



Notice of Request for Proposals (“RFP”)
**HEDIS[®] Medical Record Review (“MRR”) Software
and Abstraction Services**

July 25, 2019

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

Timeline

ITEM	DUE DATE
RFP Issued	July 25, 2019
RFP Responses Due (<i>no exceptions</i>)	August 29, 2019
Finalist Selection	September 12, 2019
Finalist Interviews and Presentations	September 23, 2019 – September 27, 2019
Vendor Selection	October 1, 2019

I. About Alameda Alliance for Health

Alameda Alliance for Health (“Alliance”) 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 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 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. Project Description and Vendor Questions

a) Project Description

The Alliance is searching for a HEDIS® Medical Record Review (“MRR”) software solution and abstraction services to provide the following:

- MRR software solution to support the Alliance HEDIS® measurement for measurement year (“MY”) 2019 (“HEDIS® 2020”). The Alliance performed approximately 5,500 chases for HEDIS® MY 2018.

- Abstraction services to support the Alliance HEDIS® measurement for MY 2019 (HEDIS® 2020). The Alliance estimates 5,000 – 6,000 chases will be performed by vendor.

Specifically, the offered product must:

- Allow the Alliance to report hybrid HEDIS® measures according to the most current NCQA HEDIS® specifications (for both Medicaid/Medi-Cal, and Commercial).
- Meet California-specific state Medi-Cal requirements (Managed Care Accountability Set) that includes HEDIS® hybrid measures and non-HEDIS® hybrid measures.
 - CMS Adult Core Set: www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-adult-core-set.pdf
 - CMS Child Core Set: www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-core-set.pdf
- Integrate with the Alliance’s certified software vendor with accurate and complete HEDIS® and non-HEDIS® measure results for the purpose of submission to NCQA and California Department of Health Care Services (DHCS) within required timelines.
- Be domiciled in the United States or United States territory.
- Have the ability to meet the Alliance’s service, support and quality requirements.
- Provide a strong partnership with the Alliance throughout the HEDIS® season.
- Be the best market competitive pricing available for the proposed solution.
- Support all HEDIS® audit activities from the Alliance-certified HEDIS® Compliance Auditors.
- Allow for 10-15 Alliance users for the system.

In each proposal, the Alliance is looking for the vendor to describe their solution offering, outline their HEDIS® MRR software, abstraction process and workflows, and recommend an implementation and support/service approach that addresses the Alliance needs and requirements.

III. Solicitation Terms and Conditions

a) Questions About This RFP

Vendors may submit questions regarding this RFP via email to the Alliance Vendor Management Department at **VendorMgmt@AlamedaAlliance.org**. The Alliance will reply as appropriate.

b) **Amendments to This RFP**

The Alliance retains the right to amend this RFP by a written amendment posted on the Alliance website at www.alamedaalliance.org.

c) **Option to Reject Proposals**

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.

d) **Consultant Services Agreement**

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

e) **Proposal Timeline**

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IV. General Vendor Information

In a separate attachment, please provide the following information about your organization.

a) **Vendor Primary Contact**

PRIMARY CONTACT INFORMATION	
Name	
Title	
Address	
City, State Zip	
Phone Number	
Alternate Phone	
Fax Number	
E-mail	
Vendor Website URL	

b) **Vendor Locations**

DEPARTMENT/ENTITY	CITY	STATE
Corporate Headquarters		

Support Personnel		
Client Education Personnel		
In what state(s) is the vendor incorporated?		

c) **Vendor Employee Details**

DEPARTMENT/ENTITY	NUMBER OF EMPLOYEES
Total Employees	
Client Education Personnel	
Installation	
Ongoing Survey Support	
Technical Support and Hours Available	

d) **Vendor Background and Customer Base**

In a separate attachment, please provide a response for each criteria outlined below.

