



Gold Coast Health PlanSM

A Public Entity

RE: Request for Proposal Number GCHP09062022

Gold Coast Health Plan ("GCHP") is interested in establishing an agreement with a contractor for Medical Management Software ("Software"), and is inviting qualified corporations, partnerships, companies, and other Firms (individually, a "Proposer", and collectively, the "Proposers") to submit proposals responsive to this Request for Proposal ("RFP"). This RFP establishes the project background, business requirements and expectations required for Proposers to submit a proposal (individually, a "Proposal", and collectively, the "Proposals").

A Proposal must be in accordance with the following:

1. INSTRUCTIONS:

- 1.1.** This RFP is not an offer to contract but rather an attempt to establish a common framework within which an agreement may be reached. Each Proposal submitted by a Proposer to this RFP represents a firm offer to contract on the terms and conditions described in this RFP and Proposer's response. This RFP is for special services and advice as set forth in section 53060 of the Government Code, and GCHP reserves the right to award the contract described in this RFP in any manner authorized by section 53060 of the Government Code.
- 1.2.** This solicitation shall not be construed as a requirements or supply contract. GCHP shall not have any obligation hereunder to purchase any products or services from the selected Proposer.
- 1.3.** All Proposals become the property of the GCHP and will not be returned to the responding Proposer unless otherwise determined by GCHP in its sole discretion.

1.4. Any costs incurred by the responding Proposer for developing a proposal are the sole responsibility of the responding Proposer and GCHP shall have no obligation to compensate any responding Proposer for any costs incurred in responding to this RFP. If GCHP should determine that in-person interviews are necessary, interviews will be held at the GCHP’s offices and any costs associated with such interviews will be the responsibility of the responding Proposer.

1.5. Time Schedule

Below is the tentative time schedule for this RFP.

Event	Date	Time (If applicable)
RFP Released	9/6/2022	
Questions Due	9/20/2022	5:00pm. PT
Questions Answered via Bidders Conference	9/30/2022	TBD
Intent to Propose Notification Due By	10/7/2022	5:00pm. PT
Proposal Due Date	10/17/2022*	5:00pm. PT
Short List Established and Contractual Discussions Begin	11/7/2022	
Short List – Product Demo	11/18/2022	Scheduled for the week of the 11/14

* Note: GCHP may issue you a full Security Risk Assessment.

All questions must be submitted in writing. Submit your questions to the procurement contact listed below, (Section 1.7) via email. Copies of all questions will be distributed to all persons who have submitted Intent to Propose as set forth below (“Prospective Proposers”), without any identification of the inquiring person. GCHP will answer each question at the scheduled Bidders Conference. Questions received after Question Due Date will not be answered.

1.6. Intent to Propose

Prospective Proposers are asked to notify the procurement contact of this RFP of their intention to submit a Proposal (“Intent to Propose”). Failure to notify GCHP of your Intent to Propose will not affect the acceptance of any Proposal.

Complete the form provided, **Attachment 6**, the Letter of Intent to Propose, by the date listed in section 1.5 “Time schedule” by e-mailing it to: bbushey@goldchp.org.

1.7. Procurement Contract

The procurement contact is below. All communications and Proposals must be submitted to the procurement contact. Proposals and questions should be submitted via email to:

Bob Bushey
Procurement Officer
bbushey@goldchp.org
805-437-5717

1.8. Length of Proposal

Due to the length of the evaluation, approval, and procurement process at GCHP, Proposals are required to be valid for a minimum of 120 days. A proposal may not be modified, withdrawn or canceled by the Proposer for a one hundred twenty (120) day period following the deadline for the submission of the proposal. The Proposer agrees to this condition by submission of the Proposal.

1.9. Letter of Transmittal

Proposers shall include a letter of transmittal that bears the signature of an authorized representative of the Proposer's company. The letter of transmittal will also include the name(s) of the individual(s) authorized to negotiate with GCHP as well as the names of sales representatives appointed by the Proposer, and the name of the Proposer's Project Manager.

1.10. Conflict Of Interest

- 1.10.1. The successful Proposer will be required to certify, to the best of its knowledge, that its Proposal and any awarded contract is not in violation of any provisions of applicable laws related to conflicts of interest, and that it is familiar with such laws, including by way of illustration and not by limitation, Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. A conflict-of-interest certification is attached as **Attachment 3** and shall be submitted with the Proposal.
- 1.10.2. Individuals who will perform work for GCHP on behalf of the successful Proposer might be deemed public officials under state conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, in accordance with the law and GCHP's Conflict of Interest Code.
- 1.10.3. The technologies and services for the Enterprise Transformation project will be bid in multiple phases, with the first phase of the project concerning the technology and licenses that will be used in the provision of services which include core claims processing. Because Gold Coast Health Plan is a public entity, there is a possibility that Proposers who are awarded the contract for the services covered by this RFP may be precluded from bidding on services for the second portion of the Enterprise Transformation project due to perceived conflict of interest issues. Gold Coast Health Plan is seeking guidance from the Fair Political Practices Commission (FPPC) to ascertain whether such a conflict exists and will notify all Proposers of any advice provided by the FPPC.

1.11. Experience/References

Each Proposer must provide the names of at least three (3) references that have recently contracted it for similar services to be performed pursuant to this RFP. GCHP may contact the identified references and evaluate the Proposer’s demonstrated successful implementation of negotiated scope, solution requirements, pricing approach, service delivery approach and results, transition approach and results, staffing, flexibility, agility, innovation/continuous improvement, governance, cultural fit, and ongoing relationship requirements. For each reference listed, provide the following. Use **Attachment 4** with your response.

Company name

Company address

Person to contact

Telephone number of contact

1.12. Proposal is a Public Record

All information submitted by a responding Proposer to GCHP is governed by the California Public Records Act (“CPRA”). Proposals will remain confidential during the procurement process to the furthest extent permitted by law, but only until such time as determined by GCHP in its sole discretion. If Proposer views certain information in its Proposal as confidential information that is proprietary or “trade secret” or otherwise exempt from disclosure under the CPRA, it shall provide GCHP with both a redacted and unredacted version of its Proposal with the rationale for the redactions. GCHP makes no guarantee that any or all of a Proposal will be kept confidential, even if the Proposal is marked “confidential,” “proprietary,” etc.

By submitting a redacted Proposal, the Proposer agrees that if in response to a CPRA request, GCHP reviews the proposed redactions and does not agree that the redacted information falls within any CPRA exemptions, then Proposer will indemnify, defend and hold GCHP harmless in any CPRA action, lawsuit or administrative proceeding seeking to force GCHP to disclose such purported confidential information identified by Proposer. If Proposer objects to this indemnification, then GCHP will disclose information under the CPRA in accordance with the legal requirements of the CPRA and GCHP’s interpretations thereof.

1.13. Reservation of Rights

GCHP reserves the right to do the following at any time, at GCHP’s sole discretion:

- 1.13.1. Reject any and all proposals or cancel this RFP.

- 1.13.2. Waive or correct any or inadvertent defect, irregularity, informality or technical error in any proposal or the RFP procedure.
- 1.13.3. Request that certain or all Proposers supplement or modify all or certain aspects of their respective Proposals or other materials submitted and/or provide additional information
- 1.13.4. Procure any services specified in this RFP by other means.
- 1.13.5. Modify the specifications or requirements for services in this RFP, or the required contents or format of the proposals prior to the due date.
- 1.13.6. Extend the deadlines specified in this RFP, including the deadline for accepting Proposals.
- 1.13.7. Negotiate with any, all, or none of the Proposers.
- 1.13.8. Terminate negotiations with a Proposer without liability and negotiate with other Proposers.
- 1.13.9. Award a Contract to any Proposer, including a Proposer other than the Proposer offering the lowest price.
- 1.13.10. GCHP reserves the right to eliminate a proposal from consideration if the Proposer's Security Risk Assessment reveals an unacceptable level risk for the proposed contract. An unacceptable level of risk shall be in the sole discretion of GCHP and may be based on a single risk factor or the cumulative effect of multiple risk factors. In such case, GCHP will notify the Proposer of the specific risk factor(s) resulting in the elimination. The Proposer will have three business days from GCHP's notice of elimination to submit a protest. The protest shall contain all relevant evidence that Proposer intends to present to prove that GCHP's assessment of the risk is in error. GCHP's determination of the protest shall be final. Nothing herein prevents GCHP from considering any particular Proposal or weighting the risk factors as part of the qualitative analysis, regardless of risk level.

