



Notice of Request for Proposals (“RFP”)
D-SNP Feasibility Study and Implementation Planning Services

Tuesday, February 7, 2023

Alameda Alliance for Health
1240 South Loop Road
Alameda, California 94502
vendormgmt@alamedaalliance.org

Timeline

ITEM	DUE DATE
RFP Issued	Tuesday, February 7, 2023
RFP Responses Due (<i>no exceptions</i>)	Friday, March 10, 2023
Finalist Selection	Friday, March 17, 2023
Finalist Interviews and Presentations	Monday, March 27, 2023, to Friday, March 31, 2023
Vendor Selection	Friday, April 14, 2023

I. About Alameda Alliance for Health

Alameda Alliance for Health (“Alliance”, “Plan”) is a local, public, not-for-profit managed care health plan committed to making high-quality health care services accessible and affordable to Alameda County residents. Established in 1996, the Alliance was created by and for Alameda County residents. The Alliance Board of Governors, leadership, staff, and provider network reflect the county’s cultural and linguistic diversity. The Alliance provides health care coverage to more than 330,000 children and adults with limited resources through a National Committee on Quality Assurance (“NCQA”) accredited Medi-Cal and Alliance Group Care program (an employer-sponsored plan that provides affordable comprehensive health care coverage to In-Home Supportive Services (“IHSS”) workers in Alameda County).

a) Programs

Medi-Cal

Medi-Cal is a state-sponsored health insurance program administered through the Alliance. Medi-Cal provides comprehensive health care coverage for those who meet income guidelines, including:

- Families and children;
- Adults that meet income requirements;
- People with disabilities; and
- Seniors.

Alliance Group Care

Alliance Group Care provides low-cost health care coverage to IHSS workers in Alameda County. Benefits include routine care from a primary care physician, specialty care, hospital care, and other services.

IHSS home care workers may qualify for Alliance Group Care through the Alameda County Public Authority for IHSS.

II. Project Description

Approximately 11% of the Alliance’s total membership, or 37,000 members, are dually eligible for Medicare and Medi-Cal. As part of the Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal initiative¹, DHCS is implementing policies to promote integrated care for beneficiaries dually eligible (duals) for Medicare and Medi-Cal. One policy limits for the contract year 2023, any new Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) to only D-SNPs with an ongoing affiliation with Medi-Cal managed care plans. Together with Mercer, DHCS conducted a feasibility study report of D-SNPs for Medi-Cal managed care

¹ <https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>.

plans in select non-Coordinated Care Initiative counties (the Alliance was not selected for this analysis.) The study concluded that, “Mercer believes there is a potential path to feasibility for all regions in California. However, each region and MCP will have unique challenges to overcome as they look to achieve feasibility.” DHCS provided guidance for the Alliance to maintain these 37,000 dually eligible members in the Medi-Cal plan, the Alliance will require expansion into the Medicare Advantage (“MA”) space to allow Dual’s access to care to be coordinated by a single health plan.

