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RE: Request for Proposal Number GCHP04142025

Gold Coast Health Plan ("GCHP”) is interested in establishing an agreement with a contractor to provide fitness benefits to Duals Special Needs Plan (D-SNP) members beginning January 1, 2026, 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 | 4/14/2025 |  |
| Intent to Propose Notification Due By | 4/18/2025 | 5:00pm, PT |
| Questions Due | 4/22/2025 | 5:00pm, PT |
| Questions Answered | 4/25/2025 |  |
| Proposal Due Date | **5/5/2025** | 5:00pm, PT |
| Short List Established and Contractual Discussions Begin | 5/19/2025 |  |

\* 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: bbushey@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:

Bob Bushey

Executive Director, Procurement

bbushey@goldchp.org

805-437-5717

* 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 240,000 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 Overview

GCHP will launch an Exclusively Aligned Enrollment D-SNP in Ventura County, California on January 1, 2026, and must be ready to enroll members on October 15, 2025. GCHP is evaluating the marketplace identify a fitness vendor to provide fitness benefits to Duals Special Needs Plan (D-SNP) members beginning January 1, 2026. The RFP is seeking responses related to the services and systems in the tables below.

This RFP asks for responses to, a) your company’s overview, b) your business and technical capabilities specifically associated with the provision of fitness benefits, c) your implementation methodology for a D-SNP on or before October 1, 2025, and d) pricing.

**Table 1—List of Services**

|  |  |
| --- | --- |
| **Service** | **Description** |
| Gym Membership Benefits for Medicare D-SNP Enrollees | * Gym memberships throughout the service area of Ventura County, CA. Gym memberships should include standard fitness and facility services. Additional services may be available to members at their own cost. |
| Welcome fitness kit | * Member onboarding including nominal-value promotional items (i.e., gym tote, gym towel, water bottle, etc.) provided upon initial sign-up and registration for fitness benefits. |
| Digital fitness content | * Digital fitness and/or healthy living content available on demand via computer or smart phone applications. |
| Engagement Incentive Program | * Digital and/or telephonic member engagement program to encourage sign-up and achievement of member fitness goals. The engagement program may be part of a member incentive program that provides rewards for achieving fitness goals. |

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. **Proposer Stability**
        1. List any recent events which may reasonably have a material impact on Proposer’s stability, ongoing operational status, or organizational structure.
        2. Indicate the length of time that Proposer has been providing system integration services.
     2. **Experience/References**
        1. Describe your experience with the D-SNP product line.
        2. 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. 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.
        4. Describe your experience with working with smaller health plans with membership under five thousand (5,000) members.
        5. Provide the approximate total number of employees.
        6. Provide employee turnover rate by month for the previous 12 months.
        7. Provide an overview of how you support customers in Southern CA, including but not limited to the number of offices, number of employees, etc.
        8. Provide information on the resources that would be dedicated/assigned to GCHP for operational and customer support.
        9. 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.
  2. **Service Capabilities**
     1. **Overview**
        1. Provide your experience providing gym membership and fitness benefits to D-SNP enrollees as a Supplemental Benefit.
        2. Describe any downstream relationships or third-party partnerships/subcontractors use to perform the services in this RFP.
        3. Describe what differentiates you from your competitors.
     2. **Gym Membership**
        1. Describe the network of gyms in Ventura County including the number of facilities, locations of facilities, services available at the facilities, hours of operations, parking, and hours of availability to D-SNP members.
        2. Describe the accessibility features of the facilities, including but not limited to physical accessibility, language capabilities at facilities, and affirming inclusive environments.
        3. Describe the fitness class offerings tailored to and/or suitable for D-SNP members that are included in the benefit offering.
        4. Describe other fitness offerings tailored to and/or suitable for D-SNP members that are included in the benefit offering such as personal trainers, fitness equipment, nutrition counseling.
        5. Describe additional services available to D-SNP members at their own expense (outside the benefit offering).
        6. Describe how members access services.
        7. Describe your process for onboarding new facilities, for example, should GCHP want specific facilities included in the network, what is the process to engaging and onboarding those facilities.
     3. **Member Welcome/Onboarding**
        1. Describe your process for welcoming and onboarding new D-SNP members, including the process of tracking to ensure members receive their benefits?
        2. Describe data and other interactions needed from GCHP for member onboarding and ongoing eligibility for benefits.
        3. Describe membership card process.
        4. Describe how materials provided.
        5. Describe the member experience with staff and systems.
     4. **Digital Fitness**
        1. Describe your digital fitness offering including classes, technology, and healthy living content.
        2. Describe the member experience with digital fitness offerings.
        3. Describe member support in initiating and using digital solutions.
     5. **Engagement in Fitness**
        1. Describe how your track and monitor utilization of services.
        2. Describe expected utilization of services for GCHP D-SNP members.
        3. Describe what strategies you employ to encourage enrollment and active engagement with services.
        4. Please describe your use of technology to drive engagement and use of fitness services including digital platforms, SMS text, web site, IVR, etc.
        5. Describe outcomes of engagement efforts with D-SNP members.
        6. Describe your approach to supporting members to establish and meet fitness goals.
        7. Describe any rewards or incentives that can be part of your fitness offering.
     6. **Member Service and Experience**
        1. Describe your quality assurance processes and any data on quality performance and experience.
        2. Describe your customer service staff and process. Include any customer service metrics use to measure the timeliness and effectiveness of customer services.
        3. Describe your customer issue/complaint process. Include any data on rates of issues/complaints, resolution timeframes.
        4. Describe your customer satisfaction overall and specific to D-SNP members.
        5. Describe your expectation of how members experience your services.
        6. Describe your workflow and experience engaging with D-SNP plans on grievances related to services.
     7. **Compliance and Reporting**
        1. Describe your experience tracking and reporting utilization of services for D-SNP plans.
        2. Describe your experience and achievement in meeting Medicare requirements, particularly reporting of supplemental utilization and cost.
        3. Describe your experience with audits or regulatory examinations of work performed? Please describe performance on any Medicare or Medicaid/Medi-Cal compliance audit for the applicable services. When was the most recent audit? What type of audit? What findings were there related to your performance? How were the findings addressed?
        4. Describe and provide samples of the usual reports provided to your health plan customers.
        5. Describe your process for issue escalation.
  3. **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. 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

