



Notice of Request for Proposal
Enterprise Resource Planning (ERP) – Financial System Selection

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

Timeline

ITEM	DUE DATE
RFP Issued	Thursday, January 30, 2025
Respondent Questions Due	Friday, February 14, 2025
RFP Responses Due (<i>no exceptions</i>)	Friday, February 28, 2025
Finalist Selection	Friday, March 14, 2025
Finalist Interviews and Presentations	Monday, April 14 through Friday, April 25, 2025

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I. SUMMARY

This section of the Request for Proposal (RFP) provides potential vendors with the project definition and the goals of the Alameda Alliance for Health (Alliance) for this project.

A. Project Definition

The Alliance's plan is to assess and select an Enterprise Resource Planning (ERP)/Financial System to improve their operational efficiency and ensure adequate controls. The purpose of the RFP is to solicit proposals from qualified vendors who are responsive to the company's short and long-term needs.

The Alliance is seeking a comprehensive solution and would like all proposals to include:

1. Software
2. Installation
3. Implementation
4. Integration
5. Training services

The solution must be able to meet the requirements and the goals of the Alliance for this project with minimal customization required. The selected solution must meet the needs of the current organization and be flexible and scalable to grow with the Alliance as the company evolves.

B. Goals

The Alliance's objective is to select an ERP/Financial System to improve their operational efficiency and ensure adequate controls. The Alliance has expectations for the ERP/Financial System to replace the MS Dynamics SL 2018 accounting system and the SAP Concur invoice and expense management system. Functional requirements have been identified by process and functional area based on the Alliance's evaluation of its current and long-term needs.

The Alliance wishes to select an ERP/Financial System by working with a vendor with a proven track record and strong reputation for customer satisfaction and service. The Alliance expects the vendor to cover the functional process areas via virtual discovery calls and demonstrations.

The following are the identified functional system requirements for the selection process:

- Record-to-Report
- Bank Integration and Reconciliation
- Procure-to-Pay
- Accounts Payable (AP) Automation (Native Preferred)
- Project Accounting
- Budgeting and Planning
- Project Cost Accounting
- Upstream Integrations, including but not limited to:
 - Financial Budget Planning Tool (currently Workday's Adaptive Insights)

- Human Resources Information System, including payroll (currently UKG)
- Purchase Order System (currently SAP Concur)
- Accounts Payable (currently SAP Concur)
- Provider Claims System (currently HealthSuite)
- Third Party Risk Management Tool (currently Certa)
- Project Management System (currently TeamDynamix)
- Downstream integration, including but not limited to:
 - Check cutting
 - Bank reconciliation
 - Fixed Asset Reporting (currently, Sage FAS)
 - Provider and Member Portal (currently, Zipari)
- General System/Compliance

The Alliance expects the new ERP/Financial System to provide capabilities that will enhance, improve, and automate their overall operations as it pertains to accurately disbursing state and federal funds to providers.

Specific project goals include the following:

- Replace MS Dynamics SL 2018 and SAP Concur with a robust ERP/Financial System.
- Enhance the upstream integration process that allows the communication data flow between current systems which include TeamDynamix (Project Portfolio Management), HealthSuite (Provider Payments), Certa (Third Party Risk Management and Contracts), Symplr (Contracts Database), and UKG (Human Resources Information System, including payroll).
- The ability to provide accurate record-to-report functionality across a chart of accounts, based on costs captured in revenue accounts.
- Automate the expense management process.
- Leverage a system that can enhance the project accounting process.
- Leverage a system that allows for unlimited dimensions such as immigration status, project status, line of business (Category of Aid for California Medicaid), etc.
- Establish a system that will support the procure-to-pay process that allows for flexibility of service items and expense lines.
- Leverage a system that provides flexibility for business process workflows during the approval process.
- Synchronize and align ERP data with vendor and health care provider onboarding data (Certa and Symplr).
- Incorporate an automated method of accurately identifying disbursement amounts.
- Leverage a system that provides the security protocols necessary to protect sensitive data.
- Leverage a system that can support the Alliance in navigating and mitigating risk.
- Provide accurate reporting of payments versus what was accrued.
- Leverage a system that supports data security and business continuity.
- Leverage a system that is Health Information Portability and Accountability (HIPAA) compliant, and a vendor that can agree to the terms of a Business Associate Agreement. This also means that traffic for hosting/system storage is an issue of great importance.

II. PROPOSAL GUIDELINES

Any vendor submitting a response to this RFP agrees to all proposal guidelines contained herein. All materials submitted in response to the RFP shall become the property of the Alliance. The proposal guidelines are intended to provide a basis for evaluating each respondent on an equivalent basis. This section is provided as guidance to vendors in submitting their proposals, and the Alliance reserves the right to amend the RFP as appropriate to manage the acquisition process most effectively. The proposal guidelines are presented below.

A. Schedule of Activities

The following proposed schedule for the Alliance is structured to maintain the company's workload and annual business calendar. The Alliance asks vendors to review the entire schedule and comply with the scheduled dates as preference will be given to those who are able to deliver on the dates listed below. Information will be received and evaluated as follows:

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B. Submission of Proposal

The vendor proposal must be received no later than Friday, February 28, 2025. The vendor must submit one electronic copy of the full proposal via email to Vendor Management at **VendorManagement@alamedaalliance.org**. No hard copies will be accepted nor needed at this time.

C. Proposal Cost

All costs incurred in the preparation and presentation of the proposal shall be completely absorbed by the party responding to the proposal. The Alliance will consider vendor requests for specific material to be returned. Any confidential material submitted must be clearly marked "Confidential." The Alliance will not agree to individual non-disclosure agreements.

D. Proposal Withdrawal

Proposals may be withdrawn before and after the proposal submittal deadline by submitting a request via email to Vendor Management at **VendorManagement@alamedaalliance.org**. Withdrawn proposals may be resubmitted before the deadline if desired. No late submissions of any kind will be accepted.

