



Notice of Request for Proposals (“RFP”)
**Medicare Advantage D-SNP Vision
Benefits**

Wednesday, July 31, 2024

Alameda Alliance for Health
1240 South Loop Road
Alameda, California 94502
VendorMgmt@AlamedaAlliance.org

Timeline

ITEM	DUE DATE
RFP Issued	Wednesday, July 31, 2024
RFP Responses Due (<i>no exceptions</i>)	Friday, August 30, 2024
Finalist Selection	Friday, September 13, 2024
Finalist Interviews and Presentations	Monday, September 16 – Friday, September 20, 2024
Vendor Selection	Friday, October 11, 2024

I. About Alameda Alliance for Health

Alameda Alliance for Health (“Alliance”, “Plan”) is a local, public, not-for-profit managed care health plan committed to making high-quality health care services accessible and affordable to Alameda County residents. Established in 1996, the Alliance was created by and for Alameda County residents. The Alliance Board of Governors, leadership, staff, and provider network reflect the county’s cultural and linguistic diversity. The Alliance provides health care coverage to more than 400,000 children and adults with limited resources through a National Committee on Quality Assurance (“NCQA”) accredited Medi-Cal and Alliance Group Care program (an employer-sponsored plan that provides affordable comprehensive health care coverage to In-Home Supportive Services (“IHSS”) workers in Alameda County).

The Alliance will open a new line of business for Medicare Advantage (MA) Dual Eligible Special Needs (D-SNP) members on Thursday, January 1, 2026.

a) Programs

Medi-Cal

Medi-Cal is a state-sponsored health insurance program administered through the Alliance. Medi-Cal provides comprehensive health care coverage for those who meet income guidelines, including:

- Families and children;
- Adults that meet income requirements;
- People with disabilities; and
- Seniors.

Alliance Group Care

Alliance Group Care provides low-cost health care coverage to IHSS workers in Alameda County. Benefits include routine care from a primary care physician, specialty care, hospital care, and other services.

IHSS home care workers may qualify for Alliance Group Care through the Alameda County Public Authority for IHSS.

Medicare

On Thursday, January 1, 2026, the Alliance will expand to offer a Medicare DSNP to Alameda County residents that are

dually eligible. The addition of the Medicare line of business will offer care coordination and wrap-around services.

II. Project Description

a) D-SNP Vision Benefits

As the Alliance expects to offer a Medicare Advantage D-SNP (Dual Eligible Special Needs Plan) on Thursday, January 1, 2026, we seek to enhance our healthcare services portfolio with comprehensive vision benefits tailored to the needs of dual-eligible members. The introduction of vision benefits is essential to provide excellent care to dual-eligible members, a group that often faces unique healthcare challenges. The Alliance expects to add 3,000 new members to the plan as of Thursday, January 1, 2026.

The objective of the Request for Proposal is to solicit detailed proposals from qualified vendors capable of providing high-quality, timely vision care services. The Alliance aims to select a vendor capable of delivering a large network of vision providers centered on accessibility with the capacity to ensure quality care for the specific needs of our dual-eligible population (including seniors, people with disabilities, and low-income individuals).

In addition to tailoring services to the dual-eligible population, the Alliance is seeking to offer a competitive benefit design. The table below outlines preliminary supplemental vision benefit offerings the Alliance would like priced through the proposal. The Alliance expects the following to be priced but also that the vendor provide a recommended benefit design as part of their pricing based on their experience with the dual-eligible population and partnering with Medicare Advantage Organizations and/or Managed Medicaid Organizations.

Alliance D-SNP Preliminary Additional Vision Benefits			
Benefit	Example 1	Example 2	Example 3
Annual Maximum	No annual max	\$2,000	\$1,500
Preventive	\$0 copay up to: <ul style="list-style-type: none"> ▪ 1 eye exam/year (includes screening for glaucoma, macular degeneration, and other eye conditions) 	\$0 copay up to: <ul style="list-style-type: none"> ▪ 1 eye exam/year (includes screening for glaucoma, macular degeneration, and other eye conditions) 	\$0 copay up to: <ul style="list-style-type: none"> ▪ 1 eye exam/year (includes screening for glaucoma, macular degeneration, and other eye conditions)

	▪ Unlimited other preventive services	▪ Unlimited other preventive services	▪ Unlimited other preventive services
Diagnostic	\$0 copay (limits vary by service)	\$0 copay for unlimited services up to the annual maximum	\$0 copay for unlimited services up to the annual maximum
Restorative	\$0 copay up to 1 of each covered service every 3 years (36 months)	\$0 copay for unlimited services up to the annual maximum	\$0 copay for unlimited services up to the annual maximum
Eye Specialists	\$0 copay up to 1 of each covered visit every 1 year (12 months)	\$0 copay for unlimited services up to the annual maximum	\$0 copay for unlimited services up to the annual maximum
Eyeglasses/Contacts	\$350 annual allowance towards eyeglasses (frames and lenses) or contact lenses	\$400 annual allowance towards eyeglasses (frames and lenses) or contact lenses	\$450 annual allowance towards eyeglasses (frames and lenses) or contact lenses
Corrective Surgery	\$0 copay	\$0 copay for unlimited services up to the annual maximum	\$0 copay for unlimited services up to the annual maximum
Adjunctive	\$0 copay	\$0 copay for unlimited services up to the annual maximum	\$0 copay for unlimited services up to the annual maximum

