



Gold Coast Health PlanSM

A Public Entity

RE: Request for Proposal Number GCHP09022022

Gold Coast Health Plan ("GCHP") is interested in establishing an agreement with a contractor for Claims Processing 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. This RFP is for work and services that are one portion of the Enterprise Transformation Project. This RFP is related to the technology and licenses that will be used as a technology platform for Business Processing Outsourcing, ("BPO") which include core claims processing. Subsequent RFPs will be issued for such services. The technology and licenses covered by this RFP must be capable of being used by third party vendors who subsequently bid on the core claim processing services. The willing Proposer shall design the technology and licenses so that the procurement of services, labor and materials in the subsequent RFPs are not available from only one source and shall not propose technology and licenses such that only the

Proposer can operate and use the technology and licenses.

2.2.2. Following the health plan industry’s standard practice of regularly evaluating capabilities and performance against the nationwide market of system and service providers, GCHP 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 the purchase and implementation of a Core Claims Processing Software. The Software will be expected to facilitate the full processing life cycle for Benefits, Member, Claims, Encounters, Claims Payments, Capitations and Provider. 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. Membership

- 3.1.1.1. The Software must support membership for the following lines of business: Medi-Cal, Medicare (D-SNP).
- 3.1.1.2. The Software must receive files and acknowledge (ingest, store, and process all files and transactions accurately and timely).
- 3.1.1.3. The Software must be able to accept, translate and ingest an 834 HIPPA compliant file.
- 3.1.1.4. The Software must be able to accept, translate and ingest the DHCS FAME file containing Coordination of Benefits (COB) information.
- 3.1.1.5. The Software must be able to process full and change (Delta/Incremental) membership files and update in real-time.
- 3.1.1.6. The Software must be able to apply business profile(s) rules at different entity levels.
- 3.1.1.7. The Software must trigger generation of any print or mail and transmit to print mail & other vendors.
- 3.1.1.8. The Software must support Enterprise Application Integration through such technologies as: TIBCO, MuleSoft, Kafka, etc. that allow integration with external and internal capabilities such as: Portals, Call Center, etc.)
- 3.1.1.9. Must Submit notification to designated GCHP area if error(s) in business rules.
- 3.1.1.10. The Software must process full files in entirety and if any error, partial file(s) will get loaded and Software will share the notification for the next step along with error file with details to all designated departments/vendors.
- 3.1.1.11. The Software must have the ability to allow GCHP users to manually enter or update enrollment data & validate it.
- 3.1.1.12. The Software must have the ability to store complete and incomplete membership data and make such data visible through a UI.
- 3.1.1.13. The Software must have the ability to allow users to view and modify incomplete membership data.
- 3.1.1.14. The Software must be accessible by Claims and any eligibility request processing. (Role level security mapping for eligibility data to secure access).
- 3.1.1.15. The Software must be able to produce eligibility extracts/reports in format designated by GCHP.
- 3.1.1.16. The Software must have the ability to support Member Provider Assignment(s) as well as Auto Assignment (based on defined business rules) and related features as designated by GCHP in real time.
- 3.1.1.17. The Software must be able to intake the DHCS Share of Cost file and keep track of the member's Share of Cost (met or not met) for Claims Payment software, Encounter software etc.
- 3.1.1.18. The Software must be able to accommodate Member's different Aid & Eligibility categories within each line of business.
- 3.1.1.19. The Software must be able to support roll-based permissions and access at the individual field level, screen level, and function level which can be maintained by GCHP.
- 3.1.1.20. "The Software must have the ability to compare membership on a file and membership in the Software to identify and report any differences in Member's info, Effective Date & products.
- 3.1.1.21. The Software must have a rules engine with easy configurability to apply rules to certain transactions or to certain submitters as designated by GCHP in real time.
- 3.1.1.22. The Software must be able to generate and send a PCP Member file to vendors in a customized format using XML, JSON, etc.