E. Reference Checks

The Alliance intends to contact references for leading candidates. Referenced clients are expected to be from healthcare organizations which have architecture (hardware, operating system, database platform) comparable to the Alliance and operate in a similar environment (e.g., in terms of modular solution, compliance requirements, user count, services, project size, organization size, complexity, industry, and geographic location). If deemed necessary during the evaluation process, the Alliance reserves the right to request an on-site review of a referenced implemented solution. The Alliance prefers that referenced clients be located in the State of California and similar in size and makeup to the Alliance.

F. Written Contracts

The Alliance and the selected vendor shall negotiate a software license, implementation, and support contract. Nothing shall be binding on either party until the contract is in writing and signed by both parties, with the exception that the vendor is obligated to keep its proposal in effect for a minimum of 180 days from the proposal submission deadline of Friday, February 28, 2025.

The successful vendor will be required to assume responsibility for delivery and implementation of the system as defined in the contract. The vendor will also be required to demonstrate that all licenses, permits, and authorizations are in effect as necessary to provide all proposed products and services. If new or improved versions of products are released at any time prior to their implementation, the Alliance reserves the right to negotiate for those products at a comparable price.

The Alliance will not pay or reimburse any vendor for any costs incurred by the vendor prior to the signing of a software license, implementation, and support contract.

G. Software Demonstrations

The Alliance will contact finalist vendors to schedule demonstrations. Demonstrations are expected to be conducted remotely. An agenda will be developed and distributed to the finalist vendors approximately two weeks prior to the scheduled demonstration.

To ensure a comprehensive demonstration of all processes, the Alliance anticipates that two (2) full business days will be required for each software demonstration. The Alliance's core team and individual business process owners will participate in the software demonstrations and will be responsible for evaluating the systems' capabilities across the appropriate functional areas.

Vendors invited to provide software demonstrations will be provided with an overall schedule in addition to the detailed demonstration scripts that describe the functionality under review. Some adjustments may occur during the demonstrations to accommodate discussions and questions. Individuals possessing intimate knowledge of their company, product functionality, technical platform issues, and implementation services are expected to conduct the demonstration.

III. PROPOSAL FORMAT

A. Proposal Approach and Content

The following information shall be presented in a clear, comprehensive, and concise manner and in the prescribed format. Any exceptions to a requirement or an item in the solicitation must be clearly set out and fully explained in the submittal. Be specific as to the reasons for exceptions. The proposal should include responses to all questions within the RFP and be presented using the following format and table of contents:

I.	Proposal Letter
II.	Vendor Information A. Vendor Data B. Suggested Technical Environment C. Software Information
III.	Project Organization A. Project Team Structure B. Team Members C. Estimated Implementation Timeline
IV.	System Requirements A. Strategy/Forward Look B. Record-to-Report C. Bank Integration and Reconciliation D. Procure-to-Pay E. AP Automation (Native Preferred) F. Project Accounting G. Upstream Integration H. Budgeting and Planning I. Integration to Planning Tool (currently Adaptive Insights) J. Integration to Human Resource Integration System, including payroll (currently UKG) K. General System/Compliance

V.	Cost Summary A. Software License Cost 1. License Type and User Count used to derive software cost. 2. Detailed descriptions of different license models. B. Implementation Cost C. Hosting and On Premises Solution Pricing D. Annual Maintenance E. Optional Additional Application Software Components F. Five (5) Year Total of Ownership
VI.	Appendix – Supporting Information, Detailed Costs, Proposed Schedule

The proposal should include the following information:

- A corporate official, owner, or person who has been authorized to commit the vendor and negotiate a contract with the Alliance must sign the proposal.
- The section titled “Proposal Letter” is designed for the vendor to add additional information that is not included in the submittal.
- Vendors should respond to every item contained in the “Vendor Information” (Section V), “System Requirements” (Appendix), and “Cost Summary” sections of this RFP. Electronic copies of the response forms contained in the RFP have been provided in Microsoft Word format. The forms are provided to facilitate your response. Please do not make any changes to the questions. The proposal responses should be clear, unambiguous, and capable of being understood without reference to other documentation. No answer to a particular requirement shall indicate that the required function is unavailable.
- The “Project Organization” section of the response provides the opportunity to identify the project team, describe the expertise of individual members, define the team structure, outline relevant experience, and present project management technique, tools, and collaboration.
- The “Cost Summary” section is designed for vendors to list their cost proposals in a standard format. This includes costs for application software, implementation and related services, other costs, and annual maintenance and upgrade requirements. All supporting information for the cost summary is to be included within the “Appendix” section. The cost section should include the number of users used to generate the estimates and specify the user license type (concurrent, named, etc.). Project cost proposals should include a 5-year total cost of ownership.
- If supported by the vendor, the Alliance would like vendors to provide separate Cost Summaries for hosted and on-premises solutions.
- Additional technical information supporting the proposal submitted by vendors may be required. The vendor will be contacted if such information becomes necessary.

B. Evaluations

To facilitate the evaluation of each proposal, the following categories and evaluation criteria will be considered during scoring:

- **Vendor Profile:** Organization structure, business philosophy, revenues, profitability, experience, expertise, location, response time, presentation, communication, implementation process, service, support, training, stability, and references.
- **Software Applications:** Degree to which specifications and requirements included in this RFP are met, integration, flexibility, and ease of use.
- **Technology Platform:** Use of industry standards, management requirements and scalability, with a preference for web-based solutions. Please provide a secure and integrated solution into a public-cloud hosted environment.
- **Implementation Services:** A team that is experienced with the product, the industry, similarly sized and operated organizations, and has a history of on-time and on-budget implementations, while being responsive to client requirements.
- **Cost:** Technical environments, software applications, implementation consultation, data conversion, customization, support, training, other costs, and annual maintenance.
- **Proposal Format:** Adherence to proposal guidelines and requirements.

The Alliance reserves the right to reject any responses received from this RFP and to negotiate separately with any source whatsoever in any manner.

The Alliance's objective is to choose a reliable and experienced vendor capable of providing an effective solution within a reasonable budget and timeframe. The same criteria will be used to evaluate the new information provided by the finalists after demonstrations are completed and the top vendor of choice is selected. The Alliance will work with the finalist to negotiate a purchase and support contract.

IV. THE ALLIANCE BACKGROUND INFORMATION

A. Overview

The Alliance 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 400,000 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). The Alliance provides health care coverage for one (1) out of every four (4) Alameda County residents in partnership with a network of more than 10,000 physicians and specialists, hospitals, and pharmacies.