CRITERIA
1. How long has your company been in business?
2. 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.
3. 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.
4. 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.
5. 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 the Health Insurance Portability and Accountability Act of 1996 (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.

e) **Subcontractors**

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

f) **Conflict of Interest**

Proposer(s) 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(s) 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

In a separate attachment, please provide a response for each question outlined below.

	TOPIC	QUESTION
1.	Executive Summary	Bidder(s) shall provide a high-level description of how their proposal will meet the project requirements.
2.	Experience	Please describe your firm’s experiences in HEDIS® MRR and abstraction services. Do you have experience in the following:
2a.		Working with any Medi-Cal health plans . If yes, which plans and what services did you perform?
2b.		Working with the Medicaid population outside of California. If yes, what services did you perform and for which plans?
2c.		Working with other commercial health plans . If yes, what services did you perform and for which plans?
2d.		What is your capacity to operate in our threshold languages (English, Spanish, Chinese, and Vietnamese)?
2e.		How many clients have you worked with in the past three (3) years?
2f.		How many clients did not re-contract with you in the last two (2) years? Why? Are they all expected to return this year?
2g.		Please provide three (3) to four (4) brief client references from current clients that can describe your relationship. Please provide the contact information of a specific person for each reference that the Alliance can contact. We prefer to hear about clients in California with similar size and makeup to the Alliance.
2h.		Please list the certified HEDIS® vendors that you have worked with in the past.
3.	Implementation	Please describe the implementation process used by your company to implement your HEDIS® MRR software at a new client site. Please provide a sample implementation work plan while answering the following:
3a.		Please detail all required tasks and the relative sequence of tasks and any key dependencies between tasks. Include responsible parties for each task (vendor and the Alliance). Also include, estimated time to complete each task.

	TOPIC	QUESTION
3c.		Are there any unique or unusual network requirements?
3d.		Please include major areas of subcontractor work, if any.
3e.		Please describe the process when timelines are not met.
3f.		What are the defined project milestones?
3j.		Please list all required Alliance resources.
4.	Inbound Chase File Requirements	Please describe your inbound chart chase file requirements needed to populate your software.
4a.		What type of testing is done when loading this file? Please provide the file layout and instructions for a data load.
4b.		Please describe how you handle de-duplicating and quality checking of files.
4c.		What type of “data cleansing” is done? Please describe the process. Are plans notified of any data that falls out of the cleaning process?
5.	Software Hosting	Please describe the hosting and platform/hardware requirements for your application. What are the ‘offline’ capabilities where internet may not be available?
5a.		May the Alliance host your software in-house? If so, please describe the required technical resources and estimated resource usage for our internal Information Technology (“IT”) staff to support this option.
6.	Software Capabilities	What type of reports are available to track project status and completion by abstraction and over reading, over-read status by abstractor/health plan, and rate tracking? Are they available at various levels (plan/provider group/provider/clinic)? Please describe other available reports as well.
6a.		Can we differentiate Medicaid and commercial (for our Medi-Cal/ NCQA Accreditation measures) within your software?
6b.		Please describe how your system integrates medical record/hybrid data to a certified vendor’s software?
6c.		How often (daily, weekly, monthly, on-demand) can hybrid results be updated and provided to the client?
6d.		Is your hybrid integration file done at the sample level (measure/member) or the chase level (measure/member/provider)?
6e.		What data can be exported from your system?
6f.		Can you provide customized abstraction screens?
6g.		Please describe how your software differentiates you from your top three (3) competitors.
7.	Software Requirements	Does your product require any third party licensed software to operate (SQL, Crystal Reports, Oracle)? If yes, what versions?

