



INTENT TO PARTICIPATE
Cooperative Contract(s) for MMIS Third Party Liability Services Module

I. PURPOSE

The purpose of this document is to provide interested NASPO states the opportunity to participate in multi-state cooperative contract(s) for the NASPO ValuePoint Medicaid Management Information System (MMIS) Third Party Liability (TPL) Services Module.

II. SCOPE OF THE CONTRACT(S)

The State of Georgia is authorized by agreement of the participants to act as the procurement officer in developing the multi-state cooperative solicitation and the resulting contract(s). The resulting contracts will be non-mandatory.

Administrative Fee: All awarded contractor's that execute a Master Agreement for these services will pay to NASPO ValuePoint, or its assignee, an administrative fee of one-quarter of one percent (0.25% or 0.0025) on payments received from all participating states no later than sixty (60) days following the end of each calendar quarter. It is anticipated that individual states will be able to add its own administrative fee when the state executes a Participating Addendum.

III. TERM OF THE CONTRACT

The initial term of the contract will be for five (5) years from the date of award with options to renew the contract for a total of five (5) additional years, not to exceed a total of ten (10) years.

IV. SOLICITATION AND CONTRACT DEVELOPMENT/ADDITIONAL INFORMATION

The solicitation and contract development shall be accomplished in compliance with the laws of the State of Georgia following NASPO ValuePoint processes in accordance with the NASPO Memorandum of Agreement for the NASPO Cooperative Purchasing Program, incorporated herein by reference.

Solicitation Publication Period: Bidders/Offerors will be given at least 40 days after publication/advertisement to submit proposals.

Solicitation Type and Evaluation Criteria: A Request for Proposal (RFP) will be issued and evaluated in concert with the procurement laws and rules of the Lead State (State of Georgia) by a sourcing team comprised of procurement professionals and health care subject matter experts from the following states: Georgia, Louisiana, Missouri, Montana, and Rhode Island. .

Award(s): The solicitation will permit multiple awards.

V. COMPLETION OF THIS DOCUMENT

Chief Procurement Official: The Chief Procurement Official (CPO) must approve the submission of this Intent to Participate and the CPO's office is the only entity that can submit this Intent to Participate to NASPO ValuePoint. Please enter the CPO's name and contact information in the space provided below.

State Medicaid Director Consultation: The State Medicaid Director (SMD) should be consulted regarding state participation in this service. A Medicaid Management Information System (MMIS) is an integrated group of

procedures and computer processing operations (subsystems also called modules) developed to meet the principal objectives identified in Federal Regulation 42 CFR 433.111. In order to be eligible for Federal funding, all State Medicaid Programs must have a MMIS system with the principal objective modules. Please contact your SMD for more information regarding your state’s MMIS efforts. Please enter the SMD’s name and contact information in the space provided below.

State Specific Terms and Conditions: If your state needs to include any state specific terms and conditions with the release of this RFP, please attach those specific clauses with to this Intent to Participate. Please only include specific terms and conditions needed by your state that are NOT already included in the RFP and Master Agreement. The Lead State will not negotiate or address any vendor questions regarding another state’s terms; any state specific terms and conditions will be negotiated by the participating state in its Participating Addendum.

Annual State Spend and State Admin Fee: For NASPO ValuePoint documentation purposes only, in the space provided below; please indicate your state’s annual spend for this service and please indicate your state’s admin fee that may be included in a Participating Addendum.

State Point of Contact: In the space provided below please enter the name, title, and contact information for the person completing this form.

PLEASE COMPLETE THE FOLLOWING:

1. State of Rhode Island
2. **Chief Procurement Official:**
Name: Nina Lennon
Phone Number: 4015748105
Email: nina.lennon@purchasing.ri.gov
3. Annual State Spend for this Service: \$150,000
4. State Admin Fee: 1%
5. CPO has approved this ITP to be submitted? Yes No (Click appropriate box)
6. The State Medicaid Director was consulted? Yes No (Click appropriate box)
7. **State Medicaid Director:**
Name: Benjamin Shaffer
Phone Number: 401-462-3058
Email: Benjamin.shaffer@ohhs.ri.gov
8. Are there state specific T&Cs to be included in RFP? Yes No (Click appropriate box)
9. **State Point of Contact:**
Name Nicole Nelson
Title: Administrator for Medicaid Services
Phone Number: 401-462-2127
Email: Nicole.nelson@ohhs.ri.gov

Please email completed “Intent to Participate” documents by **September 18, 2020** to:

Jerilyn Bailey, Cooperative Contract Coordinator
NASPO ValuePoint
jbailey@naspovaluepoint.org