The Alliance's primary, operating income is from government funding. Investment income is the Alliance's other non-operating income. The Alliance has fixed assets including an office building and IT hardware.

As a public and not-for-profit organization, the Alliance must work to adhere to the State of California's healthcare regulations and legislation as it is a government-controlled entity. The Alliance is subject to various types of risk that include invalid claims, cost overruns, and poor projection of required funds to support disbursement payments for its members. In the last five years, the Alliance has grown and changed, including new state programs, new reporting requirements, new products (including a Medicare D-SNP program), and growth of membership and staff.

B. Programs

1. 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

2. 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.

3. Medicare

On Thursday, January 1, 2026, the Alliance will expand to offer Medicare D-SNP to Alameda County residents that are dually eligible for Medicare and Medi-Cal. The addition of the Medicare line of business will offer care coordination and wrap-around services.

C. HIPAA and PHI Compliance

As a state and federal healthcare plan/administrator, the Alliance is expected to abide by all Health Insurance Portability and Accountability Act (HIPAA) compliance standards enacted by the federal government and the State of California. For the ERP solution, a system is needed to provide secure out-of-the-box or embedded functionality that supports HIPAA compliance. To protect Protected Health Information (PHI) and Personally Identifiable Information (PII), the vendor will need to agree to a BAA Business Associate Agreement (BAA) and a Data Processing Addendum (DPA). Agreeing to the terms of these standard privacy agreements should not compromise any full system functionality necessary for the successful operation of the organization. The Alliance is audited to validate such compliance. The selected system shall have functionality to support this, including audit trails, employee log-in history, internal controls and measures to limit access to only specified individuals and roles. The system is also expected to protect all data assets in the event a breach or threat occurs. An ERP/Financial System that is HIPAA compliant is expected to reduce risk and improve efficiency for the organization in the long-term.

D. Acronyms

- A. AAH – Alameda Alliance for Health
- B. ACA OE – Affordable Care Act Optional Expansion
- C. AP – Accounts Payable
- D. BAA – Business Associate Agreement
- E. CoA – Chart of Accounts
- F. DPA – Data Processing Addendum
- G. D-SNP – Dual-Eligible Special Needs Plan
- H. EFT – Electronic Funds Transfer
- I. FFS – Fee-for-Service
- J. GL – General Ledger
- K. HIPAA – Health Insurance Portability and Accountability Act
- L. HRIS – Human Resources Information System
- M. IBNP – Incurred but Not Paid
- N. IBNR – Incurred but Not Reported
- O. LoB – Line of Business
- P. LTC – Long Term Care
- Q. P&L – Profit & Loss
- R. P4P – Pay--Performance

- S. PHI – Protected Health Information
- T. PII – Personally Identifiable Information
- U. PO – Purchase Order
- V. PR – Purchase Requisition
- W. RA – Remittance Advice
- X. RGA – Return Goods Authorization
- Y. RMA – Return Materials Authorization
- Z. SLA – Service Level Agreement
- AA.SOW – Statement of Work
- BB. SPD – Seniors and People with Disabilities

E. Example Business Processes

The Alliance currently uses MS Dynamics SL 2018 as its ERP and accounting system and SAP Concur for invoice and expense management. SAP Concur manages any purchase and invoice related activities such as purchase requisitions, purchase orders, invoicing, reporting, disbursements, and accounts payable. The Alliance is eager to upgrade to a new system that will provide better transparency, visibility, and business continuity in key functional areas such as record-to-report, procure-to-pay, budgeting and planning, project accounting/costing and upstream integration. Reporting and procure-to-pay are required elements of the selected ERP/Financial System, and the expectation is that it will support these activities that include accurate claims processing and disbursement of funds for healthcare providers. The following section will describe fund management and needed upstream and downstream system integrations. To provide further context, the Alliance uses a suite of additional products with some interoperability functionality such as Adaptive Insights for budget management, Certa for non-provider onboarding, Symplr for provider onboarding, HealthSuite for claims and payments, Team Dynamix for project portfolio management, UKG for HRIS and payroll, and the data warehouse for revenue and claims expense.

1. Financial Management

The Alliance currently has a Chart of Accounts (CoA) to record all financial activities. They leverage General Ledger (GL) account codes with a description, status (inactive or active) and the assigned individual supporting the account. **Figure 1 – Chart of Accounts** is an example of its CoA captured in Excel. The Alliance also has contra accounts where it monitors transactions and funds across the Alliance. The Alliance typically reports revenue, and everything paid as expenditures. Most medical expenses are designed and classified by service type such as location (inpatient or outpatient) and service category. The Alliance also uses grouping to classify groups that include capitated (fixed payment for provider per patient), fee-for-service (FFS) and contract type payments. Most of the cost accounts are dependent on the service category. For FFS, the costs are for non-capitation payments and for primary care which are pay-for-performance (P4P).

Figure 1 – Chart of Accounts

GL Account Code	GL Account Description	Status	Reconciliation Assigned to
1000	Bank A- Concentration	Inactive	
1001	Bank A- Payroll	Inactive	
1002	Bank A- Trade Payable	Inactive	
1003	Bank B- Checking	Inactive	
1004	Bank B- Escrow	Inactive	
1005	Bank B- Loan	Inactive	
1006	Bank B- Provider Claims Account	Inactive	
1007	Bank C- Trade	Active	Employee A
1008	Bank C- Payroll	Active	Employee B
1009	Bank C- FFS Medical Payments	Active	Employee A
1010	Bank C- Care Connect	Active	Employee A
1011	Bank C- Concentrations	Active	Employee B
1012	Bank C- Sweep Investment	Active	Employee A

The organization-wide profit and loss (P&L) reporting is currently captured in MS Dynamics Management Reporter. However, the line of business (category of aid) level P&L is organized in Excel, after manual allocation of certain indirect expenses. The Alliance currently organizes its allocated P&L by: Category of Aid by Child, Adult, Seniors and People with Disabilities (SPD), Long Term Care (LTC) and others. P&L expenses are outlined in a contract that contains specified rates. Any cost outside of capitation is classified as FFS. The Alliance currently has not created any Medicare related accounts for revenue because revenue is not anticipated until early 2026. To support synchronized reporting, reporting dimensions are leveraged to organize data across different segments. The Alliance currently uses dimensions that include department, class, and location. However, it is expected that the future system will support unlimited dimensions such as programs, service lines, projects, membership (immigration status), transaction identifiers, lines of business, categories of aid, etc.