The Alliance will review an array of factors, but key requirements for this RFP include, but are not limited to:

Network: Vendors must present a comprehensive network of vision providers that include vision care providers and specialists (including, but not limited to: optometrists, ophthalmologists, orthoptists, and opticians). The network should ensure sufficient geographic coverage within Alameda County, California and demonstrate the ability to accommodate linguistic needs of our diverse member populations. We would like Vendors to contract with County Federally Qualified vision sites.

Quality of Care: Effective proposals should outline existing protocols for maintaining high standards of vision care.

Data and Reporting Processes: Proposals should detail existing processes for data collection and methods by which data is reported. This includes, but is not limited to utilization, patient care outcomes, and compliance efforts with regulatory requirements. Note that particular attention will be given to compliance with the 2024 Part C Supplemental Benefits Reporting Requirements.

Implementation/Support: Vendors should provide a detailed implementation and integration plan highlighting timelines, resource allocation, and ongoing support structures and teams, as relevant.

Pricing: The Alliance values transparent pricing models that demonstrate comprehensive coverage and effective cost. Proposals should include detailed pricing structures and potential cost-saving measures.

b) Questions about this RFP.

Vendors may submit written questions regarding this RFP by email to VendorMgmt@AlamedaAlliance.org. The Alliance will reply as appropriate.

a. Amendment of RFP.

- i. The Alliance retains the right to amend the RFP by a written amendment posted on the Alliance website.

b. The Alliance option to reject proposals.

- ii. The Alliance may, at its sole discretion, reject any or all proposals submitted in response to this RFP at any time, with or without cause. The Alliance shall not be liable for any costs incurred by the Bidder in connection with the preparation and submission of any proposal. The Alliance reserves the right to waive immaterial deviations in a submitted proposal.

c) Proposal timetable.

b. The timetable for this RFP is as follows:

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d) General Vendor Information

Provide the following information about your organization:

e) Vendor primary contact.

Vendor Primary Contact	
Address	
City, State Zip	
Contact information	
Alternate phone	
Fax	
E-mail	
Vendor internet home page	

f) Vendor locations (City and State).

Department/Entity	City	State
Corporate headquarters		
Support personnel		
Client education personnel		
In what state(s) is the vendor incorporated?		

g) Vendor employee details

Indicate the number of employees in your organization (by category)

Department/Entity	Number of Employees
Total employees	
Client education personnel	
Installation	
Technical support and hours available	

h) Vendor background and customer base.

Criteria	Answer
How long has your company been in business?	
Describe your ownership/legal structure.	
Provide the names and bios of leadership within your organization.	

Has your company received notice of violation of, or been convicted of a violation of any Federal, state or local law? If yes, please explain. Provide additional attachments if necessary.	
Has your company been listed as an excluded Vendor by any Federal or State agency or convicted of a criminal offense related to healthcare? If yes, please explain. Provide additional attachments if necessary.	
Has your company been cited for or does your company have business activities that contribute to the violation of human rights? If yes, please explain. Provide additional attachments if necessary.	
Does your organization offshore any obligation of the delivery of these services which requires access, use or disclosure of protected health information (“PHI”), as such term is defined by HIPAA, to any Subcontractor that is not located in the United States, or is not subject to the jurisdiction of a court in the United States. If chosen, Vendor shall not fulfill any obligation of this Agreement through such means.	

i) RFP submission responses

	Topic	Explain your responses for each question outlined below:
1.	Executive Summary/Capabilities	Bidders shall provide a high-level description of how their proposal will meet the project requirements.
2.	Experience	Describe your firm’s experiences in working with Medicare Advantage organizations in offering D-SNP members supplemental vision care services. Of specific interest is your experience in the following:
		Working with the Medicare Advantage D-SNP population in California. If yes, what services did you perform and in what counties did you perform these services?
		Working with any Medi-Cal Health Plans. If yes, which plans and what services did you perform?
		Working with the Medicaid population outside of California. If yes, what services did you perform?
		Working with other Commercial Health Plans . If yes, what services did you perform?
		What is your capacity to conduct services in our

