-

RE: Request for Proposal Number GCHP09122025

Gold Coast Health Plan ("GCHP”) is interested in establishing an agreement with a contractor for prepayment claims review services, (Payment Integrity Services) 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. 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.
   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.
   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.
   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.
   5. **Time Schedule**

Below is the tentative time schedule for this RFP.

|  |  |  |
| --- | --- | --- |
| **Event** | **Date** | **Time (If applicable)** |
| RFP Released | 9/17/25 |  |
| Intent to Propose Notification Due By | 9/23/25 | **5pm, PT** |
| Questions Due | 9/29/25 | **5pm, PT** |
| Questions Answered | 10/3/25 |  |
| Proposal Due Date | **10/13/25** | **5pm, PT** |
| Short List Established and Contractual Discussions Begin | 11/3/25 |  |

\* 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 and answers will be distributed to all persons who have submitted the Intent to Propose as set forth below (“Prospective Proposers”), without any identification of the inquiring person. Questions received after the Question Due Date will not be answered.

* 1. **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: gantoniono@goldchp.org.

* 1. **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:

Greg Antoniono

Manager, Procurement

gantoniono@goldchp.org

805-437-5757

* 1. **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. **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. **Conflict Of Interest**
     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.
     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.
  2. **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. **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. **Reservation of Rights**

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

* + 1. Reject any and all proposals or cancel this RFP.
    2. Waive or correct any or inadvertent defect, irregularity, informality or technical error in any proposal or the RFP procedure.
    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.
    4. Procure any services specified in this RFP by other means.
    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.
    6. Extend the deadlines specified in this RFP, including the deadline for accepting Proposals.
    7. Negotiate with any, all, or none of the Proposers.
    8. Terminate negotiations with a Proposer without liability and negotiate with other Proposers.
    9. Award a Contract to any Proposer, including a Proposer other than the Proposer offering the lowest price.
    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. **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.

1. **OVERVIEW**
   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 250,000 Medi-Cal beneficiaries living in Ventura County, California. 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.

* 1. Project Background

GCHP is seeking a modern, scalable pre-payment integrity solution to enhance operational efficiency and prevent improper payments before they occur. Moving from a reactive "pay-and-chase" model to a proactive "shift-left" strategy, this solution will integrate with our HealthEdge claims system via an API to verify claim accuracy, compliance, and medical necessity in real-time. By leveraging advanced analytics and automated editing, GCHP will significantly reduce costs, lower administrative burdens, and strengthen provider relationships by minimizing payment disputes.

1. **QUALITATIVE Requirements**

This section of the RFP contains the qualitative requirements. GCHP will evaluate Contractor’s response to these requirements in relation to those of all other bidders. Contractors must provide a detailed response of “how” they will meet or exceed the requirement listed in this section.

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 8** for your response to Section 3:

* 1. **Proposer Overview**
     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
     1. **Proposer Stability**
        1. List any recent events which may have a material impact on Proposer’s stability, ongoing operational status, or organizational structure. (Ownership changes, ongoing litigation, etc.)
        2. Indicate the length of time that Proposer has been providing claims processing technology for health plans.
        3. Provide details of your product investments, roadmap, and release schedule. How are client requirements incorporated into these roadmaps
        4. Describe how your Software Solution and product roadmap incorporates new and emerging technologies.
     2. **Experience/References**
        1. Describe your knowledge and capabilities regarding the California Department of Health Care Services (“DHCS”), Department of Managed Health Care (“DMHC”) and Centers for Medicare and Medicaid Services (“CMS”) regulatory environment, including specific examples of working within the parameters of DHCS regulations, where applicable.
        2. Describe your experience with the Medicaid/Medi-Cal and Medicare/ aligned enrollment D-SNP product lines.
        3. Describe your experience with other product lines (i.e. Commercial, PACE, etc).
        4. Describe your experience in providing prospective payment integrity services in the Medi-Cal managed care environment.
        5. Describe your experience with medical claims review.
        6. List the claims software applications you have provided prospective payment integrity services within.
        7. Describe your experience in providing prospective payment integrity services within the HealthEdge/Health Rules Payer environment and which version.
        8. Describe your experience using automated editing and complex claim scenarios for payment integrity.
        9. Describe what differentiates your company and solution from other editing solutions
        10. Describe how you provide value to your clients that sets you apart from your competition.
        11. Provide the number of years your solution has been in the market and describe your current client base, including market segments served (commercial, Medicaid, Medicare, etc.).
        12. Provide your client retention rates over the past 3 years and explain how your customer success model contributes to long-term satisfaction.
        13. Provide your current clients:

Number of Members (lives) covered.

Average claim volumes (high and low)

* + - 1. Provide your approximate total number of employees.
      2. Provide employee turnover rate by month for the previous 12 months.
      3. In the event Proposer anticipates utilizing subcontractor 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.
    1. **Continuous Improvement**
       1. Proposer shall proactively engage with the GCHP Change Control Board (CCB) to identify system/non-system-based changes, maintenance, or modification efforts that will provide a streamlined, organized, and/or efficient effect on operations.
       2. Proposer shall propose the above improvement efforts at a minimum of twice annually.
       3. Describe a project where you successfully navigated a Medicaid/Medicare or other healthcare or benefits client through process improvement efforts.
       4. Describe your process for continuous improvement in the following areas:
          - Improving auto adjudication rates.
          - Claims payment accuracy (both financial and statistical), performance and timeliness
       5. Describe your company strategy and direction for serving the healthcare payer market.
       6. Describe your efforts to identify, prevent, and report Fraud, Waste, and Abuse (FWA).
  1. **Payment Integrity Business Requirements**
     1. **General**
        1. Proposers payment integrity policies should cover a wide range of claim scenarios, from specialty pharmacy to inpatient to ambulance claims, and be updated regularly according to the latest rules and guidelines.
        2. Proposer shall be able to not only handle automated editing of standard claims but also offer expert prospective review of more complex claim scenarios.
        3. Proposer shall accommodate all providers, provider types (including, but not limited to DOFR, Contracted, Non-Contracted, Capitation, Fee for Service).
        4. Proposer shall support provider appeals through inquiry tools, appeal support models, and guidance that can rapidly justify payment decisions on each claim.
        5. Proposer shall configure the system to follow all local, state and federal regulations and GCHP rules during implementation.
        6. Describe your expertise with healthcare configuration for business rules, benefits, and workflows.
        7. Describe your specific expertise with HealthEdge, HealthRules (HRP) for Payment Integrity.
        8. Provide the number of years of experience you have in providing prospective payment integrity for a health plan for the following provider types:
           + Facilities
           + Hospitals
           + Physicians
           + Licensed Medical Clinicians
           + Unlicensed Medical Clinicians
           + Dentists and Oral Surgeons
           + Pharmacy
           + Behavioral and Mental Health Providers
           + Ophthalmologists and Optometrists
           + Durable Medical Equipment
           + Home Healthcare
           + Physical and Chiropractic Therapy
           + Others, please specify.
        9. Define the content and sources of your clinical edits.
        10. Describe your process for adding or updating clinical content.
        11. Describe how your organization quickly responds to industry demands and market shifts.
        12. Describe how the payment integrity application considers the following
* Several dates of service for the same provider.
* Same dates of service for different providers.
* Same dates of service for same provider, different locations.
* Edits for providers in same group practice.
* Editing for genetic and diagnostic testing
  + - 1. Describe the documentation and tools available to support the edits of your solution.
      2. Describe the method that you use to provide the source/rationale for each edit applied to a claim.
      3. Describe how your product functionality or customization capabilities ensure claims payments align with our medical and payment policies.
      4. Describe how your product allows for editing claims submitted by the same provider, across providers, by specialty and/or by lines of business.
      5. Describe how your product allows for unique editing rules to be applied to each of these groupings.
      6. Describe any specialized editing (Waste and Abuse, NCD/LCD, Facility, etc.) offered within your solution.
      7. Describe how the solution provides cutback recommendations on multiple surgery claims.
      8. Describe the solutions capability to provide recommendations such as add a line, split lines, bundle a line, deny a line, unit reduction.
      9. Describe the solution’s capabilities in supporting payment integrity for California’s Medi-Cal program.
      10. Describe the solution’s capabilities in supporting payment integrity for aligned and non-aligned Dual Special Needs Plan (DSNP) program.
      11. Describe your process for keeping Medi-Cal and Medicare content updated to reflect changes in guidelines.
      12. Describe your experience with Medi-Cal clients, including the types of plans currently running these edits.
      13. Describe your process to terminate providers due to state file updates.
    1. **Flexibility and Customization**
       1. Describe the capabilities to modify the existing edits in your system based on the unique needs of the client.
       2. Describe how you apply exceptions if the client needs to exclude a provider, group, specialty, etc.
       3. Describe how your product provides customization tools.
       4. Describe how your product allows for the creation of custom rules or user defined edits.
       5. Describe how your product allows for unique rules/edits be developed for a specific plan, line of business.
       6. Describe the process for implementing unique rules/edits by place of service, provider groups, employer groups, etc.
       7. Describe the ability for individual edits to be turned off or on for an individual group or lines of business.