Figure 2 – Allocated P&L is an Excel of the Alliance’s allocated P&L for the month of March 2024. **Figure 3 – Department List** is an Excel list of some of the Alliance’s departments, including department codes.

Figure 2 – Allocated P&L

21 Allocated P&L - MAR-24 041724 PM

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A	B	C	D	E	F	G	H	I	J	K
1	Alameda Alliance for Health	Mar-2024	Mar-2024	Mar-2024	Mar-2024	Mar-2024	Mar-2024	Mar-2024	Mar-2024	
2	Report 21 Allocated P&L - GAAP	Child	Adult	SPD	ACE OE	Duals	LTC	LTC Duals		Total
3	Core Category of Aids	(71)	(72)	(73 + 74 + 78)	(75 + 80)	(76 + 77 + 79)	(81)	(82)	(4)	(7)
4	FOR THE MONTH OF MARCH 2024									
5										
6										
7	4460 - SNP Revenue [Allocated]	-	-	-	-	-	-	-	-	-
8	Medicare Revenue [Allocated]	-	-	-	-	-	-	-	-	-
9										
10	4420 - FCP Revenue [Allocated]	-	-	-	-	-	-	-	-	-
11	4430 - FST Revenue [Allocated]	-	-	-	-	-	-	-	-	-
12	4440 - Healthy Kids Revenue [Allocated]	-	-	-	-	-	-	-	-	-
13	4450 - Group Care Premium Revenue [Allocated]	-	-	-	-	-	-	2,555,001	-	2,555,001
14	4455 - Group Care Admin Fee Revenue [Allocated]	-	-	-	-	-	-	-	-	-
15	4456 - Group Care Cobra Premium [Allocated]	-	-	-	-	-	-	17,832	-	17,832
16	4457 - Group Care - Hepatitis C Drugs Revenue [A]	-	-	-	-	-	-	-	-	-
17	4480 - HealthPAC TPA Revenue [Allocated]	-	-	-	-	-	-	-	-	-
18	4490 - Member Premiums [Allocated]	-	-	-	-	-	-	-	-	-
19	Premium [Commercial] [Allocated]	-	-	-	-	-	-	2,572,833	-	2,572,833
20										
21	4100 - Premium Revenue [Allocated]	-	-	-	-	-	-	-	-	-
22	4400 - Medi-Cal Revenue [Allocated]	13,782,189	19,922,166	39,380,586	51,305,088	12,847,831	2,318,953	11,704,168	-	151,260,982
23	4401 - Medical-Aids Revenue [Allocated]	-	-	-	-	-	-	-	-	-
24	4402 - Medical-Hyde Revenue [Allocated]	48,080	30,367	62	66,831	702	-	-	-	146,042
25	4403 - Medi-Cal Maternity Kick Revenue [Allocated]	205,054	2,035,130	-	672,463	-	-	-	-	2,912,647
26	4404 - Behavioral Health Kick Revenue [Allocated]	-	-	-	-	-	-	-	-	-
27	4405 - Healthy Families Revenue [Allocated]	-	-	-	-	-	-	-	-	-
28	4406 - Hepatitis C Drugs Revenue [Allocated]	-	-	-	-	-	-	-	-	-
29	4407 - Medi-Cal Revenue-MCE RR 25% for FY18 [A]	-	-	-	951,457	-	-	-	-	951,457
30	4408 - Medi-Cal Cap Rev Rsk Crrdr-MLR [Allocated]	-	-	-	-	-	-	-	-	-
31	4409 - Medi-Cal Cap Rev Rsk Crrdr-MLT [Allocated]	-	-	-	-	-	-	-	-	-

Figure 3 – Department List

Dept Code	Dept Description	Status	Department Leader	Clinical Department	Date Created
100	Corporate Balance Sheet	Active	Employee C	FALSE	4/1/2005
102	Clinical Services	Active	Employee D	TRUE	5/1/2016
105	Operations	Inactive	Employee E	FALSE	5/1/2016
106	Finance	Active	Employee F	FALSE	6/1/2020
110	Administration	Active	Employee C	FALSE	6/1/2020
115	Information Technology - Development	Active	Employee G	FALSE	7/1/2020
120	Information Technology - EDI	Active	Employee H	FALSE	7/1/2020

The Alliance is expected to abide by federal and state legislative protocols for all reporting activities. Due to these requirements, it is common for state regulation to change and/or enact dimensions abruptly, sometimes in a matter of weeks or days. These rapid changes do not allow sufficient turnaround time for the Alliance to automate its reporting and as a result, this requires them to conduct manual reporting. Examples of this are FFS and expense allocations that must be completed manually. Thus, the Alliance is therefore unable to run reporting that truly represents the CoA.

Processing unpaid claims is currently a manual process organized with data from the Alliance's data warehouse and Excel. Unpaid claims, known as Incurred But Not Paid (IBNP), or Incurred but Not Reported (IBNR), is the single largest accrual, and last journal entry for each month-end close.

1. Expense Management

While occasionally the Alliance purchases tangible or physical items, the primary non-medical expenses are software and services. Assets meeting the fixed asset threshold are captured in Sage FAS (a fixed asset system); not in the accounting system. Purchase requisitions and purchase orders occur at the invoice level in SAP Concur. The selected system should provide functionality to manage and document receipt for both services and tangible products purchased. All other purchasing is done outside of SAP Concur. The Alliance's current ERP system does not provide visibility into basic accounts payable (AP) features such as aging (length of outstanding balances), viewing of statements and other AP functionality.

To support accounts payable and payment processing, electronic payment set up is requested from the vendor during onboarding. The Alliance can issue payments via Electronic Funds Transfer (EFT) or by physical checks. Banking information (routing and accounting numbers) are set up in SAP Concur to expedite payments. The accounting team then conducts two methods of authentication and verification to issue secure payments. All healthcare provider expenses and payments are conducted per the contracts outlined in Symplr (provider onboarding system). All vendor expenses and payments are outlined in Certa and SAP Concur.

