pursuant to the Governor's Executive Order 2008—13S, CONTRACTOR agrees to purchase goods and services under this Contract from certified Minority Business Enterprise ("MBE") and Encouraging Diversity, Growth, and Equity ("EDGE") vendors whenever possible. CONTRACTOR agrees to encourage any of its subgrantees or subcontractors to purchase goods and services from certified MBE and EDGE vendors.

11. **Certification of Compliance.** CONTRACTOR certifies that it is in compliance with all other applicable federal and state laws, regulations, and rules and will require the same certification from its subgrantees or subcontractors.

ARTICLE IX. MISCELLANEOUS PROVISIONS

- A. **Independent Contractor.** CONTRACTOR agrees that no agency, employment, joint venture, or partnership has been or will be created between ODJFS and CONTRACTOR. CONTRACTOR further agrees that as an independent contractor, it assumes all responsibility for any federal, state, municipal or other tax liabilities along with workers compensation, unemployment compensation and insurance premiums that may accrue as a result of funds received pursuant to this Contract. CONTRACTOR agrees

that it is an independent contractor for all purposes including, but not limited to, the application of the Fair Labor Standards Act, the Social Security Act, the Federal Unemployment Tax Act, the Federal Insurance Contribution Act, provisions of the Internal Revenue Code, Ohio tax law, Workers Compensation law, and Unemployment Insurance law.

- B. **Limitation of Liability.** To the extent allowable by law, CONTRACTOR agrees to hold ODJFS harmless in any and all claims for personal injury, property damage, and/or infringement resulting from Deliverables. CONTRACTOR's sole and exclusive remedy for any ODJFS failure to perform under this Contract will be an action in the Ohio Court of Claims pursuant to ORC Chapter 2743 that will be subject to the limitations set forth in this ARTICLE. In no event will ODJFS be liable for any indirect or consequential damages, including loss of profits, even if ODJFS knew or should have known of the possibility of such damages.
- C. **Infringement of Patent or Copyright.** To the extent allowable by law and subject to ORC 109.02, CONTRACTOR agrees to defend any suit or proceeding brought against ODJFS, any official or employee of ODJFS acting in his or her official capacity, or the State of Ohio due to any alleged infringement of patent or copyright arising out of the performance of this Contract, including all work, services, materials, reports, studies, and computer programs provided by CONTRACTOR. ODJFS will provide prompt notification in writing of such suit or proceeding; full right, authorization, and opportunity to conduct the defense thereof; and full disclosure of information along with all reasonable cooperation for the defense of the suit. ODJFS may participate in the defense of any such action. CONTRACTOR agrees to pay all damages and costs awarded against ODJFS, any official or employee of ODJFS in his or her official capacity, or the State of Ohio as a result of any suit or proceeding referred to in this Section C. If any information and/or assistance is furnished by ODJFS at CONTRACTOR's written request, it is at CONTRACTOR's expense. If any of the materials, reports, or studies provided by CONTRACTOR are found to be infringing items and the use or publication thereof is enjoined, CONTRACTOR agrees to, at its own expense and at its option, either procure the right to publish or continue use of such infringing materials, reports, or studies; replace them with non-infringing items of equivalent value; or modify them so that they are no longer infringing. The obligations of CONTRACTOR under this Section survive the termination of this Contract, without limitation.
- D. **Liens.** CONTRACTOR will not permit any lien or claim to be filed or prosecuted against ODJFS or the State of Ohio because of any labor, services, or materials furnished. If CONTRACTOR fails, neglects, or refuses to make prompt payment of any claims for labor, services, or materials furnished to CONTRACTOR in connection with this Contract, ODJFS or the State of Ohio may, but is not obligated to, pay those claims and charge the amount of payment against the funds due or to become due to CONTRACTOR under this Contract.
- E. **Delay.** Neither party will be liable for any delay in its performance that arises from causes beyond its control and without its negligence or fault. The delaying party will notify the other promptly of any material delay in performance and will specify in writing the proposed revised performance date as soon as practicable after notice of delay. The delaying party must also describe the cause of the delay and its proposal to remove or mitigate the delay. Notices will be sent pursuant to ARTICLE IV. In the event of excusable delay, the date of performance or delivery of products may be extended by amendment, if applicable, for a time period equal to that lost due to the excusable delay. Reliance on a claim of excusable delay may only be asserted if the delaying party has taken commercially reasonable steps to mitigate or avoid the delay. Items that are controllable by CONTRACTOR's subcontractor(s) will be considered controllable by CONTRACTOR, except for third-party manufacturers supplying commercial items and over whom CONTRACTOR has no legal control. The final determination of whether an instance of delay is excusable lies with ODJFS in its discretion.

ARTICLE X. CONSTRUCTION

This Contract will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Contract be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Contract will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Contract impossible.

Signature Page Follows:

Remainder of page intentionally left blank

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
CONTRACT AGREEMENT**

SIGNATURE PAGE

C-00-00-0000

IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS CONTRACT AGREEMENT AS OF THE DATE OF THE SIGNATURE OF THE DIRECTOR OF THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES.

Vendor Name

Ohio Department of Job and Family Services

Authorized Signature (Blue Ink Please)

Douglas E. Lumpkin, Director

Printed Name

Date

Date

Address

Address

City, State, Zip

City, State, Zip

Attachment E

Technical Proposal Score Sheet

The Technical Proposal Score Sheet for this RFP#: JFSR1213078004 will be posted on February 10, 2011.

Attachment F

Cost Proposal Form

The Cost Proposal Form for this RFP#: JFSR1213078004
will be posted on February 10, 2011.

JUST CAUSE EXCEPTION FILE FORMAT**December 1, 2010**

Spend Down	Date Received	LAST_ NAME	FIRST_ NAME	CASE_ #	HMO	County	Phone #	Spend Down	Request For	Scheduled Appts.	Outcome
---------------	------------------	---------------	----------------	------------	-----	--------	---------	---------------	----------------	---------------------	---------

Dual Eligible	Date Received	LAST_ NAME	FIRST_ NAME	CASE_ #	HMO	County	Phone #	Dual Eligible	Request For	Scheduled Appts.	Outcome
------------------	------------------	---------------	----------------	------------	-----	--------	---------	------------------	----------------	---------------------	---------

Nursing Home	Date Received	LAST_ NAME	FIRST_ NAME	CASE_ #	HMO	County	Phone #	Request For	Nursing- ICH	Nursing-ICH Phone#	Scheduled Appts.	Outcome
-----------------	------------------	---------------	----------------	------------	-----	--------	---------	----------------	-----------------	-----------------------	---------------------	---------

Waiver	Date Received	LAST_ NAME	FIRST_ NAME	CASE_ #	HMO	County	Phone #	Waiver	Request For	Scheduled Appts.	Outcome
--------	------------------	---------------	----------------	------------	-----	--------	---------	--------	----------------	---------------------	---------

BCMH	Date Received	LAST_ NAME	FIRST_ NAME	CASE_ #	HMO	County	Phone #	BCMH	Request For	Request To	Scheduled Appts.	Outcome
------	------------------	---------------	----------------	------------	-----	--------	---------	------	----------------	------------	---------------------	---------

CIC	Date Received	LAST_ NAME	FIRST_ NAME	CASE_ #	HMO	County	Phone #	CIC	Request For	Request To	Scheduled Appts.	Outcome
-----	------------------	---------------	----------------	------------	-----	--------	---------	-----	----------------	------------	---------------------	---------

SSI	Date Received	LAST_ NAME	FIRST_ NAME	CASE_ #	HMO	County	Phone #	SSI	Request For	Request To	Scheduled Appts.	Outcome
-----	------------------	---------------	----------------	------------	-----	--------	---------	-----	----------------	------------	---------------------	---------

Title IVE	Date Received	LAST_ NAME	FIRST_ NAME	CASE_ #	HMO	County	Phone #	Title IV	Request For	Request To	Scheduled Appts.	Outcome
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Appendix A. Just Cause File Format

TPL	Date Received	LAST_ NAME	FIRST_ NAME	CASE_#	HMO	Change To	County	Phone #	Request For	Billing #	TPL Name	TPL Phone #
	Provider/ Specialist Name	Provider/ Specialist Phone #	Scheduled Appts.	Outcome								

Just Cause	Date Received	LAST_NAME	FIRST_Name	Case_#	SSN	Phone # 1	Phone # 2	AG	Work Phone #	Alternate Phone #	County
	Address 1_1	Address 2_1	City_1	State_1	Zip_1	Address 1_2	Address 2_2	City_2	State_2	Zip_2	Address1_3
	Address 2_3	City_3	State_3	Zip_3	1_4	Address 2_4	City_4	State_4	Zip_4	HMO	Effective Date
	Request Change To	Initial Month	Open Selection Month	Assigned	Case Addition	Request Made For	Relationship	SSI	BCMH	PCP	PCP Phone #
	PCP Address	PCP City-State-Zip	City-Specialists	Pregnant	Due Date	OB/GYN	Pregnant Hospital	Surgery	Surgery Date	Surgeon	Surgery Hospital
	Illness/Diagnosis	I/D Specifics	I/D Length	PCP Appts.	Specialist Appts.	Scheduled Appts.	Additional Info.	Outcome			

Appendix B

Consumer Contact Record File Specifications

OCTOBER 2009
Version 1.1

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This document describes the file formats and record layouts to be used for the consumer contact record submissions for managed care plans (MCPs).

October 2009

1.0 Changes from the Previous Version

1.1 Page 16 - change the CCR Label field "DESPCPMEDPROVNO" to "MCPTRACKINGNO"

1.2 Page 16 - change the CCR Data field "Desired PCP Medicaid Provider Number" to "Desired PCP/Location Tracking Number" This number will come from the MCPN SL File and is up to 11 digits.

1.3 Page 20 - change CCR Label Field "AUTHTOTRT" to "PROVDIRECTORY"

1.4 Page 20 -change CCR Data Field "Authorization to Treat" to "Request for Provider Directory" with the Description as "Provider Directory requested by consumer (Y or N)".

2.0 File Name

The file name for CFC MCP's consumer contact records contains a unique characters identifying the file type, submitter's ID, month and year of submission.

exxxmmyy.t00

Position	Symbol	Description
1	e	'e' Indicates CFC MCP selection file
2-4	xxx	MCP Submitter ID (Use codes from Appendix A)
5-8	mmyy	mm Month of submission yy Year of submission
9-11	.t00	Extension: t 't' represents a text file 00 '00' is the number of text file submission for the month. Increment by 1 with each new file submission. First file submission for each month begins with '00', the next '01', etc.

The file name for ABD MCP's consumer contact records contains a unique character identifying the file type, submitter's ID, month and year of submission.

fxxxmmyy.t00

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Position	Symbol	Description
1	f	'f' Indicates ABD MCP selection file
2-4	xxx	MCP Submitter ID (Use codes from Appendix A)
5-8	mmyy	mm Month of submission yy Year of submission
9-11	.t00	Extension: t 't' represents a text file 00 '00' is the number of text file submission for the month. Increment by 1 with each new file submission. First file submission for each month begins with '00', the next '01', etc.

Example: File name for the first consumer contact record file submission for June 2001 for an MCP:

exxx0601.t00

The next file for June would be:

exxx0601.t01

3.0 Delimiters

The delimiters are as follows:

This delimiter symbol:	Is this character:	Means this:
	Bar	End of a label field
~	Tilde	End of a data field
,	Comma	Separates multiple values within a data field

Note: No spaces should be inserted between the field label, tilde character, and bar character.

4.0 Fields

4.1 Label Fields

Label fields are fields that identify the data in the following field. A label field precedes each data field (see sample record in section 5.0). Label fields are standard for delimited files. The specifications for these fields are included in Table 1 and Table 2.

Note: All label fields must be included in the record, even if the corresponding data fields contain no data.

4.2 Data Fields

Data fields are fields that contain the value for each data item.

If no data is available for a data field:

Insert a tilde character (~) immediately after the field label and bar character (|).

Then, continue with the next field. For example, the format of an consumer contact record with no zip+4 is as follows:

P4ZIP3|~COUNTY|01~

4.3 Multiple Value Fields

The fields in which multiple values can be entered are as follows:

- Screening for Medical Condition Code
- Screening for Additional Assistance Code

Example: The chronic medical problem is leukemia (condition code = 04) and pregnancy (condition code = 30). These data fields would appear as follows in the record layout:

~MEDSCRNRESULT|04,30~

There is a section within the layout that allows for multiple consumers to be entered. The format for multiple consumers is to continue to repeat the label / data combination for each consumer.

Example:

AGMLANG|ENG~LASTNAME|GESS~FIRSTNAME|MARY~MI|B~RSHIP|SAM~SEX|F~AD
DINFO1|W~ADDINFO2|N~BDATE|12/03/1970~MEDRECIPIENTID|104012734699~DESPC
P|ST VINCENTS PCP

CLINIC~DESPCPMEDPROVNO|4876309~CRTPCPPAT|F~DESHOSP|ST
VINCENTS~SCREENSTATUS|01~MEDSCRNRESULT|26~OTHMEDSCRN|~NONMEDSC
RNRESULT|~SSOT|T~SRVTRT|DELIVERY~SRVTRTDATE|12/12/2000~SRVTRTDOC|ST
VINCENTS

CLINIC~AGMLANG|ENG~LASTNAME|GESS~FIRSTNAME|MEGAN~MI|E~RSHIP|DAU~
SEX|F~ADDINFO1|W~ADDINFO2|N~BDATE|12/07/1993~MEDRECIPIENTID|1030127332
99~DESPCP|DR.WAUGH~DESPCPMEDPROVNO|3456753~CRTPCPPAT|F~DESHOSP|ST.
VINCENTS~SCREENSTATUS|02~MEDSCRNRESULT|~OTHMEDSCRN|~NONMEDSCRN
RESULT|~SSOT|F~SRVTRT|~SRVTRTDATE|~SRVTRTDOC|~

5.0 Sample Record

The following example record includes three members of an assistance group being assigned to an MCP. Please note the field label **>AGMLANG=** is bolded for illustrative purposes only. This field marks the beginning of data that is repeated for each consumer included in the record.

```

EFFECTDATE|09/01/2000~CASENUM|5044173499~ASSISTGRPCAT|MA~ASSISTGRPSEQ
|C01~LASTNAMEPIP|GESS~FIRSTNAMEPIP|MARY~AREACODEPIP|330~PHONEPIP|476
5715~SSNPIP|565155545~LANGPIP|ENG~AREACODE1|330~PHONE1|4765715~AREACO
DE2|~PHONE2|~AREACODE3|~PHONE3|~ADDRESS1A|~ADDRESS1B|~CITY1|~STATE1|
~ZIP1|~P4ZIP1|~ADDRESS2A|1234 STATER DR
#101~ADDRESS2B|~CITY2|AKRON~STATE2|OH~ZIP2|44221~P4ZIP2|~ADDRESS3A|~AD
DRESS3B|~CITY3|~STATE3|~ZIP3|~P4ZIP3|~ADDRESS4A|~ADDRESS4B|~CITY4|~STAT
E4|~ZIP4|~P4ZIP4|~COUNTYNO|77~TYPEOFENROLL|02~ASSIGNCODE|01~MCPMEDPR
OVNO|~NEWMCPMEDPROVNO|2014568~CRISEDISREASON|~CHREASON|~OCHREAS
ON|~AGMLANG|ENG~LASTNAME|GESS~FIRSTNAME|MARY~MI|B~RSHIP|SAM~SEX|
F~ADDINFO1|W~ADDINFO2|N~BDATE|12/03/1970~MEDRECIPIENTID|104012734699~D
ESPCP|ST VINCENTS PCP
CLINIC~DESPCPMEDPROVNO|4876309~CRTPCPPAT|F~DESHOSP|ST
VINCENTS~SCREENSTATUS|01~MEDSCRNRESULT|26~OTHMEDSCRN|~NONMEDSCRN
RNRESULT|~SSOT|T~SRVTRT|DELIVERY~SRVTRTDATE|12/12/2000~SRVTRTDOC|ST
VINCENTS
CLINIC~AGMLANG|ENG~LASTNAME|GESS~FIRSTNAME|MEGAN~MI|E~RSHIP|DAU~
SEX|F~ADDINFO1|W~ADDINFO2|N~BDATE|12/07/1993~MEDRECIPIENTID|1030127332
99~DESPCP|DR.WAUGH~DESPCPMEDPROVNO|3456753~CRTPCPPAT|F~DESHOSP|ST.
VINCENTS~SCREENSTATUS|02~MEDSCRNRESULT|~OTHMEDSCRN|~NONMEDSCRN
RESULT|~SSOT|F~SRVTRT|~SRVTRTDATE|~SRVTRTDOC|~AGMLANG|ENG~LASTNA
ME|GESS~FIRSTNAME|GARY~MI|G~RSHIP|HUS~SEX|M~ADDINFO1|W~ADDINFO2|N~
BDATE|12/03/1965~MEDRECIPIENTID|102012238699~DESPCP|ST VINCENTS PCP
CLINIC~DESPCPMEDPROVNO|3938420~ CRTPCPPAT|F~DESHOSP|ST VINCENTS
~SCREENSTATUS|01~MEDSCRNRESULT|02,21~OTHMEDSCRN|~NONMEDSCRNRESU
LT|~SSOT|T~SRVTRT|HEART BYPASS
SURGERY~SRVTRTDATE|09/23/2000~SRVTRTDOC|ST VINCENTS
CLINIC~OPOLICYINAME|~OPOLICYINUM|~ERCLASTNAME|GESS~ERCFIRSTNAME|
MARY~ERCRSHIP|SAM~ERCHACODE|330~ERCHPHONE|4744714~ERCBACODE|330~E
RCBPHONE|8473625~AUTHTOTRT|T~CALLERLASTNAME|GESS~CALLERFIRSTNAME
|MARY~ENRSPECID|556451234~CONTACTDATE|08/08/2000~PROCDATE|08/08/2000~PR
OCBYID|213459632~

```

6.0 File Layout

Field Type	Field Name	Required, Conditional, Optional	Description
Label	EFFECTDATE	R	EFFECTDATE
Data	Effective Date	R	Date selection/termination becomes effective, Format: MM/DD/YYYY
Label	CASENUM	R	CASENUM
Data	Case Number	R	Case Number to which the Assistance Group belongs
Label	ASSISTGRPCAT	R	ASSISTGRPCAT
Data	Assistance Group Category	R	Assistance Group Category
Label	ASSISTGRPSEQ	R	ASSISTGRPSEQ
Data	Assistance Group Sequence	R	Assistance Group Sequence
Label	LASTNAMEPIP	R	LASTNAMEPIP
Data	Last Name of the PIP	R	Last name of the primary information person (PIP) for the assistance group
Label	FIRSTNAMEPIP	R	FIRSTNAMEPIP
Data	First Name of the PIP	R	First name of the PIP for the assistance group
Label	AREACODEPIP	R	AREACODEPIP

Delimiters: | at end of label field; ~ at end of data field; , separates values in a field

