



Health care you can count on.
Service you can trust.

January 2017

Notice of Request for Proposals

General Conditions and Instructions to Offerors for

Member Satisfaction Survey

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

Key Dates:

Issue RFP:	01/05/2017
Vendor Response Due:	01/27/2017
Vendor Selected:	02/24/2017

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 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. Survey Purpose and Goals

Alameda Alliance is issuing this Request for Proposals (“RFP”) to solicit proposals for developing and administering a member satisfaction survey (“Survey”). The organization responding to this RFP (“Vendor”) is expected to analyze results and write a findings report.

This Survey’s goal is to better understand our member’s level of satisfaction with our Plan and our Plan’s providers. We seek survey responses from our members regarding five topics for an individual provider encounter. These topics are:

1. **Appointment wait times:** appointments are available within the regulatory required period.
2. **In office wait times:** check-in process, waiting time in office reception and in exam rooms met with member's expectations.
3. **Attitude and service:** friendliness, courtesy, helpfulness, respect given by Physician and office staff.
4. **Provider's communications about health literacy:** Physician successfully listened and communicated things in a way member could understand.
5. **Language services:** the member given details about/ access to needed language services at time of scheduling appointment and time of appointment.

California's Department of Health Care Services ("DHCS") requires plans to annually report performance measurement results on selected quality measures, administer a consumer satisfaction survey, conduct ongoing Quality Improvement Projects ("QIPs") and create improvement plans. As part of our regulatory compliance, Alameda Alliance currently conducts three member satisfaction surveys through Consumer Assessment of Healthcare Providers and Systems Version 5.0 ("CAHPS 5.0"). CAHPS surveys are widely used, the questions and response rates strongly validated, and provide quality results. Yet, it uses only a small sampling of our membership, is historically performed only once per year, fielded alongside the Healthcare Effectiveness Data and Information Set ("HEDIS"), provides only aggregate results with no specificity on individual Provider performance and are only administered in English and Spanish per the National Committee for Quality Assurance ("NCQA") protocol.

In 2014, Alameda Alliance implemented a quality incentive program for our contracted Primary Care Physicians ("PCP"). To strengthen the link between quality of care and reimbursement, Alameda Alliance plans to eventually incorporate member satisfaction results as part of this program.

Alameda Alliance has approximately 580 PCPs. This Survey must return data from a statistically significant number of members seen by a PCP in the calendar year. Additionally, the Survey data must be able to show trends for a statistically significant number of PCPs. Therefore, Vendor should consider how many surveys and how frequently to administer said surveys.

III. 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 Bidder 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 timetable.

The timetable for this RFP is as follows:

Timetable	
RFP Issued	01/05/2017
RFP responses due (no exceptions)	01/27/2017
Finalist selection	02/03/2017
Finalist interviews and presentations	02/06/2017 to 02/17/2017
Vendor selection	02/24/2017

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		
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	
Client education personnel	
Installation	
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 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. If chosen, Vendor shall not fulfill any obligation of this Agreement through such means.	

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. <i>(Maximum response: 1 page)</i>
2.	Experience	Describe your firm’s experiences in conducting surveys. Of specific interest is your experience in the following:

		<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.		What is your capacity to conduct and report on surveys in our threshold languages (English, Spanish, Chinese, and Vietnamese)?
2e.		How many clients have you worked with in the past three years?
2f.		Please provide three to four client references that Alameda Alliance can contact? Client(s) preferably in the state of California and similar in size and makeup to Alameda Alliance.
2g.		Are you a NCQA certified HEDIS CAHPS survey Vendor?
3.	Survey Questions	To best assess the topics listed above, please provide a sample list of questions you would use to assess the following five topics: <ol style="list-style-type: none"> 1. Wait times for appointments 2. In office wait times 3. Staff and Provider attitude and service 4. Provider's communications about health 5. Language services <p style="text-align: right;"><i>(Maximum response: 2 pages)</i></p>
4.	Administration	How would you propose to administer and format the survey for best readability and comprehension? [Alameda Alliance publishes member materials at a 6 th grade or lower reading level and uses plain language and 12 point font.] <i>(Maximum response: 2 pages for all Q4)</i>
4a.		How many questions would you propose to include on a Survey?
4b.		How would you propose the Survey be distributed to members?
5.	Responses	What is your anticipated response rate for your different member surveys? How do these differ with different populations and survey types? What strategies do you use to promote high response rates? How do you record and report contact attempts? <p style="text-align: right;"><i>(Maximum response: 1 page)</i></p>

6.	Frequency	<p>Alameda Alliance has approximately 580 PCPs. This Survey must return data from a statistically significant number of members seen by a PCP in the calendar year. Additionally, the Survey must be able to show trends for a statistically significant number of PCPs. Therefore, Vendor should consider how many surveys and how frequently to administer said surveys.</p> <p>Address the frequency that you consider offering such a survey returns the most reliable results over time.</p> <p style="text-align: right;"><i>(Maximum response: 1 page)</i></p>
7.	Data and reporting	<p>Describe methods used to track, analyze, and report on survey results. Address how and what data deliverable files you would share with Alameda Alliance.</p> <p style="text-align: right;"><i>(Maximum response: 1 page)</i></p>
8.	Implementation process	<p>Describe the process used by your company to implement a survey to a new client. Provide a sample implementation work plan. Include a timeline and any infrastructure requirements, etc.</p> <p style="text-align: right;"><i>(Maximum response: 3 pages)</i></p>
9.	Pricing	<p>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.</p> <p style="text-align: right;"><i>(Maximum response: 2 pages)</i></p>
10.	Value add	<p>Do you provide any value add 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>

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 client	Y	

references		
Implementation plan and timelines	Y	

VII. Instructions for response

Included as the attachment to this RFP is Alameda Alliance’s standard Consultant Services Agreement (“CSA”); Vendor agrees to be bound by the terms of this CSA.

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 – Member Satisfaction Survey

Electronic submissions must be received by **January 27, 2017** in order to be considered.