Provider Types – Accounts payable for providers occurs across several systems outside of the accounting system. Payments are usually dependent on the associated line of business (LoB). For example, Group Care is a commercial LoB, and both capitation and claims payments are calculated in HealthSuite (the Claims Data Information Management System), not Microsoft Dynamics SL. For Medi-Cal providers, only certain claims payments are calculated in HealthSuite. Capitation payments and certain other claims payments to Medi-Cal providers are calculated in the data warehouse. Many Medi-Cal members have been consolidated to a few capitated providers. For Group Care, the small, commercial line of business, there are approximately 60 capitated providers for which the accounting team coordinates and disburses physical payments. These payments are mailed on the 10th business day of each month and are all captured in HealthSuite. Fee-for-service Medi-Cal transactions are calculated outside of the accounting system in the data warehouse, by the finance, planning and accounting group for these provider payments, which includes a remittance report. **Figure 4 – Line of Business** is a spreadsheet of the lines of business captured in Excel.

Figure 4 – Line of Business

1	A	B	C	D	E	F
Flag	Status	Line of Business Code	/ LOB / Population (AID Code Category)	Description	Date Created/Modified	Comments
		00	Indirect/General/Unspecified			
	Active	00	Indirect/General/Unspecified			
	Inactive	01	Healthy Families			
	Inactive	02	Family Care			
	Inactive	03	First Care			
		04	Group Care			
	Active	04	Group Care			
	Inactive	05	Healthy Kids			
	Inactive	06	Medi-Cal (Non-Mandatory)			
		07	Medicare D-SNP (Dual Special Needs Plan)			
	Active	07	Medicare D-SNP			
	Inactive	08	Agnews			
	Inactive	09	TPA-HealthPac-ACMC			
	Inactive	10	TPA-HealthPac-County			
	Inactive	20	Medi-Cal with Complete Care			
	Inactive	30	Agnews with Complete Care			
	Inactive	40	Agnews without Complete Care			
	Inactive	50	Duals Program			
	Inactive	61	Exchanges-Alameda connect Select			
		70	Medi-Cal Indirect			
	Active	71	Child			
	Active	72	Adult			
	Inactive	73	MCAL BCCTP			Discontinued Jan/23. Mapped to AID Code 74
	Active	74	SPD (Seniors and Persons with Disabilities)			
	Inactive	75	ACA OE-Medi-Cal Only			Discontinued Jan/23. Mapped to AID Code 80
	Active	76	Duals			
	Inactive	77	Duals Disables			Discontinued Jan/23. Mapped to AID Code 76
	Inactive	78	ACA OE-Partial Dual			Discontinued Jan/23. Mapped to AID Code 74
	Inactive	79	ACA OE-Full Dual			Discontinued Jan/23. Mapped to AID Code 76
	Active	80	ACA OE (Affordable Care Act Optional Expansion) - MCE (Medicaid			
	Active	81	LTC (Long Term Care)		04/26/22	

Provider Claims Payments – The Alliance currently processes three types of claims, including supported claims, unsupported claims, and incentive claims. Claims payments and accounts payable processing occur in MS Dynamics SL 2018 but also occur in HealthSuite – or they may be processed manually, depending on the scope of the claim. Further details of the claim types processed at the Alliance are noted below.

Provider Supported Claims – Supported claims for accounts payable transactions are calculated in HealthSuite and not in the current accounting system. If a healthcare provider has signed up for electronic payment, HealthSuite produces a compliant bank file that is sent to the bank to release payments on a specified date, once the claim processing is complete. If a provider has not signed up for electronic payment, the IT team produces a natural file that is compliant with the bank's format and a physical check is mailed to the provider. The supporting payment document - whether payment is made electronically or via physical check - is known as Remittance Advice (RA). Electronic Remittance Advice is stored in the Alliance's Provider Portal, which is run by a separate vendor called Zipari. The Alliance uses Zipari to operate its Provider Portal, Member Portal, and its Admin Portal.

Provider Unsupported Claims (Pay-to-Cure vs. Pay-to-Treat) – Unsupported claims for accounts payable transactions are processed manually in Excel, the data warehouse, or other methods. All unsupported accounts payable payments are distributed by the accounting team.

Provider Incentive Claims – Incentive claims payments are based on data provided by providers and calculated by the Alliance. An example of incentive claims includes pay for performance, which requires financial analysts to review the data to determine the actual provider payment amounts. Attributes in the data include procedure codes and are FFS. The claims system, HealthSuite is not involved in this process as pay for performance payments are non-claim based.

Vendor payment processing and approvals at the Alliance can occur in MS Dynamics SL 2018, Concur, DocuSign, or Outlook email, depending on the scope. Payment requests are initiated when the vendor sends a payment list or invoice (Excel or PDF/Word file) through various avenues. As the existing ERP does not support approvals, and invoice controls require multiple approvals, the current method uses multiple systems to release payment.

Recurring service payments, such as rent, utilities, phone, and internet bills are managed manually, via spreadsheets. The current systems do not support recurring billing and alerts/notifications set up in any accounting system to trigger payments for these services or products.

2. AP Automation

The Alliance currently issues purchase requisitions (PR) and purchase orders (PO) at the invoice level though SAP Concur. A requisition is initially processed and approved at several levels, which upon final approval, triggers a PO. SAP Concur requires a PR and a PO to be issued in the system in order to issue a payment. Some purchase requisitions are made outside of SAP Concur. To support this, the Alliance must work with the vendor to identify which products and price points are needed for the requested service. PRs for products are set up in a temporary “shopping cart” as an unapproved PR until the requisition is approved and converted to a PO. Only product purchases are processed via SAP Concur because general terms and conditions, including limitations of liability, insurance, not-to-exceed limits, and other contractual requirements must be attached as supporting documentation and the SAP Concur purchasing tools do not support this process requirement. The Alliance procures services via contract, using DocuSign for signatures and approvals. **Figure 5 – Approval Request** and **Figure 6 – Cost Object Approver** demonstrate the approval process in SAP Concur.

