



May 30, 2019

Notice of Request for Proposals

General Conditions and Instructions to Offerors for

In-Person, Video, and Telephonic Interpreter Services

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

Timetable

RFP Issued	May 31, 2019
RFP responses due (no exceptions)	July 1, 2019
Finalist selection	July 12, 2019
Finalist interviews and presentations	July 22, 2019 through July 26, 2019
Vendor selection	August 2, 2019

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 265,000 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 the 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. Interpreter Services

The Alliance is initiating this Request for Proposal (RFP) to solicit firms interested in providing in-person, video, and telephonic interpreter services to eligible members who are limited English proficient, and deaf.

a) Current state

The Alliance currently contracts with two vendors to provide all levels of interpreter services. The vendors satisfy all in-person and telephonic appointment needs, but there is a gap in capacity to offer a comprehensive video interpreting service.

Plan’s existing vendors provide over 3000 appointments per month using the three delivery (in-person, video, and telephonic) methods. These appointments are broken down by language as in the chart below:

All Language Services		
Language	6 mo. Jan – June	Monthly Average
Total	18269.0	3044.8
Cantonese	6250.0	1041.7
Spanish	3137.0	522.9
Vietnamese	2412.0	402.0
Mandarin	1724.0	287.3
Arabic	689.0	114.8
Farsi	427.0	71.2
Punjabi	411.0	68.5
ASL	378.0	63.0
Cambodian	362.0	60.3
Korean	265.0	44.2
Mongolian	200.0	33.3
Burmese	186.0	31.0
Mam	180.0	30.0
Dari	163.0	27.2
Pashto	161.0	26.8
Tigrigna	149.0	24.8
Russian	139.0	23.2
Hindi	137.0	22.8
Other	134.0	22.3
Tagalog	128.0	21.3
Tamil	83.0	13.9
Amharic	65.0	10.9
Mien	64.0	10.6
French	55.0	9.2
Urdu	41.0	6.8
Karen	36.0	6.0
Nepalese	34.0	5.6
Lao	32.0	5.3
Chinese	25.0	4.2
Toisan	24.0	4.0
Japanese	18.0	3.0
Portuguese	17.0	2.9

Tibetan	14.0	2.3
Gujarati	10.0	1.7
Thai	10.0	1.7
Romanian	9.0	1.5
Tongan	9.0	1.5
Bengali	8.0	1.4
Armenian	7.0	1.2
Hakka	6.0	1.0
Somali	5.0	0.9
Swahili	5.0	0.8
Telugu	5.0	0.8
Turkish	5.0	0.8
Tactile	5.0	0.8
Bosnian	4.0	0.7
Indonesian	4.0	0.7
Telugu	4.0	0.7
Igbo	3.0	0.5
Nigerian	3.0	0.5
Taishan	3.0	0.5
Akan	2.0	0.3
Hmong	2.0	0.3
Ilocano	2.0	0.3
Khmer	2.0	0.3
Oromo	2.0	0.3
Persian	2.0	0.3
Albanian	1.0	0.2
Ilocano	1.0	0.2
Italian	1.0	0.2
Kannada	1.0	0.2
Karenni	1.0	0.2
Malayalam	1.0	0.2
Marathi	1.0	0.2
Polish	1.0	0.2
Samoan	1.0	0.2
Taiwanese	1.0	0.2
Yemen	1.0	0.2
Yoruba	1.0	0.2

b) Goal for RFP

Through the selection of one or more vendors for interpreter services, the Alliance seeks to achieve the following goals:

1. Ensure services are performed timely, for eligible members, and in the most effective delivery method.
2. Increase capacity for video interpreting.
3. Establish effective, streamlined procedures for administration, performance management, and ongoing interface with chosen firm(s).
4. Improve comprehensive reporting capacity for all aspects of interpreter appointment tracking.
5. Achieve lowest overall total cost while maintaining high member and provider satisfaction.

c) *Minimum Qualifications*

Respondents must meet certain base criteria to be considered:

- Respondents must have the ability to offer (1) face-to-face, (2) video, (3) telephonic or (4) some combination of all three interpretation services, through either direct contracts, or subcontracts.
- Respondents must have an appropriate sized operational customer services center and be fully operational upon the execution date of the contract.
- Respondents must have capacity to report all services, including who requested the services, member served, language requested, date of request, who provided the services, actual appointment start time, end time, actual service address (for in-person appointments), and standard call metrics (for telephonic and video appointments).
- Respondents must have capacity to receive and use standard member eligibility status (form 834, preferred) or demonstrate an alternative method for verifying eligibility.
- Respondents must provide an approved web based (preferred) or comparable scheduling system.

III. Solicitation Terms and Conditions

a) *Questions about this RFP.*

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

A. *Amendment of RFP.*

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

B. *Alliance option to reject proposals.*

- a. 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 proposer in connection with the preparation and submission of any proposal. The 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 the Alliance’s standard Consultant Services Agreement (“CSA”) and Business Associate Agreement (“BAA”); Vendor agrees to be bound by the terms of the CSA, BAA, and any applicable federal and state laws and regulations.