1.14. Supplier Diversity

Supplier diversity is a high priority at GCHP. It is our business practice to create and maintain an environment in which traditionally underrepresented, minority- and women-owned businesses have an equal opportunity for building and maintaining a relationship with GCHP. In considering the Proposals, GCHP will not discriminate against, or grant preferential treatment to, any individual or group on the basis of age, sex, sexual identity or preference, race, color, ancestry, national origin, religious creed, physical or mental disability, medical condition, marital status, ethnicity, protected by applicable law.

Each Proposer shall certify in its Proposal that in performing work or providing services, it will not discriminate in its contracting, hiring or employment practices because of age, sex, sexual identity or preference, race, color, ancestry, national origin, religious creed, physical or mental disability, medical condition, marital status, ethnicity, or any other characteristic

protected by applicable law. Proposer shall also certify in its proposal that it will comply with applicable federal and California anti-discrimination laws, including but not limited to the California Fair Employment and Housing Act, beginning with Section 12900 of the California Government Code.

2. OVERVIEW

2.1. Gold Coast Health Plan

Gold Coast Health Plan is an independent public entity created by Ventura County Ordinance and authorized through Federal Legislation; however, Gold Coast Health Plan is not a county agency. The Ventura County Board of Supervisors approved implementation of a County Organized Health System (COHS) model, transitioning from fee-for-service Medi-Cal to managed care, on June 2, 2009. The purpose of Gold Coast Health Plan is to serve Medi-Cal beneficiaries, enhance the quality of healthcare, provide greater access, improve service and provide choice.

Gold Coast Health Plan proudly serves more than 220,000 Medi-Cal beneficiaries living in Ventura County, Calif. We are an independent public entity governed by the Ventura County Medi-Cal Managed Care Commission and are dedicated to serving our members. The commission is comprised of locally elected officials, Providers, hospitals, clinics, the county healthcare agency and a consumer advocate. Our *Member-first focus* centers on the delivery of exceptional service to our beneficiaries by enhancing the quality of healthcare, providing greater access and improving member choice.

From its inception, Medi-Cal has experienced increasing program costs, primarily as a result of spiraling growth in the caseload, utilization of service, and hospital costs. A Medi-Cal Reform Plan was enacted by statute in October 1971 (Chapter 577, Statutes of 1971) with the objective of developing an equitable statewide eligibility system, a uniform schedule of benefits for those eligible within a strong system of utilization and quality controls, and an improved system of health care delivery and health care financing for the program.

Modifications to the program are continually occurring because of federal and State legislation, departmental regulations, and other efforts to improve the program. Proposer should be aware that Proposer's responsibility will include the planned and orderly implementation of the applicable provisions of all state and federal legislation and regulations whenever they may occur within the life of the contract.

2.2. Project Background

2.2.1. Following the health plan industry's standard practice of regularly evaluating capabilities and performance against the nationwide market of system and service providers, we will be activating a comprehensive procurement of technologies and services. GCHP intends to implement these solutions by July 1, 2024. This RFP being issued is to source the marketplace for a new modernized Medical Management system. The solution will be expected to facilitate the modernized capabilities for patient centered care, population health, utilization management, care management and facilitate the full lifecycle of processing for any of the Health Services transactions (ex: authorizations). Reference **Attachment 8**, System and Support Model, for

further supporting overview of the future state, **Attachment 9**, Application Architecture, and **Attachment 10**, GCHP's organizational structure for further supporting documentation.

GCHP currently has a contract for services with a single service provider that covers all core technology as well as Business Processing Outsourcing (“BPO”) services that is set to expire at the end of June 2024. GCHP is embarking on a comprehensive Enterprise Transformation project and is set to issue a series of RFPs to evaluate and select the most qualified service provider for each of the following areas:

RFP 1	EDI services
RFP 2	Core Claims Processing Software
RFP 3	Medical Management software
RFP 4	Provider and Member Portal software
RFP 5	BPO (Claims processing services)
RFP 6	Mailroom and Claims Editing services
RFP 7	Print and Fulfillment services
RFP 8	Call Center Software/Technology

The approximate timeline for these RFPs is as shown below:

- RFP's 2,3 and 4. RFP issue date early to mid-September. Commission approval, December 2022
- RFP's 1. RFP issue date of mid-September, Commission approval, January 2023
- RFP's 5, 6, 7 & 8. RFP issue date of mid-January 2023, Commission approval, April 2023

3. QUALITATIVE REQUIREMENTS

Section 3 of this RFP contains all of the Software requirements. These requirements have been categorized as “Mandatory”, and “Preferred”.

“Mandatory” requirements shall be considered as “absolute” and should be met in full. Proposals will not be considered for further evaluation unless every mandatory requirement is met in full, the failure to satisfy all mandatory requirements will render the Proposal non-responsive and non-responsible. For each paragraph number listed in this section, Proposers must confirm their ability to meet the requirement by indicating they can “comply” or “not comply”. Proposers must also indicate if the requirement will be met using the following abbreviations’= **S**=Standard, and **C**= Available with Customization and then provide a detailed response describing “how” they meet the requirement.

“Preferred” requirements are to be considered as “highly desirable”, but do not have to be met in full. GCHP will evaluate a Proposer’s responses to these requirements in relation to those of all other Proposers. For each paragraph number listed in this section, Proposer’s must indicate if the requirement will be met using the following abbreviations’ **S**= Standard and **C**= Available with Customization and then provide a detailed response describing “how” they meet the requirement

GCHP intends to evaluate Proposals by ranking the Proposals in order of being most advantageous to the GCHP at GCHP’s sole discretion with price and other factors considered, including but not limited to, the Proposers’ qualifications, experience, capabilities, record of performance, references, proposed staffing, availability of key personnel, location and ability to provide services in Ventura and/or California, responsiveness and diversity outreach and efforts. GCHP intends to evaluate Proposals in a holistic manner, giving weight to price and other factors to the extent that they reflect upon GCHP’s assessment of the reasonable likelihood that a Proposer would be able to successfully render the services in a reliable manner satisfactory to GCHP. GCHP may require Proposers to demonstrate that their product(s) functions as is represented in proposals and is usable and suitable for the purposes described in this RFP, and GCHP may evaluate and consider factors such as ease of use, functionality, ability to integrate with GCHP’s technology eco-system and capabilities, and others as evidenced in the demonstration. GCHP reserves the right to evaluate the Proposals in any manner permitted by law.

NOTE: For ease of response, please use **Attachment 12** for your response to Section 3:

3.1. Mandatory Requirements

3.1.1. Member 360

- 3.1.1.1. The Software must have a 360-degree member record view of the following:
- All staff care activities (UM, CM, GRV, MA, Pharmacy, Member Services including authorization details)
 - Member program enrollments
 - Community based resources
 - External data loads (Pharmacy, Labs, Risk/ACG, Claims, Encounters)
 - Incentive programs
 - Member demographics, eligibility, PCP, member preferences (including communication format for letters, Braille, CD), vitals/biometrics
 - Risk population for specific conditions
 - Member care gaps
 - BH - ability to integrate with BH tools (potential external/vendors)
 - Self-reporting on social determinants of health
 - Dynamic data points and documentation to be added as needed to reflect member info/needs and also helps to communicate among staff regardless of an active case
- 3.1.1.2. The Software must have the ability to interface/integrate with Membership Software to capture demographic information via an Enterprise Application Integration technology such as : TIBCO, MuleSoft, Kafka, etc.

3.1.2. Provider 360

- 3.1.2.1. The Software must have a 360-degree provider record view of the following:
- Compliance
 - Participation - Contract, Network
 - Demographics
 - Alerts
 - Risk Profile / Patient Roster
- 3.1.2.2. The Software must have flexible 360 provider functionality to track parent child relation of provider and provider systems.
- 3.1.2.3. The Software must have ability to search on a provider by any data point
- 3.1.2.4. The Software must allow for provider profiles to hold multiple phone/fax/addresses numbers.
- 3.1.2.5. The Software must have the ability to interface/integrate with GCHP's designated Provider contracting Software, (Vistar/Symlr) via an Enterprise Application Integration technology such as : TIBCO, MuleSoft, Kafka, etc.