- 3.1.1.23. The Software must interact & integrate with fulfillment and other applications for ID Cards, Welcome Letters, EOBs, Claims etc.
 - 3.1.1.24. The Software must auto generate Fulfillment File for ID Cards after member's enrollment or enrollment information update
 - New member
 - Reinstatements
 - Change PCP
 - Change Member's info (Specially - Name)
 - Changing Plan"
 - 3.1.1.25. The Software's specific security settings must exist for configuration to allow specified users(user groups) to access Member(s) data, Provider(s) data, Claim(s) data, EOP/EOB etc., as defined by GCHP's procedures.
 - 3.1.1.26. The Software must initiate PCP assignments triggered from a number of sources, including the direct member request, ad-hoc requests including from Portal(s), and daily/monthly auto assignment until they choose a PCP.
 - 3.1.1.27. PCP assignment must comply with a core list of GCHP configuration rules.
 - 3.1.1.28. The Software must be able to have effective and term dates on the following fields: Member Eligibility, product, category, provider assignment, and provider network level.
 - 3.1.1.29. The Software must be able to identify a combination of product and services that can be assigned to a member or policy.
 - 3.1.1.30. The Software must have audit tracking capabilities to membership data and store the following information; user ID, date/time stamp, data elements changed, and updates made).
 - 3.1.1.31. The Software must support multiple addresses for a Member.
 - 3.1.1.32. The Software must support different address types to be defined by GCHP.
 - 3.1.1.33. The Software must support effective and expiration dates on all address records.
 - 3.1.1.34. The Software must have the capability to support address standardization and validation, e.g., USPS standards (Zip+4 and County Codes).
 - 3.1.1.35. The Software must support multiple phone numbers for a Member.
 - 3.1.1.36. The Software must support multiple phone number types to be defined by GCHP.
 - 3.1.1.37. The Software must support email addresses for a Member.
 - 3.1.1.38. The Software must be able to store Members' spoken language preference.
 - 3.1.1.39. The Software must be able to store Members' written language preference.
- 3.1.2. Benefits**
- 3.1.2.1. The Software must be able to set up products and benefit packages.
Ex. set up - Benefit Liability Types and Liability Items, Benefit Plan(s) to be assigned to Groups, Benefits Service Categories, Groups Hierarchy, Member COB Mapping and Adjudication, Member Responsible Parties etc.
 - 3.1.2.2. The Software must be able to house any rates for all lines of business.
 - 3.1.2.3. The Software must interface with the Membership, Claims, Provider and any other modules needed processing designated by GCHP.
 - 3.1.2.4. The Software must be able to have effective and term dates at benefit Plan level.
 - 3.1.2.5. The Software must be able to associate the benefit category to the plan ID.

