**Instructions**: Provide detailed responses in the text boxes to the questions below. If additional attachments are required as specified below, submit the attachments in the order they are requested below. There is no page limit for this Appendix C-1 – Mandatory Questions for SMP Services, or any associated attachments.

|  |  |
| --- | --- |
| **Vendor Name** |  |

\*\*Please include which Geographic Areas you are proposing to provide these additional services for:

1. ***What is your knowledge and experience of the SMP program, including the communities with greatest need for healthcare fraud, error, and abuse services?***

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1. ***What is your experience researching concerns and gathering necessary materials for SMP reporting?***

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