3.1.3. Workflow

- 3.1.3.1. The Software must have workflow automation triggered by logical events/data points.
- 3.1.3.2. The Software must have user friendly navigation that is clinically intuitive.
- 3.1.3.3. The Software must have integration with Core Admin, Portals, Call Center, Fulfillment, MCG guidelines/educational materials, GCHP Enterprise Datawarehouse (view capability) via an Enterprise Application Integration technology such as : TIBCO, MuleSoft, Kafka, etc.

- 3.1.3.4. The Software must have integration with Microsoft Outlook (for scheduling appointments).
- 3.1.3.5. The Software must have the ability to fax directly out of the Software at a case level.
- 3.1.3.6. The Software must have ability to configure automation workflow and auto tasking for all modules by GCHP configuration admins.
- 3.1.3.7. The Software must have real time integration between all Software modules as needed (UM to CM, GRV and MA to UM etc.).
- 3.1.3.8. The Software must be able to integrate with HIE vendors in support of interoperability through FIHR standards.
- 3.1.3.9. The Software must be able to simultaneously access information in other modules while currently working a case in a module.

3.1.4. **Operational**

- 3.1.4.1. The Software must have the ability to have GCHP configuration analysts configure letters and attachments that is user friendly, flexible and highly configurable for all modules (at specific entity level or case and member level).
- 3.1.4.2. The Software must have ability to pull templates/fields from case or member level into a letter.
- 3.1.4.3. The Software must have the ability to generate letters in different languages, include editing functions, ease of use, drop down choices, signature functions etc.
- 3.1.4.4. The Software must have the ability for user and GCHP to download and print correspondence.
- 3.1.4.5. The Software must offer a robust call tracking note capability - (phone call with member, PCP, other entity types) and provide drop down values and note section to track the interaction.
- 3.1.4.6. The Software must be able to create multiple note types, with user ID's, date & time stamp.
- 3.1.4.7. The Software must be able to search notes using search strings.
- 3.1.4.8. The Software must have functionality to provide notifications to Software users and ability to notify Auth/Case owners when other users take actions on the record or related to the member.
- 3.1.4.9. The Software must have the ability to specify member preferences for letter creation including (language preference, font size, braille or audio recording).
- 3.1.4.10. The Software must have the ability to extract all case information for external audits in all modules (UM, CM, GRV and MA). Information to include, case specific data, letters, attachments, notes, etc.
- 3.1.4.11. The Software must have security around roles and permissions pertaining to all object types - letter types, notes, cases, modules, tools etc. Need to have separation of view/edit/delete on a need-to-know basis.
- 3.1.4.12. The Software must have the ability to notify a user of a duplicate case being created in all of the modules.
- 3.1.4.13. The Software must provide functionality that allows letters to be edited by the user for letter templates that are autogenerated.
- 3.1.4.14. The Software must have ability to configure letter templates or fields using html coding, rule commands, snippets etc.
- 3.1.4.15. The Software must have the ability to use a holiday calendar that can be customized for TATs.
- 3.1.4.16. The Software must be able to track contacts across modules with entities including various contact methods like calls, emails, etc.

- 3.1.4.17. The Software must prevent more than one user to edit a case at a time and provide notification that case is being edited by a specific user
- 3.1.4.18. The Software must have ability to query cases and sort and filter. on specific case data.
- 3.1.4.19. The Software must be able to simultaneously view member information including demographics, claims including medication claims, external data while in a specific case record for a member.
- 3.1.4.20. The Software must have ability to configure customizable screens as it pertains to users role.
- 3.1.4.21. The Software must have configurable role-based permissions across modules and object type including screens, cases, views etc.
- 3.1.4.22. The Software must have ability to generate self-serve custom reports using a BI reporting tool that is integrated with all modules within Medical management Software so that customized elements are available in the reporting repository.
- 3.1.4.23. The Software must have a visual prompt for member's eligibility (ex: member term in red font, etc.).
- 3.1.4.24. The Software must have the ability to configure note types with template and data fields.
- 3.1.4.25. The Software must have ability to generate a customizable case preview/ summary including case notes and pertinent information from a case.
- 3.1.4.26. The Software must have ability to track appointments and have integration with Microsoft outlook.
- 3.1.4.27. The Software must have ability to provide comprehensive audit tracking for authorizations.
The Software must have ability to route cases through different queues based on logic that looks at specific data fields.
- 3.1.4.28. The Software must have ability to report off any data points across all modules.
- 3.1.4.29. The Software must have business rule designer functionalities (e.g., line of business and service codes rules).
- 3.1.4.30. The Software must have ability to track member information including ability to add dynamic field on a member like:
 - a. Race
 - b. Ethnicity
 - c. Spoken Language
 - d. SO\GI – Sexual Orientation\Gender Identity
 - e. General Demographic
 - f. Seniors and Persons with Disabilities"
- 3.1.4.31. The Software must have ability to add attachments at member and individual module case level.
- 3.1.4.32. The Software must have ability to schedule canned or ad-hoc reports.
- 3.1.4.33. The Software must be able to auto populate member and provider information upon case creation in any module.
- 3.1.4.34. The Software must be able to monitor case assignments, re-assign and access a case through workload monitoring.
- 3.1.4.35. The Software must have multiple environments such as a training/testing and production environment.
- 3.1.4.36. The Software must have accurate, secure, real time on demand dashboarding.

3.1.4.37. The Software must have ability to clone a user and case.

3.1.5. Utilization Management

- 3.1.5.1. The Software must have the ability to decision authorization and referrals and have workflow around the organization determination.
- 3.1.5.2. The Software must have the ability to differentiate between Inpatient and Outpatient cases and provide multiple intake methods including fax or auto attachment from portal submissions.
- 3.1.5.3. The Software must have the ability to create an authorization and move it through workflow to correct parties in the workflow process, including intake, nurse review, medical director review, nurse reviewer based on queues by role.
- 3.1.5.4. The Software must have ability to display customizable alerts which are noticeably displayed at any step in the workflow (egg: prior to auth creation)
- 3.1.5.5. The Software must have ability to view and report on denial letters and turnaround times as well as language translation process.
- 3.1.5.6. The Software must have ability for a peer reviewer to make edits to letters generated by other staff.
- 3.1.5.7. The Software must have “pending” letter tracking mechanism for letters that are pending fulfilment.
- 3.1.5.8. The Software must have ability to integrate with MCG.
- 3.1.5.9. The Software must have ability to create and track multiple days on inpatient and post-acute stays and provide validation of care date ranges.
- 3.1.5.10. The Software must have ability to edit and track history on multiple care days simultaneously per NCQA requirements for e.g., final determination, level of care, and receipt date/time field).
- 3.1.5.11. The Software must have the ability to configure logic including customized turnaround times (TAT) around specific data points and notify of TAT expiry.
- 3.1.5.12. The Software must be able to track multiple TATs on an authorization.
- 3.1.5.13. The Software must be able to track modifications by user and date to an authorization including attachments and data field changes (must have an audit trail showing all changes).
- 3.1.5.14. The Software must provide functionality to support faxes and portal attachment for authorizations.
- 3.1.5.15. The Software must be able to provide productivity tracking including daily touches and total time spent on an auth.
- 3.1.5.16. The Software must be able to configure additional data fields to capture DHCS reporting requirements (i.e., OON, COC).

3.1.6. Case Management

- 3.1.6.1. The Software must be able to view all cases assigned to a user in a user specific screen and same case could show in other user's specific screen because they are assigned to that case as well.
- 3.1.6.2. The Software must have a summary view of member's eligibility, cases and programs that is easily accessible when working in any module or any case.
- 3.1.6.3. The Software must have a user-friendly editable summary of care plans.

