**RESPONDENT’S NAME:**

The Agency for Health Care Administration (“Agency” or “AHCA”) “must avoid, neutralize, or mitigate significant potential organizational conflict of interest (OCI) before a contract is awarded. If the agency elects to mitigate the significant potential organizational conflict or conflicts of interest, an adequate mitigation plan, including organizational, physical, and electronic barriers, shall be developed. [Section 287.057(19)(a)(1), Florida Statutes]

The Agency has determined that in order to evaluate proposals and negotiate a contract that is in the best interests of the state, it is necessary to use the services of Milliman, Inc. (Milliman) to act as an actuary and advisor throughout all stages of the “Statewide Medicaid Prepaid Dental Program” competitive solicitation. The Agency reasonably anticipates one or more prospective respondents may also use Milliman. The Agency has determined that all reasonably anticipated OCIs relating to Milliman may be mitigated by the following mitigation plan, which has been agreed to by Milliman:

1. **Milliman**
	1. All Milliman personnel who will perform services under the “Statewide Medicaid Prepaid Dental Program” competitive solicitation shall be part of a separate internal Milliman working group (Milliman AHCA Group) with its own internal electronic and hard folders.
	2. All documents or communications received or generated by the Milliman AHCA Group that relate in any way to the ITN shall be placed only in this Group’s separate files.
	3. The Milliman AHCA Group shall consist of either or both of the following personnel:

|  |  |
| --- | --- |
| **Name** | **Title** |
| Andrew Gaffner, FSA, MAAA | Principal and Consulting Actuary |
| Jill A. Bruckert, FSA, MAAA | Principal and Consulting Actuary |

* 1. If there is any need to change the personnel in the Milliman AHCA Group, the Agency shall post an amendment to the ITN reflecting the change.
	2. No Milliman personnel, other than the Milliman AHCA Group personnel, shall have access to the Milliman AHCA Group’s files.
	3. The above-listed personnel shall not discuss any information relating to the Dental ITN Services with any other Milliman personnel.
1. **Respondents**
	1. Any actual or prospective respondent who is using Milliman for this procurement must disclose this fact in its initial reply to the solicitation. Specifically, a respondent wishing to use Milliman must:
2. Identify itself and its intent to use Milliman;
3. Identify the specific Milliman personnel that will be assisting the respondent in the procurement; and
4. Submit **Exhibit A-3-b,** Milliman Organizational Conflict of Interest Mitigation Plan Declaration form(s), completed by each identified Milliman personnel.
	1. All replies submitted in response to this solicitation must include the completed declaration in **Section IV.** of this Exhibit, signed by the authorized official who signed the reply on behalf of the respondent.
	2. Any actual or prospective respondent who learns there is a reasonable basis to believe there has or may have been a violation of the Milliman Organizational Conflict of Interest (OCI) Mitigation Plan shall, within seventy-two (72) hours, notify the Agency of the facts and circumstances of the possible violation.
5. **Protests**
	1. **Actual or prospective respondents are advised they have a burden to diligently investigate and challenge potential OCIs relating to Milliman**.
	2. All challenges to the Milliman OCI Mitigation Plan must be timely filed as a challenge to the specifications of the ITN. Similarly, challenges to amendments to the Milliman OCI Mitigation Plan, including changes in personnel, must be timely filed as specifications challenges.
	3. All challenges to Milliman-related information provided by actual or prospective respondents and posted by the Agency must be timely filed as specifications challenges.
	4. **All protests filed after a Notice of Intent to Award has been posted which allege a Milliman-related OCI shall be limited to alleged violations of the Milliman OCI Mitigation Plan.**

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1. **Declaration**

Declaration of

 ***Authorized Official Printed Name***

Pursuant to Section 92.525, Florida Statutes,

 ***Authorized Official Printed Name***

declares that:

1. I am over the age of 21 and am competent to testify as to the matters stated in this declaration.
2. I declare that I have read the Milliman Organizational Conflict of Interest Mitigation Plan, and that

 ***Respondent Name***

will directly and indirectly fully comply with the Milliman Organizational Conflict of Interest Mitigation Plan through all stages of the procurement.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this       day of       202.

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|  |

**Authorized Official Signature**

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| --- |
|  |

**Authorized Official Printed Name**

**Failure to submit, Exhibit A-3-a, Milliman Organizational Conflict of Interest Mitigation Plan, certified by an authorized official may result in the rejection of response.**