       8. Describe your products ability to allow configuration of custom rules that set procedure limitations and frequency by units, quantity, time, number of visits and/or date ranges.
       9. Describe how your product allows users to define editing criteria by the presence or absence of specific procedure codes, diagnosis codes, or modifiers.
    2. **Transparency**
       1. Describe the transparency/disclosure tools available within your product for providers to access the clinical rationale supporting your edits,
       2. Provide the sources and tools you use to provide transparent access for providers.
       3. Describe the transparency tools available around editing decisions to your clients.
    3. **Change Control**
       1. Describe your release/update process. What is the time between new code releases and the update of edits being released to Gold Coast? How often are updates made?
       2. Describe the often do you publish release documentation for content updates?
       3. Describe update/upgrade process for clinical content.
       4. Describe the level of effort is required from health plan/client to accept updates.
       5. Describe your processes for keeping clinical and regulatory edits current with federal and state mandates.
       6. Describe how your solution provides an audit trail for all claim editing transactions.
       7. Describe the mechanisms available allowing GCHP to audit systems to ensure compliance with clinical and regulatory edits.
       8. Proposer shall have a manager or representative participate on the GCHP CCB and attend meetings to provide input on proposed changes, including work estimates for any major or minor changes that fall outside of normal maintenance.
       9. Proposer shall collaborate with GCHP to review policy changes, contribute to assessments, and perform assessments, estimates and work changes in the timeframe and priority set by the CCB.
       10. Proposer shall collaborate with GCHP as it relates to any system or non-system-based changes, modifications, or maintenance activities, testing efforts, tasks, or projects.
       11. Proposer shall create, and submit for approval, a release management process and schedule, following industry best practices. The process will be used for all changes, including maintenance schedules, testing protocols, back-out plans and communications with the CCB.
       12. Proposer shall maintain a release management report/dashboard in conjunction with the CCB, to ensure that the status of all implementations is updated on a real-time basis.
       13. Provide your organization's high-level change control processes and identify any tools or processes used for change management/change requests by your organization.
    4. **Incident Management**
       1. Proposer shall immediately report any service disruption using the approved Incident Management process.
       2. Proposer shall participate in any required Incident Management procedures and calls as needed during a priority outage.
       3. Proposer shall participate in the resolution of any Incidents identified by either the Proposer or by any other party.
       4. Proposer shall define its approach to maintenance of all equipment put in place because of this RFP and include a guarantee of up-time for any provided equipment or systems.
       5. Proposer shall participate in any root-cause analysis, corrective action planning or other follow-up activities outlined in the Incident Management Plan.
       6. Proposer shall provide adequate disaster recovery and business continuity to ensure that all GCHP processes can be completed within established time frames. All plans shall be submitted to GCHP annually for review and approval.
       7. Proposer shall participate in any Disaster Recovery plan training, testing and exercises.
       8. When an error resulting from the Proposer's services is identified, either by the Proposer or another party, the Proposer will bear the financial burden to fix the error and its downstream impacts (impacts to fix any incorrect claims, etc.) and make all modifications necessary to prevent similar errors in the future.
       9. Provide a high-level overview of your Disaster Recovery plan.
       10. Provide a high-level overview of your Business Continuity plan.
    5. **Regulatory Requirements**
       1. Proposer shall comply with all state and federal statutes, regulations, and administrative procedures that are, or become effective during the term of the contract. This includes all DHCS and CMS regulations.
       2. Proposer and GCHP shall monitor published regulatory changes at all levels, including but not limited to All Plan Letters.
       3. Proposer shall not communicate directly with local, state, or federal regulatory entities on GCHP's behalf without prior written consent.
    6. **Historical Processing**
       1. Describe how your solution accounts for historical claims review.
       2. Describe how the system provides the ability to capture claims history over various time periods.
    7. **Payment Accuracy**
       1. Describe how your organization has improved payment accuracy for other health plans.
       2. Describe your ability to participate in audits upon request.
       3. Describe how you measure and report on payment accuracy.
       4. Describe your experience handling claims that require prior authorization or have attached medical documents for review.
       5. Describe your process for responding to claim status inquiries.
    8. **Reporting**
       1. Describe how your company measures and reports success with key customers. List all Service Level Agreements (SLA’s) and Key Performance Indicators (KPI’s) in detail that describe and measure what your company determines to be a best practice for a long-term strategic relationship.
       2. Proposer shall update the report generation schedule any time an approved change is made including but not limited to a report addition, a report deletion, or change in report frequency.
       3. Proposer shall provide reports that describes the following on a monthly basis:

Payment accuracy

Dollars saved

Claims modified

* + - 1. Proposer shall provide reports in GCHP approved dashboard format and will include attachments with supporting data for each measure on the dashboard.
      2. Proposer shall store all generated reports in a centralized document repository that GCHP has access to.
      3. Proposer shall collaborate with GCHP to review all required reports, at a minimum, annually or as required by change in business needs. Proposer shall make any report modifications after the review within the agreed upon time frames.
      4. Describe your standard reports.
      5. Describe how your solution meets the need of customized reports.
      6. Describe what differentiates your company's reporting from your competition.
      7. Identify your experience with dashboard reporting including the data presented within the organization’s dashboards.
      8. Do you have any experience with combining/ sorting data from multiple sources/ vendors/applications and creating client requested reports? Please provide examples.
      9. Identify and describe whether you can provide all available reporting data in a raw data file to GCHP for development of their own reports.
      10. Identify and describe the applications you currently utilize for reporting analytics.
    1. **Service and Support**
       1. Describe your approach to account management.
       2. Describe your support model (dedicated support, hours and response times).
       3. Provide an overview of your client satisfaction measurement model.
    2. **Transition Out**
       1. Proposer shall develop and submit for approval a Transition and Closeout Plan one quarter prior to the beginning of the Turnover and Closeout Phase of the contract.
       2. Proposer shall designate key points of contact for turnover planning activities within ten calendar days of a new contract award.
       3. Proposer shall make key points of contact and key personnel available for transition planning during the transition out period.
       4. Upon termination or expiration of the SOW, the Proposer shall transfer images and claim documents to GCHP, or designee, during the transition out period.
    3. **Training and Project Management**
       1. Describe a typical implementation, including time and examples of recent implementations.
       2. Describe how your implementation process evaluates existing edits in our legacy editing system for implementation in the proposed solution to preserve current savings.
       3. Describe training provided upon implementation.
       4. Describe the types of system and end user documentation that are provided.
       5. Proposer shall provide appropriate training to ensure compliance with all local, state, and federal regulations. Updates to regulation-associated training will be addressed at no cost to GCHP.
       6. Provide an overview describing how you expect to communicate and work with GCHP’s personnel throughout the project.
       7. Provide a project plan and timeline outlining critical milestones necessary to meet any stated deadlines.
    4. **Key Personnel and Staffing**
       1. Include the actual resumes of the key personnel to be assigned to this project, not just samples.
       2. What is the duration of the commitment of key personnel to GCHP?
       3. Identify and describe where personnel will work during this contract. (On-shore, off-shore, near-shore, or a percentage combination).
       4. What is your plan to manage turnover in staff, including turnover in any key personnel assigned to GCHP?
       5. Describe your employee engagement strategies and measurement processes.
       6. Describe your strategic plan to staff up for the work volume increase under this contract.
       7. Describe your process of decision making when distributing new workloads amongst your internal and deployed workforce.
       8. Do you evaluate resources based on certificates, skill sets, or healthcare specific education?
       9. Describe your recruiting procedure based on healthcare experience and other requirements.
       10. Describe your background check requirements (National or International if offshore operations).
       11. Describe your company’s competitive differentiators within your resources.
       12. Describe your termination process for resources. Also, describe access withdrawn policies for terminated resources.
       13. Provide information on the offices and resources that would be dedicated/assigned to GCHP for operational and customer support.
       14. Define your manager to resource ratio for this contract.
  1. **IT Security**
     1. Please provide a contact name and email address for receipt of the full Security Risk Assessment noted is Section 1.5.
     2. Does your organization possess cyber-insurance coverage?
     3. Do you possess an independent audit for any one of the following**?**