Data	Area Code of PIP	O	Area Code of PIP as reported by CRISE, Format: ### Note: If this number reported by CRISE is incorrect, do not include (see AREACODE1 field for the consumer-reported number).
Label	PHONEPIP	R	PHONEPIP
Data	Phone Number of PIP	O	Phone number of PIP as reported by CRISE, Format: ##### Note: If this number reported by CRISE is incorrect, do not include (see PHONE1 field for the consumer-reported number).
Label	SSNPIP	R	SSNPIP
Data	Social Security Number	O	Social Security Number of PIP, Format: #####
Label	LANGPIP	R	LANGPIP
Data	Primary language of PIP	C Required if 'Type of Selection': = 01 or 04	If 'Type of Selection' = 01 or 04 and if the PIP requires interpreter services, indicate their primary language. (Use Codes from, Appendix G, Language Indicator Table)
Label	AREACODE1	R	AREACODE1
Data	Area Code	O	Area Code of residence of Assistance Group as reported by the consumer, Format: ###
Label	PHONE1	R	PHONE1
Data	Phone Number	O	Phone of residence of Assistance Group as reported by the consumer, Format: #####
Label	AREACODE2	R	AREACODE2

Data	Area Code	O	Area Code of work phone of Assistance Group Head as reported by the consumer, Format: ###
Label	PHONE2	R	PHONE2
Data	Phone Number	O	Phone of work phone of Assistance Group Head as reported by the consumer, Format: #####
Label	AREACODE3	R	AREACODE3
Data	Area Code	O	Area Code of an alternative phone for the Assistance Group as reported by the consumer, Format: ###
Label	PHONE3	R	PHONE3
Data	Phone Number	O	Phone of an alternative phone for the Assistance Group as reported by the consumer, Format: #####
Label	ADDRESS1A	R	ADDRESS1A
Data	Address line 1	R	First line of mailing address of Assistance group as reported by CRISE
Label	ADDRESS1B	R	ADDRESS1B
Data	Address line 2	R	Second line of mailing address of Assistance group as reported by CRISE
Label	CITY1	R	CITY1
Data	City	R	City of mailing address of Assistance Group as reported by CRISE
Label	STATE1	R	STATE1
Data	State	R	State of mailing address of Assistance Group as reported by CRISE

Label	ZIP1	R	ZIP1
Data	Zip	R	Zip Code of mailing address of Assistance Group as reported by CRISE (first 5 digits); Format: #####
Label	P4ZIP1	R	P4ZIP1
Data	+4 Zip	R	Last 4 digits of +4 zip code of mailing address of Assistance Group as reported by CRISE
Label	ADDRESS2A	R	ADDRESS2A
Data	Address line 1	O	Line one of residence address of the Assistance Group as reported by CRISE.
Label	ADDRESS2B	R	ADDRESS2B
Data	Address line 2	O	Line two of residence address of the Assistance Group as reported by CRISE.
Label	CITY2	R	CITY2
Data	City	O	City of residence address of the Assistance Group as reported by CRISE.
Label	STATE2	R	STATE2
Data	State	O	State of residence address of the Assistance Group as reported by CRISE.
Label	ZIP2	R	ZIP2
Data	Zip	O	Zip Code of residence address of the Assistance Group as reported by CRISE, Format: #####
Label	P4ZIP2	R	P4ZIP2

Data	+4 Zip	O	Last 4 digits of +4 zip code of residence address of the Assistance Group as reported by CRISE.
Label	ADDRESS3A	R	ADDRESS3A
Data	Address line 1	O	Line one of mailing address of the Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service
Label	ADDRESS3B	R	ADDRESS3B
Data	Address line 2	O	Line two of mailing address of the Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service
Label	CITY3	R	CITY3
Data	City	O	City of mailing address of Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service
Label	STATE3	R	STATE3
Data	State	O	State of mailing address Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service
Label	ZIP3	R	ZIP3
Data	Zip	O	Zip Code of mailing address of Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service (first 5 digits), Format: #####
Label	P4ZIP3	R	P4ZIP3
Data	+4 Zip	O	Last 4 digits of +4 zip code of mailing address of Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service
Label	ADDRESS4A	R	ADDRESS4A

Data	Address line 1	O	Line one of residence address of Assistance Group as reported or confirmed by the consumer
Label	ADDRESS4B	R	ADDRESS4B
Data	Address line 2	O	Line two of residence address of Assistance Group as reported or confirmed by the consumer
Label	CITY4	R	CITY4
Data	City	O	City of residence of Assistance Group as reported or confirmed by the consumer
Label	STATE4	R	STATE4
Data	State	O	State of residence of Assistance Group as reported or confirmed by the consumer
Label	ZIP4	R	ZIP4
Data	Zip	O	Zip Code of residence of Assistance Group as reported or confirmed by the consumer (first 5 digits), Format: #####
Label	P4ZIP4	R	P4ZIP4
Data	+4 Zip	O	Last 4 digits of +4 zip code of residence of Assistance Group as reported or confirmed by the consumer
Label	COUNTYNO	R	COUNTYNO
Data	County	R	2 digit county code of Assistance Group. Use codes from Appendix B, County Code Table.
Label	TYPEOFENROLL	R	TYPEOFENROLL

Data	Type of Selection	R	Choose one: 01 = New selection 02 = Assignment 03 = Change from an MCP and return to FFS 04 = Change from one MCP and select another MCP
Label	ASSIGNCODE	R	ASSIGNCODE
Data	Assignment Code	C Required if 'Type of Selection' = 02	If 'Type of Selection' = 02, choose one code from Appendix C, Assignment Code Table.
Label	MCPMEDPROVNO	R	MCPMEDPROVNO
Data	Current MCP	C Required if 'Type of Selection' = 03 or 04	If 'Type of Selection' = 03 or 04 enter 7 digit Medicaid provider number of the current MCP
Label	NEWMCPMEDPROVNO	R	NEWMCPMEDPROVNO
Data	New MCP	C Required if 'Type of Selection' = 01, 02 or 04	If 'Type of Selection' = 01, 02 or 04 enter 7 digit Medicaid provider number of the new MCP
Label	CRISEDISREASON	R	CRISEDISREASON

Data	CRISE Reason	R	Choose one CRISE Reason Code from Appendix D, CRISE Enrollment Reason Code Table or Appendix E, CRISE Disenrollment Reason Code Table
Label	CHREASON	R	CHREASON
Data	Change Reason	C Required if 'Type of Selection' = 03 or 04	If 'Type of Selection' = 03 or 04 this will indicate the reason for the change. Choose one from Appendix F, Change Reason Code Table
Label	OCHREASON	R	OCHREASON
Data	Other Change Reason	O	If 'Change Reason' = 99, indicate the reason for the change with text
Label	AGMLANG	R	AGMLANG
Data	Primary Language Indicator of Assistance Group Member	C Required if 'Type of Selection' = 01 or 04	If 'Type of selection' = 01 or 04 Primary language of Assistance Group member selection/termination. Use codes from Appendix G, Primary Language Indicator Table
Label	LASTNAME	R	LASTNAME
Data	Last Name	R	Last Name of Assistance Group member selecting/terminating
Label	FIRSTNAME	R	FIRSTNAME
Data	First Name	R	First Name of Assistance Group member selecting/terminating
Label	MI	R	MI

Data	Middle Initial	O	Middle Initial of Assistance Group member selecting/terminating
Label	RSHIP	R	RSHIP
Data	Relationship to PIP	R	Relationship of Assistance Group member selecting/terminating to PIP. Use codes from Appendix I, Relationship Table
Label	SEX	R	SEX
Data	Sex	R	Sex of Assistance Group member selecting/terminating. Choose one: M = Male F = Female U = Unknown
Label	ADDINFO1	R	ADDINFO1
Data	Race	O	Race of the Assistance Group member selecting/terminating. Choose one: A = Asian B = Black or African American I = American Indian or Alaskan Native P = Native Hawaiian or Other Pacific Islander U = Unknown W = White
Label	ADDINFO2	R	ADDINFO2
Data	Ethnicity	O	Ethnicity of the Assistance Group member selecting/terminating. Choose one: H = Hispanic N = Non-Hispanic U = Unknown

Label	BDATE	R	BDATE
Data	Birth Date	R	Birth Date of Assistance Group member selecting/terminating, Format: MM/DD/YYYY
Label	MEDRECIPIENTID	R	MEDRECIPIENTID
Data	Medicaid Recipient ID	R	Recipient Billing Number, also called Medicaid Recipient ID (12 digit) of Assistance Group member selecting/terminating.
Label	DESPCP	R	DESPCP
Data	Desired PCP	O	Name of the Desired Primary Care Physician of Assistance Group member selecting/terminating.
Label	MCPTRACKINGNO	R	MCPTRACKINGNO
Data	Desired PCP/Location Tracking Number	O	The Desired PCP/Location Tracking Number (11 digits)
Label	CRTPCPPAT	R	CRTPCPPAT
Data	Current PCP Patient	O	Current patient of the requested PCP, Format: T or F
Label	DESHOSP	R	DESHOSP
Data	Desired Hospital	O	Name of Desired Hospital of the Assistance Group member selecting/terminating
Label	SCREENSTATUS	R	SCREENSTATUS

Data	Status of Screen	C Required if 'Type of Selection' = 01 or 04	Required if 'Type of Selection' = 01 or 04. Choose one of the following: 01 = Screening resulted with at least one positive response 02 = Screen completed with zero positive responses 03 = Screen either not conducted or incomplete with zero positive responses
Label	MEDSCRNRESULT	R	MEDSCRNRESULT
Data	Screening for Medical Condition Code	O	Response of the potential members with Special Health Care Needs (SHCN) Screen for medical conditions. Use this field for <u>all</u> positive responses to the Medical Condition screening questions. Choose any combination from Condition Code Table, Appendix H, for example, if consumer responds positive to the Asthma question and also indicates they have two medical conditions, heart disease and allergies in response to the Medical Condition question, then 3 codes would be used in this field; 24, 21, 23 for CFC or 133, 125, 132 for ABD. If the condition is not in the table or no specific condition is given, use 99 Other and describe in 'Other Medical Condition' field.
Label	OTHMEDSCRN	R	OTHMEDSCRN
Data	Other Medical Condition	C Required if 'Screening for Medical Conditions Code' = 99	If 'Screening for Medical Conditions Code' = 99 Other, use text to describe condition.
Label	NONMEDSCRNRESULT	R	NONMEDSCRNRESULT

Data	Screening for Additional Assistance Code	O	Response of the CSHCN Screen for addition assistance Use 01, 02 or any combination. 01 = Receiving Supplemental Security Income (SSI) 02 = Current letter of approval from the Bureau of Children with Medical Handicaps
Label	SSOT	R	SSOT
Data	Scheduled Services or Ongoing Treatment(s)	O	Services already scheduled for this person, Format: T or F
Label	SRVTRT	R	SRVTRT
Data	Service or Treatment	C Required if 'Scheduled Services or Ongoing Treatment(s)' = T	If 'Scheduled Services or Ongoing Treatment(s)' = T, use text to describe the Service or Treatment that is scheduled (e.g., delivery, appendectomy)
Label	SRVTRTDATE	R	SRVTRTDATE
Data	Service or Treatment Date	O	Date of the scheduled service, if known Format: MM/DD/YYYY
Label	SRVTRTDOC	R	SRVTRTDOC
Data	Service or Treatment Doctor	O	Name of the doctor who will provide the scheduled service or treatment, if known
Label	OPOLICYINAME	R	OPOLICYINAME
Data	Other Policy Information Name	O	Name of other Medical Coverage.

Label	OPOLICYINUM	R	OPOLICYINUM
Data	Other Policy Information Number	O	Number of other Medical Coverage & Policy.
Label	ERCLASTNAME	R	ERCLASTNAME
Data	Emergency Contact Last Name	O	Last Name of Emergency Contact.
Label	ERCFIRSTNAME	R	ERCFIRSTNAME
Data	Emergency Contact First Name	O	First Name of Emergency Contact.
Label	ERCRSHIP	R	ERCRSHIP
Data	Emergency Contact Relationship	O	Relationship of the Emergency Contact to the Assistance Group Head. Use codes from Appendix I, Relationship Table.
Label	ERCHACODE	R	ERCHACODE
Data	Emergency Home Phone Area Code	O	Area Code of Emergency Contact, Format: ###
Label	ERCHPHONE	R	ERCHPHONE
Data	Emergency Home Phone Number	O	Home Phone Number of the Emergency Contact, Format: #####
Label	ERCBACODE	R	ERCBACODE
Data	Emergency Business Phone Area Code	O	Business Phone Area Code of the Emergency Contact

Label	ERCBPHONE	R	ERCBPHONE
Data	Emergency Business Phone Number	O	Business Phone Number of the Emergency Contact
Label	PROVDIRECTORY	R	PROVDIRECTORY
Data	Request for Provider Directory	O	Provider Directory requested by consumer (Y or N) If the Request for Provider Directory = Y, the MCP <u>must</u> mail the consumer a provider directory. If the Request for Provider Directory = N, the consumer will use the MCP's internet provider directory and the MCP will not need to mail the consumer a provider directory.
Label	CALLERLASTNAME	R	CALLERLASTNAME
Data	Callers Last Name	O	Last name of the caller making the Selection/Change
Label	CALLERFIRSTNAME	R	CALLERFIRSTNAME
Data	Callers First Name	O	First name of the caller making the Selection /Change
Label	ENRSPECID	R	ENRSPECID
Data	Enrollment Specialist ID	O	ID of the person who made the Selection /Change
Label	CONTACTDATE	R	CONTACTDATE
Data	Date of Contact	O	Date the selection information was taken, Format: MM/DD/YYYY
Label	PROCDATE	R	PROCDATE
Data	Processed Date	O	Date transaction entered on CRIS-E, Format: MM/DD/YYYY

Label	PROCBYID	R	PROCBYID
Data	Processed By ID	O	ID of person who entered the transaction on CRIS-E

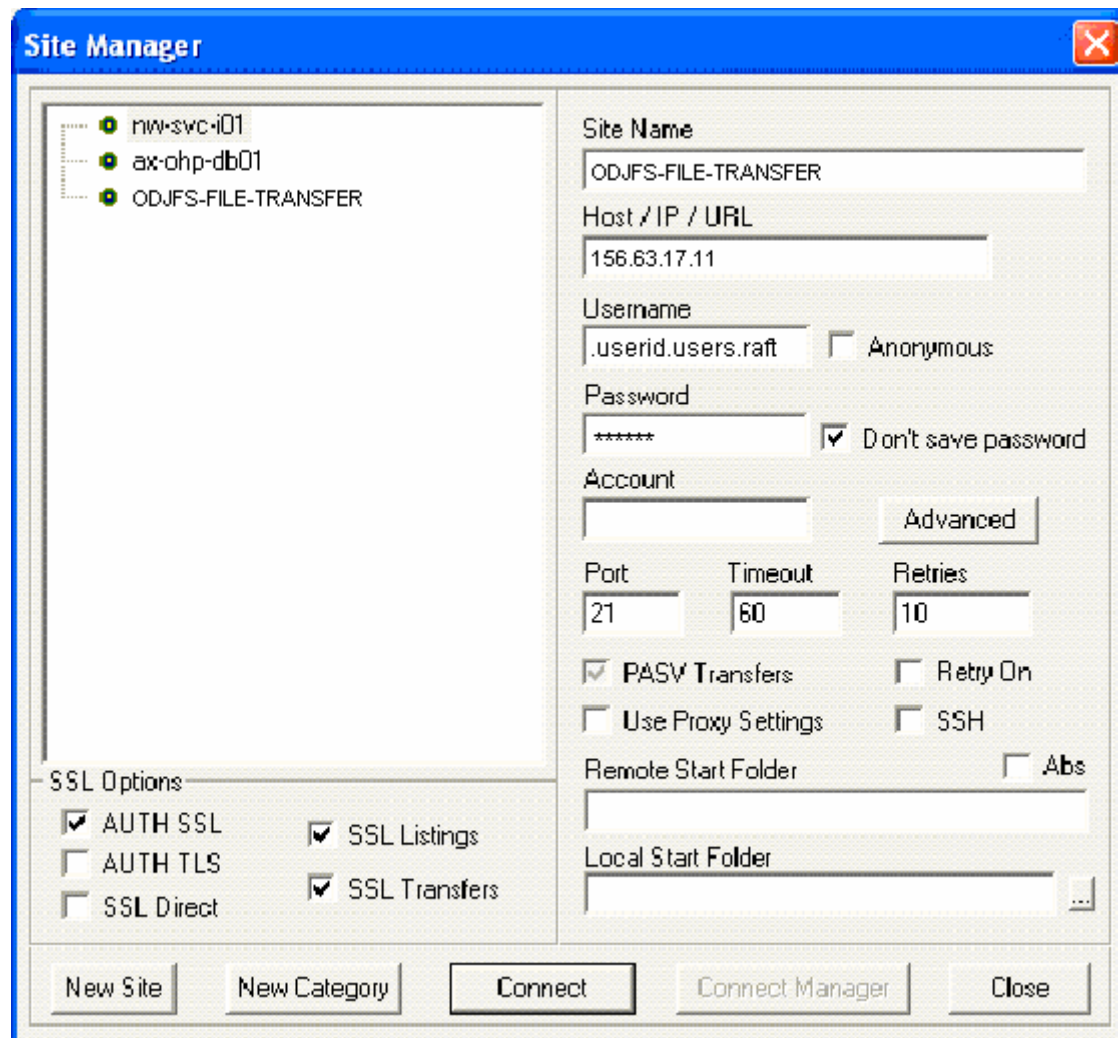
7.0 File Transfer and Retrieval

Each MCP must retrieve CCR files through secure file transfer protocol (SFTP). There is a variety of client SFTP software available for this purpose.

Client software requirements for SFTP:

- Allow authorization secure sockets listing (AUTH SSL).
- Support SSL Listings.
- Support SSL Transfers.
- Connect to IP address: 156.63.17.11.

Below is an example of an FTP client application properly configured to connect to ODJFS' SFTP server:



The example was taken from the Core FTP Lite application. To configure your specific FTP client software, refer to the documentation provided with that software from the manufacturer.

Appendix A Submitter ID Table

Submitter ID	Plan
305	WellCare
315	CareSource
325	Paramount Advantage
420	Buckeye Community Health Plan
712	AMERIGROUP Ohio Inc.
731	Molina HealthCare of Ohio Inc.
761	Unison Health Plan Ohio Inc.