D. Proposal timetable.

a. The timetable for this RFP is as follows:

RFP Issued	March 18, 2019
RFP responses due (no exceptions)	April 30, 2019
Finalist selection	May 24, 2019
Finalist interviews and presentations	June 4, 2019, June 5, 2019, and June 7, 2019
Vendor selection	June 7, 2019

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	
Total interpreter personnel	
Interpreter personnel detailed by languages spoken	
Interpreter personnel detailed by physical office location	

Interpreter personnel detailed by delivery method	
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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 submission responses

	Topic	Explain your responses for each question outlined below:
1.	Executive Summary	Bidders shall provide a high-level description of how their

		proposal will meet the project requirements.
2.	Experience	Describe your firm’s experience in providing interpreter services. Please provide a narrative that supports why your firm believes it is most qualified to undertake the detailed services.
2a.		Experience working with other Medi-Cal Health Plans. If yes, which plans and what services did you perform? Experience working with the Medicaid population outside of California. If yes, what services did you perform?
2b.		Experience working with any Commercial Health Plans . If yes, what services did you perform?
2c.		How many clients have you contracted with in the past three years to offer interpreter services? What is your total volume of services by type of service?
2d.		Please provide three to four brief written client references from current clients that describe your relationship. Also include a specific person and contact information allowing the Alliance to directly contact for each reference. We prefer to hear about clients in the state of California that are similar in size and makeup to the Alliance.
3.	Interpreter Training and Qualifications	Where are your interpreters located?
3a.		Do you maintain a network of interpreters in Alameda County?
3b.		What languages do you serve? Does this list depend at all on method of delivery? Please list all languages currently available that have at least one active interpreter currently and regularly available.
3c.		Are your interpreters employee or contract interpreters? A combination? What percentage of each type?
3d.		How are your interpreters recruited?
3e.		How are you interpreters trained? Examined?
3f.		What is your normal percentage of interpreter attrition?
3g.		What kind of on-the-job training, shadowing or side-by-side assistance do your interpreters receive?
3h.		What are your interpreter quality monitoring processes? How does monitoring differ by delivery

		method?
3i.		Explain how you assess your interpreters' target language and English proficiency, medical and health care terminology skills, and compliance with CHIA (California Healthcare Interpreters Association) Standards.
3j.		What percent of your current business is within the health care industry?
4.	Statement of Work	Provide a written statement of work. Include in each line item a description for how you propose to provide services to address each of the topics identified.
5.	Telephonic interpretation and technology	How does your telephone system operate? Where are your call centers and all other parts of your communication systems located?
5a.		What is your call center's uptime percentage for the past twelve (12) months? What redundancies are in place in your organization's infrastructure?
5b.		What technologies are utilized in your interpreter call centers to increase the quality, efficiency, and effectiveness of language service delivery?
5c.		What are your call center hours of operations?
6.	Video interpretation services and technology	How does your video system operate? Where are your contact centers and any other parts of your video communication systems located? What services does your video delivery rely upon?
6a.		What has been your video contact center's uptime percentage for the past twelve (12) months? What redundancies are in place in your infrastructure?
6b.		What are your video contact center hours of operation?
7.	In-person interpreters	How does your scheduling system work for in-person interpreters? Are there hours of operation? What are your requirements regarding advanced notice?
7a.		What measures do you take to ensure the least number of errors/last minute cancellations/late arrivals of your interpreters?
8.	Implementation plan/Subcontractors	What is your implementation process? How will you ensure a smooth transition?
8a.		How will you train our staff and provider network on the use of your program? What is the difference in training staff for

		in-person, video, and telephonic interpreting?
8b.		Who will manage the account during implementation and during regular operations?
8c.		For video interpreting specifically, who owns the end user equipment? How do you systematically provide the equipment? How do you assess individual clinic needs to assure high adoption? What training is provided to the end user?
9.	Account Management	What kind of regular contact will you maintain with our organization? How can your client services be contacted?
10.	Performance guarantees/Contact center metrics	What kind of contact center metrics does your organization regularly report? How are these metrics measured? If submitting response offering in-person interpreting, what metrics are trackable for in-person services? How are these metrics measured?
10a.		<p>We expect vendor partners to subscribe to the below list of Performance Guarantees and guarantee performance by agreeing to financial penalties for non-compliance:</p> <ol style="list-style-type: none"> 1. Interpreter Availability: Vendors shall maintain (agreed upon) networks of interpreters by type and language. 2. Interpreter timeliness: by delivery method, interpreters should be on-time for 90% or more appointments. On time for in-person interpretation is defined as arriving five (5) or fewer minutes after the scheduled appointment start time. 3. Cancellations: Vendors shall cancel fewer than five percent (5%) of scheduled appointments. 4. Timely reporting: Vendors shall submit reports by the fifth (5th) business day of the following month.
10b.		Provide a sample of your standard reporting package. Please include reports that will allow us to sort, filter, and manipulate the data.
11.		Provide a description of all services fees, including expenses, that match the statement of work outlined in Question 4, above. Your submission must include: Minute and/or Hourly fees by delivery method and/or language. Any contract minimums, cancellation policies, and any other information necessary to compare your service to other submissions.
11a.		Please include sample invoices in your submission.
12.	Miscellaneous	Add any details pertinent to your organizational capabilities and the topics of this RFP.

VI. 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 written client references	Y	
Implementation plan and timelines	Y	

VII. 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: In-Person, Video, and Telephonic Interpreter Services.

Electronic submissions must be received by **Monday, July 1, 2019 by 5:00 PM** Pacific in order to be considered.

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