**ETH0046 – Contract Compliance Audits for the Wellness and Disease Management Program**

**ETH0047 – Contract Compliance Audits for the Data Warehouse and Visual Business Intelligence Services**

The following requirements are Mandatory for all Proposers. Failure to comply with one or more of the Mandatory qualifications may disqualify the Proposer.

**Instructions:**

1. Check “Agree” or “Disagree” to each Mandatory requirement as appropriate.
2. Complete the “ACKNOWLEDGE AND ACCEPT” section:

* Print company name.
* Print the name of the representative signing this form (must be authorized to legally bind the company).
* Sign and date.

1. Return this form per Section 2.4 of the RFP (TAB 1).

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| **Agree** | **Disagree** | **Sec.** | **Qualification** | | |
|  |  | **4.1** | The Proposer agrees that Services will be performed within the United States, pursuant to Wis. Stat. § 16.705 (1r). | | |
|  |  | **4.2** | Proposer agrees that any work products developed by Proposer as part of the project described in this RFP (e.g. all written reports, drafts, presentations and meeting materials, etc.) shall become the property of the Department. | | |
|  |  | **4.3** | The Proposer shall have no conflict of interest with regard to any other work performed by the Proposer for the State of Wisconsin. | | |
|  |  | **4.4** | The Proposer shall not be suspended or debarred from performing federal or State government work. | | |
|  |  | **4.5** | During the past five (5) years, the Proposer must not have been in bankruptcy or receivership or been involved with any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct. If the Proposer provides a response of “DISAGREE,” Proposer must provide details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Proposer. | | |
|  |  | **4.6** | The Proposer shall be independent and licensed to do business in the State of Wisconsin. Provide copies of documents authorizing the Proposer to work in Wisconsin. Proposer’s who do not currently meet this requirement must meet this requirement before entering into a Contract with the Department. | | |
|  |  | **4.7** | The Proposer shall have a record of quality audit work and meet the continuing professional education standards of the *Government Auditing Standards (2016/2018*, as applicable for the type and time period of the audit*).* | | |
|  |  | **4.8** | The Proposer agrees that the auditor’s examination shall be made in accordance with the standards for compliance audits contained in the U.S. Government Accountability Office’s *Government Auditing Standards* (2016/2018, as applicable for the type and time period of the audit) and Standards for Attestation Engagements, as applicable, issued by the Comptroller General of the United States. | | |
|  |  | **4.9** | The Proposer adheres to the instructions in this RFP on preparing and submitting the Proposal. | | |
| **Agree** | **Disagree** | **Sec.** | **Qualification continued** | | |
|  |  | **4.10** | The Proposer has an internal quality control system in place and has had an external quality control review performed at least once in the last three (3) years or is currently under contract to have one performed. Please submit a copy of the firm’s last external quality control review report (including management letter comments, if applicable). | | |
|  |  | **4.11** | If awarded a Contract, the Proposer agrees to promptly report to the Department all situations or transactions that come to the Contractor’s attention that could be indicative of fraud, abuse, illegal acts, material errors or other irregularities. Upon notification, the Department shall determine the appropriate course of action. | | |
|  |  | **4.12** | If awarded a Contract, the Proposer agrees that all documents applicable to the Contract remain the property of the Department and shall be retained by Contractor for a minimum of seven (7) years from the date of the audit report, unless the Proposer is notified in writing by the Department to extend the retention period. The Proposer further agrees in the event of on-going litigation to retain all documents applicable to the Contract until the claim has reached final resolution. The Department shall have access to review Contractor’s audit work papers pertaining to the Services upon the Department’s request. | | |
|  |  | **4.13** | If awarded a Contract, the Proposer will be required to make available upon request all documents applicable to the Contract to the following parties or their designees:   1. The State of Wisconsin 2. The Department of Employee Trust Funds 3. The Wisconsin Legislative Audit Bureau 4. U.S. Government Accountability Office (GAO) 5. Other parties designated by the federal or state government or by the Department as part of an audit quality review process   In addition, the Proposer shall respond to the reasonable inquiries of successor auditors and allow successor auditors to review audit documentation. | | |
|  |  | **4.14** | The Proposer agrees that it is qualified and able to audit all contractual requirements of the TPA contract(s) for which it is proposing to audit, including all contractual requirements as stated in the “Program Overview and Audit Requirements” for the program/service the Proposer is proposing to audit. | | |
|  |  | **4.15** | The Proposer agrees to meet all contractual requirements as stated in Appendix 2 Department Terms and Conditions. | | |
|  |  | **4.16** | The Proposer has not objected to any term listed in Table 4. No Assumptions or Exceptions Allowed. | | |
| **ACKNOWLEDGE AND ACCEPT:** | | | | |
| This form has been reviewed by me and shall become part of the final Contract. I am a duly authorized representative of my company and have the authority to legally bind my company. I hereby acknowledge and accept responsibility for the accuracy of the responses given above. I further accept that my company’s Proposal *may* be rejected on the grounds that any item listed above is marked as “Disagree.” Also, I acknowledge I have specified and provided a reason for any answer marked as “Disagree” in TAB 3 Assumptions and Exceptions of my company’s Proposal. | | | | |
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| Proposer Company Name: | Click or tap here to enter text. |
| Name & Title of Authorized Representative: | Click or tap here to enter text. |
| Authorized Representative Signature: |  |
| Signature Date: | Click or tap here to enter text. |