Figure 5 – Approval Request

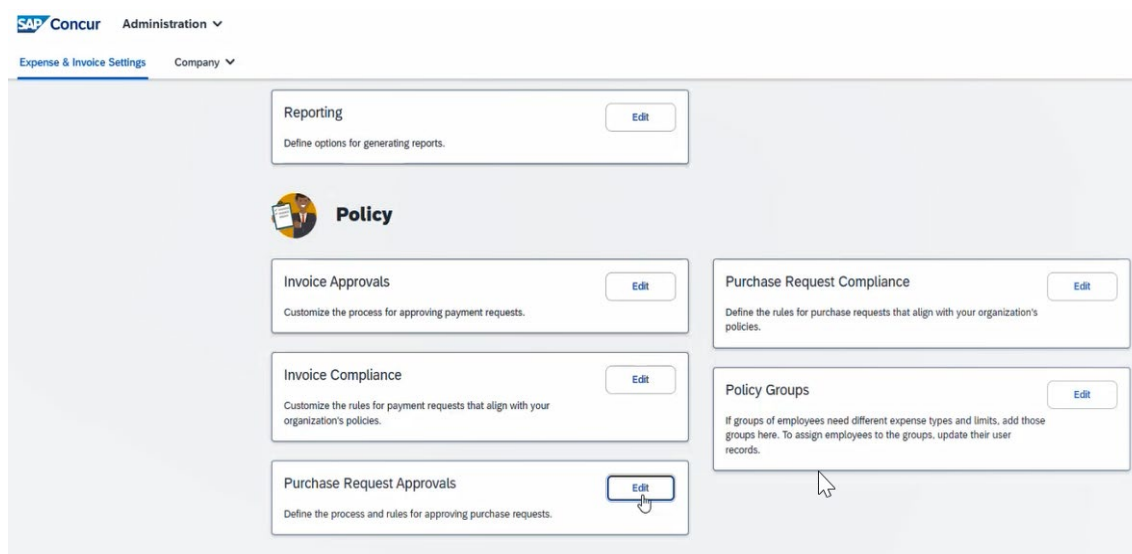


Figure 6 – Cost Object Approver

The screenshot displays the 'Approval Routing' configuration page in SAP Concur. The page title is 'Approval Routing' with a subtitle 'This is where you define how purchase request will be routed for approval'. There are three tabs: 'Approval Routing', 'Custom Workflow Setup', and 'Cost Object Approver List', with the third tab being active. On the left, a tree view shows a hierarchy of departments under 'Global', including '100 Corporate/Balance Sheet (100)', '102 Clinical Vacancy (102)', '105 Operations (105)', '106 Medicare Operations (106)', '110 Executive (110)', '120 Finance (120)', '122 Healthcare Analytics (122)', '123 Quality Analytics (123)', '125 Claims (125)', '130 Information Technology (130)', '131 IT - Infrastructure (131)', '132 Apps Mgmt, IT Qual &Proc Imprv (132)', '133 IT - Development (133)', '134 IT - Data Exchange (134)', '136 IT - Ops and Quality Apps Mgmt (136)', '139 Long-Term Services and Support (139)', '140 Utilization Management (140)', '150 Member Services (150)', '160 Provider Services (160)', '163 Credentialing (163)', '185 Case/Disease Management (185)', '195 Health Plan Operations (195)', '200 Human Resources (200)', '205 Vendor Management (205)', '206 Legal Services (206)', '210 Facilities & Support Services (210)', '230 Medical Services (230)', and '235 Quality Management (235)'. On the right, a table titled 'Cost Object Approver List' shows approvers for the 'Global-100 Corporate/B...' department. The table has columns for 'Group/Id', 'Approver', 'Authorized Currency', 'Approval Limit', and 'Level'. The data rows show multiple approvers for the same group, all with 'US, Dollar' as the authorized currency and varying approval limits.

Group/Id	Approver	Authorized Currency	Approval Limit	Level
Global-100 Corporate/B...	[Redacted]	US, Dollar	[Redacted]	[Redacted]
Global-100 Corporate/B...	[Redacted]	US, Dollar	[Redacted]	[Redacted]
Global-100 Corporate/B...	[Redacted]	US, Dollar	[Redacted]	[Redacted]
Global-100 Corporate/B...	[Redacted]	US, Dollar	[Redacted]	[Redacted]
Global-100 Corporate/B...	[Redacted]	US, Dollar	[Redacted]	[Redacted]

Figure 6 – Cost of Object Approver displays the Cost Object Approver workflow that lists specific approvers for a given department, which includes their dollar level approval limits for purchase requests. Setting up the approval limits is currently a manual process maintained by the accounting team. If an approver in the queue does not reject or approve the purchase requisition within five (5) calendar days (a timeframe that is internally set) in SAP Concur, the purchase request will bump the approval request to the next person in the approval queue. Purchase orders typically require a director and chief from each department to approve. The Alliance currently does not allow blanket POs.

Vendor Recurring Services – The Alliance has some recurring services which have fixed prices for a specified duration of time. Services, like janitorial and security services, are generally negotiated in statements of work every six-to-twelve month. As explained elsewhere, these negotiations are currently not captured in SAP Concur.

Return Goods Authorization (RGA) or Return Materials Authorization (RMA) – While uncommon, RGAs or RMAs are completed outside the system as a pro forma credit memo transaction to manage the return process and issue reverse payment.

Vendor Bill/Invoices Data Acquisition – The Alliance receives between 300 to 500 vendor invoices per month. Most invoices are sent via email as a PDFs to a designated email address. There are some vendors that submit hard copy invoices via mail.

Vendor Payments – General Ledger (GL) coding is completed as part of the accounting process once payment is approved in SAP Concur. Based on the custom approvals workflow the Alliance has selected in SAP Concur, the accounting team is unable to add notes or modify the GL coding once payments are approved in the system, as such, edits are quite time consuming and quite circular.