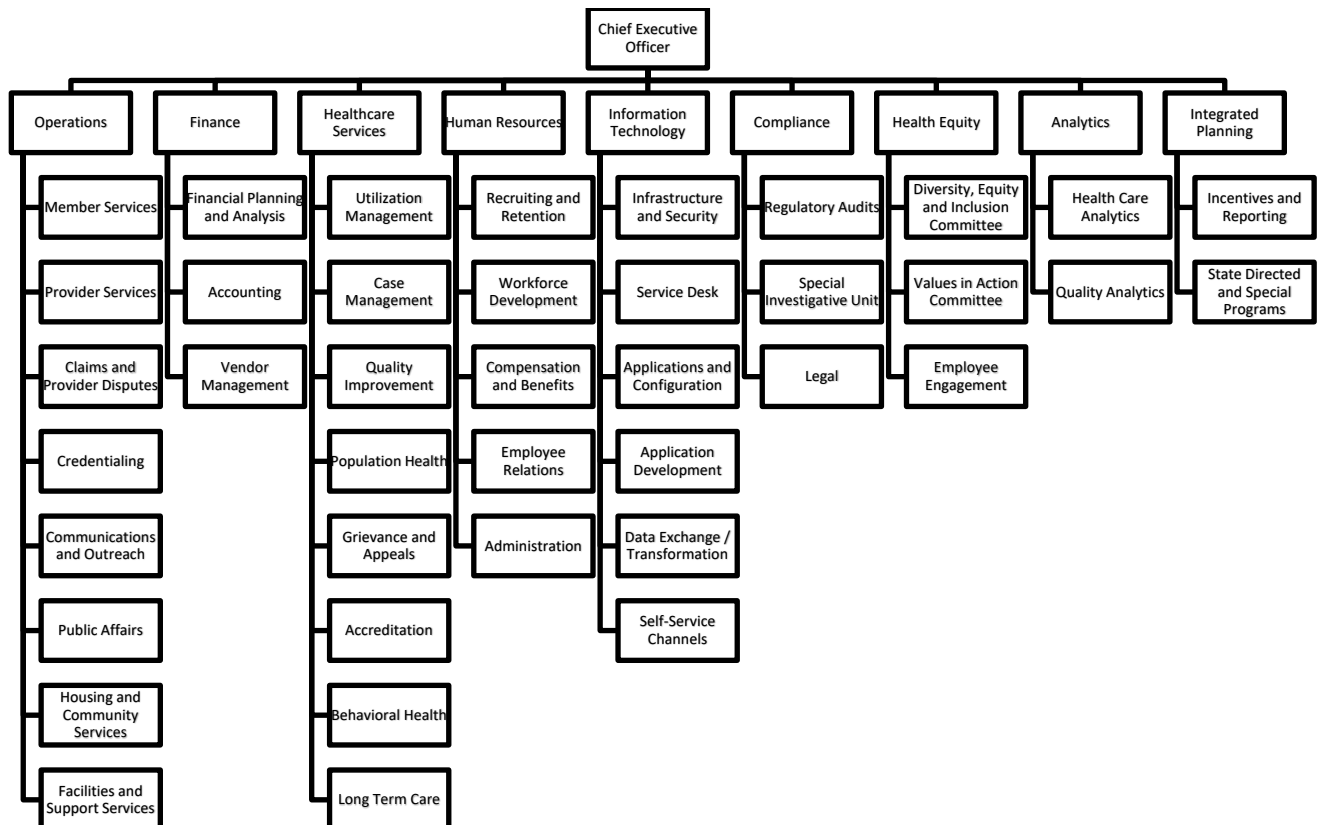
The Alliance engaged a vendor to complete a first-pass analysis to adequately evaluate and consider this future operational change. The Alliance is initiating this Request for Proposal (“RFP”) to solicit proposals from eligible firms to conduct a comprehensive Medicare D-SNP Feasibility Study and provide Implementation Planning Services.

The Alliance is planning to select one vendor that offers a solution that can provide the pre-launch feasibility study (detailed later, called Phase 1 herein) and one that is able to support ongoing pre-launch (Phase 2) and post-launch “boots on the ground” implementation planning and support services (called Phase 3, herein).

a) **Phase 1: Feasibility Study**

As part of the services to be completed in Phase 1, the Plan seeks a vendor to support the following eight areas.

1. **Organization structure.** The Plan’s current structure is outlined below:



We seek a vendor experienced in evaluating organization structures best suited for a D-SNP program. The vendor should have experience reviewing existing job descriptions, providing recommendations for updating the job descriptions to reflect appropriate D-SNP experience in preparation for the hiring of those candidates, and general support in making needed staffing and organizational changes.

2. **Experience and Training.** The Plan has existing staff with various levels of experience in Medicare, some with decades-long experience, some with none. We seek a partner able to evaluate our existing staffing levels and skills and recommend expertise that will need to be added to the various divisions and at what level.

We are also seeking a vendor versed in the various essential training offerings that will be needed for new and existing staff to build and maintain a D-SNP. Along with identifying the necessary skills training, knowledge of training organizations that could perform this training and assist in coordinating needed skills development is desired.

3. **Regulatory Compliance** (Application process, preparation, and ensuring ongoing compliance – timeline). Recognizing the significant regulatory requirements that the Alliance will need to satisfy in order to meet regulatory approval and ongoing compliance with the Center for Medicare & Medicaid Services (“CMS”), the California Department of Managed Health Care (“DMHC”), and the California Department of Health Care Services (“DHCS”). The selected vendor will assist the Alliance in the development of a comprehensive list of regulatory deliverables and requirements, for all **regulators**, for both phases of the program pre and post-launch, including the creation and submittal of necessary documents and artifacts, and a timeline for deliverables for each regulator. This effort includes but is not limited to: (1) pre-start-up application and filing requirements needed for program approval, (2) operational policies and procedures (“P&Ps”), and (3) a timeline to ensure the Plan meets the dates throughout the life of the program planning and implementation, as well as through program launch.
4. **Technology.** The Plan recognizes that being successful in Medicare involves strong capable systems for managing our services and data exchange. The Plan has a care management system, claims system, third-party risk system, human resource information system, and accounting system. The Plan will need to evaluate whether the existing infrastructure is sufficient to handle Medicare or can be redesigned or rebuilt without needing new services. Conversely, the Plan will need assistance determining whether new technological systems are needed in preparation for the D-SNP launch.