- 3.1.6.4. The Software must have the ability to allow custom configuration by GCHP of assessments, care plans including barriers, goals, interventions and problems and notes to include the ability to track progress towards goals.
- 3.1.6.5. The Software must have ability for multiple users to be assigned to a case as an active owner.
- 3.1.6.6. The Software must have ability to configure custom screens including care plans, assessments, correspondence.
- 3.1.6.7. The Software must have ability to customize automatic prompts, alerts based on logical data points including dates on specific object types - for example 6-month re-assessment due.
- 3.1.6.8. The Software must be able to integrate UM information into the CM module example Authorizations/IP, ED, OP visits/DME.
- 3.1.6.9. The Software must have ability to integrate with external audit tools.
- 3.1.6.10. The Software must have audit tool capabilities.
- 3.1.6.11. The Software must have ability to track additional phone numbers and addresses for a member.
- 3.1.6.12. The Software must have ability to create contact log and have member's PCP information populate.
- 3.1.6.13. The Software must have ability to modify and track history on the contact data fields.
- 3.1.6.14. The Software must have ability to track contact attempts in the contact log.
- 3.1.6.15. The Software must have ability to connect contact log with Outlook in order to send emails.
- 3.1.6.16. The Software must have ability to have multipack contact field.
- 3.1.6.17. The Software must have ability to link existing case note to a contact.
- 3.1.6.18. The Software must have ability to provide a configurable and customized risk stratification queue that contains risk score and other member demographics.
- 3.1.6.19. The Software must have a medication reconciliation tool.
- 3.1.6.20. The Software must have the ability to integrate with the DHCS risk data.
- 3.1.7. Population Management**
 - 3.1.7.1. The Software must have the ability to interface and integrate with other vendor solutions to obtain critical Population Health Information (for ex: DHCS, other health plans, homelessness database, house registry etc.).
 - 3.1.7.2. The Software must have the ability to integrate/interface with any external HIEs/CIEs through FHIR standards.
 - 3.1.7.3. The Software must have ability to store member data relative to the SDOH (including Homelessness).
 - 3.1.7.4. The Software must have built in specific tools and materials for member engagement in education, wellness activities, and identifying community resources to which they are eligible.
 - 3.1.7.5. The Software must have ability to track member outreach efforts including phone calls, digital communication, materials mailed etc.
- 3.1.8. Grievances, Appeals, PDRs**
 - 3.1.8.1. The Software must allow for cases to be created based on Members and/or Provider.
 - 3.1.8.2. The Software must have the ability to decision grievance and appeals and have workflow around the organization determination.
 - 3.1.8.3. The Software must have grievance and appeals process that allows for differences in grievance and appeals templates.

- 3.1.8.4. The Software must have ability to identify/avoid creation of duplicate cases.
 - 3.1.8.5. The Software must have comprehensive audit tracking for grievances and appeals.
 - 3.1.8.6. The Software must have ability to route grievance and appeals cases based on configurable queue routing functionality.
 - 3.1.8.7. The Software must have ability to document manual received date and configure SLAs based on this date.
 - 3.1.8.8. The Software must have Provider Dispute Resolution functionality including tracking, case creation, assessment tools, workflow, SLA configuration and reporting.
 - 3.1.8.9. The Software must allow for post closure editability on cases including adding additional notes and attachments.
 - 3.1.8.10. The Software must have ability to access and upload documents, letter and/or medical records from the authorization related to appeals.
 - 3.1.8.11. The Software must have State Fair Hearing functionality including tracking, case creation, assessment tools, workflow, SLA configuration and reporting.
 - 3.1.8.12. The Software must have Grievance and Appeals functionality including tracking, case creation, assessment tools, workflow, SLA configuration and reporting.
 - 3.1.8.13. The Software must have the functionality to create case summary for all the workflow documentation included in the Grievance and/or Appeals cases
 - 3.1.8.14. The Software must have the functionality to create notes from various user (i.e., Medical Directors, G&A Nurse and Specialist) to be including with the case summary.
- 3.1.9. Pharmacy**
- 3.1.9.1. The Software must have medication reconciliation (med rec) tool available.
 - 3.1.9.2. The Software must have ability to associate data from GCHP medications claims history with the medication reconciliation functionality.
 - 3.1.9.3. The Software must have ability for reconciled medication list to check for safety concerns (e.g., drug-drug interactions)?
 - 3.1.9.4. The Software must have member support or adherence tools available within the medication reconciliation functionality.
 - 3.1.9.5. The Software must have ability for the reconciled medication list with directions for members be translated into GCHP's threshold language.
 - 3.1.9.6. The Software must have ability to process pharmacy authorizations and appeals.
- 3.1.10. Health Education**
- 3.1.10.1. The Software must have ability to integrate MCG and other health education materials into the member case.
 - 3.1.10.2. The Software must have ability to document, track or report member participation in classes that are taken online/telephonically/in-person.
 - 3.1.10.3. The Software must have ability to integrate a schedule of classes via internal schedule or outlook.
 - 3.1.10.4. The Software must have ability to track calls done at a member level
 - 3.1.10.5. The Software must be able to configure a workflow for translation request process.

- 3.1.10.6. The Software must have ability to attached additional documents or materials to a member letter.
- 3.1.10.7. The Software must have capabilities to allow C&L to provide language translation of custom letter text on cases from all modules.
- 3.1.10.8. The Software must be able to track member's alternate language format and connect that to fulfillment process.
- 3.1.10.9. The Software must have ability to create multiple instances of the same assessment on a member or member case.
- 3.1.10.10. The Software must have reporting capabilities for any kind of translation request process i.e., turnaround times.
- 3.1.10.11. The Software must have ability for users to collaborate and have dual ownership for respective pieces of the members case.
- 3.1.10.12. The Software must have ability to interface with a member portal via Enterprise Application Integration technologies such as TIBCO, MuleSoft, Kafka, etc. and text member from the Software.
- 3.1.10.13. The Software must be able to integrate with external vendors like Solera.

3.1.11. Provider Portal

- 3.1.11.1. The Software must have ability to integrate with an external Provider Portal via Enterprise Application Integration technologies such as TIBCO, MuleSoft, Kafka, etc.

3.1.12. Administrative / Configuration

- 3.1.12.1. The Software must be highly configurable and flexible across all modules and record types and screens and include the ability to configure queries and screens.
- 3.1.12.2. The Software must have the ability to allow customized data fields on any record.
- 3.1.12.3. The Software must have logic to provide data validation on all fields.
- 3.1.12.4. The Software must have workflow automation functionality that uses logic to move a record through user queues and creates new record types based on logic as needed.
- 3.1.12.5. The Software must provide access to the stored data in real time for reporting purposes.
- 3.1.12.6. The Software must have ability to configure data fields to be single pick or multi pick.
- 3.1.12.7. The Software must have ability to provide data fields that are date look up, drop down list values, manual entry notes fields, numeric character and provide data masks as needed.
- 3.1.12.8. The Software must have ability to configure character limits on fields.
- 3.1.12.9. The Software must have ability to manage user access at the business level.
- 3.1.12.10. The Software must have ability to configure custom notes, assessments, letters, problem/goals/interventions by in-house analyst.

3.1.13. Medical Management Security

- 3.1.13.1. The Software must ensure secure connectivity and interaction using TLSv1.2 or later.
- 3.1.13.2. GCHP Administrative logons must support SAML Single Sign-on.
- 3.1.13.3. All Member logons must support Multi-Factor Authentication.

3.2. Preferred Requirements

3.2.1. Proposer Overview

- 3.2.1.1. **Business Type Description** - List all that apply that describe your business.
- Corporation
 - Partnership
 - Joint Venture
 - Publicly Held
 - Limited Liability Corporation (LLC)
 - Non-Profit
 - Other, please specify
- 3.2.1.2. **Proposer Stability**
- 3.2.1.2.1. List any recent events which may reasonably have a material impact on Proposer's stability, ongoing operational status, or organizational structure.
 - 3.2.1.2.2. Indicate the length of time that Proposer has been providing claims processing technology for health plans.
 - 3.2.1.2.3. Provide details of your product investments, roadmap and release schedule. How are client requirements incorporated into these roadmaps.
 - 3.2.1.2.4. Describe how your Software solution and product roadmap incorporates new and emerging technologies.
- 3.2.1.3. **Experience/References**
- 3.2.1.3.1. Describe your knowledge and capabilities regarding the California Department of Health Care Services ("DHCS") regulatory environment, including specific examples of working within the parameters of DHCS regulations, where applicable.
 - 3.2.1.3.2. Describe your experience with the Medicaid/Medi-Cal product line.
 - 3.2.1.3.3. Describe your knowledge and capabilities regarding the Centers for Medicare and Medicaid Services ("CMS") regulatory environment, including specific examples of working within the parameters of CMS regulations, where applicable.
 - 3.2.1.3.4. Describe you experience with the Medicare/D-SNP product line.
 - 3.2.1.3.5. Describe your experience with working with smaller health plans with membership under five-hundred thousand (500,000) members.
 - 3.2.1.3.6. Provide the approximate total number of employees.
 - 3.2.1.3.7. Provide employee turnover rate by month for previous 12 months.
 - 3.2.1.3.8. Provide an overview of how you support customers in Southern CA, including but not limited to the number of offices, number of employees, etc.
 - 3.2.1.3.9. Provide your strategic plan to staff up for the volume increase under this contract.
 - 3.2.1.3.10. Provide information on the offices that would be dedicated/assigned to GCHP for operational and customer support.
 - 3.2.1.3.11. Attach resumes and other supporting details regarding the account management team projected to be assigned to GCHP. Provide the organizational chart with relevant job titles, contact numbers and email addresses.
 - 3.2.1.3.12. Provide a list of certified or known third-party service providers that use your Software to deliver services in an outsource model.