- 3.1.2.6. The Software must be able to have effective date and term dates at benefit payment level.
- 3.1.3. **User**
 - 3.1.3.1. The Software must have the ability to configure fields, rules, permissions down to the field level.
 - 3.1.3.2. The Software must have the ability to customize the look and feel of the display.
 - 3.1.3.3. The Software must allow dynamic (custom attribute) fields.
 - 3.1.3.4. The Software must allow permissions to be configured by GCHP administrator.
 - 3.1.3.5. The Software must have ability to apply manual updates to benefits by specified security roles (GCHP Staff).
 - 3.1.3.6. The Software must have a bulk (mass) update capability.
 - 3.1.3.7. The Software must be easy to use with the ability to customize the presentation of the information on the screens.
- 3.1.4. **Claims Encounters and Payment**
 - 3.1.4.1. The Software must ensure connectivity and any interaction by internal or external users (if applicable) be done securely.
 - 3.1.4.2. The Software must be able to support roll-based permissions and access at the individual field level, screen level, and function level which can be maintained by GCHP.
 - 3.1.4.3. The Software must be useful and configurable by GCHP (fields, workflows, fee schedules, etc.).
 - 3.1.4.4. The Software must have a rules engine, with GCHP configurability, to apply rules to specific transactions and submitters.
 - 3.1.4.5. The Software must have the ability to customize the presentation of the information on the screens.
 - 3.1.4.6. The Software must have the ability to collect and save transaction information for audit purposes. Must have audit tracking capabilities and store the following information; user ID, date/time stamp, data elements changed, and updates made).
 - 3.1.4.7. The Software must have the ability to store and access rates in order to adjudicate a claim.
 - 3.1.4.8. The Software must be able to access Provider, membership, and benefit Information for claims processing.
 - 3.1.4.9. The Software must be able to integrate (through Enterprise Application Integration) with GCHP's designated medical management software, with data flowing in both directions.
 - 3.1.4.10. The Software must be able to access COB information for claims processing.
 - 3.1.4.11. The Software must be able to interface (through Enterprise Application Integration) with GCHP's Multiview financial systems / General Ledger for all payments, adjustments, refunds, voids.
 - 3.1.4.12. The Software must be able to translate any claim format (837, etc) into the processing systems format.
 - 3.1.4.13. The Software must have the ability to ingest, store and adjudicate claims transactions accurately and timely with interest and penalties.
 - 3.1.4.14. The Software must have the ability to receive claims and encounters from several different sources.
 - 3.1.4.15. The Software must support auto and manual adjudication.
 - 3.1.4.16. The Software must have the ability to do bulk updates to claims.
 - 3.1.4.17. The Software must have workflow capability for errored transactions or transactions with specified conditions, for special handling.
 - 3.1.4.18. The Software must be able to configure when to send an EOB and/or EOP.
 - 3.1.4.19. The Software must have the ability to void, reissue, and refund payments.
 - 3.1.4.20. The Software must have the ability to pause a transaction on demand (for example: high paying claims).

- 3.1.4.21. The Software must have the ability to adjudicate a claim with the compliant Claim Adjustment and Remittance Advice codes.
- 3.1.4.22. The Software must be able to access Division of Financial Responsibility (“DOFR”) for claims processing.
- 3.1.4.23. The Software must be able to calculate, report, and extract payment details, including capitated services, member share of cost, copays, monthly/yearly/lifetime deductibles, monthly/yearly/lifetime benefit limits.
- 3.1.4.24. The Software must be able to ingest the DHCS Share of Cost (“SOC”) file.
- 3.1.4.25. The Software must have the ability to generate checks on demand.
- 3.1.4.26. The Software must have the ability to send output to the fulfillment vendor for printing or mail.
- 3.1.4.27. The Software must be able to automatically detect changes to any associated data (e.g., Member, Provider, rates, benefits, rules, etc.) and apply the changes to an in-process claim.
- 3.1.4.28. The Software must be able to configure and administer DOFR business rules.
- 3.1.4.29. The Software must be able to inquire/respond on claims status.
- 3.1.4.30. The Software must be able to inquire/respond on authorization.
- 3.1.4.31. The Software must be able to make claims and capitation payments with electronic transfer (“EFT”), using HIPAA compliant EDI 835 for EFT and Remittance Advice.
- 3.1.4.32. The Software must be able to make claims and capitation payments/adjustments with paper checks, with remittance advice via HIPAA compliant EDI 835 and/or EOP, per configuration.
- 3.1.4.33. The Software must support viewing payment status online.
- 3.1.4.34. The Software must be able to produce a check register for banking reconciliation.
- 3.1.4.35. The Software must have the ability to pay monthly capitation to providers based on provider contracts and assigned membership.
- 3.1.4.36. The Software must have the ability to be configured by GCHP to pay and deny (0 pay) based upon capitation rules.
- 3.1.4.37. The Software must be able to produce a remittance advice for capitation payments.
- 3.1.4.38. The Software must have reporting ability for claims, encounters, and authorizations, including error reports, extracts, etc.
- 3.1.4.39. The Software must be able to receive and process encounter files (HIPAA compliant EDI 837i and 837p) from external trading partners (e.g., vendors, subcontracted plans).
- 3.1.4.40. The Software must be able to automatically ingest, validate, and store initial and resubmitted inbound encounter files (EDI 837i and 837p).
- 3.1.4.41. The Software must be able to report validation errors to the submitter for correction.
- 3.1.4.42. The Software must be able to hold encounters that are in error for later processing.
- 3.1.4.43. The Software must be able to process void and replacement encounters from the submitter.
- 3.1.4.44. The Software must have ability to automate file management with trading partners and regulatory agencies.
- 3.1.4.45. The Software must be able to automatically manage rejection responses (e.g., Assess, reconcile, corrective action, re-submission).
- 3.1.4.46. The Software must be able to crosswalk to the National Standard Service Codes when generating an outbound 837 encounter file.