5. **Program Timeline.** The Plan has a strong Portfolio Management Team that provides project management services to the Plan and will partner with the vendor and provide daily management of this program as needed. Said vendor shall be responsible for the compliance timeline described above, as well as an operational project milestone timeline.
6. **Costs.** As above, we engaged a vendor to provide an initial five-year financial feasibility study from program go live. The results of which will not be available to bidders but shared only with the selected vendor partner. What is still required as a result of that study is a detailed pro forma of administrative resources needed from Saturday, July 1, 2023, through a minimum of one-year post-launch (or Thursday, December 31, 2026), including people, process, platform, vendors, etc.
7. **Regional D-SNP.** A local Plan with an existing D-SNP program has written a proposal to support us with some parts of the D-SNP implementation, and ongoing operational support and we seek a vendor to help the Alliance evaluate the proposal's merits and efficacy enabling the Plan to make a decision on the Plan's structure for providing D-SNP services to our members and providers.
8. **Sourcing strategy.** The Plan has sourcing and contracting teams in Provider Services and Vendor Management but seeks support in reviewing and recommending needed vendors for the D-SNP program and the creation of effective provider recruitment strategies.

b) **Phase II: Implementation Planning**

In addition to the Phase 1: Feasibility Study, the Alliance is looking for a vendor partner to provide support post-program launch. Specifically, the Plan seeks a partner to provide multi-year services from the completion of the above feasibility study to implementing the various recommended changes through the D-SNP launch expected to be on Thursday, January 1, 2026, and including post-launch support. We seek a vendor to provide continuous engagement through the first year of D-SNP operations.

c) **Phase III: Post-Implementation Services**

The Plan seeks a vendor to monitor and report on progress for six (6) to twelve (12) months (through Tuesday, June 30, 2026, or Thursday, December 31, 2026) after going live.

III. Solicitation Terms and Conditions

a) **RFP Responses**

Section IV has a detailed list of questions about experience, the specific questions related to Phases I, II, and III, as well as pricing for this engagement.

b) **Questions About This RFP**

Vendors need not submit questions, but if there are questions that are required that would inhibit a vendor from submitting a response, please send via email to the Alliance Vendor Management Department at **vendormgmt@alamedaalliance.org**. The Alliance will reply as appropriate. There will not be a formal question and answer process, but we understand that sometimes clarifications are required.

c) **Amendments to This RFP**

The Alliance retains the right to amend this RFP by a written amendment posted on the Alliance website at **www.alamedaalliance.org**.

d) **Option to Reject Proposals**

The Alliance may, at its sole discretion, reject any or all proposals submitted in response to this RFP at any time, with or without cause. The Alliance shall not be liable for any costs incurred by the bidder in connection with the preparation and submission of any proposal. The Alliance reserves the right to waive immaterial deviations in a submitted proposal.

IV. RFP Submission Responses

In a separate attachment, please provide a response for each question outlined below:

TOPIC	QUESTION
Executive Summary	1. Please provide a high-level description of how the proposal will meet the project requirements outlined in Section II.
General Vendor Information	2. Vendor Primary Contact Information: <ul style="list-style-type: none">• Name• Title• Address, city, state, zip• Phone number• Alternate phone number• Fax number• Email• Vendor website URL 2a. How long has your company been in business?
Vendor Office Locations	3. Please include the city and state for each department/entity below: <ul style="list-style-type: none">• Corporate headquarters• Support personnel• In what state(s) is the vendor incorporated?
Vendor Employee Details	4. What service consulting/advisement features can the bidder provide in the following areas? <ul style="list-style-type: none">a. D-SNP Operational Model (Buy vs. Build)