3. Project Accounting and Management

During budget review, the accounting team coordinates with process managers to identify any project related expenses. Currently, 75% of projects at the Alliance are IT related. If a vendor is supporting several projects, the manager will divide the budget and identify their associated budgets. Vendors then invoice the projects based on the Statement of Work (SOW). Once the contract is written, approvals and signatures are completed to confirm projects are linked to the appropriate budgets. At the Alliance, it is common for consultants to bill to seven (7) or eight (8) different projects simultaneously on one invoice. If a project code is listed on the invoice as noted on the SOW, the accounting team can match the project and budget appropriately. The Alliance currently does not leverage the project module in MS Dynamics SL 2018. All projects have a project number, but not all projects are reflected in SAP Concur. Invoices and project codes are entered into the accounting system using a free form text field. Different expense codes are used for specific items. Most of the project planning and budgeting processes are manual. For example, if an invoice is not billed correctly it is routed through an approval process. It is the responsibility of the budget team to validate the budgets and associate them with a project. Validation of projects and invoices between the budget owners and the accounting team is also a manual process, without any safeguards in place to flag discrepancies in the budget. The Alliance currently manages 25-50 active projects a year. For the upcoming Medicare business, there are 65 individual projects and over 100 in the queue in a calendar year.

Known program and project costs are captured in Workday's Adaptive Insights. The invoice review process is manual. The selected ERP system needs to be able to accept project hierarchy, programs and projects. However, other project classifications currently include enterprise, operational efficiency, and regulatory affairs and compliance. The programs and projects list are not static; thus project hierarchy and classifications will need to be scalable.

Projects start with an intake process, outside of the accounting environment, using TeamDynamix (Project Portfolio Management). TeamDynamix assigns a program and project number. The assigned number is then manually reflected in SAP Concur and Workday's Adaptive.

The audience in SAP Concur and MS Dynamics SL 2018 is different from the audience in Workday's Adaptive Insights. Workday's Adaptive Insights is primarily leveraged by budget managers who are responsible for budget forecasting and reporting. SAP Concur, used for procurement, invoice and expense processing and reporting, is utilized by anyone authorized to make purchasing requests throughout the organization, not just budget managers. MS Dynamics SL 2018 is only used by the Accounting and Finance team.

Power BI data visualization is currently used by the analytics team only. All data used for BI functionality is pulled from the data warehouse.

4. Vendor Management

The Alliance currently oversees approximately 575 vendors. All vendor onboarding occurs upstream outside of MS Dynamics SL 2018 and SAP Concur using the Certa and Symplr systems. These systems also house all third-party risk documents that the Alliance captures during

onboarding. Moving forward, the Alliance expects to continue to use Certa and Symplr for provider and non-provider onboarding and management. The Alliance also classifies these vendors into tiers (levels 1 – 4), depending on the scope and magnitude of the vendor. Vendors are provided access to Certa where supplemental documents such as contracts and SOWs are stored. It is expected that the new ERP/Financial System will support all upstream and onboarding data flow from Certa and Symplr.

5. Budgeting and Planning – Adaptive Insights

The Alliance currently leverages Workday’s Adaptive Insights for collaborative and departmental budgeting and reporting. Different accounts are divided in Adaptive Insights including vendor and provider expenses, including capitation and fee-for- service, which can include primary care, specialty care, outpatient, inpatient long-term care, and emergency pharmacy. In the next two (2) to three (3) years, the Alliance anticipates expanding certain Adaptive features including the ability to support revenue and direct costs. Adaptive also provides the ability to view budget versus actuals. Many of the activities in Adaptive are organized by various dimensions that include line of business (LoB), population, immigration status, age grouping, department, month of service, delegates, vendor ID, claims number, and category of aid. Budget versioning is organized by the preliminary budget (February to May) and a final budget (September to December). Limitations with the system include the ability to drill down to the invoice level. SAP Concur data currently flows into Adaptive; however, Adaptive data does not flow back into SAP Concur.

6. Payroll – UKG

The Alliance currently leverages UKG as its HRIS system. Within UKG, an integration with PlanSource is used for employee benefit administration. Journal entries for payroll are entered into the accounting system via a report from UKG, then sent to the accounting team to review. Journal entries within the general ledger (GL) are brought into the accounting system from an Excel file that includes GL numbers, account numbers, dates, department numbers, lines of business, and amounts. The Alliance currently leverages the allocated P&L from Adaptive Insights, which feeds into UKG. Some UKG limitations include: no current state automations, monthly roster with employee master record, journal entries for payroll, budgeting and reporting, earning registry, employee position and title, PlanSource Data (employee benefits software), automated expense reimbursement and temporary employee payroll management. Data integration with UKG is not leveraged to its full capability due to employee data security concerns.

F. Current Technology Stack

Listed below are software systems currently in place at the Alliance and some of the business functional areas they support:

- MS Dynamics SL 2018
- Current accounting system
- Sage FAS (Fixed Asset System)
- Workday Adaptive Insights
- Budget Master

- SAP Concur
- Expense Management
- Contains components of Procure-to-Pay
- SmartSheet
- Project management
- HEALTHsuite – Production Environment v24.01.01
- Claims
- Payments
- Adjustments
- Zipari
- Provider, Member, and Admin Portals
- TeamDynamix
- Project Portfolio Management
- Certa
- Vendor onboarding and agreements for non-providers only
- Non-providers – claims processing agency, banks, etc.
- Cobblestone – Currently moving to Certa.
- Symplr
- External system
- Vendor commercial product
- Provider onboarding– doctors, hospitals, home care, clinics, etc.
- Provider Contract database of record and currently replacing provider repository.
- Contract database of record, across the enterprise
- UKG
- Human Resource Information System (HRIS)
- Employee master
- Payroll Journal Entry (JE)
- Labor Cost
- Tracking departments
- Has API Connectivity
- PlanSource
- Employee benefits administration system
- Alliance Data Warehouse
- Operational Data Source (ODS) where data is collected
- JIRA
- Hybrid and Agile project management

G. User Count Information

Based on the current estimates, approximately 106 employees are expected to use some element of the new ERP/Financial System.