Appendix B

County Code Table

01 Adams	16 Coshocton	31 Hamilton	46 Logan	61 Noble	76 Stark
02 Allen	17 Crawford	32 Hancock	47 Lorain	62 Ottawa	77 Summit
03 Ashland	18 Cuyahoga	33 Hardin	48 Lucas	63 Paulding	78 Trumbull
04 Ashtabula	19 Darke	34 Harrison	49 Madison	64 Perry	79 Tuscarawas
05 Athens	20 Defiance	35 Henry	50 Mahoning	65 Pickaway	80 Union
06 Auglaize	21 Delaware	36 Highland	51 Marion	66 Pike	81 Van Wert
07 Belmont	22 Erie	37 Hocking	52 Medina	67 Portage	82 Vinton
08 Brown	23 Fairfield	38 Holmes	53 Meigs	68 Preble	83 Warren
09 Butler	24 Fayette	39 Huron	54 Mercer	69 Putnam	84
10 Carroll	25 Franklin	40 Jackson	55 Miami	70 Richland	Washington
11 Champaign	26 Fulton	41 Jefferson	56 Monroe	71 Ross	85 Wayne
12 Clark	27 Gallia	42 Knox	57	72 Sandusky	86 Williams
13 Clermont	28 Geauga	43 Lake	Montgomery	73 Scioto	87 Wood
14 Clinton	29 Greene	44 Lawrence	58 Morgan	74 Seneca	88 Wyandot
15 Columbiana	30 Guernsey	45 Licking	59 Morrow	75 Shelby	
			60 Muskingum		

Appendix C

Assignment Code Table

Code	Description of Assignment Process
00	MCP enrollment (involuntary disenrollment); choose last MCP
01	No FFS PCP experience within 1 year and no MCP experience within 1 year; choose best MCP provider panel (PCP only for CFC, additional provider types for ABD)
02	FFS PCP experience within 1 year without MCP experience within 1 year; <u>no MCP match</u> to PCP; choose best MCP provider panel (PCP only for CFC, additional provider types for ABD)
03	FFS PCP experience within 1 year without MCP experience within 1 year; <u>only one MCP match</u> to appropriate provider type; choose matching MCP
04	FFS PCP experience within 1 year without MCP experience within 1 year; <u>2 or more MCP</u> matches to appropriate provider type; among matching MCPs, choose best MCP provider panel (PCP only for CFC, additional provider types for ABD)
05	FFS PCP experience within 1 year with MCP experience within 1 year with involuntary disenrollment; <u>MCP experience more recent</u> ; choose most recent MCP
06	FFS PCP experience within 1 year with MCP experience within 1 year with involuntary disenrollment; <u>1 FFS visit more recent</u> ; choose most recent MCP
07	FFS PCP experience within 1 year with MCP experience within 1 year with involuntary disenrollment; <u>2 or more FFS visits more recent</u> ; <u>no MCP match</u> to PCP; choose most recent MCP
08	FFS PCP experience within 1 year with MCP experience within 1 year with involuntary disenrollment; <u>2 or more FFS visits more recent</u> ; <u>only one MCP match</u> to PCP; choose matching MCP
	FFS PCP experience within 1 year with MCP experience within 1 year with involuntary

09	disenrollment; <u>2 or more FFS visits more recent</u> ; <i>2 or more MCP matches</i> to appropriate provider type, one of which is MCP of last enrollment; choose last MCP
10	FFS PCP experience within 1 year with MCP experience within 1 year with involuntary disenrollment; <u>2 or more FFS visits more recent</u> ; <i>2 or more MCP matches</i> to PCP, none of which is MCP of last enrollment; among matching MCPs, choose best MCP provider panel (PCP only for CFC, additional provider types for ABD)
11	Assistance Group not listed on Assignment Utilization File; choose best MCP provider panel (PCP only for CFC, additional provider types for ABD)
99	OTHER

Appendix D
MANAGED CARE PROGRAM
CRIS-E ENROLLMENT TABLE REASON CODES

Code	Description	Voluntary
ARE	AUTO-REENROLLMENT	N
ASG	ASSIGNMENT	N
EAS	CORRECTION COMPLETED BY EAS	N
VOL	VOLUNTARY ENROLLMENT	Y

Appendix E
MANAGED CARE PROGRAM
CRIS-E DISENROLLMENT TABLE REASON CODES

Code	Description	Voluntary
ADE	AUTO-DISENROLLMENT	N
CCD	CONTINUITY OF CARE – OTHER	Y
CCP	CONTINUITY OF CARE – PREGNANT	Y
CCS	CONTINUITY OF CARE – PRE-SCHEDULED SURGERY	Y
CCT	CONTINUITY OF CARE – ONGOING TREATMENT	Y
CIC	CHILDREN IN CUSTODY	N
DCT	DISENROLLMENT DUE TO CASE TRANSFER	N
DEF	INPATIENT DEFERMENT	N
ERS	RECONCILIATION BY EAS	N
EVF	RETURN TO FFS BY EAS	N
INC	INCARCERATION	N
JCH	MEMBERSHIP HARMFUL TO MEMBER/ODJFS DETERMINATION	Y
JCI	CONSUMER MOVED OUT OF MCP'S SERVICE AREA	Y
JCK	SERVICES NOT COVERED DUE TO MORAL OR RELIGIOUS OBJECTIONS OF MCP	Y
JCL	LANGUAGE BARRIER	Y
JCP	RELATED SERVICES NEEDED	Y
JCQ	LACK OF ACCESS TO SERVICES/EXPERIENCED/PROVIDER	Y
LOC	LEVEL OF CARE DETERMINATION/NURSING HOME PLACEMENT	N
MCA	MCP INITIATED/UNCOOPERATIVE OR DISRUPTIVE BEHAVIOR	N
MCF	MCP INITIATED –FRAUDULENT BEHAVIOR	N
MTT	MEMBERSHIP TERMINATION DUE TO CASE TRANSFER	N
MEX	MEMBERSHIP EXCLUSION	Y

MLC	MCP LEAVING COUNTY	N
NIA	PRIMARY CARE PROVIDER NOT ON MCP PROVIDER PANEL	Y
NIB	PRIMARY CARE PROVIDER LEFT MCP PROVIDER PANEL	Y
NID	LIKES EXTRA SERVICES OF NEW MCP BETTER	Y
NIE	DOESN'T LIKE PCP OR SPECIALIST	Y
NIF	SERVICES DENIED	Y
NIG	SERVICES NOT COVERED	Y
NIH	PAYMENT OF CLAIM DENIED	Y
NII	DIFFICULT TO REACH PCP/SPECIALIST	Y
NIJ	DENTIST NOT ON MCP PROVIDER PANEL	Y
NIK	DENTIST NO LONGER ON MCP PROVIDER PANEL	Y
NIL	HOSPITAL NOT ON MCP PROVIDER PANEL	Y
NIM	HOSPITAL NO LONGER ON THE MCP PROVIDER PANEL	Y
NIN	OB/GYN NOT ON MCP PROVIDER PANEL	Y
NIO	OB/GYN NO LONGER ON THE MCP PROVIDER PANEL	Y
NIP	PREFERS MEDICAID CARD/DIFFERENT MCP	Y
NIQ	SPECIALIST NOT ON MCP PROVIDER PANEL	Y
NIR	SPECIALIST LEFT THE MCP PROVIDER PANEL	Y
NIS	NO REASON GIVEN FOR CHANGE	Y
TPL	THIRD PARTY LIABILITY/COVERAGE	Y
WAD	WAIVER ELIGIBLE BUT DENIED DUE TO NO SLOTS AVAILABLE	N
WAI	WAIVER ELIGIBLE/CORE PLUS	N

Appendix F Change Reason Code

99	Other
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Please note that all reasons are listed on Appendix D and Appendix E until further notice.

Appendix G

Primary Language Indicator Table

Code	Language
AFD	DARI (Afghanistan)
AFP	PASHTU (Afghanistan)
AFR	AFRIKAAN
ALB	ALBANIAN
AMH	AMHARIC (Ethiopia)
ARA	ARABIC (Middle East)
ARM	ARMENIAN
ASL	AMERICAN SIGN LANGUAGE
BAS	BASQUE
BCH	CHIN (Burma)
BEL	BELORUSSIAN (Belarus)
BEN	BENGALI (Bangladesh)
BHU	BHUTANESE (Bhutan)
BJA	KAREN (Burma)
BKI	KIRUNDI (Burundi)
BKN	KINYARWANDA (Burundi, Rwanda)
BUL	BULGARIAN
BUR	BURMESE
CAM	KHMER (Cambodian)
CAN	CANTONESE (Hong Kong)
CHI	MANDARIN (China-Simplified)
CHT	MANDARIAN (China-Traditional)
CRO	CROATIAN

CUS	CUSHITE
CZE	CZECH
DAN	DANISH
DUT	DUTCH
ENG	ENGLISH
EST	ESTONIAN
FAR	FARSI (Afghanistan)
FIN	FINNISH
FLE	FLEMISH
FOR	FORMOSAN
FRC	FRENCH CREOLE
FRE	FRENCH (France)
FUL	FULANI
GER	GERMAN (Germany)
GRE	GREEK
GUJ	GUJARATHI
HAI	HAITIAN
HEB	HEBREW (Israel)
HIN	HINDI
HMO	HMONG
HUN	HUNGARIAN
ICE	ICELANDIC
IND	INDIC
IRA	FARSI (Iran)
ITA	ITALIAN (Italy)
JAP	JAPANESE (Japan)

KOR	KOREAN (Korea)
KUN	KUNAMA (Eritrea)
KUR	KURDISH (Northern Iraq)
KU1	KURDISH (Southern Iraq)
LAO	LAOTIAN (Laos)
LAT	LATVIAN
LIN	LINGALA
LIT	LITUANIAN
MAC	MACEDONIAN (Macedonia)
MON	MON-KHMER
NAV	NAVAJO
NEP	NEPALI/NEPALESE (Nepal,Bhutan)
NOR	NORWEGIAN
ORO	OROMO (Ethiopia)
OTH	OTHER
PAD	PENNSYLVANIA DUTCH
PAK	PAKISTAN
PER	PERSIAN
POC	PORTUGUESE CREOLE
POL	POLISH
POR	PORTUGUESE (Brazil, Portugal)
PUN	PUNJABI
ROM	ROMANIAN
RUS	RUSSIAN (Russia)
SEC	SERBO-CROATIAN

SER	SERBIAN
SLO	SLOVAK
SLV	SLOVENIAN
SMM	SOMALI/MAAY MAAY (Somalia)
SOM	SOMALI (Somalia)
SPA	SPANISH
SPE	SPANISH/ENGLISH BILINGUAL
SWA	SWAHILI (Tanzania)
SWE	SWEDISH
TAG	TAGALOG
THA	THAI (Thailand)
TIG	TIGENYA (Eritrea)
TUR	TURKISH (Turkey)
UKN	UNKNOWN
UKR	UKRANIAN (Ukraine)
URD	URDU
UZB	UZBEK (Uzbekistan)
VIE	VIETNAMESE
WOL	WOLOF (Senegal)
YDD	YIDDISH (Yiddish)

Appendix H Condition Code Table

ODJFS CONDITION CODE	DESCRIPTION
02 CFC 101 ABD	HIV/AIDS
03 CFC 102 ABD	Cancer
04 CFC 103 ABD	Leukemia
06 CFC 105 ABD	Cystic Fibrosis
07 CFC 106 ABD	Diabetes
09 CFC 108 ABD	Hemophilia
10 CFC 109 ABD	Sickle Cell
11 CFC 110 ABD	Mental Disorders (except Depression, Anxiety, Schizophrenia)
12 CFC 112 ABD	(ADD/ADHD) Attention Deficit Disorder/Attention Deficit Hyperactive Disorder
13 CFC 113 ABD	Alcohol and other Drug Abuse
14 CFC 118 ABD	Post Traumatic Brain Injury
16 CFC 120 ABD	Cerebral Palsy
17 CFC 121 ABD	Chronic Otitis Media

ODJFS CONDITION CODE NUMBER	DESCRIPTION
18 CFC 123 ABD	Epilepsy
19 CFC 124 ABD	Muscular Dystrophy
21 CFC 125 ABD	Heart Disease
23 CFC 132 ABD	Allergies
24 CFC 133 ABD	Asthma
28 CFC 137 ABD	Chronic Renal Failure
30 CFC 139 ABD	Teen/Adult Pregnancy
33 CFC 142 ABD	Arthritis
35 CFC 144 ABD	Cleft Palate
36 CFC 145 ABD	Hydrocephalus
37 CFC 146 ABD	Spina Bifida
41 CFC 150 ABD	Burns
42 CFC 151 ABD	Lead Poisoning
43 CFC 152 ABD	Trauma
111 ABD	Anxiety Disorders

<i>ODJFS CONDITION CODE NUMBER</i>	<i>DESCRIPTION</i>
114 ABD	Depression
116 ABD	Mental Retardation
117 ABD	Schizophrenia
126 ABD	Cardiovascular Disease
127 ABD	Congestive Heart Failure (CHF)
128 ABD	Coronary Artery Disease (CAD)
129 ABD	Hypertension
130 ABD	Stroke
134 ABD	Chronic Obstructive Pulmonary Disease (COPD)
99 CFC and ABD	Other

Note: The conditions listed in this table are common conditions with common names for use by those with no clinical expertise. The conditions in this table were taken from a more extensive list of conditions. For this reason, the codes do not start with 01 and do not increase incrementally.

Appendix I Relationship Table

Code	Description
AUN	Aunt
BTR	Brother
DAU	Daughter
FCO	First Cousin
FRD	Friend
FTR	Father
GDS	Grandson
GGD	Great Granddaughter
GGF	Great Grandfather
GGM	Great Grandmother
GGS	Great Grandson
GRD	Granddaughter
GRF	Grandfather
GRM	Grandmother
HBR	Half Brother
HSR	Half sister
HUS	Husband
MTR	Mother
NEI	Niece
NEP	Nephew
NIE	Niece
OTR	Other Specified Relative
SLF	Same Person
SON	Son
SPO	Sponsor

SSR	Stepsister
STB	Stepbrother
STD	Stepdaughter
STF	Stepfather
STM	Stepmother
STR	Sister
STS	Stepson
UNC	Uncle
WIF	Wife

Appendix C

ASSIGNMENT UTILIZATION FILE (AUF)

FORMAT AND PROCESS

Assignment Utilization File (AUF) Format:

- Medicaid billing number for each assistance group member;
- case number;
- category;
- sequence;
- The county/region of residence
 - Northwest region – R1
 - Northeast region – R2
 - East Central region – R3
 - Northeast Central region – R4
 - West Central region – R5
 - Central region – R6
 - Southeast region – R7
 - Southwest region – R8;
- The Medicaid provider number of the most recent regularly visited primary care physician (PCP) (according to Medicaid fee-for-service (FFS) claims data);
- The ODJFS-recommended MCP match for each AG;
- The pathway code used in making the MCP selection. This code is to be included on the CCR sent to the MCP.

Mandatory County Assignment Procedure:

All Aged, Blind or Disabled (ABD) managed care plan (MCP) eligible individuals and Covered Families and Children (CFC) MCP eligible assistance groups (AG) in mandatory managed care enrollment counties that are unable or do not make a choice of an MCP following receipt of a notification of mandatory selection (NMS) must be assigned to an MCP using the following procedure:

- (A) Access, on a daily basis, data provided by ODJFS via the daily eligibility file and utilize the data to populate the contractor's management information system (MIS). The file provides identifying information on every assistance group (AG) and member of the AG the day after the AG is authorized for Medicaid in an MCP eligible category and sent an NMS by ODJFS. The AG is defined by case number, category and sequence;
- (B) Identify, on a daily basis, all individuals and AGs reported on the daily eligibility file that have failed to voluntarily select an MCP within the date specified on the AG's NMS (currently 7 days from authorization);
- (C) Utilize the ODJFS-provided AUF when assigning eligibles to an MCP. The file,

Appendix C. Assignment Utilization File (AUF) Format and Process

- in CRIS-E case number order, will be updated minimally on a monthly basis and will provide, in text delimited ASCII file format, information for each AG member as referenced in the AUF format above;
- (D) All eligibles on the AUF in the ABD program are MCP enrolled on an individual level. All eligibles listed on the AUF in the same AG for the CFC program will be in the same MCP. MCP membership is by AG for the CFC program;
 - (E) Assign individuals/AGs that have no members appearing on the AUF to the MCP using ODJFS-determined defined parameters (currently known as discretionary assignments);
 - (F) Notify the individuals/AG, by mail, of its assignment to an MCP. The notice shall:
 - a. Identify the MCP to which the individual/AG was assigned;
 - b. Explain the importance of selecting an MCP;
 - c. Remind the individual/AG that if the individual/AG does not contact the contractor, it will be assumed that the individual/AG agrees with the MCP assignment and the selection will be processed. The notice shall be concise and easily understood by the individual or AG representative. It shall be placed in a sealed envelope or folded and sealed to assure confidentiality;
 - d. Include language regarding transition of care as defined in the Ohio Administrative Code (OAC) rules which explains access when transitioning from regular Medicaid to an MCP. Include other information as required by ODJFS.
 - (G) After a predetermined number of days defined by ODJFS (currently 18 days after authorization for Medicaid), data enter the assignment in MITS via the nightly batch process referred to in **Section 2.5.5 (A) (1)** of the RFP. The selection effective date must be the first day of the next available month based on state cut-off. Assign CFC eligibles (case additions) who were not listed on the AUF, but appear in the same AG in MITS, to the same MCP as the rest of the AG listed on the AUF; and
 - (H) All identified PCP Medicaid provider numbers, as found in FFS history and listed on the AUF, must be included with the selection data forwarded to the MCP as specified in **Section 2.5.1 (B)(5)**.

revised 5/21/10

Appendix D. Hotline Eligibility and Demographics from MITS

DAILY ELIGIBILITY FILE LAYOUT

Transmitted to Hotline from MITS:

Header Record:

Field Name	Length	Description
* No Header Record		

Detail Record:

Field Name	Length	Type	Description
Individual First Name	15	Char	Recipient First Name
Individual Middle Name	1	Char	Recipient Middle Name Initial
Individual Last Name	15	Char	Recipient Last Name
CRISE Recipient Number	12	Number	CRISe Recipient Number
MITS Billing Number	12	Number	MITS Medicaid Billing Id
Mail Address 1	47	Char	Recipient Mailing Address 1
Mail Address 2	30	Char	Recipient Mailing Address 2
Mail City	15	Char	Recipient Mailing City
Mail State	2	Char	Recipient Mailing State
Mail Zip	9	Char	Recipient Mailing Zip Code
DOB	10	Char	Date Of Birth (DD/MM/YYYY)
SSN	9	Number	Social Security Number
Sex	1	Char	Sex Code
Relationship Code	3	Char	Recipient's Relationship Code to the Case Head
Case Nbr	10	Number	Recipient Case Number
Cat Cde	4	Char	Recipient Category Code
Seq Nbr	2	Number	Recipient Sequence Number
County	2	Char	Recipient County Number
Responsible Party Last Name	15	Char	Responsible Party Last Name

Appendix D. Hotline Eligibility and Demographics from MITS

Responsible Party First Name	15	Char	Responsible Party First Name
Responsible Party Middle Name	1	Char	Responsible Party Middle Name Initial
Case Phone Nbr	10	Number	Case Phone Number
Notice Type Code	1	Char	Y - Notice Sent to Recipient/Responsible Party N – Notice Not Sent
Notice Request Date	10	Char	The date the request of a notice was generated (DD/MM/YYYY)
Notice Mailing Date	10	Char	The date the notice was mailed (DD/MM/YYYY)
Notice Type	2	Char	CFC: M1 (Mandatory), V1 (Voluntary) ABD: M3 (Mandatory), V3 (Voluntary)
Ethnicity	1	Char	H – Hispanic, N – Non Hispanic
Decoded	5	Char	Decoded Race Code
SMID	1	Char	Single/Multiple Race: S/M
FSPRIME	1	Char	F/S Primary Race Code
OLDRC	1	Char	Old Race Code
PLI	3	Char	Primary Language Indicator
Filler	25	Char	Spaces