TOPIC	QUESTION
	<ul style="list-style-type: none"> b. Core Operating System Sufficiency c. Needed Software d. Business Process Outsourcing e. Enrollment f. Member Experience and Surveys g. Claims Administration h. Fulfillment Services i. Financial Reconciliation j. Risk Adjustment k. Encounter Data l. Provider & Member Engagement m. Broker/Internal Commission Management n. Appeals & Grievances o. Pharmacy p. Behavioral Health q. Quality & Star Ratings r. Competitive Landscape Modeling s. Optional Benefit Creation t. Pro Forma Creation u. Sales & Marketing (from CMS-approved sales/marketing/education materials/website through member communications) v. Regulatory Compliance (CMS filing, Knox-Keene filing, Surveys.) w. Medical Management/Care Management x. Member risk stratification modeling and HRA development <p>Please detail the number of employees, relevant subject matter expert (SME) resumes, and other details about how the vendor is the most qualified respondent to partner with the Alliance for this engagement.</p>
Vendor Privacy and Security	<p>5. Please provide a completed SOC 2 report as an attachment. Alternatively, please complete the attached “Vendor Security Questionnaire.”</p> <p>5a. Please provide privacy and security policies and procedures.</p>
Vendor Financial Status	<p>6. The Alliance is looking for a partner who is financially capable of meeting all needed services for the four (4) years outlined herein. Please provide a completed SOC 1 report or a set of unaudited financial statements marked as number 6.</p>

TOPIC	QUESTION
<p>Exclusions</p>	<p>7. Has your company received notice of violation of, or been convicted of a violation of any federal, state, or local law? If yes, please explain. Provide additional attachments, if necessary.</p> <p>7a. Has your company been listed as an excluded vendor by any federal or state agency or convicted of a criminal offense related to healthcare? If yes, please explain. Provide additional attachments, if necessary.</p> <p>7b. Has your company been cited for or does your company have business activities that contribute to the violation of human rights? If yes, please explain. Provide additional attachments, if necessary.</p>
<p>Subcontractors</p>	<p>8. Please identify any subcontractors that will be utilized and their specific service offerings.</p>
<p>Experience</p>	<p>9. Describe your organization’s D-SNP plan implementation experience and breadth. If you have <u>California-based D-SNP</u> experience, please elaborate on that. Please also include experience with Medi-Cal Managed Care Plans (MCPs).</p> <p>9a. Working with any Medi-Cal health plans. If yes, which plans and what services did you perform?</p> <p>9b. Working with any other Medicaid health plans. If yes, which plans and what services did you perform?</p> <p>9c. Working with Medi-Cal/Medicaid plans in implementing a D-SNP product. If no D-SNP-specific expertise, please describe relevant Medicare implementation experience.</p> <p>9d. Experience developing Medicare compliance programs. If yes, please describe what services were performed and by which team member(s).</p> <p>9e. Working with commercial health plans. If yes, what services did you perform, and for which plans?</p> <p>9f. Please provide three (3) brief client references from current clients that can describe your relationship. Please provide the contact information of a specific person for each reference that the Alliance can contact as part of our evaluation process.</p>
<p>Phase 1: Feasibility Study</p>	<p>10. As outlined above, the Plan seeks a thorough review of whether the organizational structure needs changing. We ask respondents to provide either (1) an example organization structure redesign or (2) a suggested new Alliance organization structure.</p> <p>10a. The Plan staff will need to be evaluated to determine what staffing expertise should be added and at what level. To address this capability in the RFP response, we ask the vendor to provide either (1) an example assessment tool or (2) a narrative describing staff-level evaluation experiences.</p> <p>10b. What training should be offered for existing staff? Please</p>

TOPIC	QUESTION
	<p>provide a sample INTERNAL training plan for Alliance staff around D-SNP education; including but not limited to a training tool kit (D-SNP 101), e-learning development, webinars, etc.</p> <p>10c. As part of our review of our compliance with needed program milestones, we require a selected vendor to provide a thorough timeline of the program deadlines, including application dates, processes, and what will be needed for preparation. For this question, we ask respondents to provide a simple draft timeline from Saturday, July 1, 2023, through Thursday, December 31, 2026, with notations for their particular experience in writing these timelines and holding clients to account for the dates.</p> <p>10d. As part of the implementation, information systems will need to be evaluated for usefulness for Medicare and gap analysis. Please describe respondents' information technology experience with health system evaluations, selections, and large-scale system implementations.</p> <p>10e. The Plan will need to expand on the original feasibility financial study and outline all administrative (people, process, platform) costs projected to be pre-launch and post-launch. We seek a respondent able to demonstrate value in determining pro forma budgets.</p> <p>10f. How would the respondent evaluate the written proposal for a partner local managed care plan to support the D-SNP program? Has the respondent experience evaluated similar offerings of shared services?</p> <p>10g. Provide possible strategies for provider recruitment.</p>
<p>Phase II: Implementation Planning</p>	<p>11. The Plan expects that we will need support before and during implementation in particularly the following areas.</p> <ul style="list-style-type: none"> a. Operational Readiness b. Budget Management c. Project Management d. Launch e. Post-launch review and assessment f. Ongoing support of systems, processes, and staffing <p>As with above, we seek the most qualified and experienced vendor to provide these services. Please detail how your services best meet these needs.</p> <p>11a. The Plan is also aware that there are other functional areas where support may be needed. What other functional areas does the respondent believe should the Alliance plan for? How is the respondent able to support the Alliance in these areas?</p>