3.2.2. Technical Requirements

- 3.2.2.1. Describe what secure cryptography protocol is offered?
- 3.2.2.2. Describe the balance and controls processes used to monitor the flow of data in and out of the platform.
- 3.2.2.3. Does your Software have messaging alert capability?
- 3.2.2.4. Does the platform support role-based permissions and access at the individual field level, screen level and function level?
- 3.2.2.5. What workflow technology is used by the platform
- 3.2.2.6. What Rules engine is used (proprietary or third-party product)?
- 3.2.2.7. What Event Management capabilities are offered?
- 3.2.2.8. What Enterprise Application Integration (EAI) technologies are supported by the platform (TIBCO, MuleSoft, Kafka, etc.) ?
- 3.2.2.9. Does your Software support near real-time data stream from transactional systems/databases to an external data warehouse vs. batch file processing?
- 3.2.2.10. Does your Software have the ability to schedule and generate customized reporting?
- 3.2.2.11. Does your Software have the ability to produce dashboard views? Are they customizable?
- 3.2.2.12. What is your product release schedule?
- 3.2.2.13. What technology is used for your User Interface HTML, etc.
- 3.2.2.14. Do you have the ability to provide and support multiple environments?
- 3.2.2.15. Does your platform support the following lines of business? MediCal, Medicare, D-SNP
- 3.2.2.16. Does your platform support Value Based Payments?
- 3.2.2.17. Does your platform support an encapsulated rules engine that can be utilized by other external Software? (i.e., claims business rules exposed to portal, etc.)?
- 3.2.2.18. Does your Software have audit tracking capabilities? If yes, please explain what information is stored and for what conditions the information is logged. Please also explain how long the information is retained.
- 3.2.2.19. Describe how your Software receives, stores and displays attachment information? Is the user able to download and print the information? (Claims attachments associated to an 837, etc.).
- 3.2.2.20. Does your Software support the ability to customize sorting, filtering and searchability on notes – Notes in MMS?
- 3.2.2.21. Does your Software use any 3rd party products for transactional processing? If so, please identify any 3rd party products used by the platform (i.e., Claims Pricing, Address Standardization, Medical Edits, Claims Grouper, etc.)
- 3.2.2.22. Does the platform support FHIR standards?
- 3.2.2.23. Describe any limitations that will prevent GCHP from obtaining technology and Software specifications? (i.e., architecture diagrams, data models, etc.)
- 3.2.2.24. All database Software's supporting user/member data shall use standardized encryption techniques that meet or exceed DoD requirements (SHA-2, AES256).
- 3.2.2.25. GCHP Administrative logons shall support SAML Single Sign-on.

- 3.2.2.26. All Member logons shall support Multi-Factor Authentication.
- 3.2.2.27. Member logons must have the ability to support SAML Single Sign-on.
- 3.2.2.28. What database technologies are supported by the platform (Relational vs. NoSQL) Oracle, Mongo, etc. and what versions are supported.
- 3.2.2.29. Member logons should have the ability to support SAML Single Sign-on.
- 3.2.2.30. Software shall have an integrated reporting tool that provides customized query / reports and allows scheduling of those reports to be produced automatically. Reports should be able to be emailed or saved to network folder.
- 3.2.2.31. The Software shall have integration with live chat bot functionality.
- 3.2.2.32. The Software shall be able to run securely on other devices including mobile app, ipad etc.
- 3.2.2.33. The Software shall support data sharing in near real-time vs. batch
- 3.2.2.34. The Software shall have ability to search for indexed medical record scans.
- 3.2.2.35. The Software shall have ability to support AI security OAUTH2 and OAUTH3.
- 3.2.2.36. The Software shall provide hyperlinks to linked records (provider on member case etc.).
- 3.2.2.37. The Software shall have ability to receive external referrals and create a case from the referral information.
- 3.2.2.38. The Software shall have the ability to integrate with other Software vendors or data in support of business processes like medication adherence tools.
- 3.2.2.39. The Software shall be able to import or reference data from external sources for managing member care and provider performance (CMS STARS, MTM, etc.).

3.2.2.40. Training, Warranty and Support

3.2.2.40.1. Training

- 3.2.2.40.1.1. Describe what training and documentation is available. Address both functional and technical training availability.
- 3.2.2.40.1.2. Is on-site training available?
- 3.2.2.40.1.3. Is e-learning training available?
- 3.2.2.40.1.4. Is online documentation available?

3.2.2.40.2. Warranty

- 3.2.2.40.2.1. Describe your Software warranty, including all conditions, recourses, exclusions and time frames.
- 3.2.2.40.2.2. Describe any warranties offered on other services and products included with the Software.
- 3.2.2.40.2.3. For what period of time are major and minor product upgrades included in the purchase price of the product?
- 3.2.2.40.2.4. What is the (average) frequency of new releases and upgrades?
- 3.2.2.40.2.5. How does the installation of upgrades affect Software operation?
- 3.2.2.40.2.6. What is your support policy on older Software releases?
- 3.2.2.40.2.7. List any planned enhancements with planned release dates.
- 3.2.2.40.2.8. Do upgrades include regulatory requirement changes? Does this affect the frequency of upgrade releases?
- 3.2.2.40.2.9. Is any customization automatically included in any upgrades?

- 3.2.2.40.2.10. Does customization incur additional annual maintenance costs?
- 3.2.2.40.2.11. Describe the process and estimate the time required to install subsequent releases/versions of your product.

3.2.2.40.3. Support

- 3.2.2.40.3.1. What is your post implementation annual on-going support services? Inclusions/exclusions?
- 3.2.2.40.3.2. Describe your hotline support program (that is, help desk and problem-resolution procedures).
- 3.2.2.40.3.3. Is technical support offered during Gold Coast Health Plan standard business hours, of Monday through Friday from 6:00am – 9:00pm Pacific Time and for-on call services only, Saturday and Sunday from 6am – 3:00pm Pacific Time Is support also available outside these hours; and if so, provide location and hours of operation for each technical support option.
- 3.2.2.40.3.4. Are there support models and options?
- 3.2.2.40.3.5. Describe your Software error classifications, (class 1, class 2, class 3 etc.).
- 3.2.2.40.3.6. Describe your support remedies for each error classification in 3.2.2.28.3.5 above.
- 3.2.2.40.3.7. When running on Proposers configured equipment, provide your Software's "Response Time". Response Time means with respect to a given transaction, the clock time (measured in seconds and tenth of seconds) elapsed between, i) the moment when a terminal operator presses the send or transmit key on a terminal, thereby requesting certain processing services from the Software, and ii) the moment at which the output processing so requested is successfully completed and displayed at the terminal.
- 3.2.2.40.3.8. Please describe how you generally provide exit Transition Services to enable the services to continue without interruption and facilitate an orderly transfer of the services to Customer and/or Customer's designee.

3.2.3. IT Security

- 3.2.3.1. Please provide a contact name and email address for receipt of the full Security Risk Assessment noted in Section 1.5..
- 3.2.3.2. Do you possess an independent audit for any one of the following?
(Select all that apply)
 - SOC Type II (SSAE16)
 - HITRUST
 - HIPAA
 - HITECH
 - ISO 27001
 - ISO 27017/18 (Cloud Services)
 - PCI-DSS (Payment Card)
 - Sarbanes-Oxley
 - None
- 3.2.3.3. Is there an Information Security Policy and does it include?