Trailer Record:

Field Name	Length	Description
* No Trailer Record		

Transmitted to MITS from Hotline:

*** No Return File**

Appendix E. Hotline MCP Enrollment to MITS

HOTLINE MCP ENROLLMENT FILE FORMAT

Transmitted to MITS from Hotline:

Header Record:

Field Name	Length	Description
* No Header Record		

Detail Record:

Field Name	Length	Type	Description
Case Nbr	10	Number	Case Number
Cat Cde	4	Char	Category Code
Seq Nbr	2	Number	Sequence Number
MITs Billing Nbr	12	Number	MITs Medicaid Billing Id
Provider Nbr	9	Char	MITs Provider Id
Delete Code	2	Char	Delete Code (EX for Disenrollments, SPACES for Enrollments)
Disenroll Date	8	Number	MCP Disenrollment Date (CCYYMMDD for Disenrollments, SPACES for Enrollments)
Reason Code	3	Char	MCP Enrollment/Disenrollment Reason Code
Date	8	Number	Date (CCYYMMDD)
Time	8	Number	Time
Filler	40	Char	Spaces

Trailer Record:

Field Name	Length	Description
* No Trailer Record		

Transmitted to Hotline from MITS:

Header Record:

Appendix E. Hotline MCP Enrollment to MITS

Field Name	Length	Description
* No Header Record		

Detail Record:

Field Name	Length	Type	Description
Case Nbr	10	Number	Case Number
Cat Cde	4	Char	Category Code
Seq Nbr	2	Number	Sequence Number
MITs Billing Nbr	12	Number	MITs Medicaid Billing Id
Provider Nbr	9	Char	MITs Provider Id
Delete Code	2	Char	Delete Code
Disenroll Date	8	Number	MCP Disenrollment Date
Reason Code	3	Char	MCP Enrollment/Disenrollment Reason Code
Date	8	Number	Date
Time	8	Number	Time
Error Reason	3	Char	Error Code (xxx for Failed Records, Spaces for Successful Records)
Filler	37	Char	Spaces

Trailer Record:

Field Name	Length	Description
* No Trailer Record		

ABD MCP Batch Enrollment / Dis-enrollment Error Reason Code Messages

001 - INVALID COUNTY CODE
 020 - INVALID END DATE
 040 - REQUIRED FIELDS NOT ENTERED
 083 - FIELD NOT FOUND IN REFERENCE TABLE
 200 - REQUESTED INDIVIDUAL DOES NOT EXIST
 348 - INVALID LIVING ARRANGEMENT CODE
 554 - INDIVIDUAL IS ALREADY ENROLLED IN HMO
 556 - HMO END DAY MUST BE THE LAST DATE OF A MONTH
 559 - DATE CANNOT BE GREATER THAN 2 MONTHS IN THE FUTURE

Appendix E. Hotline MCP Enrollment to MITS

569 - INVALID ABD/HMO CODE
811 - ILLEGAL COMBINATION
H28 - FIELD NOT ACTIVE ON REFERENCE TABLE
L20 - SPEND DOWN RECIP NOT ELIGIBLE FOR MCP ENROLLMENT
L21 - INDV HAS DUAL ELIG; NOT ALLOWED ENROLLMENT
L22 - INDIV NOT ELIG/PASS IN AN MA A,B,D CATEGORY
L24 - INDV ON BUY-IN OR MEDICARE; NOT ALLOWED ENROLLMENT
L26 - USE ENROLL/DIS-ENROLL REASON AS APPROPRIATE
L92 - INDIVIDUAL UNDER 21 NOT ALLOWED IN ABD/MCP
L93 - INDIVIDUAL AS MIGRANT NOT ALLOWED IN ABD MCP
M68 - INDIVIDUAL IS ALREADY ENROLLED IN MBIWD

CFC MCP Batch Enrollment / Dis-enrollment Error Reason Code Messages

001 - INVALID COUNTY CODE
002 - INVALID CASE NUMBER
020 - INVALID END DATE
040 - REQUIRED FIELDS NOT ENTERED
076 - REQUESTED RECIPIENT NUMBER DOES NOT EXIST
083 - FIELD NOT FOUND IN REFERENCE TABLE
554 - INDIVIDUAL IS ALREADY ENROLLED IN HMO
556 - HMO END DAY MUST BE THE LAST DATE OF A MONTH
559 - DATE CANNOT BE GREATER THAN 2 MONTHS IN THE FUTURE
569 - INVALID ECM/HMO CODE
574 - CATEGORY MUST BE A VALID MED. ASSIST. CATEGORY
811 - ILLEGAL COMBINATION
F14 - INDVS ON BUY-IN OR MEDICARE NOT ALLOWED HMO
H28 - FIELD NOT ACTIVE ON REFERENCE TABLE
L21 - INDV HAS DUAL ELIG; NOT ALLOWED ENROLLMENT
L26 - USE ENROLL/DIS-ENROLL REASON AS APPROPRIATE

ABD MCP Enrollment / Dis-enrollment Reason Codes

CODE DESCRIPTION	E/D	VOL	STATUS
ADE AUTO-DISENROLLMENT	D	N	A
ARE AUTOMATIC RE-ENROLLMENT	E	N	A
ASG ASSIGNMENTS	E	N	A
CCD CONTINUITY OF CARE - OTHER	D	Y	A
CCP CONTINUITY OF CARE - PREGNANT	D	Y	A

Appendix E. Hotline MCP Enrollment to MITS

CCS CONTINUITY OF CARE - PRE-SCHEDULED SURGERY	D	Y	A
CCT CONTINUITY OF CARE - ONGOING TREATMENT	D	Y	A
CIC CHILDREN IN CUSTODY	D	N	A
DCT DISENROLLMENT DUE TO CASE TRANSFER	D	N	A
DEF INPATIENT DEFERMENT	D	N	A
EAS CORRECTION COMPLETED BY EAS (BMHC)	E	N	A
ERS RECONCILIATION BY EAS	D	N	A
EVF RETURN TO FFS BY ERS	D	N	A
INC INCARCERATION	D	N	A
JCH MEMBERSHIP HARMFUL TO MEMBER/ODJFS DETERMINATION	D	Y	A
JCI CONSUMER MOVED OUT OF MCP'S SERVICE AREA	D	Y	A
JCK SERVICES NOT COVERD DUE TO MORAL/ RELIGIOUS OBJECTIONS	D	Y	A
JCL LANGUAGE BARRIER	D	Y	A
JCP RELATED SERVICES NEEDED	D	Y	A
JCQ LACK OF ACCESS TO SERVICES/EXPERIENCED/PROVIDER	D	Y	A
LOC LEVEL OF CARE DETERMINATION/NURSING HOME PLACEMENT	D	N	A
MCA MCP INITIATED/UNCOOPERATIVE OR DISRUPTIVE BEHAVIOR	D	N	A
MCF MCP INITIATED - FRAUDLENT BEHAVIOR	D	N	A
MEX MEMBERSHIP EXCLUSION	D	Y	A
MLC MCP LEAVING COUNTY	D	N	A
MTT MEMBERSHIP TERMINATION DUE TO CASE TRANSFER	D	N	A
NIA PRIMARY CARE PROVIDER NOT ON MCP PROVIDER PANEL	D	Y	A
NIB PRIMARY CARE PROVIDER LEFT MCP PROVIDER PANEL	D	Y	A
NID LIKES EXTRA SERVICES OF NEW MCP BETTER	D	Y	A
NIE DOESN'T LIKE PCP OR SPECIALIST	D	Y	A
NIF SERVICES DENIED	D	Y	A
NIG SERVICES NOT COVERED	D	Y	A
NIH PAYMENT OF CLAIM DENIED	D	Y	A
NII DIFFICULT TO REACH PCP/SPECIALIST	D	Y	A
NIJ DENTIST NOT ON MCP PROVIDER PANEL	D	Y	A
NIK DENTIST NO LONGER ON MCP PROVIDER PANEL	D	Y	A
NIL HOSPITAL NOT ON MCP PROVIDER PANEL	D	Y	A
NIM HOSPITAL NO LONGER ON THE MCP PROVIDER PANEL	D	Y	A
NIN OB/GYN NOT ON MCP PROVIDER PANEL	D	Y	A
NIO OB/GYN NO LONGER ON THE MCP PROVIDER PANEL	D	Y	A
NIP PREFERS MEDICAID CARD/DIFFERENT MCP	D	Y	A
NIQ SPECIALIST NOT ON MCP PROVIDER PANEL	D	Y	A
NIR SPECIALIST LEFT THE MCP PROVIDER PANEL	D	Y	A
NIS NO REASON GIVEN FOR CHANGE	D	Y	A
TPL THIRD PARTY COVERAGE	D	Y	A
VOL VOLUNTARY ENROLLMENTS	E	Y	A

Appendix E. Hotline MCP Enrollment to MITS

WAD WAIVER ELIGIBLE BUT DENIED DUE TO NO SLOTS AVAILABLE	D	N	A
WAI WAIVER ELIGIBLE/CORE PLUS	D	N	A

CFC MCP Enrollment / Dis-enrollment Reason Codes

CODE DESCRIPTION	E/D	VOL	STATUS
ADE AUTO-DISENROLLMENT	D	N	A
AME ABC PROJECT: MEDICARE ELIGIBLE	D	N	I
AMR ABC PROJECT: MENTAL RETARDATION	D	N	I
ANF ABC PROJECT: NURSING FACILITY	D	N	I
APS ABC PROJECT: PSYCHOSIS	D	N	I
ARE AUTOMATIC RE-ENROLLMENT	E	N	A
ASG ASSIGNMENTS	E	N	A
AVD ABC PROJECT: VOLUNTARY DISENROLLMENT	D	Y	I
AWA ABC PROJECT: WAIVER	D	N	I
CCD CONTINUITY OF CARE - OTHER	D	Y	A
CCP CONTINUITY OF CARE - PREGNANT	D	Y	A
CCS CONTINUITY OF CARE - PRE-SCHEDULED SURGERY	D	Y	A
CCT CONTINUITY OF CARE - ONGOING TREATMENT	D	Y	A
CIC CHILDREN IN CUSTODY	D	N	A
DCT DISENROLLMENT DUE TO CASE TRANSFER	D	N	A
DEF INPATIENT DEFERMENT	D	N	A
EAS CORRECTION COMPLETED BY EAS (BMHC)	E	N	A
ECA OPEN ENR CHANGE OF ASSIGNED AG	D	Y	I
ECM MANDATORY COUNTY CHANGE BY ERS	D	Y	I
ECV VOLUNTARY COUNTY CHANGE BY ERS	D	Y	I
EEX ENROLLMENT EXCLUSION	D	Y	I
ERS RECONCILIATION BY EAS	D	N	A
EVF RETURN TO FFS BY ERS	D	N	A
FIA HMO TO FFS, INITIAL MONTH, PHYS. NOT ON HMO - VC {	D	Y	I
FIB HMO TO FFS, INITIAL MONTH, PHYS. LEFT THE HMO - VC {	D	Y	I
FIC HMO TO FFS, INITIAL, DIDN'T CHOOSE HMO, DIFFERENT{	D	Y	I
FID HMO TO FFS, INITIAL, EXTRA SERVICE OF NEW HMO BETTER{	D	Y	I
FIE HMO TO FFS, INITIAL, DOESN'T LIKE PCP, PHYS OR SPEC - VC	D	Y	I
FIF HMO TO FFS, INITIAL MTH, SERVICE WAS DENIED - VC	D	Y	I
FIG HMO TO FFS, INITIAL, PAYMENT OF CLAIM DENIED - VC	D	Y	I

Appendix E. Hotline MCP Enrollment to MITS

FIH HMO TO FFS, INITIAL, DIFF TO REACH PCP/PHYS/SPEC - VC	D	Y	I
FII HMO TO FFS, INITIAL, OTHER - VC	D	Y	I
FIJ HMO TO FFS, INITIAL, NO RSN ON CHANGE FORM - VC	D	Y	I
FOA HMO TO FFS, OPEN ENR, PHYSICIAN NOT ON HMO - VC	D	Y	I
FOB HMO TO FFS, OPEN ENR, PHYSICIAN LEFT THE HMO - VC	D	Y	I
FOC HMO TO FFS, OPEN ENR, DIDN'T CHOOSE HMO, WANT DIF. HMO{	D	Y	I
FOD HMO TO FFS, OPEN ENR, LIKES EXTRA SERVICES OF NEW HMO {	D	Y	I
FOE HMO TO FFS, OPEN ENR, DOESN'T LIKE PCP, PHYS / SPEC -VC{	D	Y	I
FOF HMO TO FFS, OE MONTH, SERVICE WAS DENIED - VC	D	Y	I
FOG HMO TO FFS, OPEN ENR, PAYMENT OF CLAIM DENIED - VC	D	Y	I
FOH HMO TO FFS, OPEN ENR, DIFF TO REACH PCP/PHYS/SPEC - VC	D	Y	I
FOI HMO TO FFS, OPEN ENR, OTHER - VC	D	Y	I
FOJ HMO TO FFS, OPEN ENR, NO RSN ON CHANGE FORM - VC	D	Y	I
IMA INITIAL MONTH CHANGE OF ASSIGNED AG	D	Y	I
IMM INITIAL MONTH CHANGE IN MANDATORY COUNTY	D	Y	I
IMV INITIAL MONTH CHANGE IN VOLUNTARY COUNTY	D	Y	I
INC INCARCERATION	D	N	A
JCH MEMBERSHIP HARMFUL TO MEMBER/ODJFS DETERMINATION	D	Y	A
JCI CONSUMER MOVED OUT OF MCP'S SERVICE AREA	D	Y	A
JCJ JUST CAUSE - JUDGEMENT OF ODHS	D	N	I
JCK SERVICES NOT COVERD DUE TO MORAL/ RELIGIOUS OBJECTIONS{	D	Y	A
JCL LANGUAGE BARRIER	D	Y	A
JCM MEDICAL CONDITION OF AG MEMBER	D	Y	I
JCN NEW ADDRESS-NO PCP ACCESS WITHIN 30 MIN	D	Y	I
JCO OUT OF AREA/OUT OF MCP	D	Y	I
JCP RELATED SERVICES NEEDED	D	Y	A
JCQ LACK OF ACCESS TO SERVICES/EXPERIENCED/PROVIDER	D	Y	A
LOC LEVEL OF CARE DETERMINATION/NURSING HOME PLACEMENT	D	N	A
MCA MCP INITIATED/UNCOOPERATIVE OR DISRUPTIVE BEHAVIOR	D	N	A
MCE MANAGED CARE PLAN INITIATED - EMERGENCY ROOM UTILIZED{	D	N	I
MCF MCP INITIATED - FRAUDLENT BEHAVIOR	D	N	A
MCH MANAGED CARE PLAN INITIATED - HEALTH JEOPARDIZED{	D	N	I
MCP MANAGED CARE PLAN INITIATED - OTHER	D	N	I
MEX MEMBERSHIP EXCLUSION	D	Y	A
MLC MCP LEAVING COUNTY	D	N	A
MTT MEMBERSHIP TERMINATION DUE TO CASE TRANSFER	D	N	A
NIA PRIMARY CARE PROVIDER NOT ON MCP PROVIDER PANEL	D	Y	A
NIB PRIMARY CARE PROVIDER LEFT MCP PROVIDER PANEL	D	Y	A
NID LIKES EXTRA SERVICES OF NEW MCP BETTER	D	Y	A
NIE DOESN'T LIKE PCP OR SPECIALIST	D	Y	A
NIF SERVICES DENIED	D	Y	A

Appendix E. Hotline MCP Enrollment to MITS

NIG SERVICES NOT COVERED	D	Y	A
NIH PAYMENT OF CLAIM DENIED	D	Y	A
NII DIFFICULT TO REACH PCP/SPECIALIST	D	Y	A
NIJ DENTIST NOT ON MCP PROVIDER PANEL	D	Y	A
NIK DENTIST NO LONGER ON MCP PROVIDER PANEL	D	Y	A
NIL HOSPITAL NOT ON MCP PROVIDER PANEL	D	Y	A
NIM HOSPITAL NO LONGER ON THE MCP PROVIDER PANEL	D	Y	A
NIN OB/GYN NOT ON MCP PROVIDER PANEL	D	Y	A
NIO OB/GYN NO LONGER ON THE MCP PROVIDER PANEL	D	Y	A
NIP PREFERS MEDICAID CARD/DIFFERENT MCP	D	Y	A
NIQ SPECIALIST NOT ON MCP PROVIDER PANEL	D	Y	A
NIR SPECIALIST LEFT THE MCP PROVIDER PANEL	D	Y	A
NIS NO REASON GIVEN FOR CHANGE	D	Y	A
PCA HMO TO FFS, INITIAL MTH, PHY NOT ON HMO, PREF OP CO	D	Y	I
PCB HMO TO FFS, INITIAL MTH, PHY LEFT HMO, PREF OP CO	D	Y	I
PCC HMO TO FFS, DID NOT CHOOSE HMO, PREF OP CO	D	Y	I
PCE HMO TO FFS, INITIAL, DOESN'T LIKE PCP/PHYS/SPEC/PREF OP	D	Y	I
PCF HMO TO FFS, INITIAL MTH, SERVICE WAS DENIED, PREF OP CO	D	Y	I
PCG HMO TO FFS, INITIAL, PAYMNT OF CLAIM DENIED, PREF OP CO	D	Y	I
PCH HMO TO FFS, INITI, DIFF TO REACH PCP/PHYS/SPEC/PREF OP{	D	Y	I
PCI HMO TO FFS, INITIAL, OTHER, PREF OP CO	D	Y	I
PCJ HMO TO FFS, INITIAL, NO RSN ON CHANGE FORM, PREF OP CO	D	Y	I
RIA HMO TO HMO, INITIAL, PHYSICIAN NOT ON HMO - MAND CO	D	Y	I
RIB HMO TO HMO, INITIAL, PHYSICIAN LEFT THE HMO - MAND CO	D	Y	I
RIC HMO TO HMO, INIT, DID NOT CHOOSE HMO,WANT DIF HMO - MC{	D	Y	I
RID HMO TO HMO, INIT, LIKES EXTRA SERVICES OF NEW HMO -MC{	D	Y	I
RIE HMO TO HMO, INIT, DOESN'T LIKE PCP, PHYS/SPEC-MAND CO{	D	Y	I
RIF HMO TO HMO, INITIAL, SERVICE WAS DENIED - MAND CO	D	Y	I
RIG HMO TO HMO, INITIAL, PAYMENT OF CLAIM DENIED - MAND CO	D	Y	I
RIH HMO TO HMO, INIT, DIFF TO REACH PCP/PHYS/SPEC-MAND CO	D	Y	I
RII HMO TO HMO, INITIAL, OTHER - MAND CO	D	Y	I
RIJ HMO TO HMO, INITIAL, NO RSN ON CHANGE FORM - MAND CO	D	Y	I
ROA HMO TO HMO, OPEN ENR, PHYSICIAN NOT ON HMO - MAND CO	D	Y	I
ROB HMO TO HMO, OPEN ENR, PHYSICIAN LEFT THE HMO - MAND CO	D	Y	I
ROC HMO TO HMO, OP ENR, DIDN'T CHOOSE HMO, WANT DIF HMO -MC	D	Y	I
ROD HMO TO HMO, OPEN ENR, LIKES SERVICE OF NEW HMO -MC{	D	Y	I
ROE HMO TO HMO, OPEN ENR, DOESN'T LIKE PCP/PHYS OR SPEC-MC	D	Y	I
ROF HMO TO HMO, OPEN ENR, SERVICE WAS DENIED-MAND CO	D	Y	I
ROG HMO TO HMO, OPEN ENR, PAYMENT OF CLAIM DENIED-MAND CO	D	Y	I
ROH HMO TO HMO, OP ENR, DIFF -REACH PCP/PHYS/SPEC-MAND CO{	D	Y	I
ROI HMO TO HMO, OPEN ENR, OTHER-MAND CO	D	Y	I

