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July 21, 2017

Notice of Request for Proposals

General Conditions and Instructions to Offerors for

**Consumer Assessment of Health
Providers and Systems (“CAHPS”) Surveys**

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

Key Dates:

Timeline	
RFP Issued	July 24, 2017
RFP responses due (no exceptions)	August 18, 2017
Finalist selection	August 25, 2017
Finalist interviews and presentations	August 28-September 8, 2017
Vendor selection	September 22, 2017
2018 Survey Project Start	October 16, 2017

I. About Alameda Alliance for Health

Alameda Alliance for Health (“Alameda 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, Alameda Alliance was created by and for Alameda County residents. The Alameda Alliance Board of Governors, leadership, staff, and provider network reflect the county’s cultural and linguistic diversity. Alameda Alliance provides health care coverage to more than 265,000 low-income children and adults through two National Committee on Quality Assurance (“NCQA”) accredited programs Medi-Cal and Alliance Group Care, an employer-sponsored plan that provides low cost comprehensive health care coverage to In-Home Supportive Services (“IHSS”) workers in Alameda County.

Programs

a. Medi-Cal

Medi-Cal is a state-sponsored Medicaid 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.

b. 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. Survey Purpose and Requirements

Alameda Alliance seeks to understand members’ experience with Alameda Alliance’s providers. Alameda Alliance uses the Consumer Assessment of Healthcare Providers and Systems (“CAHPS”) survey to assess these results. CAHPS 5.0¹ collects information that is used to identify disparities and implement initiatives and programs that will improve the quality of care delivered throughout the network.

¹ NCQA mandates the use of CAHPS version 5.0.

This request for proposal (“RFP”) solicits a NCQA certified (“HEDIS CAHPS”) vendor to perform three surveys, including: 1) Medicaid Adult Survey, 2) Medicaid Child Survey, and 3) Commercial Adult Survey.

The selected vendor will be responsible for: 1) survey material preparation; 2) survey sampling; and 3) data collection, processing and submission. The selected survey vendor will work in accordance with guidelines and protocols determined by NCQA. The vendor must be certified (and maintain certification for the entire engagement) to administer the CAHPS survey by NCQA.

Surveys for measurement year 2018 (“RY2018”) must be conducted between March 1 and April 30, 2018. This RFP solicits one vendor to perform surveys for RY2018, RY2019, and RY2020.

Per NCQA guidelines, the CAHPS 5.0 survey must be administered by vendors with:²

1. Sufficient physical and personnel resources to administer large-scale outbound and inbound mail surveys, and to conduct telephone interviews using an electronic telephone interviewing system during the specified survey fielding time-period.
2. An automated survey management system to track each survey record through each step of the administration process, including sampling; outbound mailing and receipt of completed questionnaires; telephone interviewing; and storing entered survey data.
3. Ability to record telephone interviews conducted with health plan members and retain these recordings through December 31 of the survey-reporting year.
4. Prior experience in fielding patient experience surveys using a mixed mode (mail/telephone) administration using a statistical sampling process within the most recent three-year period as an organization.
5. Sampling must be done by a staff member who is directly employed by the survey vendor.
6. Prior experience submitting member-level data electronically to an external third party.
7. Established electronic security procedures related to access levels, passwords and firewalls as required by HIPAA.

² NCQA, “Request for Proposal Implementation of HEDIS 2017 Survey Measures” (<https://www.ncqa.org/Portals/0/HEDISQM/NCQA%20HEDIS%20Survey%20Measures%20RFP%202017%20-%20DEADLINE%20PASSED.pdf?ver=2016-09-12-084554-123>).

8. Ability to draw a systematic sample by following systematic sampling instructions and formulas, considering the population size and employing the required sample sizes as outlined in *Section II a* below.
9. A method for determining whether addresses and telephone numbers are accurate.
10. NCQA approval of all mail survey materials before bulk printing and mailing.
11. Ability to conduct data collection for a sample of Medicaid and Commercial health plan members using mixed methodology, a two-wave mail protocol (two questionnaires) with telephone follow-up of at least three, but no more than six, attempts, adhering to the timeframe in the table below.
12. Methodology for determining appropriate oversample according to product type and expected response rates.

In addition, Alameda Alliance requires additional criteria:

1. Five (5) custom questions.
2. Four (4) custom fields.

Alameda Alliance also requires additional reporting and analysis. Specifically, we require the chosen vendor to:

1. Benchmark results (including custom questions and custom fields) against other plans and Alameda Alliance’s previous years’ data.
2. Provide Alameda Alliance with reason codes for all responses deemed “non-eligible”.
3. Complete descriptions for all categories of inclusion or exclusion for the scored results.

a. Sample Size

Alameda Alliance is comprised of the below members to sample from:

Membership Type	Population
Commercial Adult	5,702
Medicaid Adult	161,093
Medicaid Child	98,518

Employing the NCQA required sample size methodology, the sample required to be fielded is outlined in the table below:

Survey Type	Required Sample Size
Commercial Adult	1,100
Medicaid Adult	1,350

Survey Type	Required Sample Size
Medicaid Child	2,063 ³

Solicitation Terms and Conditions

a. Questions about this RFP

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

b. Amendment of RFP

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

c. Alameda Alliance Option to Reject Proposals

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 RFP respondent in connection with the preparation and submission of any proposal. Alameda Alliance reserves the right to waive immaterial deviations in a submitted proposal.

d. Proposal Timeline

The timeline for this RFP is as follows:

Timeline	
RFP Issued	July 24, 2017
RFP responses due (no exceptions)	August 18, 2017
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III. General Vendor Information

RFP submissions must include responses to all questions in this section (Section III), Section IV, and Section V.