- 3.1.4.47. The Software must be able to generate encounter files (HIPAA compliant EDI 837i and 837p) for internal or external sources.
- 3.1.4.48. The Software must be able to send an 837P & 837I files (normal and resubmissions) to plan partners (subcontracted plans) with all the external trading partners (e.g., vendors, subcontracted plans) Encounter Data sent to DHCS.
- 3.1.4.49. The Software must be able to handle submissions, rejections, void/resubmission of 837i/837p files to DHCS.
- 3.1.4.50. The Software must generate and send response file errors (e.g., rejections, denials, etc.) to the submitter for correction.

3.1.5. **Provider**

- 3.1.5.1. The Software must be able to ingest, store and process Provider Information to Support Authorizations, Claims Payments, Auto Member Assignment, and other system functionality and downstream processes.
- 3.1.5.2. The Software at a minimum, must support Provider data which includes, but not limited to the following: demographics, groups, sites, and practitioners, license & certification, user defined fields (“UDFs”), Provider Type, Specialties, Taxonomies, Notes and the ability to store contract status.
- 3.1.5.3. The Software must be able to store online Images and other documents such as W9 for all providers.
- 3.1.5.4. The Software must be able to capture all history of data changes; before and after values, username, date and time of transaction. (Audit Tracking)
- 3.1.5.5. The Software must be able to intake vendor network data and store the data historically. The solution should be able to take in full and incremental files and store them historically.
- 3.1.5.6. The Software must support the ability for groups to be created with multiple Tax IDs and a single NPI, as well as the ability to store NPI's at location level as needed.
- 3.1.5.7. The Software must have the ability to set up multiple Provider entity relationships, e.g., group, sites and practitioners relationships, multiple groups and facilities to an entity relationship, etc.
- 3.1.5.8. The Software must support the ability to connect the child entity to the parent entity in relation to providers, locations, groups, facilities, Independent Practice Associations (“IPA”), and other types of entities.
- 3.1.5.9. The Software must have the ability to set up multiple Provider entity relationships and identify if Participating (Contracted) or Non-Par (Non-Contracted).
- 3.1.5.10. The Software must support the ability for groups to be created with multiple NPI's to a single tax ID and the ability to store NPI's at location level as needed.
- 3.1.5.11. The Software must support multiple billing tax IDs to a single service address.
- 3.1.5.12. The Software must have the capability to support address standardization and validation, e.g., USPS standards.
- 3.1.5.13. The Software must have the ability to auto assign members to a clinic or practitioner, based on customized business rules.
- 3.1.5.14. The Software must have the ability to indicate the Provider's (clinic or practitioner) "Panel Status" for the purpose of member auto assignment process.
- 3.1.5.15. The Software must have the ability to distinguish or categorize Provider [contract] types; PCPs, Specialty Care, Facilities, Ancillary, Letter of Agreements (LOA), Memorandum of Understanding (“MOU”)s.
- 3.1.5.16. The Software must have the ability to set indicator flags at the Provider level based on GCHP requirements. I.e., Claim payment hold, Hold for completion of configuration, Audit Hold.