Appendix E. Hotline MCP Enrollment to MITS

ROJ HMO TO HMO, OPEN ENR, NO RSN ON CHANGE FORM-MAND CO	D	Y	I
TPL THIRD PARTY COVERAGE	D	Y	A
VOL VOLUNTARY ENROLLMENTS	E	Y	A
WAD WAIVER ELIGIBLE BUT DENIED DUE TO NO SLOTS AVAILABLE	D	N	A
WAI WAIVER ELIGIBLE/CORE PLUS	D	N	A



Managed Care Provider Network

File Specification – Version 6.2 (9/26/2008)

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Document Change History

Date / Version	Item changed
4/8/08 - v3	Added Table of Contents and reordered list of all items.
4/8/08	End Date in PG, MA, SL files - Added to description: "If End Date is earlier than Begin Date, record will be inactive."
4/8/08	Added Response Files.
4/8/08	Added Reconciliation File, including Master Hospital and Master Health Center files.
4/8/08	Added Schedule for PG, MA, SL, Response, and Reconciliation files.
4/8/08	Added .END file – 0 byte to indicate end of transmission.
4/8/08	Updated Appendix D – Language codes.
4/8/08	Updated Appendix A and B – Provider and Specialty; removed all Provider and Specialty content temporarily, until those lists are final.
4/9/08	Added Appendix E – Error codes.
4/11/08 - v4	Due to new Group requirement from MCP during 4/9/08 conference call (ability to submit Group without providers): PG file: Merged PCC and Group record types into a generic Group record type. SL file: Added Record Type 4, "Provider-GroupLocation".
4/11/08	Added more content to FAQs / Important Concepts and Definitions. (Specialty; Group; Hospital Approval, etc).
4/15/08	Added to FAQs: How to submit Specialist, PCP, and Panel Capacity.
4/15/08	Added Appendix A.
4/18/08 – v4.1	Added to FAQ: example of non-PCP provider in group location; clarified examples.
4/18/08	SL file: "Applies To" - Added record type 4, for NPI; "Program Code": Added record type 4.
4/18/08	File schedule: removed min frequency for MCP.
4/21/08 – v4.2	How to submit Pharmacy: Added to FAQ (how to submit). SL file: Added "24-hours / day availability" bit field. PG file: Group (Record type 2) can also be used to describe pharmacies.
4/21/08	Overlapping Spans: Added definition in FAQ.
4/28/08	Clarification on Appendix A: License number is only required for Individual Providers, not Groups.
5/2/08 – v4.3	Reconciliation File: - Master Hospital File: removed Hospital Number; changed Provider Type to Hospital Type. - Master Health Center File: removed Health Center Number. - Added File name description to File Naming Convention table.
5/2/08	Updated Error Codes (changes detailed in Error Code section)
5/2/08	Appendix A: Provider Type code now says "01" thru "09" instead of "1" thru "9".
5/5/08	Reconciliation - Hospital and Health Center files: - Removed Fax, Hospital System, Zip4, and changed hospital type codes. - Hospital Type and Health Center Type: changed max length to 2 to allow future additions. ("01", "02", etc)
5/5/08	Provider Types: Removed CMHC (04) and ODADAS (06); re-numbered list items.
5/21/08 – v5	PG file: Changed PRN to now be applicable to Groups; Changed MPN to not required. PG file: Added Primary Specialty and Primary Specialty Tracking Number. MA file: Changed MPN number to "Hospital / HealthCenter number" due to duplicate MPNs in Master files. Master Hospital: Added Hospital Number (to resolve duplicate MPNs). Master Health Center: Added Health Center Number (to resolve duplicate MPNs). Language Codes: Added Telugu (77). Error codes: Added new error codes; please review error codes section for details. Specialty Codes: Included list of Specialty Codes to Appendix B (previously kept in separate Excel file). FAQ: How to submit specialists towards ODJFS' Practitioner (Specialist) Report.
5/30/08 – v5.1	PG file: Updated PRN field - Groups – required only if PCP. Error codes: Added new error codes; please review error codes section for details.
6/5/08 – v5.2	MA: Panel Capacity: Added "Leave blank otherwise." (Must be PCP to submit capacity) SL: Existing Patients Only: Removed "Leave blank otherwise." (Can submit this even if not a PCP) SL and MA: Raised Capacity limit from 4 to 6 characters (max value from 9999 to 999999)

6/20/08 – v5.3	SL: Phone number and extension fields – now applicable for all record types. File naming convention and schedule: New file added - MS file. MS file: added new file under Reconciliation files. Master Hospital and Health Center files: Name field expanded from 50 to 100 characters. FAQ: Item # 8 – added clarification on GroupLocation-Specialty. Error Codes: Added more explanations to Error Codes (500/600 warnings). New error codes and 600 level warnings added. See Error Codes section for details.
6/30/08 – v5.4	SL: NPI – changed description, only submit NPI in SL file if different than the NPI in PG file. SL: IsPCP – previously must be blank if GroupLocation or HealthCenter location is already a PCP; due to numerous errors due to 0 submitted instead of blank, AHS now allows blank or 0. Appendix A, Provider Types: Added formats to 06-Physician.
7/2/08 – v5.5	New error codes added. See Appendix E for details.
8/18/08 – v6	Appendices have been expanded and moved out of this document into the “MCPN Appendices” spreadsheet.
9/9/08 – v6.1	Provider Master File: Added PMF file specification.
9/26/08 – v6.2	Added PCH and Practitioner Report file specs.

Conventions used in this document

The conventions used in this document are described below:

Field Delimiters

All files are comma-delimited, with no header row. All values should be enclosed in double quotation marks, to ensure a comma in the data will not interfere with the parsing of the file. Within each field, use the “|” pipe symbol to separate multiple values.

Example: “1234567”, “20071201”, “”, “564616161”, “1234567|7654321|7711223” (Note that the last field has 3 separate values.)

Formatting Conventions

Symbol	Description
@	Any Unicode character
#	Any numeric character (0-9)
B	Bit field: 1 if true, 0 if false.
D	Date field: All dates should be 8 digits long: YYYYMMDD. E.g. 20080306.
...	This field may contain more than 1 value. Each separate value within the field is delimited with a pipe symbol “ ”. No limit to number of records. The entire field is enclosed within double quotes (“) just like other fields.

Columns and Miscellaneous Explanations

- “Applies to”** column: Used to identify which record types the field applies to. Example: “Applies to 1,2” means this field can only be populated if the record is type 1 or 2. Each file explains the acceptable record types.
- “Req”** column: C = Conditional (Maybe required; conditions defined in description field).
- “Format(Max)”** column:
 - (Max) - the number within the parenthesis is the maximum length of the field.
- Tracking Number:** MCP will use this to uniquely identify a particular record, taking into account the correct date span.
 - First 3 digits is the MCP’s 3 digit submitter ID. Total field length is 7-11 digits long.
 - Tracking number is unique across all entities in all files; meaning, if “0001234567” is used in the PG file, it should not be used in any other files; it will permanently be used to track that specific record.
 - File submission: If a tracking number is new to the MCPN database for the MCP that submitted it, MCPN will add the record; if the tracking number is already in the MCPN database for that MCP, it will be considered an update.

File Naming Convention and Schedule

The file names should be constructed using the format below, which will uniquely identify the file type, the submitter’s ID, and date of submission:

Position	Format	Description	Schedule	Min Frequency
1-2	@ (2)	PG = Provider/Group file	Daily by 8pm	
		SL = Service Location file	Daily by 8pm	
		MA = MCP Affiliation file	Daily by 8pm	
		HP = Master Hospital file	Weekly Recon	
		HC = Master Health Center file	Weekly Recon	
		MS = MA Status file	Weekly Recon	
		EN = End of transmission file	Daily by 8pm	
3-5	# (3)	ODJFS MCP Submitter ID		
6-13	D (8)	Year, Month and Day the file was generated (except Response file; see example below)		
14-22	@ (9)	1) All files from MCP = “.mcp” (4 characters long)		
		2) Response files from AHS to MCP = “.response”	Daily by 2am	Next day, as needed.
		3) Reconciliation files from AHS to MCP = “.recon”	Monday 5am	Weekly

Example:

- 1) On March 6, 2008, 7:30pm (no later than 8pm): MCP (ID 356) sends a PG file from MCP to AHS.
 - a. File name: "PG35620080306.mcp".
 - b. At the end of transmission, MCP will send a file named "EN35620080306.mcp" to indicate end of transmission.
- 2) On March 7, 2008, 1:30am (no later than 2am): AHS sends a Response file to MCP (ID 356) for the above PG file.
 - a. File name: "PG35620080306.response".
 - b. The first part indicates exactly which MCP file is being responded to; the extension part indicates that this is a response file. Note that the date in the file name stays the same, even though it is now March 7.
 - c. At the end of transmission, AHS will send a file named "EN35620080306.response" to indicate end of transmission.
- 3) On March 10, 2008, 4am (no later than 5am): AHS sends a Reconciliation file to MCP (ID 356).
 - a. File name: "PG35620080310.recon". (all other files will be included as well, with specific prefixes like SL, MA, etc)
 - b. The first part indicates the file type and date this file was generated; the extension part indicates that this is a response file.
 - c. At the end of transmission, AHS will send a file named "EN35620080310.recon" to indicate end of transmission.

FAQs / Important Concepts and Definitions

Here are some important definitions used in this document: (This is a Work in Progress – AHS will be adding more definitions to this list.)

- 1) Entity: Any MCP records of provider, group, PCC, Hospital Affiliation, Health Center Affiliation, service location of a provider, etc.
- 2) Active: An entity must be Active to be visible or available as a choice for consumers. For an entity to be active:
 - a. Today's date must be on or between the Start and End date (if applicable).
 - b. No license number conflict. (See explanation.)
 - c. (To be determined by 4/15/2008: Providers that do not have valid Hospital affiliation, yet has a Specialty that requires Hospital Privileges, may be marked inactive. Pending decision from MCPs.)
- 3) PCC: Primary Care Clinic, a Group that provides Primary Care services.
- 4) Health Center: QFPP, RHC, or FQHC
- 5) Panel Capacity: Maximum number of recipients that a PCP-Location will take on its panel.
- 6) ODJFS Approval Process for Hospital and Health Center:
 - a. ODJFS will give AHS the list of available hospitals and health centers. The MCPs will submit their contracts with these facilities to AHS via the MA file. ODJFS will approve the contracts with Hospitals, FQHC, and RHC manually. (QFPP does not need approval.) Approval or Denial notices will be sent to MCPs daily by the MCPN.
 - b. AHS will produce a weekly report on hospital and health center contract status. This report will also show all providers linked to hospitals whose contracts have expired or will be expiring in the next 30 days, regardless of whether Hospital Privileges are required or not.
 - c. MCPs can update the MA record with a new end date or no end date, and ODJFS will be alerted of such changes. The records will be left at the same status (Approved or Denied), and ODJFS can change the status at any time.
 - d. MCPs will be alerted when the Hospital Affiliation is approved or denied.
 - e. If a Hospital Affiliation is denied by ODJFS, MCPs can submit a new Hospital affiliation with a new tracking number, or resubmit the same Hospital affiliation tracking number to update the denied record.
 - i. If an update is received for a denied record, AHS will reset the "Denied" field to null, and alert ODJFS to approve/deny the updated record.
- 7) Specialty rules / FAQ:
 - a. Specialties are always defined at the Service Location level, for either Provider or Group.
 - b. **Group Specialties: Group Location can have Specialties, but only Specialties that do not have FTE or Hospital Privileges required.**
 - c. Group Specialties that require Hospital Privileges or FTE: For any Specialty that requires FTE or Hospital Privileges, the specialty must be listed at the Provider-GroupLocation level, not the GroupLocation level. This is because FTE and Hospital Privileges are defined at the Provider level, not the Group level.
- 8) How to submit a Group practicing at a Location that has 1 or more Providers (including Specialties):
 - a. PG file: 1 record for each Provider and Group. Indicate Hospital affiliation for Individual Providers, if applicable.
 - b. SL file:
 - i. 1 GroupLocation record – this record will have a Group Location tracking number.
 - ii. 1 Provider-GroupLocation record for each Provider that works at the Group Location (use the Group Location tracking number above).
 - c. Specialty:
 - i. Each Provider-GroupLocation record can specify its own Specialties.
 - ii. Each GroupLocation record can also specify its own Specialties, as long as the Specialties do not require FTE or Hospital Privileges. (These Specialties must be submitted in the Provider-GroupLocation record.)
 - iii. To enable consumers to find GroupLocation such as Pediatric PCC or OBGYN PCC (Specialties that require FT/PT or Hospitals), AHS will internally aggregate ALL the active Specialties listed for ALL providers that work at the GroupLocation, and make those Specialties available at the GroupLocation level as well.
 1. Note that this does not impact State reports, and will improve online provider search.

- 9) How to submit a Group practicing at a Location that does not have any Provider:
 - a. PG file: 1 record for the Group.
 - b. SL file: 1 Group Location record, along with Specialties of this Group Location. (See Specialty rules.)

- 10) How to submit PCP and Panel Capacity:
 - a. Individual PCP (Provider Location):
 - i. PG file: Individual Provider (Record Type 1).
 - ii. SL file: Provider Location (Record Type 1) - indicate IsPCP=1 and Panel Capacity for the Provider Location.
 - b. PCP Group at a Location (Primary Care Clinic):
 - i. PG file: Group (Record Type 2). Also submit one Provider record (Record Type 1) for each Provider in Group.
 - ii. SL file:
 1. GroupLocation (Record Type 2) – indicate IsPCP=1 and the Panel Capacity for the GroupLocation record.
 2. Provider-GroupLocation (Record Type 4): list one record for each provider that works at this PCC. However, DO NOT list IsPCP or Panel Capacity again for each individual provider, to prevent panel capacity from being counted twice (“double dipping”).
 - c. Health Center that provides PCP services:
 - i. MA file: Health Center affiliation (Record Type 2). Indicate IsPCP = 1 and list Panel Capacity in the same record.
 - ii. SL file:
 1. Provider-HealthCenter (Record Type 3) – indicate the providers that work at this Health Center. However, DO NOT list IsPCP or Panel Capacity again for each individual provider, to prevent panel capacity from being counted twice (“double dipping”).
 - d. Individual PCP working at a Health Center that is not a PCC:
 - i. MA file: Health Center affiliation (Record Type 2). Indicate IsPCP = 0.
 - ii. SL file:
 1. Provider-HealthCenter (Record Type 3) – list one record per provider that work at this Health Center.
 2. For individual PCPs at this HealthCenter, indicate IsPCP and Panel Capacity for the individual provider.
 - e. Individual PCP working at a Group Location that is not a PCC:
 - i. PG file: Group (Record Type 2). Also submit one Provider record (Record Type 1) for each Provider in Group.
 - ii. SL file:
 1. GroupLocation (Record Type 2) – IsPCP=0 (not a PCP).
 2. Provider-GroupLocation (Record Type 4): list one record for each provider that works at this GroupLocation. Indicate IsPCP=1 and Panel Capacity, if this provider is a PCP working at this GroupLocation.

- 11) How to submit Pharmacy:
 - a. PG file: Group (record type 2); use Provider Type code for Pharmacy (refer to Provider Type listing).
 - b. SL file: For each location that the pharmacy is available, submit 1 Group Location record (record type 2).
 - i. Note that many fields are optional and can be blank. Only submit required or relevant fields.
 - ii. IsPCP should be = 0 all the time.

- 12) License Number conflict: Certain provider types require a License number. If a License number is submitted that conflicts with another MPN/PRN and License number pair, the new record submitted will be flagged as an error and marked as inactive. MCPs will be notified of this error in the Response file, and AHS will then research the error ASAP. If MCPs are able to correct the License number, MCP should notify AHS immediately.

- 13) Overlapping Spans:
 - a. PG file: MPN / PRN number should be unique for a time span.
 - b. MA file: MPN number should be unique for a time span.
 - c. SL file: To be determined; currently no rule regarding overlapping spans will be enforced in the SL file until further discussion with MCPs.

- 14) Hospital Privileges for Providers:
 - a. Individual providers can have hospital privileges, as listed in the PG file.
 - b. Certain specialties require hospital privileges; see Specialty file for details.
 - c. If a Provider has a specialty that requires hospital privileges, but does not have a valid hospital listed (either none or out of date), that Provider’s record will still show up, however:

- i. The provider's hospital section will not show the invalid hospital(s).
- ii. Any specialty that requires hospital privileges will not be listed; other specialty will still be listed.

15) How to correctly submit a Specialist to be counted towards ODJFS' Practitioner (Specialist) Report:

- a. Rules from ODJFS:
 - i. An individual physician can only count towards one specialty requirement.
 - ii. The service location of this provider must be a "FT" (full time) location in order to be counted, except for Dentists. Dentists can be counted regardless of the FTE status.
- b. PG file:
 - i. "PrimarySpecialty": Indicates the Primary Specialty of this Physician.
 - ii. "PrimarySpecialtyTrackingNumber": Indicates the tracking number where this Physician has a Service Location, which AHS will then use to ensure this Physician indeed has this specialty at that location, and also know exactly which County to count this physician toward. (ODJFS report is per county and region).
- c. SL file:
 - i. A physician may have multiple Service Locations in the SL file. The "PrimarySpecialtyTrackingNumber" field from the PG file will uniquely identify which Service Location to count this Specialist in.
 - ii. "Specialties and Board Certified": There must be a Specialty listed here that matches the "PrimarySpecialty" listed in the PG file.
 - iii. "Full Time Equivalency": "FT" required for all providers, except "Dentists" specialty types. (Refer to Specialty list)

File: MCP Affiliation (MA)

This file describes a relationship between a hospital and an MCP or a Health Center (FQHC/RHC/QFPP) and an MCP.

