



May 30, 2018

Notice of Request for Proposals

General Conditions and Instructions to Offerors for

**Comprehensive Audit of the Claims Adjudication Processes, Systems,
Workflows, Governance, and Benefit Administration**

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

Timetable

RFP Issued	May 30, 2018
RFP responses due (no exceptions)	June 22, 2018
Finalist selection	June 29, 2018
Finalist interviews and presentations	July 2, 2018 – July 13, 2018
Vendor selection	July 20, 2018

I. About Alameda Alliance for Health

Alameda Alliance for Health (“Alliance” or “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 269,000 low-income children and adults through National Committee on Quality Assurance (“NCQA”) accredited Medi-Cal and Alliance Group Care programs (an employer-sponsored plan that provides low cost comprehensive health care coverage to In-Home Supportive Services (“IHSS”) workers in Alameda County).

a) Programs

Medi-Cal:

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

- Families and children;
- 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.

II. Claims Payment Cycle Audit

In September 2015, the Alliance implemented a new claims system to adjudicate claims. The Alliance processes and pays about 120,000 claims per month and through various means, including regulatory audits, has learned that human and systemic errors have driven up interest expenses, decreased provider satisfaction scores, and increased overpayments requiring considerable provider refunds.

The Alliance seeks a professional services firm -- with current Medi-Cal experience -- to conduct a detailed review of our entire claims cycle (from benefit to claims payment) and recommend changes to reduce errors.

We expect the chosen vendor to include in the audit the below list of processes, but the proposer should suggest additional areas as appropriate.

- Policies and Procedures: Perform a desktop review of all relevant departmental policies and procedures (P&Ps).
- Provider Data/Provider Contract Loading, Testing, and Adherence: Review provider data, in particular how contract provisions are loaded into the claims systems, data requirements, parameters and transmittal documentation from Provider Contracting to Information Technology configuration. Review contract loading testing procedures. Include reviews for initial loading and any later adjustments required.
- Mailroom: Review paper claims intake and pre-processing, including reviewing receipt, counting, and batching process, storage, and destruction of claims.
- Electronic Data Interchange (EDI): Review electronic claims intake and pre-processing, including reviewing receipt, counting, and batching process. Review any code edits to ensure clean EDI to claims system transfer.
- Benefit Configuration: Review procedures for how benefits are loaded and maintained in systems, including counters, categories, code assignments, denials, etc. Also review policies and procedures for non-system knowledge and benefit determinations. Review benefit testing procedures.
- Utilization Management / Authorization: Review system driven UM rules, departmental processes, and inter-rater reliability.
- Pharmacy: Review discounts given on brand drug claims and specialty drug claims that are based on expected rebates and manufacturer Formulary Payments as outlined in Pharmacy Benefits Manager (PBM) contract.
- Claims Processes: Verify the claim adjudication logic for all claims, both those that auto-adjudicate and require manual processing to ensure the accuracy of claims processing based on supporting documentation. Ensure the claims system is configured appropriately and pays on appropriate service lines. Review claims testing procedures.
 - Pended claims management – Pend categories and business process related to the various pend queues and release from all pend statuses and associated segment workflows.
 - Reprocessing and reworking, including claim over and underpayments; recovery management, refunds, retroactive changes, and controls.
- Provider Payments: Review check writing procedures, including payment mail and transmittal data capture, timeliness, and associated monitoring, identification of potential duplicate payments, including claims for the same service with different procedure codes.

- Provider Dispute Resolution (PDR): Review the Alliance’s adjustments and interest processes and the workflow by which other associated processes are updated and edited to prevent the same and like mistakes from re-occurring.

a) Deliverables

Deliverables from this comprehensive audit of the claims adjudication processes, systems, workflows, governance, and benefit administration will include an executive summary of findings accompanied by a detailed findings and recommendations report. Included at the end of the engagement shall be a presentation to be given by selected vendor to the Alliance’s CEO and Board of Governors.

- Detailed explanation of methodology, including what methodology was used in selecting all claims, processes, and benefits.
- Written documentation of all employee interviews.
- Written assessments of each reviewed policy and procedure.
- A schedule of located processing errors with sufficient detail, including the cause(s) of the error, if determinable. The dollar amount of the error should be presented in a format that will indicate a detailed description of the claim, the original amount paid, amount per audit, the difference between the original amount paid and amount per audit, and explanation of the error.
- Identify common errors and determine the causes and effects and provide specific recommendations on processes and procedures to prevent and detect future errors.
- Provide sufficient evidence (such as copies of billing errors, coding errors, etc.) to substantiate any errors identified.

III. Solicitation Terms and Conditions

a) Questions about this RFP

To ensure fairness in the RFP process, we ask that proposers refrain from contacting Alameda Alliance employees. Please direct all questions regarding this RFP to the Vendor Management Inbox at **VendorMgmt@AlamedaAlliance.org**. Alameda Alliance will reply as appropriate.

A. Amendment of RFP

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

B. Alameda Alliance option to reject proposals

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

Alliance reserves the right to waive immaterial deviations in a submitted proposal.