- 3.1.5.17. The Software must support web service or API interface between non-integrated software.
- 3.1.5.18. The Software must have the ability to create and ingest customized interfaces between non-integrated Software, in any format. (e.g., API, excel (xlsx), csv, txt, JSON, HTML).
- 3.1.5.19. The Software must be able to configure and standardize field values (Pick List). (e.g., Provider Types: Hospital, SNF, DME, FQHC, Indian Health Clinic, Rural Health Clinic etc.).
- 3.1.5.20. Software must have the ability to capture multiple configurable attributes for a single field value. (e.g., specialty name and Medicare specialty).
- 3.1.5.21. The Software must support the creation of Provider data extracts and reports in any format. (e.g., excel (xlsx), csv, txt, API, JSON, HTML).
- 3.1.5.22. The Software must allow for customized, self-service reports.
- 3.1.5.23. The Software must have the capability to manage events.
- 3.1.6. **Core Admin Security**
 - 3.1.6.1. All Software must ensure secure connectivity and interaction using TLSv1.2 or later
 - 3.1.6.2. GCHP Administrative logons must support SAML Single Sign-on.
 - 3.1.6.3. 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 your 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 which 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. Which workflow technology is used by the platform?
- 3.2.2.6. Which Rules engine is used (proprietary or third-party product)?
- 3.2.2.7. Which Event Management capabilities are offered?
- 3.2.2.8. Which Enterprise Application Integration (EAI) technologies are supported by the platform. (TIBCO, MuleSoft, Kafka, etc.)?
- 3.2.2.9. Does your Software support 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. Which 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 Prop. 56 payments?
- 3.2.2.18. 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.)?
- 3.2.2.19. 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?
- 3.2.2.20. 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.).
- 3.2.2.21. Does your Software support the ability to store note types, customize sorting, filtering and searchability on notes?
- 3.2.2.22. 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.)?
- 3.2.2.23. Does the platform support FHIR standards?
- 3.2.2.24. Describe any limitations that will prevent GCHP from obtaining technology and Software specifications (i.e., architecture diagrams, data models, etc.).
- 3.2.2.25. Confirm that all database Software's supporting user/member data shall use standardized encryption techniques that meet or exceed DoD requirements (SHA-2, AES256)
- 3.2.2.26. Confirm that GCHP Administrative logons shall support SAML Single Sign-on.
- 3.2.2.27. Confirm that all Member logons shall support Multi-Factor Authentication.
- 3.2.2.28. Confirm that Member logons shall have the ability to support SAML Single Sign-on.
- 3.2.2.29. Which database technologies are supported by the platform (Relational vs. NoSQL) Oracle, Mongo, etc. and Which versions are supported?
- 3.2.2.30. Describe your average auto adjudication rate by line of business (e.g. Medicaid/Medi-Cal, Medicare (D-SNP) and the methods satisfactorily used to increase these rates.

3.2.2.31. Training, Warranty and Support

3.2.2.31.1. Training

- 3.2.2.31.1.1. Describe what training and documentation is available. Address both functional and technical training availability.
- 3.2.2.31.1.2. Is on-site training available?
- 3.2.2.31.1.3. Is e-learning training available?
- 3.2.2.31.1.4. Is online documentation available?

3.2.2.31.2. Warranty

- 3.2.2.31.2.1. Describe your Software warranty, including all conditions, recourses, exclusions and time frames.
- 3.2.2.31.2.2. Describe any warranties offered on other services and products included with the Software.
- 3.2.2.31.2.3. For what period of time are major and minor product upgrades included in the purchase price of the product?
- 3.2.2.31.2.4. What is the (average) frequency of new releases and upgrades?
- 3.2.2.31.2.5. How does the installation of upgrades affect Software operation?

- 3.2.2.31.2.6. What is your support policy on older Software releases?
- 3.2.2.31.2.7. List any planned enhancements with planned release dates.
- 3.2.2.31.2.8. Do upgrades include regulatory requirement changes? Does this affect the frequency of upgrade releases?
- 3.2.2.31.2.9. Is any customization automatically included in any upgrades?
- 3.2.2.31.2.10. Does customization incur additional annual maintenance costs?
- 3.2.2.31.2.11. Describe the process and estimate the time required to install subsequent releases/versions of your product.