(Select all that apply)

- Information Asset Security Policy
- Data Classification Policy
- Information Security Awareness Policy
- Physical Security Policy
- Acceptable Use Policy
- Access Control Policy
- Authentication Policy
- Risk Management Policy
- Incident Management Policy
- Patch Management Policy
- Change Control Policy
- Anti-Malware Policy
- Remote Access Policy
- User Workstation Security Policy
- Personal Computers Policy (BYoD)
- Server Security Policy
- Network Device Policy
- Backup and Restore Policy
- Logging and Events Policy
- DR / BCP Policy
- Data Separation Policy
- Encryption and Key Management Policy
- Technology Equipment Disposal Policy
- Clean Desk Policy
- No Policy

3.2.3.4. Do you build your Information Security Policies around any one of the following frameworks or standards?

(Select all that apply)

- HIPAA Privacy/Security Rule (Standards)
- NIST (Framework & Standards)
- ISO 2700x (Standards)
- AICPA's Trust Services (SOC2)
- SANS Critical Security Controls (Standards)
- COBIT (Framework)

- OWASP (Framework)
 - None
- 3.2.3.5. Is your Information Security Policy used in all environments (ex., corporate, production, development, etc.)?
- Yes
 - No
- 3.2.3.6. Do your services include the handling, collection, or processing of any PHI (protected health information) or PII (personally identifiable information)?
- PHI
 - PII
 - Both
- 3.2.3.7. What type of PHI or PII records are used?
(Select all that apply)
- Date of Birth
 - Phone/Fax Numbers
 - Email Address
 - Social Security Number
 - Medical Records Number
 - Claim Number (Medical)
 - Member Identification Number
 - Health Plan Beneficiary Number
 - License Number(s) (ex. Medical, Drivers, Birth)
 - Biometric Identifiers
 - Photographs (Medical or Face/Body)
 - Medical Condition Information
 - None
- 3.2.3.8. Do you encrypt sensitive data at rest?
(Select all that apply)
- HTTPS
 - SMTPS
 - SSH
 - SFTP
 - VPN (IPSec)
 - No
- 3.2.3.9. Do you encrypt sensitive data in transit?
(Select all that apply)

- HTTPS
 - SMTPS
 - SSH
 - SFTP
 - VPN (IPSec)
 - No
- 3.2.3.10. Do your business-services operate in a;
(Select all that apply)
- Dedicated and privately-owned data center
 - Multi-tenant collocation data center
 - Cloud environment
 - Hybrid solution ex. partial on-prem and partial cloud
 - Partnered with another 2nd or 3rd party service
 - None
- 3.2.3.11. How is the application, service, or data accessed?
HTTP Website
(Select all that apply)
- HTTPS Website
 - Citrix or RemoteApps
 - VPN (IPSec)
 - Secure SFTP/SSH/SCP
 - FTP
 - Encrypted Email
 - Unencrypted Email
- 3.2.3.12. Do you have a formal vulnerability management program?
- Yes
 - No
- 3.2.3.13. How frequent are you exercising your vulnerability management program?
- Weekly
 - Monthly
 - Quarterly
 - Annually
- 3.2.3.14. Do you have a process to remediate any known or discovered vulnerabilities?
- Yes. (Please explain the expected timeframes for remediation)
 - No

- 3.2.3.15. Are there entitlement and/or user access controls for use of the product?
- Yes, Entitlements are required for the application
 - No, Entitlements are not required for the application
- 3.2.3.16. Are entitlements and/or user access controls.
- (Select all that apply)**
- Controlled by third parties
 - Controlled by an automatic provisioning process
 - Controls restricted by Role-Based Access Controls (RBAC)
 - Least Access Principle Used
 - Access restricted by Firewall
 - N/A
- 3.2.3.17. Are any services or development processes sub-contracted?
- Yes
 - No
- 3.2.3.18. If sub-contractors are used, are they held to the same accountability and follow your security policies as your employees?
- Yes
 - No
- 3.2.3.19. Who developed the application?
- (Select all that apply)**
- Off-the-shelf Software,
 - Internally (home-grown)
 - Open source
 - Other (Please Explain)
 - N/A
- 3.2.3.20. Is there a Business Continuity/Disaster Recovery (BC/DR) program?
- Yes
 - No
- 3.2.3.21. Is the Business Continuity and/or Disaster Recovery program tested at least annually?
- Yes
 - No
- 3.2.3.22. Do you provide Service Level Agreements (SLA) for your service? If so, what options are available (please describe in text box).
- Yes (Please describe options available)
 - No
- 3.2.3.23. Do you offer support services? Are they.

(Select all that apply)

- In-house staff
- Subcontracted
- Based in the USA
- Based offshore
- Support dedicated to a single individual
- Support goes in queue for next available representative
- No Support Services

3.2.4. Implementation Approach

3.2.4.1. Overview

- 3.2.4.1.1. Provide an overview of your company's program management organizational structure as described in the proposal and how the work will be performed.
- 3.2.4.1.2. Provide a task-level description of your firm's proposed implementation approach. For each project stage, estimate the requirements your approach will place on GCHP staff. Please detail the roles, responsibilities, and accountability for each project stage.
- 3.2.4.1.3. What is the proposed implementation services program structure and organizational model? Will you be directly providing these services, or do you propose to use a third-party service provider for implementation? For clarity, please verify that your implementation services scope minimally covers all items requested in Section 3 and highlight any additional scope or services that you will provide to GCHP.
- 3.2.4.1.4. Provide details of your plans for supporting GCHP immediately following implementation cut-over/go-live to ensure stable system operation and a smooth user-experience. What is the structure, staffing, and duration of such immediate post-implementation support? For clarity, this support is separate from any annual on-going support services.
- 3.2.4.1.5. What is your plan to manage turnover in staff, including turnover in any key personnel assigned to GCHP?

3.2.4.2. Proposed Staffing and Project Management

- 3.2.4.2.1. Present a description of the qualifications of individuals with whom you plan to staff the project, a delineation of their roles and responsibilities, a discussion of the location (on-shore or off-shore) from which you expect to manage and staff the project, and a discussion of how you expect to communicate and work with GCHP's personnel throughout the project.
- 3.2.4.2.2. In the event Proposer anticipates utilizing subcontractors in the performance of any contract issued pursuant to this RFP, such subcontractor must be identified. Further, Proposer must fully define the scope of work to be performed by such subcontractor with an accompanying overview description of Proposer's intended contractual relationship with, and plan for managing the performance of, such subcontractor.

3.2.4.3. Key Personnel

- 3.2.4.3.1. Include the actual resumes of the key personnel to be assigned to this project, not just samples.
- 3.2.4.3.2. What is the duration of the commitment of key personnel to GCHP?

3.2.4.4. Proposed Schedule

3.2.4.4.1. Provide a project plan and timeline outlining critical milestones necessary to meet any stated deadlines.

3.2.5. Functional Preferred Requirements

3.2.5.1. Workflow

3.2.5.1.1. The Software shall have real time communication between MMS and member/provider portals.

3.2.5.2. Operational

3.2.5.2.1. The Software shall have the ability to perform incentive encounter tracking.

3.2.5.2.2. The Software shall have the ability to route, review, and track reviewers and editors of member letters.

3.2.5.2.3. The Software shall retain history of screen fields as they change including updated by and updated time.

3.2.5.2.4. The Software shall have ability to notify administrators of failed faxes.

3.2.5.2.5. The Software shall have ability to integrate with member portal via API Integration.

3.2.5.2.6. The Software shall have the ability to stop letters from being sent.

3.2.5.2.7. The Software shall have the ability to re-trigger/re-sent a letter.

3.2.5.2.8. The Software shall have audit tool capabilities for all modules.

3.2.5.2.9. In the future, have ability to text members and have live chat.

3.2.5.2.10. In the future the Software shall have ability to run on mobile application.

3.2.5.2.11. In the future, the Software shall have ability to integrate with nurse advice line, Telehealth functionality.

3.2.5.2.12. In the future, the Software shall have ability to help identify and incentivize healthy lifestyle by capturing data from point of care devices and technology (apple watch/IOT, healthy lifestyle rewards program).

3.2.5.2.13. In the future, the Software shall use AI to improve the health outcome and make recommendations.

3.2.5.2.14. In the future, the Software shall have integration of provider/member incentives (value-based contracting).

3.2.5.2.15. In the future, the Software shall use AI to predict and analyze risk – predictive analytics

3.2.5.2.16. In the future, the Software shall have ability for automation of member consent applied at multiple levels – captured in portal and sent down to MMS or vis versa.

3.2.5.2.17. In the future, the Software shall have ability to link family members together based on data received from membership.

3.2.5.2.18. In the future, the Software shall have ability to support infrastructure and architecture that supports Micro Services, APIs, AI and Machine Learning.

3.2.5.2.19. In the future, the Software shall have ability to securely manage identities, resources, and permissions at scale.