C. Consultant Services and Business Associate Agreements

Included as attachments to this RFP are Alameda Alliance’s standard Consultant Services Agreement (“CSA”) and Business Associate Agreement (“BAA”); Vendor agrees to be bound by the terms of the CSA and BAA.

D. Proposal timetable

a. The timetable for this RFP is as follows:

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IV. General Vendor Information

Provide the following information about your organization:

a) Vendor primary contact

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

b) Vendor locations (City and State)

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

c) Vendor employee details

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

Department/Entity	Number of Employees
Total employees	
Audit personnel	

d) Vendor background and customer base

Criteria	Answer
How long has your company been in business?	
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 this Survey 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. <u>If chosen, Vendor shall not fulfill any obligation of this Agreement through such means.</u>	

e) Subcontractors

Any use of subcontractors by a proposer must be identified in the proposal. During the contract period, use of any subcontractors by the selected proposer, which were not previously identified in the proposal, must be approved in advance in writing by the Alliance.

f) Conflict of interest

Proposers must be free of any obligations and interests, which might conflict with the interests of the Alliance. Any conflict or potential conflict must be described in the proposal. This statement combined with the prior work performed listed in the proposal, along with any additional due diligence review of the proposer’s independence deemed appropriate by the Alliance, will be used to determine whether the proposer has a potential conflict of interest. This decision is solely the responsibility of the Alliance. By submitting a proposal, the proposer(s) agrees to these terms.

V. RFP questions

	Topic	Explain your responses for each question outlined below:
1.	Executive Summary	Please provide a high-level description of how your proposal will meet the project requirements.
2.	Experience	Describe your firm's experience in providing similar comprehensive claims adjudication processes, systems, workflows governance, and benefit administration reviews to other clients. Please provide a narrative that supports why your firm believes it is most qualified to undertake the detailed services.
2a.		<p>What is your experience working with other Medi-Cal Health Plans? Which plans and what services did you perform? What is your experience working with the Medicaid population outside of California? Which plans and what services did you perform?</p> <p>Vendors without Medi-Cal experience will not be considered for this engagement.</p>
2b.		What is your experience working with commercial health plans ? What services did you perform?
2c.		How many clients have you worked with in the past three (3) years?
2d.		Please provide three (3) to four (4) brief written client references from current clients that describe your relationship. Also include a specific person and contact information to allow the Alliance to directly contact each reference. We prefer to hear about clients in the state of California that are similar in size and makeup to the Alliance.
2e.		Detail your working knowledge of claims systems. Of particular interest to this engagement is your firm's experience working with active implementations of RAM's HealthSuite product.
2f.		Detail your working knowledge of industry wide care coordination systems. Of particular interest to this engagement is your firm's experience working with active implementations of CaseNet's TruCare product.
3.	Statement of Work	Please provide a written statement of work including all services requested. Include in each line item a description for how you propose to provide services to address each

		of the topics identified.
4.	Implementation plan/Subcontractors	Describe your firm’s plan or approach to conducting the described audit. Include a detailed timetable by phase for completion of the services detailed above. Also explain any sampling methodology in detail.
4a.		Describe all audit tools that will be used in the engagement.
4b.		Detail the titles and/or resource needs for Alliance employees, including interview sessions, follow up, and reports.
4c.		<p>Please provide the name and hourly rate of the primary individual(s) who is/are proposed to provide services for this project and how each individual will be involved in the project, including an estimate of the number of hours each will devote to the project, a summary of the reasons why the individual proposed to be assigned to the project can provide the Alliance with the best assistance available, and resumes for each person that describes their relevant experience and work on similar projects.</p> <p>Describe how you will ensure personnel consistency throughout the audit.</p>
4d.		Describe real-life examples of specific recommendations for corrective action you have provided to a client as a result of a recent audit. Please include specific examples of recommendations that you feel were the most effective and produced the most tangible results for the client.
4e.		Does this proposal include the use of subcontractors? If yes, vendor must list the specific subcontractors and their specific contributions to this RFP. If any experience outlined in 2, above is that of the subcontractor, please clearly articulate it in line and here.
5.	Pricing	Please provide a description of service fees, including expenses, matching the statement of work described above in question 3. Please include a schedule of estimated hours and an hourly rate for each category of staff assigned to the project, and for each phase of the project.

6.	Performance guarantees	Please provide any performance guarantees you would offer as part of the engagement, including how such guarantees would be measured.
7.	Miscellaneous	Please add any details pertinent to your organizational capabilities and the topics of this RFP.

VI. Requested attachments

Please review the table below for required supplemental attachments, and include the names of all additional documents returned with your response to this RFP. Please add a separate row in the table below to list any additional optional attachments that you may wish to include with your proposal. 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 (3) to four (4) written client references	Y	
Implementation plan and timelines	Y	

VII. Instructions for response

Submit RFP responses electronically to:

VendorMgmt@AlamedaAlliance.org

Please include the following in the Subject Line: **Comprehensive Audit of the Claims Adjudication Processes, Systems, Workflows, Governance, and Benefit Administration.**

Electronic submissions must be received by 5:00 PM Pacific Standard Time (PST) on **Monday, June 22, 2018** in order to be considered.

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