		<p>threshold languages (English, Spanish, Chinese, and Vietnamese)?</p>
		<p>How many clients have you worked with in the past three years?</p>
		<p>Please provide three to four brief client references from current clients that describe your relationship. Please provide a specific person that the Alliance can contact for each reference. We prefer to hear about clients in the state of California and similar in size and makeup to the Alliance.</p>
		<p>For those services offered via contractors or partners, please provide details on those downstream entities.</p>
3.	Data and reporting	<p>Describe methods used to track, analyze, and report on results. Address how and what data deliverable files you would share with the Alliance.</p>
		<p>Describe methods used to track, analyze, and report on results. Address how and what data deliverable files you would share with the Alliance. Please include samples of Medicare Advantage specific reporting and encounter data deliverable files.</p>
		<p>Please describe and provide the eligibility file format required for your systems. Do you utilize a standard 834 eligibility file format, or do you require a unique file format? Additionally, please indicate if you are able to submit an 837 claim file for member encounters (if applicable).</p>
		<p>How do you ensure compliance, ethics, and security with CMS and other regulators? What systems do you implement to remain compliant?</p>
		<p>Describe your reporting capabilities for all delegated functions, including but not limited to:</p> <ul style="list-style-type: none"> • contracting/credentialing, • network management, • customer service, grievances, • first call resolutions, • claims and utilization,

		<ul style="list-style-type: none"> • CMS required reporting. • Appeal decision processing and review Please include report samples for each.
4.	Implementation process	Describe the process used by your company to implement comprehensive vision benefits to a new client. Provide a sample implementation work plan. Include a timeline and any infrastructure requirements, etc.
		What resources and/or support services do you provide (customer service lines, care coordination assistance, etc.)? Are these services available 24/7/365? If they are not open all the time, what are their hours?
		How do you approach integrating vision care with existing health care services to ensure seamless care coordination?
5.	Pricing	Discuss the pricing methodology and structure (e.g., time and materials, fixed price, milestones, etc.), including any expenses. Include any variables, performance incentives, etc. Provide a budget sheet, which must match the proposed staffing plan.
6.	Benefit Structure	Please provide a recommended benefit strategy and structure that is tailored to the benefits required/outlined for this specific RFP. Please include specific annual maximums, service limits and details on covered services by CDT procedural codes.
		How are your Medi-Cal and Medicare Advantage offerings different and the same. Please provide a crosswalk/overlap document of potential Medicare offerings versus the Medi-Cal vision offerings?
7.	Member Experience	What types of complaints and grievances do you typically receive? What is your process for resolution, reporting and collaborating with your Medicare Advantage plan partners.
		Describe how your organization supports marketing, sales, and member education of the delegated benefits. Please provide sample marketing and member education pieces.
8.	Provider	Provide a comprehensive list of your vision providers, including general dentists and specialists, and their

	Network/Location	locations within Alameda County, California. Please include Timely Access Data for the most recent measurement year. Please describe your network strategy and how your organization approaches filling known gaps in Alameda County and monitoring network coverage for your Medicare Advantage clients. What time and distance service level agreements do you typically commit to for your clients?
9.	Provider Credentialing/Continuing Education	What is your process for credentialing vision care providers to ensure they remain in good standing with respective governing bodies? What continuing education/recertification processes do you require?
10.	Service Level Agreements	We will require Service Level Agreements or Performance Guarantees for this engagement? Please provide what you would offer our plan if selected. Please describe your privacy and security programs. Are you HITRUST Certified? Where are these offices located? How many data breaches has your organization experienced? Please describe them and how they were remediated?
11.	Stars	What is your process in supporting Medicare Stars? What specific processes are implemented to ensure a high-quality member experience and advocating on the best interest of the member? What creative initiatives may be implemented to support vision utilization?
12.	Miscellaneous	Add any details pertinent to your organizational capabilities and the topics of this RFP.

j) Requested attachments

Review the table below for required and optional supplemental attachments, and include the names of all additional documents returned with your response to this RFP. Any additional attachments you would like to include can be added into additional rows in the table. As a reminder, attachments are not to be used in lieu of answering the questions included in this RFP document.

Attachment Requested	Required (Y/N)	Name of File Submitted
Three to four client references	Y	
Implementation plan and timelines	Y	

Executive leadership bios	Y	
Sample vision services reporting to Medicare Advantage organizations	Y	
Alameda County network analysis	Y	
Sample member engagement collateral specific to Medicare Advantage D-SNPs	Y	
Sample marketing collateral, specific to Medicare Advantage D-SNPs	Y	

k) Instructions for response

Submit RFP responses electronically to:

VendorMgmt@AlamedaAlliance.org

1240 South Loop Road
Alameda, California 94502

Please include the following in the Subject Line: D-SNP Vision Benefits RFP

Electronic submissions must be received by 4 pm Pacific Time on Friday, August 30, 2024, in order to be considered.

If you have any questions regarding this Request for Proposal, email your questions to VendorMgmt@AlamedaAlliance.org.