- 1) Hospital: MCP contracted Hospital for a span of time.
- 2) Health Center (FQHC/RHC/QFPP): MCP contracted Health Center for a span of time.

Field Name	Format (Max)	Applies to	Req	Description
Record type	#(1)	1,2	Yes	Indicates the type of record.
Tracking Number	#(11)	1,2	Yes	For this MCP Affiliation record.
Start Date	D(8)	1,2	Yes	Start date for hospital or health center.
End Date	D(8)	1,2	No	End of span. If hospital or health center becomes eligible again they will need a new Tracking Number. If End Date is earlier than Begin Date, record will be inactive.
Hospital/Health Center Number	#(4)	1,2	Yes	Unique number for the hospital or health center – refer to the Master Hospital and Master Health Center files.
Program Code	#(1)	1,2	Yes	The one digit program code for a health center or hospital. 1 = ABD & CFC, 2 = ABD Only , 3 = CFC Only
IsPCP	B(1)	2	Yes	1 if PCP; 0 if not a PCP. Only applicable to Health Center.
Panel Capacity	#(6)	2	C	Required if IsPCP = 1. Leave blank otherwise.
Existing Patients Only	B(1)	2	C	Required if IsPCP = 1.
Genders Accepted	#(1)	2	No	Blank if unknown. 1 = Male, 2 = Female, 3 = Both.
Age Limit Low	#(2)	2	No	Blank if unknown. "0" if no low limit.
Age Limit High	#(2)	2	No	Blank if unknown. "99" if no high limit.
Accept Newborns	B(1)	2	No	Blank if unknown.
Accept Pregnant Woman	B(1)	2	No	Blank if unknown.
Accept Family Members	B(1)	2	No	Blank if unknown.
Languages	#(2) ...	2	No	Languages spoken at a location. See Appendix D.
TPA Name	@(100)	2	No	Third party administrator name.
Comments	@(256)	2	No	Used for any location specific information to display to the consumer.

File: Provider/ Group (PG)

This file contains individual records of Providers, Groups, and PCCs. Records here are not location-specific; each individual record here may have 0 or more service locations in the SL file. These are the record types in this file:

- 1) Provider: Individual Provider data.
- 2) Group: Groups (including PCCs and Pharmacies) data.

Field Name	Format (Max)	Applies to	Req	Description
Record type	#(1)	1,2	Yes	1 = Provider; 2 = Group.
Tracking Number	#(11)	1,2	Yes	For this Provider or Group record.
MPN Number	#(7)	1,2	No	Medicaid Provider Number (MPN).
PRN Number	#(7)	1,2	C	Provider Reporting Number (PRN). Required for a Provider (Record Type 1) that does not have an MPN#, or Groups (Record Type 2) that have one or more SL records listed as "IsPCP=1". Otherwise not required.
NPI Number	#(10)	1,2	No	National Provider Identifier number for the Provider or Group.
License Number	@(20)	1	C	See Appendix A for Provider Types that require a license number. Only required for Providers, not Groups.
Start Date	D(8)	1,2	Yes	MCP start date for the provider or Group.
End Date	D(8)	1,2	No	End of span. If a Provider or Group becomes eligible again they will need a new Tracking Number. If End Date is earlier than Begin Date, record will be inactive.
First Name	@(50)	1	Yes	Individual provider first name
Middle Initial	@(1)	1	No	Leave blank for PCC or group.
Last Name	@(100)	1,2	Yes	Individual provider's last name, or name of Group.
Gender Code	#(1)	1	No	Gender of the provider. 1 = Male, 2 = Female
Provider Type	#(2)	1,2	Yes	Provider type code (see Appendix A).
Hospital Privileges (Tracking Number)	#(11) ...	1	No	Links to hospital where individual provider has admitting privileges.
PrimarySpecialty	#(3)	1	No	Primary Specialty of this Individual Provider; this will be reflected on the Practitioner (Specialist) Report for ODJFS.
PrimarySpecialty TrackingNumber	#(11)	1	C	Required if PrimarySpecialty was provided. Use Tracking Number from SL file, to show which Service Location does the Individual Provider have the "PrimarySpecialty" listed. This will be used to report to ODJFS which County this Practitioner (Specialist) will count towards.

File: Service Location (SL)

This file contains records of a Provider at a Location, a PCC Location, or a Provider at a Health Center (FQHC/RHC/QFPP). These are the record types in this file:

- 1) Provider Location: A Provider working at a Location. The location cannot be a Group practice or Health Center.
- 2) Group Location: A Group working at a Location. (also for Pharmacy location)
- 3) Provider Health Center: A Provider working at a Health Center. Specify both the (Provider) Tracking Number from PG file and (Health Center) Tracking Number from MA file to link a Provider to a Health Center.
- 4) Provider-GroupLocation: A Provider working at a GroupLocation. Specify the (Provider) Tracking Number from PG file and (GroupLocation) Tracking Number from the SL file to link a Provider to a GroupLocation.

Field Name	Format (Max)	Applies to	Req	Description
Record type	#(1)	1,2,3,4	Yes	Indicates the type of record.
Tracking Number	#(11)	1,2,3,4	Yes	For this Service Location record.
Provider / Group Tracking Number	#(11)	1,2,3,4	Yes	Use Tracking Number from PG file. Provider or a Group that practices at this Service Location. Group cannot be linked to a Health Center.
Health Center Tracking Number	#(11)	3	Yes	Use (Health Center) Tracking Number from MA file. Links the Provider specified under "Provider Tracking Number" to a Health Center.
GroupLocation Tracking Number	#(11)	4	Yes	Use (GroupLocation) Tracking Number from SL file. Links the Provider specified under "Provider Tracking Number" to a Group Location.
NPI Number	#(10)	1,2,3,4	No	National Provider Identifier number for this Location. Only list NPI if this location actually has a different NPI than the Provider or Group.
Start Date	D(8)	1,2,3,4	Yes	MCP start date for the location.
End Date	D(8)	1,2,3,4	No	End of span. If End Date is earlier than Begin Date, record will be inactive.
AddressLine1	@(100)	1,2	Yes	
AddressLine2	@(50)	1,2	No	
City	@(30)	1,2	Yes	
State	@(2)	1,2	Yes	
Zip	#(5)	1,2	Yes	
Zip4	#(4)	1,2	No	
County Code	#(2)	1,2	Yes	See Appendix C.
Phone Number	#(10)	1,2,3,4	No	Integer only – must be 10 digits.
Phone Extension	#(10)	1,2,3,4	No	Phone number Extension of location
TPA Name	@(100)	1,2,3	No	Third party administrator name.
Program Code	#(1)	1,2,3,4	Yes	The one digit program code for a provider. 1 = ABD & CFC, 2 = ABD Only, 3 = CFC Only
IsPCP	B(1)	1,2,3,4	C	1 if this is a PCP; 0 if not a PCP. Leave blank or 0 if: ((Record Type = 3 or 4) AND (SL.GroupLocation or MA.HealthCenter IsPCP=1)). Otherwise required.
Panel Capacity	#(6)	1,2,3,4	C	Required if IsPCP = 1. Leave blank otherwise.
Existing Patients Only	B(1)	1,2,3,4	C	Required if IsPCP = 1.
Genders Accepted	#(1)	1,2,3,4	No	Blank if unknown. 1 = Male, 2 = Female, 3 = Both.
Age Limit Low	#(2)	1,2,3,4	No	Blank if unknown. "0" if no low limit.
Age Limit High	#(2)	1,2,3,4	No	Blank if unknown. "99" if no high limit.
Accept Newborns	B(1)	1,2,3,4	No	Blank if unknown.
Accept Pregnant Woman	B(1)	1,2,3,4	No	Blank if unknown.
Accept Family Members	B(1)	1,2,3,4	No	Blank if unknown.
Full time equivalency	#(1)	1,3,4	C	Required for specific Specialty Types. 1 if Full Time, 2 if Part Time.
Languages	#(2) ...	1,2	No	Languages spoken at a location. See Appendix D.
Specialties and Board Certified	@(4) ...	1,2,3,4	No	3-digit Specialty code for this Service Location. Optional: if a Specialty is Board Certified, append letter "B" immediately after the 3-digit code.
24-hours / day availability	B(1)	1,2,3,4	No	Blank if unknown; 1 if available / open 24 hours a day at this location; 0 if not.
Comments	@(256)	1,2,3,4	No	Used for any location specific information to display to the consumer.

File: End of Transmission (EN)

This is a 0 byte file that is used to indicate the end of file transmission for the day. This is a precaution to prevent AHS or MCP from processing any Daily or Weekly files before the complete set of files have been transmitted fully. After all other files have been transmitted, the EN file will be sent last. Both MCP and AHS will use this to indicate end of transmission, in the Daily Update files and the Weekly Reconciliation files. Please refer to the File Naming Convention on how to name this file.

Response Files

After AHS processes the daily updates from the MCPs, AHS will respond to the MCPs via two methods: Response files and Email notifications.

AHS will put the response files on the FTP directory of each MCP. Each file sent by MCP will get a corresponding Response file, except for the EN (End of Transmission) file. At the end of transmission, AHS will send a EN file to indicate end of transmission. Please refer to the File Naming Convention on how the files will be named.

The Response files will have the same layout and content as the files sent by the MCPs to AHS initially, with the addition of an “Error Code” column at the end of each row. The error code is a three digit value that describes the specific reason, if any, why that record could not be processed (see appendix E). If the error code field is blank, the record was processed successfully.

AHS will also notify the MCPs via email when the file processing is complete and the response files are ready for pick up.

MCPs will pick up and process the Response files and check for any errors. If errors exist, MCPs should correct the error by re-sending the corrected record in the next Daily Update.

Reconciliation Files

Once a week, AHS will produce a set of files to each MCP that includes **all Active entities and attributes** in the MCPN database, as of the time the file was generated. The purpose of the Reconciliation file is to show the MCPs all entities in the MCPN database that are “Active” currently. If there are any discrepancies, MCPs can send corrections in the Daily Update files.

Please note that **any non-Active records or fields will NOT be shown**. For example, a Provider record in the PG file may be Active, however the same Provider’s Hospital Privilege is linked to an Inactive Hospital (from the MA file) – in this case, the Provider record will be in the Reconciliation file, but the Provider’s Hospital Privilege will not be shown in the same record as the field is inactive.

There are **six files** involved in the weekly reconciliation. The first three are the MA, PG and SL files and will have exactly the same schema as the files the MCPs send to AHS (see individual file layout). The remaining three, the Master Hospital file, the Master Health Center File, and the MA Status file, are described below.

Master Hospital file

The Master Hospital file lists all the hospitals that MCPs can be affiliated with. (This list is provided by ODJFS.)

Field Name	Format (Max)	Req	Description
Hospital Number	#(4)	Yes	Unique Hospital Number.
MPN	#(7)	Yes	Medicaid Provider Number.
NPI	#(10)	No	National Provider Identifier.
Name	@(100)	Yes	The name of the Hospital.
Address Line 1	@(50)	Yes	
Address Line 2	@(50)	No	
City	@(30)	Yes	
State	@(2)	Yes	
Zip	#(5)	Yes	
County	#(2)	Yes	
Phone	#(10)	No	
Hospital Type	#(2)	Yes	01=General Hospital; 02=Mental Hospital.

Master Health Center file

The Master Health Center file describes all the Health Centers (FQHCs, RHCs and QFPs) that MCPs can be affiliated with. (This list is provided by ODJFS.)

Field Name	Format (Max)	Req	Description
Health Center Number	#(4)	Yes	Unique Health Center Number.
MPN	#(7)	Yes	Medicaid Provider Number.
NPI	#(10)	No	National Provider Identifier.
Name	@(100)	Yes	The name of the Health Center.
Address Line 1	@(50)	Yes	
Address Line 2	@(50)	No	
City	@(30)	Yes	
State	@(2)	Yes	
Zip	#(5)	Yes	
County	#(2)	Yes	
Phone	#(10)	No	
Health Center Type	@(2)	Yes	01 = FQHC; 02 = RHC; 03 = QFPP

File: MCP Affiliation Status File (MS)

The MCP Affiliation Status File includes **all MA records that are either pending ODJFS decision, or with status updated by ODJFS in the past week.** Any decisions (approval or denial) from more than 1 week ago will NOT be listed in this file.

MCPs already receive email notification upon any denial or approval from ODJFS for any MA record. The purpose of this file is to provide an additional mechanism of showing MCPs an even more complete picture of where each MA record submission stands.

The MS File can be processed programmatically, and AHS has also designed it to be fairly human-readable (via a tool like Excel). The file will be sorted in this order:

- 1) Record Type
- 2) ODJFS Action
- 3) Action Date
- 4) Hospital / Health Center Name

Record types:

- 1) Hospital: MCP contracted Hospital for a span of time.
- 2) Health Center (FQHC/RHC): MCP contracted Health Center for a span of time.

Field Name	Format (Max)	Applies to	Req	Description
Record type	#(1)	1,2	Yes	Indicates the type of record.
Tracking Number	#(11)	1,2	Yes	For this MCP Affiliation record.
Hospital/Health Center Number	#(4)	1,2	Yes	Unique number for the hospital or health center – refer to the Master Hospital and Master Health Center files.
Hospital/Health Center Name	@(50)	1,2	Yes	Name of the hospital or health center.
MCP Sent Date	D(8)	1,2	Yes	Date when MCP submitted this record.
ODJFS Action	@(8)	1,2	No	Action taken by ODJFS. “Approved”, “Denied”, or blank.
Action Date	D(8)	1,2	No	Date when action was taken by ODJFS. May be blank if none taken.
ODJFS Notes	@(256)	1,2	No	Any notes from ODJFS upon approval or denial.

File: Provider Master File

The Provider Master File is downloaded every day from ODJFS and will be placed in your FTP folder (PMF.txt). This file is created by ODJFS and is being provided to you so you have access to the same information as AHS. This file **only contains active providers**, any provider not on our file is considered inactive.

The primary purpose of the PMF is to verify that a provider submitted by MCP is actually active in the PMF. If an MCP submits a provider that does not appear in the PMF, AHS responds to the record with an error code. Lastly, the Provider Type and Specialty fields in the PMF do not correspond to Provider or Specialty codes in MCPN.

The PMF file is a **fixed-length** file as opposed to the delimited files used throughout the rest of our process. The PMF.txt file will be made available for MCPs in the root FTP directory every day by 8pm, as long as AHS was able to download the file from ODJFS successfully.

AHS does not own this file and cannot make any changes to it; AHS is simply passing the file along to all MCPs so that we can reference the same Provider Master file in the event of any discrepancy between provider eligibility.

Field Name	Starts At	Length	Description
MPN / PRN	1	7	The MPN or PRN of the provider. MPN if 'ActiveCode'=1, PRN if 'ActiveCode'=K
Name	8	31	
County	39	2	See Appendix C.
OutOfState	41	1	'Y' if provider is located outside of Ohio, 'N' otherwise
PrevNumber	42	7	Not used by AHS
NewNumber	49	7	Not used by AHS
Type	56	2	ODJFS provider type code -- Does not match the AHS provider type codes
Specialty1	58	2	ODJFS specialty code -- Does not match the AHS specialty codes
Specialty2	60	2	ODJFS specialty code -- Does not match the AHS specialty codes
Telephone	62	10	
Address1	72	28	
Address2	100	28	
City	128	18	
State	146	2	
Zip	148	5	
LicenseNumber	153	13	
ActiveCode	166	1	'1' if the provider has a MPN, 'K' if the provider is using a PRN

File: PCH Report

The State PCH (PCP/FTE, Capacity, Hospital) report is currently sent to MCPs on a weekly basis in a PDF format. AHS will continue to send the weekly PCH report in PDF format. In addition to the PDF format, AHS will also make available the same report in a CSV format. The new CSV formatted report will be emailed along with weekly PCH report in PDF format.

The purpose of sending the CSV format in addition to the PDF format is to allow MCPs to be able to programmatically compare the reported numbers against the MCPs' internal database. The current PDF format is suitable for human reading, while the CSV format can be imported and processed programmatically.

(Please note that MCPs can choose to not use the CSV formatted report. AHS is simply making this available as a value-added service. The content of both PDF and CSV versions are the same, only displayed in a different manner.)

Field Name	Format (Max)	Applies to	Req	Description
Region Name	@(50)	ABD & CFC	Yes	The region name.
County Name	@(50)	ABD & CFC	Yes	The county name.
Program Name	@(10)	ABD & CFC	Yes	The program name (ABD or CFC).
County PCP Minimum	#(5)	ABD	No	The required minimum number of PCPs for this county.
County PCP Actual	#(5)	ABD	No	The actual number of PCPs counted in this county.
County FTE Minimum	#(10)	CFC	No	The required minimum number of FTEs for this county.
County FTE Actual	#(10)	CFC	No	The actual number of FTEs counted in this county.
County Capacity Minimum	#(10)	ABD & CFC	Yes	The required minimum Capacity value for this county.
County Capacity Actual	#(10)	ABD & CFC	Yes	The actual number of Capacity counted in this county.
County Hospital Minimum	#(5)	ABD & CFC	No	The required minimum number of Hospitals for this county.
County Hospital Actual	#(5)	ABD & CFC	Yes	The actual number of Hospitals counted in this county.
Region PCP Minimum	#(5)	ABD	No	The required minimum number of PCPs for this Region.
Region PCP Actual	#(5)	ABD	No	The actual number of PCPs counted in this Region.
Region FTE Minimum	#(10)	CFC	No	The required minimum number of FTEs for this Region.
Region FTE Actual	#(10)	CFC	No	The actual number of FTEs counted in this Region.
Region Capacity Minimum	#(10)	ABD & CFC	Yes	The required minimum Capacity value for this Region.
Region Capacity Actual	#(10)	ABD & CFC	Yes	The actual number of Capacity counted in this Region.
Region Hospital Minimum	#(5)	ABD & CFC	Yes	The required minimum number of Hospitals for this Region.
Region Hospital Actual	#(5)	ABD & CFC	Yes	The actual number of Hospitals counted in this Region.
Additional PCPs Required	#(5)	ABD	No	The number of additional PCPs required in this region.
Additional FTEs Required	#(20)	CFC	No	The number of additional FTEs required in this region.
Additional Capacity Required	#(10)	ABD & CFC	No	The number of additional Capacity required in this region.
Additional Hospitals Required	#(5)	ABD & CFC	No	The number of additional Hospitals required in this region.
Specific Hospital Numbers (CFC Only)	@(14)	CFC	No	List of Hospital Numbers that MCP currently has contracted that are required in this region. The numbers are separated by semicolons (;). Example: 0058;0052;0152 The requirement for this field is related to the "Additional Hospitals Required" field above. If the "Additional Hospitals Required" is 3, there must be 3 separate hospital numbers in this field for the requirement to be met.

File: Practitioner Report

The State Practitioner report is currently sent to MCPs on a weekly basis in a PDF format. AHS will continue to send the weekly Practitioner report in PDF format. In addition to the PDF format, AHS will also make available the same report in a CSV format. The new CSV formatted report will be emailed along with weekly Practitioner report in PDF format.