3.2.5.2.20. In the future the Software shall have OCR capability for consumption of referral forms and ability to create a case with as much of that information populated as possible.

3.2.5.2.21. In the future, the Software shall have ability to search for indexed scans.

3.2.5.2.22. In the future, the Software shall have ability to support AI security OAUTH2 and OAUTH3.

3.2.5.3. Utilization Management

3.2.5.3.1. In the future, the Software shall have ability to create workflow based on embedded assessments/questionnaires to guide reviewers in decision making and determination letters.

3.2.5.3.2. In the future, the Software shall have ability to map assessments to authorizations (based on auth type) and determination letters (zone mapping).

- 3.2.5.3.3. The Software shall have ability to auto auth based on specific data elements on the case.
- 3.2.5.3.4. In the future, the Software shall have ability to configure limits for services in order to easily track what has already been authorized so we can notify users of duplicate autos.

3.2.5.4. Case Management

- 3.2.5.4.1. The Software shall have ability to integrate with other EMR products.
- 3.2.5.4.2. The Software shall have ability to upload multiple documents to member's case at the same time.
- 3.2.5.4.3. In the future the Software shall have ability to access MCG assessment libraries (Chronic Care Guidelines).
- 3.2.5.4.4. The Software shall have the ability to integrate with registries and provide search functionality to help with identifying risk populations and managing the member.
- 3.2.5.4.5. The Software shall have a functioning cost savings UM, CSR, CCS deferrals, OHI deferrals.

3.2.5.5. Population Management

- 3.2.5.5.1. The Software shall have ability to assess member needs using a data driven approach for risk stratification, avoiding and reducing biases, and assign members to specific tiers for intervention purposes; assessment timeline of member needs should be customizable.
- 3.2.5.5.2. The Software shall have ability stratify data by race/ethnicity to identify health disparities to inform health equity measures and population needs assessment.
- 3.2.5.5.3. The Software shall have the ability to develop customizable reports/dashboards (i.e., tables, graphs, maps, and other visualizations) with relevant PHM program data such as penetration rate of PHM programs, members by risk tier, program eligibility.
- 3.2.5.5.4. The Software shall have the ability to coordinate closed-loop referrals for health services, social services, and other public benefit programs.

3.2.5.6. Pharmacy

- 3.2.5.6.1. The Software shall have ability to integrate with a standalone medication reconciliation tool.
- 3.2.5.6.2. The Software shall have Medication Therapy Management module which has Medicare / Medi-Cal compliant MTM programs (e.g., Medicare Part D for D-SNP)/ non-Medicare members and is highly configurable based on program qualifications.
- 3.2.5.6.3. The Software shall have MTM module that is currently being used by other customers and has passed CMS audits.
- 3.2.5.6.4. The Software shall have comprehensive medication review with configurable workflows and links to other modules such as CM referrals and should include medication list along with action items for each medication.
- 3.2.5.6.5. The Software shall have Targeted Medication Review functionality including configurable rules around identifying gaps, interventions and outcomes at member level.
- 3.2.5.6.6. The Software shall have ability to track pharmacy contacts including issues, questions and contact details.
- 3.2.5.6.7. The Software shall have ability to track medication adherence.
- 3.2.5.6.8. In the future Software the Software shall have programs to capture CMS STARS measures.
- 3.2.5.6.9. The Software shall have the ability to produce and export CMS required reports related to Medicare MTM program.

3.2.5.7. Health Education

- 3.2.5.7.1. The Software shall have ability to integrate with external vendors like Health Wise.

- 3.2.5.7.2. The Software shall have ability to integrate quality improvement measures and provide gap analysis.
- 3.2.5.7.3. The Software shall have ability to automatically report to the provider a members participation in an educational activity.
- 3.2.5.7.4. In the future the Software shall integrate with call center and have capability to create referral in the MMS Software.
- 3.2.5.7.5. The Software shall have ability to track and report multiple appointments for members over a period of time within a same case.
- 3.2.5.7.6. The Software shall have ability to track member vitals and history of specific tests.

3.2.5.8. QI

- 3.2.5.8.1. The Software shall have ability to create PQI with TATs and track scores.
- 3.2.5.8.2. The Software shall have ability for closure outcome worksheet with CMO signature in PQI referral process.
- 3.2.5.8.3. The Software shall have ability to track PQI's by provider over a period of time.
- 3.2.5.8.4. The Software shall have ability to create reports around PQI's.
- 3.2.5.8.5. The Software shall have the ability to interface and integrate with other vendor solutions (for ex: DHCS, other health plans, EMR, Healthy Data Software's, Invalid etc.).
- 3.2.5.8.6. The Software shall have ability to interface and integrate with IHA data and generate report, scoring and enter IHA audits.
- 3.2.5.8.7. The Software shall have ability to track and monitor HEDIS measurements.
- 3.2.5.8.8. The Software shall have Care Gaps analysis functionality.
- 3.2.5.8.9. The Software shall have FSR (Facility Site Review) tracking functionality.
- 3.2.5.8.10. The Software shall have ability to identify trends by provider across all QI initiatives for example HEDIS, FSR, Care Gaps etc.
- 3.2.5.8.11. The Software shall have ability to flag/track which outreach/interventions members have been enrolled or participated in (e.g., texting programs, member incentives) - aim to prevent member abrasion (NCQA accreditation PHM Element 1B).
- 3.2.5.8.12. The Software shall have the ability to export data from the CM module for reporting performance measures (e.g., NCQA ECDS measures).
- 3.2.5.8.13. The Software shall have the ability to enter, track and report member complaints/grievances.

4. QUANTITATIVE REQUIREMENTS

4.1. Pricing

- 4.1.1. Several contracts will be awarded by GCHP pertaining to this and other projects, which have been collectively called the "Enterprise Transformation" projects. Please indicate if you will provide a discount in your pricing if awarded more than one project and the amount and structure of such discount(s).
- 4.1.2. Proposers must provide itemized Software pricing in the form attached as **Attachment 5** . Proposers may propose either a perpetual, term, or SaaS model. Proposers will be responsible for hosting the Software and GCHP Data and as such will provide both any license fee and hosting fees requested separately if they are not bundled into the subscription price. GCHP will not host the Software internally. Software support services shall be quoted using Monday through

Friday from 6:00am – 9:00pm Pacific Time and for-on call services only, Saturday and Sunday from 6am – 3:00pm Pacific Time.

4.2. Implementation Pricing

4.2.1. Proposer is expected to provide a fixed fee to fully implement the Software using the guidelines listed below:

Services	Responsibilities	
	Vendor	GCHP
Training users and super-users	X	
Setting the needed configuration options	X	X
Performing necessary testing and quality assurance tests		X
Verifying system performance	X	
Developing necessary reports	X	
Integrating your solution with appropriate data sources	X	
Migrating necessary data	X	X
Extending additional post-implementation support needed for any system stabilization and user acceptance	X	
Providing access to a call center to address any on-going issues	X	
Establishing backup and other routine maintenance procedures	X	X
Establishing the on-going support model	X	X
Verifying other operational procedures	X	

Reference further supporting documentation in Attachment 11, Data to Value Solution Responsibility Matrix.

4.2.2. Please provide a list of key assumptions related to your implementation pricing.

4.2.3. Proposers must itemize implementation pricing in the form attached as **Attachment 5**.

4.3. Miscellaneous Pricing

4.3.1. Proposers must itemize all training for GCHP personnel and miscellaneous pricing including training, travel, data migration, post go-live support, ongoing T&M support.in the form attached as Attachment 5.