3.2.2.31.3. Support

- 3.2.2.31.3.1. What is your post implementation annual on-going support services? Inclusions/exclusions?
- 3.2.2.31.3.2. Describe your hotline support program (that is, help desk and problem-resolution procedures).
- 3.2.2.31.3.3. 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 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.
- 3.2.2.31.3.4. Are there support models and options?
- 3.2.2.31.3.5. Describe your Software error classifications, (class 1, class 2, class 3 etc.).
- 3.2.2.31.3.6. Describe your support remedies for each error classification in 3.2.2.28.3.5 above.
- 3.2.2.31.3.7. 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.
- 3.2.2.31.3.8. 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. Membership

3.2.5.1.1. The Software shall have the ability to invoice premium and subsidies and update financials.

3.2.5.1.2. The Software shall have the ability to support delinquency management.

3.2.5.1.3. The Software shall be able to create a group Id and associate to one or more plan IDs along with effective and term dates at group level.

3.2.5.1.4. The Software shall support HIPAA EDI 834 (generates the bill) and 820 (from the state for reconciliation) for Premium Billing.

3.2.5.1.5. In the future the Software shall be able to Automation of Member consent applied at multiple levels.

3.2.5.1.6. In the future the Software shall have the ability to associate all members of a family together.

3.2.5.2. Customer

3.2.5.2.1. The Software shall have the ability to set up a customer entity which may have multiple members.

3.2.5.2.2. The Software shall have the ability to assign the benefit plans to the customer.

3.2.5.2.3. The Software shall have the ability to set up a customer and it's benefit service categories and any customer hierarchy.

3.2.5.2.4. The Software shall have the ability to set up billing information for the customer.

3.2.5.3. Claims Encounters and Payment

3.2.5.3.1. The Software shall have the ability to integrate with the GCHP Financial software.

3.2.5.3.2. In the future the Software shall be able to process Pharmacy claims

3.2.5.3.3. The Software shall be able to interface with GCHP's financial software / General Ledger in an automated manner, with little or no manual intervention.

3.2.5.3.4. The Software shall have the ability to generate checks on demand.

3.2.5.3.5. The Software shall be able to escheat unclaimed checks to government entities.

3.2.5.3.6. The Software shall be able to process a web-based correction to an encounter, to replace an encounter that's in error.

3.2.5.3.7. The Software shall be able to show encounter data and statistics (examples: volume submitted, completeness, accuracy, timeliness, and outstanding errors) on a Dashboard.

3.2.5.4. Provider

3.2.5.4.1. The Software shall be able to conduct online verifications (software to software call out) either for a single provider or a group of providers, (e.g., Medi-Cal Enrollment website, NPPES (NPI), Breezed, ABMS, DEA, etc.).

3.2.5.4.2. In the future the Software shall support IPAs Accountable Care Organizations (“ACO”), Multispecialty Medical Groups.

3.2.5.4.3. The Software shall have the capability of conducting Quality Assurance (“QA”) processes and workflow, prior to becoming active. Provider must not be active until QA is complete.

3.2.5.4.4. The Software shall have the ability to manage Provider Incentives.

3.2.5.5. Core Admin Security

3.2.5.5.1. Member logons shall have the ability to support SAML Single Sign-on.

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 of Monday through Friday from 6:00am – 9:00pm Pacific Time and for-on call services only, Saturday 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 (“VCMCC”).

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/74fa899ce9b3408885fddd7a758320cc/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/1b3be45771094b369106c4801bfae7e6/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/556befd6a55b4c47b4efb1791a1d7e73/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/17a5254af8f94367998289e7bab962f3/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/f3e24d9f41a64e19b4eb10e39da195a8/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/fa747331582d41628d92c76edc9d6daa/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/01e88e94b7f34d01877b5dcbe79f3178/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/5c93f63cb19d444787098b77a8286d00/attachment-5-
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/538687617f1348c8b3931cb11c87b353/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/bf2e764ab3d24e599b52ac9f5f5988b5/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/9b5dcf420e3a4618abc23418d470b8d4/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/7b98da688f694c0f8166cfa2b5a13efb/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/29842deae0194dda8f592e8a21e290dc/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/7978913d1c614aef9c00d5a4ffa30d71/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/9fb86f8e692a4d4285d419579b7138ea/attachment-12-section-3-response-template-c1.xlsx