**(Select all that apply)**

☐ SOC Type II (SSAE18)

HITRUST (HIPAA / HITECH

ISO 27001

ISO 27017/18 (Cloud Services)

NIST SP 800 Series

FedRAMP (FIPS 140-3)

PCI-DSS (Payment Card)

Sarbanes-Oxley

None

* + 1. Is there an Information Security Policy and does it include?

**(Select all that apply)**

Information Asset Security Policy

Data Classification and Retention Policy

Information Security Awareness Policy

Physical Security Policy

Acceptable Use Policy

Access Controls and/or 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

* + 1. 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)

Secure Controls Framework (SCF)

HITRUST (CSF) NIST ((SP 800 Series or CSF)

ISO 2700x (Standards)

AICPA’s Trust Services (SOC2)

SANS Critical Security Controls (Standards)

COBIT (Framework)

OWASP (Framework)

None

* + 1. Is your Information Security Policy used in all environments (ex., corporate, production, development, etc.)?

Yes

No

* + 1. Do your services include the handling, collection, or processing of any PHI (protected health information) or PII (personally identifiable information)?

PHI

PII

Both

* + 1. What type of PHI or PII records are used?

**(Select all that apply)**

Member Name

Member Mailing Address

Member Date of Birth

Member Email/Phone/Fax Numbers

Member Social Security Number

Medical Records Number

Medical Claim Number

Member Identification Number

Photographs or Biometric Identifiers

Medical Condition Information (ICD’s)

None

* + 1. Do you encrypt sensitive data at rest?

Yes

No

* + 1. Do you encrypt sensitive data in transit?

**(Select all that apply)**

☐ HTTPS

☐ SMTPS

☐ SSH

☐ SFTP

☐ VPN (IPSec)

☐ No

* + 1. Do your business-services operate in a;

**(Select all that apply)**

Dedicated and privately-owned data center

Multi-tenant collocation data center

Cloud environment (entirely)

Hybrid solution (e.g.,. partial on-prem and partial cloud)

Partnered with another 2nd or 3rd party service

None

* + 1. Do you have a formal vulnerability management program?

Yes

No

* + 1. How frequent are you exercising your vulnerability management program (systems update/patching/etc)?

Weekly

Monthly

Quarterly

Annually

* + 1. Are entitlements and/or user access controls to any provided applications.