4.4. Contract Terms & Conditions

- 4.4.1. The term of the agreement is expected to be **five, (5) years**. Thereafter, the contract may be renewed annually. Contract renewals are subject to satisfactory performance, funding availability, and possibly approval by the Ventura County Medi-Cal Managed Care Commission (“VCMMCC”).
- 4.4.2. Please provide a copy of your license or SaaS agreement for our review. The license or SaaS agreement is incorporated into the Master Services Agreement as an exhibit, as is the Score of Work for implementation.
- 4.4.3. **Attachment 1a** to this RFP is GCHP’s Preferred Key Contract Terms for Licensing and SaaS Agreements. These terms outline key contractual clauses that presumptively should be incorporated into any license or SaaS agreement between the parties. Please review this document, and if you cannot accept these terms and conditions please note the specific area(s) where you have concerns and the reasons. Failure to identify any such objection with your Proposal shall, at GCHP’s option, be deemed a waiver of such objection. If any of the terms and conditions that relate to the provision of the Software or services are non-standard and would increase the cost to GCHP, please note the specific area(s) that would be attainable only at increased cost. Failure to agree to the Preferred Key Contract Terms for Licensing and SaaS Agreements may result in the disqualification of any Proposal.
- 4.4.4. **Attachment 1b** to this RFP is GCHP’s Master Services Agreement. Please review this agreement and if you cannot accept these terms and conditions, please note the specific area(s) where you have concerns and recommend alternative wording that you would like considered with your proposal response. Failure to identify any such objection with your Proposal shall, at GCHP’s option, be deemed a waiver of such objection. Failure to agree to the Master Services Agreement may result in the disqualification of any Proposal.
- 4.4.5. **Attachment 1c** to this RFP is the implementation Statement of Work (“SOW”). This SOW template will be used to for the implementation of the Software. Please review this draft of the SOW and if you cannot accept these terms and conditions, please note the specific area(s) where you have concerns and recommend alternative wording that you would like considered with your proposal response. Failure to identify any such objection with your Proposal shall, at GCHP’s option, be deemed a waiver of such objection. Failure to agree to the implementation SOW Work may result in the disqualification of any Proposal.
- 4.4.6. **Attachment 1d** to this RFP is the list of service levels associated with the SaaS or license core functions, support, and hosting of the Software and GCHP Data. This attachment will become an exhibit to the SaaS or license order form/SOW. These **Attachment 1d** to the RFP will be incorporated into the MSA as Exhibit D - Service Level Methodology. . Please review these service levels and if you cannot accept these terms and conditions, please note the specific area(s) where you have concerns and recommend alternative wording that you would like considered with your proposal response. If any of the terms and conditions that relate to the provision of the Software are non-standard and would increase the cost to GCHP, please note the specific area(s) that would be attainable only at increased cost. Failure to identify any such objection with your Proposal shall, at GCHP’s option, be deemed a waiver of such objection. Failure to agree to the service level exhibit may result in the disqualification of any Proposal.

4.4.7. **Attachment 2** to this RFP is GCHP's Business Associate Agreement. Please review this agreement and if you cannot accept these terms and conditions, please note the specific area(s) where you have concerns and recommend alternative wording that you would like considered with your proposal response. Failure to identify any such objection with your Proposal shall, at GCHP's option, be deemed a waiver of such objection. The Business Associate Agreement and many of its terms are mandated by DHCS. Failure to agree to the Business Associate Agreement may result in the disqualification of any Proposal.

5. NOTICES OF AWARD AND PROTEST PROCEDURE

Upon the conclusion of negotiations with a Proposer that results in a proposed agreement for the contract solicited in this RFP that are acceptable to GCHP as to price and all other terms, GCHP shall issue notice of intent to award the contract solicited in this RFP to a Proposer and such notice shall be directed to each entity that submitted a Proposal

Within five business days of GCHP's issuance of a notice of intent to award the contract, any Proposer that has submitted a Proposal and believes that GCHP has incorrectly selected another Proposer for award may submit a written notice of protest. Such notice of protest must be received by GCHP on or before the fifth business day after GCHP's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying with specificity each of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the GCHP to determine the validity of the protest.

All protests must be received by the due date. If a protest is mailed, the protestor bears the risk of non-delivery within the deadlines specified herein. Protests should be transmitted by a means that will objectively establish the date GCHP received the protest. Protests or notice of protests made orally (e.g., by telephone) will not be considered. Protests must be delivered to:

Bob Bushey
Gold Coast Health Plan
711 E. Daily Drive, Suite 106
Camarillo, CA 93010-6082

The Chief Executive Officer, or his or her designee, will respond to the protest within 30 calendar days of receipt of the protest. The determination of the Chief Executive Officer shall be final.

To the furthest extent permitted by law, strict compliance with the procedures and time limits set forth in this section are mandatory and are the Proposers' sole and exclusive remedy in connection with this section's subject matter. A Proposer's failure to comply with these procedures and time limits will constitute a waiver of any right to further pursue a protest, any legal action, or relief that arises out, relates to, or is incident to this RFP.

Attachment #, Name, or Documentation	Instructions	File
1a GCHP's Preferred Key Contract Terms for Licensing and SaaS Agreements	These are the key contract terms that should be included in any licensing or SaaS agreement.	https://www.goldcoasthealthplan.org/media/r/2198b519b29141cca8d1c9452f059cfe/attachment-1a-gchp-preferred-key-contract-terms-for-licensing-and-saas-agreements-rev-9-21-2022-v43-c1.docx
1b – Master Services Agreement, Attachment 1b	This is GCHP's standard service agreement template.	https://www.goldcoasthealthplan.org/media/r/5d61f15cf6f14f19afdedbd392062647/attachment-1b-master-services-agreement.docx
1c – Statement of Work, Attachment 1c	This is GCHP's Implementation Services SOW draft.	https://www.goldcoasthealthplan.org/media/r/777b2fecaa96487e93459ff7706acb0f/attachment-1c-statement-of-work-final_9-1-22-dy-c1.docx
1d – Software Order Form Service Levels	This describes the service levels associated with the Software	https://www.goldcoasthealthplan.org/media/r/d62aeb3cdd7b46429d87d3ea8f89bdea/attachment-1d-software-order-form-service-levels-c1.docx
2 – Business Associate Agreement, 2	This is GCHP's standard Business Associate Agreement template.	https://www.goldcoasthealthplan.org/media/r/82ac75a98ca5491d8591856e0d955cad/attachment-2-gchp-baa-template_dhcs-subcontractor-c1.docx

3 - Conflict of Interest Compliance Certificate, Attachment 3	Complete this form, sign it and return the signed copy with your RFP. This is a required form.	https://www.goldcoasthealthplan.org/media/r/1255dbca40b4486c91567e2d6ce812c7/attachment-3-conflict-of-interest-certification-c1.docx
4 - Client References, Attachment 4	Complete this form and return it with your proposal response.	https://www.goldcoasthealthplan.org/media/r/ce2cbe6525bf41ec9bf5adf7994b4f89/attachment-4-references-c1.docx
5 - Pricing Format, Attachment 5	Complete this form and return it with your proposal response.	https://www.goldcoasthealthplan.org/media/r/682d3f8df61b4ceea577d1dd9c0ce41d/attachment-5-perpetual-and-saas-pricing-format-c1v1.xlsx
6 - Intent to Propose, Attachment 6	Complete this form, sign it and return the signed pdf copy to the Procurement Contact on or before 5:00pm 10/7/2022. This is a required form.	https://www.goldcoasthealthplan.org/media/r/baad778d039148dfa4d4a46b25517ce7/attachment-6-intent-to-propose-c1.doc
7 – Question Template, Attachment 7	Use this template to submit all of your questions.	https://www.goldcoasthealthplan.org/media/r/9303ad46ae154cb784de50a933cafacc3/attachment-7-qa-template-c1.docx
8. – System and Support Model, Attachment 8	This slide will assist with understanding GCHP’s planned future state operating model.	https://www.goldcoasthealthplan.org/media/r/0efb3d28ad1c41778a82a66eb6df4ec4/attachment-8-system-and-support-model-c1.pptx

9. – Application Architecture, Attachment 9	This document will assist with understanding GCHP’s planned architectural standards.	https://www.goldcoasthealthplan.org/media/r/2862018080674b24a2216fc8a76b88dc/attachment-9-application-architecture.vsd
10. – GCHP’s organizational structure for further supporting documentation, Attachment 10.	This document represents GCHP’s executive level organizational structure	https://www.goldcoasthealthplan.org/media/r/c89f94113e0940e793e96fca065b62cd/attachment-10-gchp-org-chart-c1.docx
11. – Data to Value Solution Responsibility Matrix, Attachment 11	This document represents GCHP’s expectations of the roles and responsibilities that GCHP and Proposer will be accountable for during the implementation of the Software	https://www.goldcoasthealthplan.org/media/r/217bd7df4ca04105bfba56d67eed569e/attachment-11-data-to-value-solution-responsibility-matrix_c1.xlsx
12. – Section 3 Response, Attachment 12	Use this document to submit your responses to section 3 of the RFP	https://www.goldcoasthealthplan.org/media/r/0c5e89a8eef544cabeb27959823567ca/attachment-12-section-3-response-template-c1.xlsx