* + 1. 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

* + 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)

NIST (Framework & Standards)

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)

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

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

(Select all that apply)

HTTPS

SMTPS

SSH

SFTP

VPN (IPSec)

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

Hybrid solution ex. partial on-prem and partial cloud

Partnered with another 2nd or 3rd party service

None

* + 1. How is the application, service, or data accessed?

(Select all that apply)

HTTPS Website

Citrix or RemoteApps

VPN (IPSec)

Secure SFTP/SSH/SCP

FTP

Encrypted Email

Unencrypted Email

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

Yes

No

* + 1. How frequent are you exercising your vulnerability management program?

Weekly

Monthly

Quarterly

Annually

* + 1. Do you have a process to remediate any known or discovered vulnerabilities?

Yes. (Please explain the expected timeframes for remediation)

No

* + 1. 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

* + 1. 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

* + 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. Is the Business Continuity and/or Disaster Recovery program tested at least annually?

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

* 1. **Implementation Approach**
     1. **Overview**
        1. Provide an overview of your company's implementation approach to new health plan customers including the organizational structure as described in the proposal and how the work will be performed.
        2. Provide a task-level description of 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. Provide details of your plans for supporting GCHP immediately following implementation cut-over/go-live to ensure stable system operation and a smooth member-experience. What is the structure, staffing, and duration of such immediate post-implementation support?
        4. Provide details of ongoing support services and interactions between GCHP and your organization. .
     2. **Key Personnel**
        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. **Proposed Schedule**
        1. Provide a project plan and timeline outlining critical milestones necessary to meet any stated deadlines.

1. QuantItative Requirements
   1. Pricing
      1. Proposers must provide itemized pricing in the form attached as Attachment 5. Proposer is expected to provide a “Not-To-Exceed Fee” to fully implement the services listed in Table 1.
      2. Please provide a list of key assumptions related to your implementation pricing.
   2. Miscellaneous Pricing
      1. Proposers must itemize all other miscellaneous pricing in Attachment 5.

* 1. **Contract Terms & Conditions**
     1. The term of the resulting agreement is expected to start on or before July1, 2025.
     2. **Attachment 1** 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 1a** 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.

1. 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** |
| 1 – Master Services Agreement, Attachment 1a | This is GCHP’s standard service agreement template. | <https://www.goldcoasthealthplan.org/media/r/29ce372d616f498c84c644d0fb300bff/attachment-1-gchp-msa-template.docx> |
| 1a – Statement of Work, Attachment 1b | This is GCHP’s Master Services Statement of Work template. | <https://www.goldcoasthealthplan.org/media/r/9a82fd52686442ec8e8bbf3a38cdd7a2/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/cb23332af767437c805672d75fc36641/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/a834b451ef4c46bcb520ab47727e186e/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/16dcd0a8f0ed4fc8aef0cb2c9751e1a4/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/1f6bd30a1b75497c84ef6a84a302e6d3/attachment-5-pricing-format.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, PT, 4/18/25. **This is a required form**. | <https://www.goldcoasthealthplan.org/media/r/687c5e346a354e6780b367d2a95432a8/attachment-6-intent-to-propose.doc> |
| 7 – Question Template, Attachment 7 | Use this template to submit all your questions. | <https://www.goldcoasthealthplan.org/media/r/9d372fd02832456fb42842ad37674b1f/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/92391eeaaaf34aa0b667636a97aec275/attachment-8-section-3-response.xlsx> |