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	<p>11b. In order to evaluate the operational level skillsets of the respondents, please provide a sample written Health Risk Assessment Policy and Procedure. The formatting is unimportant. The question is to try to assess past experience and the quality of work product.</p> <p>11c. Please describe three (3) recent project implementations where the respondent provided staff augmentation services (meaning additional operational level support at the department level) during a large program launch. In which functional areas were the respondent’s staff performing functions? For how long; and at which level(s)?</p>
<p>Phase III: Post-Go-Live Services</p>	<p>12. As outlined in Section II, we seek a partner that is to work with us after the D-SNP’s Thursday, January 1, 2026, go live. We ask that the bidders supply their proposed organization and staffing model for this post-go-live. What services should the Alliance expect to continue to need respondent’s support completing; and for what service period?</p> <p>12a. Please describe three (3) recent project implementations where the respondent provided staff augmentation services after the project launch. In which functional areas were the respondent’s staff performing functions? For how long; and at which level(s)?</p>
<p>Escalation Processes and Performance Guarantees</p>	<p>13. How and whom do we contact throughout the various phases? Would these contacts change during the different phases? Or would it be consistent?</p> <p>13a. What are the communication channels and issue escalation processes?</p> <p>13b. For a multi-year and multi-phased project such as this, outlining performance guarantees is certainly a challenge, but we select vendor partners able to outline achieving program milestones, escalation response times, and any other Performance Guarantees. Please outline any other unique service delivery highlights that set the bidder’s services apart from competitors.</p>
<p>Disaster Recovery</p>	<p>14. Please provide your organization’s formal business continuity (“BC”) and disaster recovery (“DR”) program policy and procedures. Have you had to implement either of these policies?</p>
<p>Offshoring</p>	<p>15. Does your organization offshore any obligation of this RFP which requires access, use, or disclosure of protected health information (“PHI”), as such term is defined by HIPAA, to any subcontractor that is not located in the United States, or is not subject to the jurisdiction of a court in the United States. Please identify and quantify any offshore resources engaged on behalf of your company.</p>

TOPIC	QUESTION
	Note: No PHI data may be stored or accessed offshore. Proposals with this organizational structure will be considered non-responsive and will not be evaluated.
Pricing	16. The Plan understands the difficulty in providing pricing for such services, but because of purchasing rules and being good stewards of the Plan’s money (state dollars), we must evaluate pricing. We ask bidders to submit individual Phase I, Phase II, and Phase III budgets with descriptions of expected levels of staffing, bill rates, and any other variables.
Sample Contract	17. Please include a sample contract for this engagement, including a specific Statement of Work for the services outlined as part of this RFP. Please include the escalation path and any offered Performance Guarantees.
Miscellaneous	18. Please include any details pertinent to your organizational capabilities and the topics of this RFP.

V. Requested Attachments

In addition to the RFP submission responses, the table below indicates the required supplemental attachments. Please include the names of all additional documents returned with your response to this RFP. If there are attachments other than those required below that you would like the Alliance to consider, please include them when submitting your proposal. Attachments are not to be used in lieu of answering the questions included in this RFP.

ATTACHMENT TYPE	REQUIRED (Y/N)	NAME OF FILE SUBMITTED
Three (3) to four (4) client references	Y	
SOC 1 Report	Y	
SOC 2 Report	Y	

VI. Submission Instructions

Please submit your responses to this RFP electronically via email to the Alliance Vendor Management Department at vendormgmt@alamedaalliance.org.

Please include the following in the subject line: **D-SNP Feasibility Study and Implementation Planning Services**.

In order to be considered, all electronic submissions must be received by **4 PM (PST) on Friday, March 10, 2023**.

VII. Conflict of Interest

Proposer(s) must be free of any obligations and interests, which might conflict with the interests of the Alliance. Any conflict or potential conflict must be described in the proposal. This statement combined with the prior work performed listed in the proposal along with any additional due diligence review of the proposer's independence deemed appropriate by the Alliance will be used to determine whether the proposer(s) has a potential conflict of interest. This decision is solely the responsibility of the Alliance. By submitting a proposal, the proposer(s) agrees to these terms.