	TOPIC	QUESTION
7a.		Please describe the infrastructure requirements for your software.
7b.		Do you share your system data model with your client? Is your system a closed system? Are clients allowed to query the data on the back end?
8.	Abstraction Team	How do you handle customer issues at any point in the HEDIS® reporting period? Specifically, delays in delivery of chart chase file, abstraction, and over-reads.
8a.		Is there a project manager assigned to the Alliance? Is the project manager accessible at all times by phone and email? What type of communication is required?
8b.		What are the turnaround times to resolve issues? Is there a faster response time as we get closer to the submission deadline?
8c.		Which other team members are available to interface directly with the Alliance (i.e. analyst staff)?
8d.		Will you provide telephone support Monday – Friday, 8 AM – 5 PM (Pacific Standard Time)? Do you offer support outside of this time frame? By whom and how?
8e.		Please specify the primary point of contact or project manager for this contract and any other core team members that may support this project, including full resume(s), percentage of time to be devoted to the project, and experience with similar projects.
8f.		How will you keep the Alliance informed of project status and feedback loop on project concerns or issues?
9.	Abstraction Process	Please describe your abstraction process and provide any workflows that illustrates your process. In particular, how does your system handle chases that have to go back through the workflow and status's change from completed to uncompleted?
9a.		Is abstraction data viewable in “real-time”?
9b.		Can medical records be attached and viewed in your system for abstractors.
9c.		What are your turnaround times for abstraction? Do you have metrics on when you try to be 50%/75%/100% abstracted? What remediation is deployed when a project gets behind schedule?
10.	Over-Read Process	Please your over-read process. Does your software have the capability for the client to perform over-reads in your system?

	TOPIC	QUESTION
10a.		Do your over-read reports only report error's found by your over-read staff or do they also include errors discovered by the Alliance?
11.	Exclusion Processes	Please describe your exclusion process/workflow and how they are handled/viewed in your system. Do you have exclusion reports and/or special screens to view exclusions?
12.	Alliance Staff Training	Please describe your training services that are offered for a client of similar size to the Alliance (webinars, on-site, etc.). [The Alliance has ~280 employees.]
13.	Staff Qualifications and Training	What are the qualifications of your abstraction staff (Registered Nurse, Licensed Vocational Nurse, Certified Professional Coder, etc.)?
13a.		How do you certify and train your staff? Are there specific certification hours required?
13b.		What quality standards are set for your abstraction staff (over-reads on abstraction staff and performance standards)?
14.	Disaster Recovery	Does your company have a formal business continuity ("BC") and disaster recovery ("DR") program, policy and procedure? Have you had to implement either of these policies?
15.	Help Desk	Please describe your Help Desk capabilities and support, policies/procedures, and hours of operation.
16.	Service Level Agreements ("SLAs") and Performance Guarantees ("PGs")	Please describe your standard SLAs regarding software availability, critical and non-critical bug fixes, and Help Desk response times.
16a.		Please describe what type of PGs are in place for abstraction and over-reads.
17.	Offshoring	Please identify and quantify any offshore resources engaged on behalf of your company.
18.	Pricing	Please provide the pricing methodology and structure (e.g., time and materials, fixed price, milestones, etc.), including any expenses. Please include any variables, performance incentives, etc. Please provide a budget sheet, which must match the proposed staffing plan.
19.	Value add	Do you provide any value-added services with no charge to the Alliance? Please list any other value-added services or any other services provided (e.g., risk adjustment, off-season chart review, etc.).
20.	Miscellaneous	Please include any details pertinent to your organizational capabilities and the topics of this RFP.

VI. Requested Attachments

The table below indicates required and optional supplemental attachments. Please include the names of all additional documents returned with your response to this RFP. If there are attachments other than those required below you would like the Alliance to consider, please include them when submitting your proposal. Attachments are not to be used in lieu of answering the questions included in this RFP.

ATTACHMENT TYPE	REQUIRED (Y/N)	NAME OF FILE SUBMITTED
Three (3) to four (4) client references	Y	
Implementation plan and timelines	Y	

VII. Return Instructions

Submit your responses to this RFP electronically via email to the Alliance Vendor Management Department at **VendorMgmt@AlamedaAlliance.org**.

Please include the following in the subject line:

HEDIS® Medical Record Review Software and Abstraction Services

In order to be considered, all electronic submissions must be received by **August 29, 2019**.