Provide the following information about your organization:

a. Vendor Primary Contact

Vendor Primary Contact	
Name and title	

³ NCQA methodology dictates that 1,650 Medicaid Child surveys be fielded, but previous Alameda Alliance experience suggests adding an additional 25% surveys returns more complete results.

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

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

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

Department/Entity	Number of Employees
Total employees	
Survey call center personnel	
Data analytics personnel	
Ongoing survey support	
Technical support and hours available	

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, State or local 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? If chosen, Vendor shall not fulfill any obligation of this Agreement through such means.	
Are you a NCQA certified HEDIS CAHPS survey Vendor? Qualified respondents must be certified to be considered for selection.	

IV. RFP submission responses

	Topic	Explain your responses for each question outlined below:
1.	Executive Summary	Provide a high-level description of how your proposal will meet the project requirements. <i>(Maximum response: 1 page)</i>
2.	Experience	Describe your firm’s experiences in conducting surveys. <i>Specify your experience in the following:</i> <i>(Maximum response: 3 pages for all Q2)</i>
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?
2c.		Working with other Commercial Health Plans . If yes, what services did you perform?
2d.		How many survey clients have you worked with in the past three years?
2e.		Please provide three (3) to four (4) client references that Alameda Alliance can contact. Provide one (1) written letter of recommendation from one of these references. For the letter, select a client(s), preferably located in the state of California, and similar in size and makeup to Alameda Alliance.
3.	Language	Explain your capacity to conduct the CAHPS 5.0 surveys in our threshold languages (English, Spanish, Chinese (Cantonese), and Vietnamese). Describe your approach to ensuring that translated surveys are accurate. <i>(Maximum response: 2 pages for all Q3)</i>
3a.		Describe your approach to ensuring non-English proficient participants complete the survey. Do you offer interpreter services, or explain how you plan to utilize ours.

3b.		Explain your understanding of California Medicaid literacy mandates. In this context, describe how you develop all survey materials (introductory letters, envelopes, surveys, and helpful hints) in the preferred language of the survey?
4.	Implementation and Project Management	Describe your company's project and client kickoff. Describe your project planning procedures. <i>(Maximum response: 2 pages for all 4)</i>
4a.		Outline a detailed project timeline, ensuring all NCQA and Alameda Alliance needs are met.
4b.		How do you provide timely progress reports during the survey and results collection period?
5.	Administration/ Methodology	How would you administer and format the CAHPS 5.0 survey for Alameda Alliance? How is your firm's methodology similar and different from other survey providers? How many mail and phone waves will be included in your proposal? <i>(Maximum response: 2 pages for all Q5)</i>
5a.		Do you directly perform all functions of the survey administration? If not, what services would be outsourced? If your organization utilizes subcontractors, explain how you perform oversight.
5b.		During survey administration, how do you communicate empty fields or erroneous fields to Alameda Alliance (e.g. wrong phone numbers)?
6.	Survey Responses	What is your anticipated response rate for CAHPS 5.0 surveys? How do these differ among different populations and survey types? What strategies do you use to promote high response rates? How do you record and report contact attempts? <i>(Maximum response: 2 pages)</i>
7.	Data, Benchmarking, and Reporting	Describe methods used to track, analyze, and report results. <i>(Maximum response: 2 pages for all Q7)</i>
7a.		Explain how you would compare results to Alameda Alliance's prior years' results. Describe benchmarking you would use against other health plans.
7b.		Describe systems and portals providing Alameda Alliance with access to real time information on response rates. Address how and what data deliverable files you would share with Alameda Alliance.
7c.		Explain the criteria for excluding surveys as non-eligible.
7d.		Explain the data clean-up process.

8.	Pricing	<p>Provide a complete price for conducting CAHPS 5.0 Medicaid Adult, Child, and Commercial surveys using the membership numbers provided above.</p> <ul style="list-style-type: none"> • Price should provide unit cost details, and any over and under sampling charges. • Price must include extra administration fees to survey in English, Spanish, Chinese (Cantonese), and Vietnamese. For pricing purposes, as of January 2017, Alameda Alliance membership by primary language was as below: <ul style="list-style-type: none"> ○ English 61.14% ○ Spanish 18.71% ○ Chinese (Cantonese) 9.73% ○ Vietnamese 3.30% • Price must include adding five (5) custom questions and four (4) custom fields to each survey. <p style="text-align: right;"><i>(Maximum response: 2 pages)</i></p>
9.	Value add	<p>Do you provide any value-added services with no charge to Alameda Alliance?</p> <p style="text-align: right;"><i>(Maximum response: 1 page)</i></p>
10.	Miscellaneous	<p>Add any details pertinent to your organizational capabilities and the topics of this RFP.</p> <p style="text-align: right;"><i>(Maximum response: 1 page)</i></p>

V. 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 (3) to four (4) client references/ One (1) written letter of recommendation.	Y	
Implementation plan and timelines	Y	

VI. Instructions for Response

Included as the attachment to this RFP is Alameda Alliance's standard Consultant Services Agreement ("CSA") and Business Associate Agreement ("BAA"); Vendor agrees to be bound by the terms of this CSA and BAA.

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

Submit RFP responses electronically to:

VendorMgmt@AlamedaAlliance.org

1240 South Loop Road
Alameda, California 94502

Please include the following in the Subject Line: **RFP Submission – CAHPS Survey**

Electronic submissions must be received by **August 18, 2017** in order to be considered.