The purpose of sending the CSV format in addition to the PDF format is to allow MCPs to be able to programmatically compare the reported numbers against the MCPs' internal database. The current PDF format is suitable for human reading, while the CSV format can be imported and processed programmatically.

(Please note that MCPs can choose to not use the CSV formatted report. AHS is simply making this available as a value-added service. The content of both PDF and CSV versions are the same, only displayed in a different manner.)

Field Name	Format (Max)	Applies to	Req	Description
Region Name	@(50)	ABD & CFC	Yes	The region name.
County Name	@(50)	ABD & CFC	Yes	The county name.
Program Name	@(10)	ABD & CFC	Yes	The program name (ABD or CFC).
Specialty Report Category	@(50)	ABD & CFC	Yes	The name of the ODJFS Specialty Reportable Category.
County Specialty Minimum	#(10)	ABD & CFC	Yes	The minimum requirement for this county.
County Specialty Actual	#(10)	ABD & CFC	Yes	The actual number counted in this county.
Region Specialty Minimum	#(10)	ABD & CFC	Yes	The minimum requirement for this Region.
Region Specialty Actual	#(10)	ABD & CFC	Yes	The actual number counted in this Region.
Board Certified Minimum	#(10)	CFC	No	The minimum number of board certified pediatricians required in the region.
Board Certified Actual	#(10)	CFC	No	The actual number of board certified pediatricians counted in the region.
Maximum Pediatric Dentists	#(10)	CFC	No	The Maximum number of pediatric dentists allowed in the region.
Actual Pediatric Dentists	#(10)	CFC	No	The Actual number of pediatric dentists counted in the region.

Appendices

As of 8/18/2008, Appendices have been expanded and moved out of this document into the “MCPN Appendices” spreadsheet, which includes:

- 1) A1: Provider Types
- 2) A2: License Number Format
 - a. Describes the License number formats based on the Provider’s board and specialty type.
- 3) B1: Specialty Types
 - a. List of Specialty codes available, along with how each one maps to the Consumer Search Categories and ODJFS Report Categories.
- 4) B2: Specialty Consumer Search Categories
 - a. Describes the aggregated categories made available to consumers via the online Provider Search.
 - b. Consumers can choose from this list of Specialty categories; the detail Specialty Type will show up in the detail Provider / Group location pages.
- 5) B3: Specialty ODJFS Report Categories
 - a. Describes the list of Practitioners (Specialists) that will be reported to ODJFS.
- 6) C: County Codes
- 7) D: Language Codes
- 8) E: Error Codes
 - a. Error codes that will be appended in the last column of each Response File, if any error exists with the record submitted by MCP.

File: Provider Master File

The Provider Master File is downloaded every day from ODJFS and will be placed in your FTP folder (PMF.txt). This file is created by ODJFS and is being provided to you so you have access to the same information as AHS. This file **only contains active providers**, any provider not on our file is considered inactive.

The primary purpose of the PMF is to verify that a provider submitted by MCP is actually active in the PMF. If an MCP submits a provider that does not appear in the PMF, AHS responds to the record with an error code. Lastly, the Provider Type and Specialty fields in the PMF do not correspond to Provider or Specialty codes in MCPN.

The PMF file is a **fixed-length** file as opposed to the delimited files used throughout the rest of our process.

AHS does not own this file and cannot make any changes to it; AHS is simply passing the file along to all MCPs so that we can reference the same Provider Master file in the event of any discrepancy between provider eligibility.

Field Name	Starts At	Length	Description
MPN / PRN	1	7	The MPN or PRN of the provider. MPN if 'ActiveCode'=1, PRN if 'ActiveCode'=K
Name	8	31	
County	39	2	See Appendix C.
OutOfState	41	1	'Y' if provider is located outside of Ohio, 'N' otherwise
PrevNumber	42	7	Not used by AHS
NewNumber	49	7	Not used by AHS
Type	56	2	ODJFS provider type code -- Does not match the AHS provider type codes
Specialty1	58	2	ODJFS specialty code -- Does not match the AHS specialty codes
Specialty2	60	2	ODJFS specialty code -- Does not match the AHS specialty codes
Telephone	62	10	
Address1	72	28	
Address2	100	28	
City	128	18	
State	146	2	
Zip	148	5	
LicenseNumber	153	13	
ActiveCode	166	1	'1' if the provider has a MPN, 'K' if the provider is using a PRN

Appendix H. Premium File Layouts

Premium Indicator File Layout from Hotline to CRISE

01 WSH-PREM-INFILE.
05 WSH-PREMI-NBR-CASE PIC 9(10).
05 WSH-PREMI-GRP-CAT-SEQ.
10 WSH-PREMI-GRP-CAT.
15 WSH-PREMI-CDE-CAT PIC X(03).
15 WSH-PREMI-CDE-CAT-SUB
PIC X(01).
10 WSH-PREMI-NBR-SEQ-CAT PIC 9(02).
05 WSH-PREMI-IND-PAYMENT-MED PIC 9(2).
05 WSH-PREMI-DTE-PAYMENT-MED PIC 9(8).
05 WSH-PREMI-DATE PIC 9(08).
05 WSH-PREMI-TIME PIC 9(08).
05 FILLER PIC X(38).

Premium File Layout From CRISE to Hotline

01 WSH-PREMOFILE.
05 WSH-PREMO-NBR-CASE PIC 9(10).
05 WSH-PREMO-GRP-CAT-SEQ.
10 WSH-PREMO-GRP-CAT.
15 WSH-PREMO-CDE-CAT PIC X(03).
15 WSH-PREMO-CDE-CAT-SUB
PIC X(01).
10 WSH-PREMO-NBR-SEQ-CAT PIC 9(02).
05 WSH-PREMO-NBR-COUNTY PIC 9(02).
05 WSH-PREMO-TXT-SATNBR PIC X(01).
05 WSH-PREMO-NBR-SEQ PIC 9(03).
05 WSH-PREMO-GRP-NAME-F-L-M.
10 WSH-PREMO-NAM-FIRST PIC X(15).
10 WSH-PREMO-NAM-LAST PIC X(15).
10 WSH-PREMO-NAM-MIDDLE PIC X(01).
05 WSH-PREMO-ADR-LINE1 PIC X(30).
05 WSH-PREMO-ADR-LINE2 PIC X(30).
05 WSH-PREMO-ADR-CITY PIC X(15).
05 WSH-PREMO-ADR-STATE PIC X(02).
05 WSH-PREMO-ADR-ZIP PIC 9(09).
05 WSH-PREMO-NBR-PHONE PIC 9(10).
05 WSH-PREMO-NBR-PHONE-2ND PIC 9(10).
05 WSH-PREMO-DTE-PREM-BEG PIC 9(08).
05 WSH-PREMO-DTE-PREM-END PIC 9(08).

05 WSH-PREMO-NBR-ELIG PIC 9(02).
05 WSH-PREMO-AMT-PREMIUM-MED PIC 9(07)V99.
05 WSH-PREMO-IND-PAYMENT-MED PIC 9(2).
05 WSH-PREMO-DTE-PAYMENT-MED PIC 9(8).
05 WSH-PREMO-DATE PIC 9(08).
05 WSH-PREMO-TIME PIC 9(08).
05 WSH-PREMO-GRP-RCPT-NAME-F-L-M. _____ new
10 WSH-PREMO-RCPT-NAM-FIRST PIC X(15). _____ new
10 WSH-PREMO-RCPT-NAM-LAST PIC X(15). _____ new
10 WSH-PREMO-RCPT-NAM-MIDDLE PIC X(01). _____ new
05 FILLER PIC X(07).

Appendix I. Sample Telephone Audit Form

Telephone Audit Form						
Date:						
Reviewer:						
CSR Name:						
Call Type:						
General Call Process						
Objective		Score				Comments
		Exceeds	Meets	Partially Meets	Does Not Meet	
1	Did CSR greet the caller appropriately (i.e. follow script, courteous)?	4	3	2	1	NA
2	Did CSR verify identifying info (i.e. SSN, phone number, and address)?	4	3	2	1	NA
3	Was CSR able to fully identify caller's needs (use of probing)?	4	3	2	1	NA
4	Did CSR provide accurate and complete information to assist caller?	4	3	2	1	NA
5	If appropriate, was caller transferred or referred to the appropriate entity?	4	3	2	1	NA
6	Did call need to be escalated or placed in follow-up?	4	3	2	1	NA
7	Appropriate wrap-up used by CSR?	4	3	2	1	NA
Total:						
Customer Service Skills						
Objective		Score				Comments
		Exceeds	Meets	Partially Meets	Does Not Meet	
8	Did CSR use proper tone of voice?	4	3	2	1	NA
9	Did CSR use hold or mute correctly?	4	3	2	1	NA
10	Was CSR courteous and respectful?	4	3	2	1	NA
11	Did CSR speak professionally in reference to co-workers or caseworkers?	4	3	2	1	NA
12	Did CSR keep control of the call?	4	3	2	1	NA
13	Did CSR speak clearly and with proper grammar?	4	3	2	1	NA
Total:						

Call and Data Documentation						
Objective		Score				Comments
		Exceeds	Meets	Partially Meets	Does Not Meet	
14	Was identifying information entered correctly?	4	3	2	1	NA
15	Did CSR verify caller's identifying information in CRIS-E?	4	3	2	1	NA
16	Was research done in CRISE to fully assess the application status or eligibility?	4	3	2	1	NA
17	Did CSR interpret codes correctly in MMIS?	4	3	2	1	NA
18	Were talking points used appropriately?	4	3	2	1	NA
19	Were protocols searched comprehensively?	4	3	2	1	NA
20	Do call comments accurately and completely reflect what happened on this call?	4	3	2	1	NA
21	Was call coded correctly?	4	3	2	1	NA
				Total:		
				Score:		
Time Factors						
How long was the call?						
Additional Comments/Suggestions						

Appendix J. State-Owned Lockbox Fee List

	2004 AFP Code Description	Account Analysis Statement Description	Alternate AFP Code	Bid Price	Billable Unit
10000	General Account Services				
	FDIC Assessment	FDIC Assessment	000230	Pass Through	Per Account/Month
10000	Demand Deposit Account Maintenance	Maintenance	010000	5.00	Per Account/Month
10020	Zero Balance Account Maintenance - Master	ZBA Concentration Account	010020	10.00	Per Account/Month
10021	Zero Balance Account Maintenance - Sub-Account	ZBA Subsidiary Account	010021	5.00	Per Account/Month
01002Z	Zero Balance Account Maintenance - Bundled	NA	N/A		Per Account/Month
10100	General Account Activity - Debit Posting	Debit Item	000321	0.00	Per Item
10101	General Account Activity - Credit Posting	Credit Item	000321	0.00	Per Item
10306	DDA Statement - Automated - Network	KTT Bank Statement	10306	0.00	Per Account/Month
	DDA Statement-Duplicate Copy	Statement Duplicate Copy	10320	10.00	Per Month
	DDA Statement-Special Cut	DDA Stmt Special Cut	10320	5.00	Per Cut
10400	Account Analysis - Automated - Maintenance	KTT Analysis Statement	010406	0.00	Per Account/Month
10402	Account Analysis - Automated - Transmission	KTT RPM 822 Statement	010406	5.00	Per Account/Month
	Account Analysis- Duplicate Copy	Additional Analysis Statement	10411	10.00	Per Month
	Analysis Charge	Analysis Charge	10411	3.00	Per Month
50000	Lockbox Services				
50000	Wholesale Lockbox Maintenance	Lockbox Base Fee	050000	100.00	Per Account/Month
50002	Wholesale Lockbox Maintenance - P.O. Box Rental	P.O. Box Rental Fee	050002	Pass Through	Per P.O. Box/ Month
50012	Retail Lockbox Maintenance - P.O. Box Rental	P.O. Box Rental Fee	050002	Pass Through	Per P.O. Box/ Month
50020	Whole-tail Lockbox Maintenance	Lockbox Base Fee	050000	100.00	Per Account/Month
50100	Wholesale Lockbox Remittance Processing	Lockbox Items	050100	.37	Per Item
50104	Wholesale Lockbox Minimum Charge	Lockbox Minimum	050104	0.00	Per Account/Month
50111	Wholesale Lockbox Detail Sorting - Functional/Divisional	Lockbox Sort	050113	.01	Per Item
05011A	Wholesale Lockbox Photocopy	Lockbox Item Photocopy	05011A	.05	Per Item
05011I	Wholesale Lockbox Hand Open Mail	NA	N/A		Per Item
05011L	Wholesale Lockbox Delivery Preparation Charge	NA	N/A		Per Delivery
05011M	Wholesale Lockbox Correspondence	Lockbox Correspondence	05011M	.20	Per Item
05011P	Wholesale Lockbox Special Handling	NA	N/A		Per Item
05011R	Wholesale Lockbox Image	Lockbox Image	05011R	.03	Per Item
	Wholesale Lockbox Envelope Return	Lockbox Envelope Return	05011F	0.05	Per Item
	Wholesale Lockbox Add'l Payee	Lockbox Addtl Payee	50131	0.00	Per Payee
	Wholesale Re-association w/o staple	Re-Association Without Staple	50115	0.05	Per Item
	Wholesale Lockbox Fax Charge	Lockbox Fax Charge	50320	5.00	Per Fax
	Wholesale Lockbox staple	Lockbox Staple	50117	0.00	Per Staple
	Incoming Express Package	Incoming Express Package	05 01 1L	10.00	Per item
50121	Wholesale Lockbox Data Capture - MICR Line	Lockbox MICR Capture	050221	.03	Per Item
50122	Wholesale Lockbox Data Capture - OCR/MICR Line	Lockbox MICR Capture	050221	.03	Per Item
50129	Wholesale Lockbox Data Capture	Lockbox Data Entry	050126	.013	Per Keystroke
05013A	Wholesale Lockbox Merchant Card Processing	Lockbox Item Credit Card	05013A	.50	Per Item
05013B	Wholesale Lockbox Cash Payment Processing	Lockbox Item Cash	050000	0.00	Per Item
05013F	Wholesale Lockbox Non-Standard Processing	Lockbox Processing - Special Request	05013F	10.00	Per Account/Month
05013H	Wholesale Lockbox Mail Forwarding	Lockbox Mail Delivery	050410	1.25	Per Item

50200	Retail Lockbox Remittance - Machine Readable Item - Matched	NA	N/A		Per Item
50202	Retail Lockbox Remittance - Machine Readable Item - Multiples	Lockbox MICR Capture	050202	.03	Per Item
50218	Retail Lockbox Microfilm	NA	N/A		Per Item
50219	Retail Lockbox Document Handling	NA	N/A		Per Item
05021L	Retail Lockbox Delivery Preparation Charge	NA	N/A		Per Delivery
05021P	Retail Lockbox Special Handling	NA	N/A		Per Item
05021Q	Retail Lockbox Image	Lockbox Image	05011R	.03	Per Item
50224	Retail Lockbox Data Capture - Numeric Single Entry	Lockbox Data Entry	050126	.013	Per Keystroke
50238	Retail Lockbox Merchant Card Processing	Lockbox Item Credit Card	05013A	.50	Per Item
05023A	Retail Lockbox Cash Payment Processing	Lockbox Item Cash	05023A	0.00	Per Item
05023D	Retail Lockbox Mail Forwarding	Lockbox Mail Delivery	05011M	1.25	Per Item
50300	Lockbox Deposit	NA	N/A		Per Deposit
50303	Lockbox Deposit - Special	NA	N/A		Per Deposit
50310	Lockbox Deposit Reporting - Automated - Total	NA	N/A		Per Account/Month
	KTTLockbox Image Base Fee	KTTLockbox Image Base Fee	50400	25.00	Per Month
50400	Lockbox Information Delivery - Automated - Maintenance	KTTLockbox Detail Report	050404	5.00	Per Month
50401	Lockbox Information Delivery - Automated - Transmission	Lockbox Data Transmission	050401	5.00	Per Account/Month
50405	Lockbox Information Delivery - Automated - Diskette/CD ROM	Lockbox Image CD Rom	050405	15.00	Per CD
50413	Lockbox Information Delivery - Manual - Courier/Messenger	Lockbox Mail Courier	050413	6.50	Per Delivery
50414	Lockbox Information Delivery - Manual - Interbranch	NA	N/A		Per Delivery
50424	Lockbox Information Delivery - Image - Internet	KTTLockbox Image Retrieval	050404	.10	Per Item
50530	Lockbox Reject Items - Unprocessable	Lockbox Reject	050114	0.00	Per Item
100000	Depository Services				
100000	Branch Deposit /Night Bag Deposited Cash	Branch Deposited Cash/Night Drop Deposited Cash	100015 / 100000	.0005	Per 100 Deposited
	Same Bag Multiple Deposit Fee	Same Bag Multi Deposit	100002	0.00	Per Deposit
	Standard Night Bag Fee	Night Bag Fee	100005	0.00	Per Bag
100004	Branch Deposit-Night Deposit Reuse Bag	Canvas/Non-Std Bag Fee	100004	0.00	Per Deposit
100015	Branch Deposited Currency - Loose	Branch Deposited Cash	100015	.0005	Per Deposit
10001Z	Branch Deposited Coin and Currency - Bundled	NA	N/A		Per Deposit
100040	Branch Coin and/or Currency Order - Manual	Branch Change Order	100040	0.00	Per Order
100044	Branch Furnished Coin - Rolled	Branch Roll Out	100044	.05	Per Roll
100046	Branch Furnished Coin - Full Box	NA	N/A		Per Full Box
100048	Branch Furnished Currency - Loose	NA	N/A		Per Order
10004A	Branch Furnished Currency - Fed Standard Strap	Branch Strap Out	1004A	.20	Per Strap
	Branch Envelope Deposit	Envelope Deposit	109999	0.00	Per Envelope
100100	Vault Deposit	Vault Deposited Cash BRKS	101010	.0005	Per Deposit
100101	Vault Deposit - Coin	Partial Coin Bag BRKS	101010	1.00	Per Deposit
100140	Vault Coin and/or Currency Order - Manual	Coin & Currency Order Manual BRKS	101010	7.00	Per Order
100141	Vault Coin and/or Currency Order - Automated	Coin & Currency Order Auto BRKS	101010	0.00	Per Order
	Vault Coin & Currency Rush	Coin & Currency Oreder Rush BRKS	101010	10.00	Per Order