**(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

* + 1. Are any services or development processes sub-contracted?

Yes

No

* + 1. If sub-contractors are used, are they held to the same accountability and follow your security policies as your employees?

Yes

No

* + 1. Who developed the application?

**(Select all that apply)**

Off-the-shelf Software

Internally (home-grown)

Open source

Other (Please Explain)

N/A

* + 1. Is there a Business Continuity/Disaster Recovery (BC/DR) program?

Yes

No

* + 1. 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

* + 1. 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

Based offshore

Support dedicated to a single individual

Support goes in queue for next available representative

No Support Services

1. QuantItative Requirements
   1. Pricing
      1. Proposers must provide itemized pricing in the form attached as Attachment 5.
   2. Implementation Pricing
      1. Please provide a list of key assumptions related to your implementation pricing.
      2. Proposers must itemize implementation pricing in the form attached as Attachment 5.
   3. Miscellaneous Pricing
      1. Proposers must itemize all training for GCHP personnel and miscellaneous pricing including training, travel, ongoing T&M support.in the form attached as Attachment 5.
   4. **Contract Terms & Conditions**
      1. The term of the resulting agreement is expected to be three, (3)years from contract execution. 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).
      2. **Attachment 1a** 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. Failure to identify any such objection with your Proposal shall, at GCHP’s option, be deemed a waiver of such objection. Recommend alternative wording that you would like considered with your proposal response. Failure to agree to the Master Services Agreement may result in the disqualification of any Proposal.
      3. **Attachment 1b** to this RFP is a Statement of Work template. Please provide a working draft of this with your proposal response.
      4. **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.
2. 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. The written 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 be submitted to GCHP by the due date and delivered to the email address listed below with written confirmation of receipt, followed by the original copy mailed. Protests made orally (e.g., telephone) will not be considered.

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

[bbushey@goldchp.org](mailto:bbushey@goldchp.org)

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 – Master Services Agreement, Attachment 1a | This is GCHP’s standard service agreement template. | <https://www.goldcoasthealthplan.org/media/r/ab3cfb81dca74480ac0fc576d0c6dbf5/attachment-1-gchp-msa-template.docx> |
| 1b – Statement of Work, Attachment 1b | This is GCHP’s Master Services Statement of Word draft. | <https://www.goldcoasthealthplan.org/media/r/12177e9c544f4dcfb2ca26f8ac79366a/attachment-1a-gchp-sow-template.docx> |
| 2 – Business Associate Agreement, Attachment 2 | This is GCHP’s standard Business Associate Agreement template. | <https://www.goldcoasthealthplan.org/media/r/6e9045d6ebb943de99175b1914c1a086/attachment-2-gchp-baa-template.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/4ab9143078ec4a5d96190725ad9ec58d/attachment-3-conflict-of-interest-certification.docx> |
| 4 - Client References, Attachment 4 | Complete this form and return it with your proposal response. | <https://www.goldcoasthealthplan.org/media/r/c2d8246738ee48ff9bd90cf75c4426c9/attachment-4-references.docx> |
| 5 - Pricing Format, Attachment 5 | Complete this form and return it with your proposal response. | <https://www.goldcoasthealthplan.org/media/r/7fcd06e9b81341e9a6a4be29370b23ea/attachment-5-pricing-format-final.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 9/23/25. **This is a required form**. | <https://www.goldcoasthealthplan.org/media/r/be990654fb8f42ab88d8a96e511d18be/attachment-6-intent-to-propose.doc> |
| 7 – Question Template, Attachment 7 | Use this template to submit all of your questions. | <https://www.goldcoasthealthplan.org/media/r/ae686923279140d9a301b45d013d72b5/attachment-7-qa-template.docx> |
| 8. – Section 3 Response, Attachment 8 | Use this document to submit your responses to section 3 of the RFP | <https://www.goldcoasthealthplan.org/media/r/43dbc451eae548f89dbd597fbe2567a1/attachment-8-section-3-response.xlsx> |