100146	Vault Furnished Coin - Full Box	Box Out BRKS	101010	2.50	Per Full Box
10014A	Vault Furnished Currency - Fed Standard Strap	Strap Out BRKS	101010	.20	Per Strap
	Vault Furnished Coin-Rolled	Roll Out BRKS	101010	0.05	Per Roll
100200	Check Deposit Processing	Deposits	100020	.08	Per Deposit
	Vault Deposit Envelope Balancing	Deposit Envelope Balancing	101010	1.00	Per Envelope
100210	Encoded Checks-On-Us	Preencode Check Onus	100210	.06	Per Item
100212	Encoded Checks - Local Clearinghouse	Preencode Check Local City	100214	.06	Per Item
100213	Encoded Checks - Local Fed	Preencode Check In-District	100213	.06	Per Item
100214	Encoded Checks - Other Fed	Preencode Check Other FED	10021Z	.06	Per Item
100215	Encoded Checks - Fed RCPC	Preencode Check Local RCPC	100215	.06	Per Item
100218	Encoded Checks-Direct Sends	Electronic Item Direct Send	100218	.03	Per Item
100220	Unencoded Checks-On-Us	Unencoded Check Onus	100220	.08	Per Item
100222	Unencoded Checks - Local Clearinghouse	Unencoded Check Local City	100222	.08	Per Item
100223	Unencoded Checks-Local Fed	Unencoded Check In-District	100223	.08	Per Item
100224	Unencoded Checks-Other Fed	Unencoded Check Other FED	100224	.08	Per Item
100225	Unencoded Checks - Fed RCPC	Unencoded Check Local RCPC	100225	.08	Per Item
100226	Unencoded Checks - Direct Sends	Electronic item Direct Send	100218	.03	Per Item
100228	Check Encoding Surcharge	NA	N/A		Per Item
10022Z	Unencoded Checks-Bundled	NA	N/A		Per Item
100230	Checks Deposited - MICR Reject/Repair	MICR Quality Rejects	100230	.50	Per Item
	Electronic Item Clearing Agent	Electronic Item Clearing Agent	10021B	0.07	Per Item
	Electronic Item OnUs	Electronic Item Onus	100210	0.03	Per Item
	Canadian Item	Canadian Deposited Item	100310	0.00	Per Item
100240	Clearing Surcharge	NA	N/A		Per Item
100400	Return Item Processing - Regular	Check Charge Backs	100400	1.00	Per Item
	Return Item-RCK 1 ST & 2 ND Presentment	Rtn RCK 1st Presentment/Rtn RCK 2nd Presentment	100450	0.50	Per Item
	Return Item-incoming return buybacks	Buybacks	100404	5.00	Per Return Items
100401	Return Item Processing - Special Handling	NA	N/A		Per Item
100402	Return Item Processing - Reclear Item	Redeposited Return	100402	3.00	Per Item
100403	Return Item Processing - Delivery	NA	N/A		Per Item
100410	Return Item Notification - Terminal	KTT Return Item Report	100414	5.00	Per Item
100411	Return Item Notification - Transmission	Return Item Transmission	100411	5.00	Per File
100414	Return Item Notification - Network	KTT Return Item Report	100414	5.00	Per Item
100420	Return Item Notification - Manual	Return Item Advice Fax	100420	4.00	Per Item
100430	Return Item Notification - Data Capture	Return Item Data Entry	100430	.50	Per Item
	Incoming Return Multi Advice	Return Multi Item Advice	100401	0.00	Per Account
	Return Item Driver License	Return Item Driver License	100430	0.00	Per Item
	Return Item Trans Detail	Return Item Trans Detail	100411	0.00	Per Item
	Return Item Image	Return Item Trans Image	100415	0.50	Per Item
100500	Deposit Adjustment Processing	Deposit Adjustments/Deposit Error SVC	100500	1.00	Per Deposit Adjustment
100501	Deposit Adjustment Processing - Coin and/or Currency	Vault Adjustments	100501	1.00	Per Deposit Adjustment
100600	Deposit Reconciliation Maintenance	ARP Deposit Recon Maintenance	100600	0.00	Per Account/Month
	Deposit Recon per item	ARP Deposit Recon Per Item	100610	25.00	Per Item
100800	Depository Supplies Furnished - Currency Straps	Supplies	1008ZZ	1.00	Per Report
100830	Depository Supplies Furnished - Disposable Deposit Bags	Vault Supplies	100800	Pass Through	Per Item
	Key Capture X30 Maint	Key Capture X30 2 Yr Contract	109999	100.00	monthly

	Key Capture X60 Maint	Key Capture X60 2 Yr Contract	109999	150.00	monthly
	Key Capture ACH Conversion	Unassigned	Unassigned	25.00	Monthly
	Key Capture Plus Fee	Key Capture Plus Monthly Fee	109999	300.00	Monthly
	Key Capture Reporting Module	Unassigned	Unassigned	20.00	monthly
	Key Capture- ARC	Unassigned	Unassigned	0.04	Per Item
	Key Capture- Draft	Unassigned	Unassigned	0.50	Per Item
150000	Paper Disbursement Services				
1500ZZ	Paper Disbursement Maintenance - Bundled	NA	N/A		Per Account/Month
150100	Checks Paid - Regular	Checks Paid To 500/Checks Paid Over 500	150100	.045	Per Item
150120	Checks Paid - Positive Pay	NA	N/A		Per Item
150130	Payable Through Drafts - Processed	Draft Processing	150130	.045	Per Item
	CDA Admin Fee	CDA Admin Fee	150000	25.00	Per Account
	CDA Checks	CDA Checks To 500/CDA Checks Over 500	150110	0.05	Per Item
	Warrants	Warrants	150130	0.05	Per Item
150240	Checks Paid - Maximum Dollar Verification	NA	N/A		Per Item
150300	Check Rejects	Check Quality Svc Chg	150300	.50	Per Item
150320	Returned Checks	NSF Item - Returned	150320	33.00	Per Item
150340	Non-Sufficient Funds (NSF) - Check Handling Fee	NA	N/A		Per Item
150341	Non-Sufficient Funds (NSF) - Item Paid	NSF Item - Returned	020200	33.00	Per Item
	Uncollected Fund Direct Charge	Uncollect Fund Direct Charge	00211H	Prime +3%	Per Occurrence
150410	Stop Payment - Automated	KTT Stop Payment Entry	150410	2.50	Per Item
150800	Check Stock	Check Supplies	150810	Pass Through	Based on Order
150810	Check Supplies	Check Supplies	150810	Pass Through	Based on Order
151300	Check Retention Maintenance	NA	N/A		Per Account/Month
151310	Check Retention and Destruction	ARP Safekeeping Per Item	151320	.015	Per Item
151342	Check Retrieval - Photocopy - Manual	Photocopy Per Item	151342	3.00	Per Item
151350	Check Imaging - Maintenance	KTT Short Term Image Base Fee	151350	5.00	Per Account/Month
151351	Check Image Capture	CD Item Capture Fee	151351	.015	Per Item
151355	Check Image - Internet	Short Term Check Image Viewing	151352	.10	Per Item
151360	Check Return - Original Checks	Imaged Items W/Statement	151360	5.00	Per Item
	Check Image-Long Term Maint	Imaged Long-Term Maintenance	151350	20.00	Per Month
	Check Image-Long Term per item fee	Image Long-Term Capture Fee	151351	0.00	Per Item
151710	Online Inquiry/Stop Payment Software - Maintenance	KTT Account Management Base Fee	400210	25.00	Per Account/Month
200000	Paper Disbursement and Reconciliation Services				
200010	Paper Disbursement Reconciliation Maintenance - Full	ARP Full Recon Maintenance	200010	10.00	Per Account/Month
	ARP Full Recon w/s & n/s per item	ARP Full Recon N/S (W/S) Per Item	200110	0.00	Per Item
	ARP Full Recon Minimum	ARP Full Recon Min	200010	25.00	Per Account
	ARP Full Payee per item	ARP Full Payee Per Item	200110	0.02	Per Item
	ARP Full Payee Minimum	ARP Full Payee Minimum	200010	0.00	Per Account
	ARP Safekeeping per item	ARP Safekeeping Item	151320	0.02	Per Item
200301	Paper Disbursement Reconciliation Reports - Transmission	ARP Transmission Input/Output	200201	5.00	Per Transmission
	Positive Pay Trans Daily Input	ARP Daily Transmission Input	200201	70.00	Per Month

	Positive Pay Trans Wkly Input	ARP Weekly Transmission Input	200201	20.00	Per Month
250000	ACH Services				
250000	General ACH Maintenance	ACH Monthly Fee	250000	10.00	Per Account/Month
250100	ACH Originated-Debit	ACH Originated Debit Item	250100	.025	Per Item
250101	ACH Originated-Credit	ACH Originated Credit Item	250101	.025	Per Item
250102	ACH Originated-Debit/Credit	NA	N/A		Per Item
250110	ACH Originated - Minimum Charge	ACH Item Min Per File (<250)	250110	10.00	Per File
250120	ACH Originated - Addenda Records	NA	N/A		Per Item
250130	ACH Originated - Prenotification	ACH Prenote Item	N/A		Per Item
250140	ACH Originated - Night Cycle Surcharge	Originated Late File Surcharge	250140	0.00	Per File
250200	ACH Received - Debit	Incoming ACH Debit Item	250200	.025	Per Item
250201	ACH Received - Credit	Incoming ACH Credit Item	250201	.025	Per Item
250202	ACH Received - Debit/Credit	NA	N/A		Per Item
250220	ACH Received - Addenda Records	NA	N/A		Per Item
250302	ACH Return Item - Debit/Credit	ACH Return Items	250302	1.00	Per Item
250400	ACH Return Item Notification - Automated	CAR Report For KTT ACH	250400	5.00	Per Item
250401	ACH Return Item Notification - Manual	CAR Report Via Mail or FAX	250401	5.00	Per Item
	ACH Manual Corrections	ACH Manual Corrections	25010F	5.00	Per Correction
250501	ACH Input - Automated - Transmission	ACH data transmission	250501	5.00	Per Transmission
250505	ACH Input - Automated - Internet	NA	N/A		Per File
250610	ACH Exception Processing - Item Modification	ACH Reversal or Deletion	250000	10.00	Per Item
250620	ACH Exception Processing - Item Deletion	ACH Reversal or Deletion	250000	10.00	Per Item
250640	ACH Exception Processing - Item Reversal	ACH Reversal or Deletion	250000	10.00	Per Item
250701	ACH Activity Reporting - Automated - Previous Day - Detail	KTT Previous Day Report	400002	5.00	Per Month
250702	ACH Activity Reporting - Automated - Intraday - Summary	KTT Intraday Report	400005	5.00	Per /Month
250710	ACH Activity Reporting - Manual - Previous Day - Summary	NA	N/A		Per Account/Month
	CAR Report via KTT Info Rept	CAR Report Via KTT IR	250701	5.00	Per Month
250810	ACH Master File Copy - Automated	NA	N/A		Per File
251030	Special ACH Service - Membership File	NA	N/A		Per File
251040	Special ACH Services - Vendor Input	NA	N/A		Per File
251050	Special ACH Service - Debit Authorization	EPA Admin Fee/Month	251051	5.00	Per Authorization
251052	Special ACH Service - Debit Authorization - Update	EPA Authorization Fee	251052	5.00	Per Authorization
251070	Special ACH Service - Notification of Change - Automated	ACH Noc's	251070		Per Item
251079	Special ACH Services	NA	N/A		Per Item
251100	ACH Software - Maintenance	KTT ACH Monthly Base Fee	251100	25.00	Per Month
251110	ACH Software - Usage	NA	N/A		Per Account/Month
	ACH Direct Monthly Maint	ACH Direct Monthly Maint Fee	250110	15.00	
	EPA Admin Fee w/ ACH Direct	ACH Direct EPA Fee	251053	15.00	
260000	ACH Concentration Services				
260000	ACH Concentration Maintenance	NA	N/A		Per Account/Month
260100	Concentration Activity - ACH Item	NA	N/A		Per Item
260301	Concentration Input - Automated - Transmission	NA	N/A		Per Transmission
260310	Concentration Input - Manual	NA	N/A		Per Item
260319	ACH Concentration - Concentration Input	NA	N/A		Per Item
260400	Concentration Reporting - Automated - Daily	NA	N/A		Per Account/Month

260401	Concentration Reporting - Automated - Cumulative	NA	N/A		Per Account/Month
260501	Concentration Master File - Update	NA	N/A		Per Item
260502	Concentration Master File - Storage	NA	N/A		Per Account/Month
300000	EDI Services				
300000	EDI Maintenance - Origination	EDI Orgination Fee	300000	25.00	Per Account/Month
300010	EDI Maintenance - Receiving	EDI Receiving Fee	300010	25.00	Per Account/Month
300100	EDI Origination Transmission - Direct	EDI Transmission Fee	300200	5.00	Per Transmission
300102	EDI Origination Transmission - Network	EDI Transmission Fee	300200	5.00	Per Transmission
300200	EDI Receiving Transmission - Direct		300200	5.00	Per Transmission
300210	EDI Receiving Translation	EDI Translation Fee	300210	.05	Per Item
300224	EDI Receiving Remittance Advising - Terminal	KTT EDI remittance	300102	5.00	Per Account/Month
350000	Wire and Other Fund Transfer Services				
350000	Funds Transfer System Maintenance	KTT Wire Maintenance	350600	25.00	Per Account/Month
350100	Outgoing Fedwire Transfer - Automated - Repetitive	KTT Domestic Repeat Wire	350100	5.00	Per Item
350102	Outgoing Fedwire Transfer - Automated - Freeform Repair	NA	N/A		Per Item
350103	Outgoing Fedwire Transfer - Automated - Freeform Straight-Through	KTT Domestic Nonrepeat	350103	6.00	Per Item
350104	Outgoing Fedwire Transfer - Automated - Freeform	KTT Domestic Nonrepeat	350103	6.00	Per Item
350110	Outgoing CHIPS Transfer - Automated - Repetitive	KTT Int'L Repeat Wire	350110	10.00	Per Item
350112	Outgoing CHIPS Transfer - Automated - Unqualified	KTT Int'L Nonrepeat	350112	15.00	Per Item
350113	Outgoing CHIPS Transfer - Automated - Qualified	KTT Int'L Nonrepeat	350112	15.00	Per Item
350123	Outgoing Book Transfer - Automated - Freeform Straight-Through	KTT Internal Nonrepeat	350550	3.50	Per Item
350124	Outgoing Book Transfer - Automated - Freeform	KTT Internal Repeat Wire	350550	3.50	Per Item
	Internal Transfer- Debit	Manual Tranfer Debit	35022Z	5.00	Per Item
350200	Outgoing Fedwire Transfer - Manual - Repetitive	Wire Transfer Outgoing Repeat	350202	9.00	Per Item
350202	Outgoing Fedwire Transfer - Manual - Freeform	Wire Transfer Outgoing Nonrepeat	350202	10.00	Per Item
350212	Outgoing CHIPS Transfer - Manual - Freeform	International Nonrepeat	350110	25.00	Per Item
350222	Outgoing Book Transfer - Manual - Freeform	Internal Transfer	350222	5.00	Per Item
350300	Incoming Fedwire Transfer	Wire Incoming / Incoming Fed Manual	350300	8.00	Per Item
350310	Incoming CHIPS Transfer	Incoming International Wire	350310	10.00	Per Item
350320	Incoming Book Transfer	Incoming Internal Transfer	350300	5.00	Per Item
350402	Funds Transfer Advice - Automated - Debit/Credit	KTT Incoming/Outgoing Wire Rpt	35400Z	5.00	
350410	Funds Transfer Advice - Manual - Debit	Wire Mail Advice	35022Z	2.00	Per Item
350411	Funds Transfer Advice - Manual - Credit	Wire Mail Advice	350402	2.00	Per Item
350412	Funds Transfer Advice - Manual - Debit/Credit	Wire Mail Advice	35040Z	2.00	Per Item
350510	Outgoing Fedwire Transfer - Standing Instruction	Outgoing AST Wire Transfer	350510	5.00	Per Item
350521	Drawdown Request - Fedwire Transfer	NA	N/A		Per Item
350524	Drawdown Initiation - Automated	KTT Drawdown	350524	5.00	Per Item
350525	Drawdown Initiation - Manual	Drawdown	350525	10.00	Per Item
350550	Repetitive Funds Transfer Code Origination and Update	NA	N/A		Per Item
	Wire Transfer Special Instructions	Wire Transfer Special	350580	0.00	
350560	Funds Transfer Investigation	Investigation Surcharge	350560	25.00	Per Item
350600	Funds Transfer Software - Maintenance	change bank code no price chg	350600	25.00	Per Account/Month
400000	Information Services				

400002	Domestic Information Maintenance - Terminal/Network - Previous Day - Summary/Detail	BAI File Transfer Per Account	400002	5.00	Per Account/Month
400012	Domestic Information Maintenance - Electronic File - Previous Day - Summary/Detail	KTT BAI2 Download	400222	5.00	Per Account/Month
400015	Domestic Information Maintenance - Electronic File - Intraday - Summary/Detail	KTT Intraday Report	400005	5.00	Per Account/Month
400110	Domestic Information - Loading - Low Speed	BAI Per File Transfer Fee	400110	5.00	Per File
400210	Domestic Reporting - Access Charge	KTT Info Reporting Base Fee	400210	5.00	Per Account/Month
400222	Domestic Reporting - Terminal/Network - Previous Day - Summary/Detail	BAI File Xfer Per Detail	400221	.015	Per Item
400225	Domestic Reporting - Terminal/Network - Intraday - Summary/Detail	KTT Intraday Detail Items	400225	.015	Per Item
400236	Domestic Reporting - Electronic File - Multibank - Summary	Global Previous Day Items	400002	.015	Per Item
400271	Domestic Reporting - Internet - Previous Day - Detail	KTT Previous Day Detail Items	400221	.015	Per Item
400275	Domestic Reporting - Internet - Intraday - Summary/Detail	KTT Intraday Detail Items	400225	.015	Per Item
	Info Reporting Client	Info. Rptg - Client	4002ZZ	10.00	Per Item
4002ZZ	Domestic Reporting - Bundled	NA	N/A		Per Account/Month
	KTT Sameday Positive Pay	KTT Sameday Positive Pay	150030	0.00	
	KTT Nextday Positive Pay	KTT Nextday Positive Pay	150030	0.00	
	KTT Fax Previous Day	KTT FAX Previous Day Per Account	400242	30.00	Per Account/Month
40050Z	Global Information Reporting	Global Previous Day Report	400011	5.00	Per Account/Month
400521	Global Info-Data Exchange-Out	Global Exchange Out	40022Z	5.00	Per Account/Month
	KTT Global Rept Detail Items	KTT Global Rept Detail Items	400621	0.02	Per Item
400810	Information Services - Set-Up Fee	NA	N/A		Per Occurrence
401000	Information Services Software - Maintenance	KTT Info Reporting Base Fee	400210	5.00	Per Account/Month
401010	Information Services Hardware	NA	N/A		Based On Order
401020	Information Services Supplies	NA	N/A		Based On Order
450000	Investment and Custody Services				
450020	Automatic Investment Maintenance	Investment Sweep	450020	125.00	Per Account/Month
600000	International Services				
600102	International Collection Item - Clean - Foreign Currency - Outgoing			50.00	Per Item + Pass Through
	One Time Set Up Charges				
	EPA Implementation Fee		251050	0.00	Per Account
	KeyImage Viewing Software		151730	0.00	
	EDI General Fee Set Up Fee		309999	0.00	
	Key Capture Plus Set Up Fee		109999	1500.00	
	Key Capture Set Up Fee		109999	300.00	
	Lockbox Set Up Fee		50138	100.00	Per Set Up
	Custom Programming			125.00	Per Hour