The user counts will be distributed across the following roles in the organization:

- Accounting users
- Reporting users
- Data analysts
- Business users
- Approvers
- Budget owners
- Integration user - API users
- Admin users

Estimated User Count:

- Finance = 33 users
- Vendor Management = 10 users
- Budget Owners = 29 users
- Purchasers = 10 users
- Human Resources = 21 users
- Integrated Planning = 3
- Total = 106 users

V. VENDOR INFORMATION

This section presents the information required by the Alliance to be submitted as Section II of the proposal (see outline in Section III.A) in order to obtain a sufficient understanding of the vendor, the product, and how the product can be implemented. The requested information includes vendor background data, vendor services, references, the technical architecture, as well as overall support and maintenance expectations.

Please Note: If multiple vendors are partnering for a proposal response, each vendor must respond separately to all questions contained in this section. For contracting purposes, it is requested that one vendor serve as the primary contractor if vendors choose to partner.

A. Vendor Data

1. Profile

a. Vendor Name:

Contact:

Email:

Address:

City:

Phone:

Fax:

State:

Zip:

b. State of Incorporation:

Form of Business:

Type of Business:

Type of Vendor:

(Public or Private)

(Corporation, Partnership, LLC, etc.)

(Direct or Value-Added Reseller)

c. Years in Business:

Number of clients supported in the past 3 years:

Years Selling Specific Software Proposed:

d. Actual Revenue in 2022:

Actual Revenue in 2023:

Estimated Revenue in 2024:

e. Breakdown of Company Revenue

Software Sales:		%
Implementation Services:		%
Maintenance and Support:		%
Other Services:		%
Custom Development:		%
Hardware (if any):		%
Other:		%
Total:	100.0	%

- f. What percentage of your overall annual sales is attributed to the sale, support, and related consulting service of your proposed product?

_____ %

- g. Location of Office Headquarters:

Locations of Other Major Offices:

Location of Local Office (closest to the Alliance
(Alameda, CA offices):

- h. Which location will service the Alliance?

- i. Staff Size

	Servicing Location	Local	Regional	National
Management/Administration:	_____	_____	_____	_____
Sales/Marketing:	_____	_____	_____	_____
Implementers:	_____	_____	_____	_____
Technical Specialists:	_____	_____	_____	_____
Development/R&D:	_____	_____	_____	_____
Customer Service/Support:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____

- j. Total Customer Base:

Number of Similar Installations:

Number of Customers Using Software Release Proposed:

2. Healthcare Specific

- a. In an effort to assess your experience in a highly regulated Payer space, please advise whether you work with Health Plans (specifically those administering government programs). If yes, which plans and what services did you perform?

☐ Yes

☐ No

Please explain:

3. Services

- a. Describe the process used by your company to implement a new client. Provide a sample implementation work plan. Include a timeline and any infrastructure requirements, etc.

- b. Discuss the pricing methodology and structure (e.g., time and materials, fixed price, milestones, etc.), including any expenses. Include any variables, performance incentives, etc. Provide a budget sheet, which must match the proposed staffing plan.

- c. Are you available for additional on-site training after the implementation?

☐ Yes

☐ No

Average Hourly
Rate: _____

- d. Do you offer additional training at other locations?

☐ Yes

☐ No

Average Hourly
Rate: _____

Location of training: _____

- e. Do you offer web-based training, either with other client users or training specific to the Alliance's needs?

☐ Yes

☐ No

Average Hourly
Rate: _____

- f. Does the system have built-in tutorials?

☐ Yes

☐ No

- g. Do you provide support for software modifications? What is the average turnaround time?

☐ Yes

☐ No

- h. Do you have a customer support web site?

☐ Yes

☐ No

i. Is a software support agreement required?

☐ Yes

☐ No

Company providing support: _____

Name: _____

Location: _____

j. What software support services are offered?

☐ Telephone

☐ Help Desk

☐ Software Users Group

☐ Internet Site

☐ Email Alerts - Security or Patch Notification

☐ Chat Messaging

☐ Other

Guaranteed response time for service: _____

Contact: _____

URL: _____

Is your software support team within the USA?

☐ Yes

☐ No

Does the software support insurance compliance?

☐ Yes

☐ No

4. Violations

a. 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.

☐ Yes

☐ No

b. 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.

☐ Yes

☐ No

c. 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.

☐ Yes

☐ No

- d. Does your organization offshore any obligation of this Survey 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. If chosen, Vendor shall not fulfill any obligation of this Agreement through such means.

☐ Yes

☐ No

5. References

Provide at least three comparable customer references, preferably in the State of California, that are similar in nature to the Alliance in terms of proposed technical environment, solution set, user count, services, and project size, as well as organization size, complexity, and industry. References, businesses, and other users may be contacted for additional verbal communication or written information, and possibly for on-site visits. Use the format below or provide a list of references with applicable information as part of your submission.

- a. Company Name:

Contact Name:	Phone:
Email:	Fax:
Address:	
City:	State: Zip:

Date Installed:	No. of Users:
Applications:	

- b. Company Name:

Contact Name:	Phone:
Email:	Fax:
Address:	
City:	State: Zip:

Date Installed:	No. of Users:
Applications:	

- c. Company Name:

Contact Name:	Phone:
Email:	Fax:
Address:	

City:	_____	State:	_____	Zip:	_____
Date Installed:	_____				
Applications:	_____				

B. Technical Configuration Options

Please provide an application technical environment overview and guide for the proposed software.

1. Hosting Options Offered

On Premises?	☐ Yes	☐ No	
Hosted?	☐ Yes	☐ No	If yes, SLA details: _____
SaaS/Cloud?	☐ Yes	☐ No	If yes, SLA details: _____

Explain any differences between the hosting options in regard to software functionality (e.g., certain modules are not available in the SaaS environment).

2. Reference architecture diagram or description

3. Application Server

4. Database Server

5. Other Server (if applicable)

6. Does your solution provide an open, standards-based, and well-documented application programming interface (API)? Please describe:

7. Open, standards-based application programming interface (API)

Please include a link to or attach your API documentation.

8. Standard User Workstation

What methods represent viable and realistic ways to access the system remotely?

9. What is the work-around if internet connectivity is unavailable?

C. Software Information

1. Software Description:

a. What is the suggested network operating system? _____

b. What is the suggested desktop operating system? _____

c. Describe the solution architecture _____

d. Describe the customization environment and architecture

e. Describe the integration environment and architecture

f. Describe the solution's API capabilities

g. Describe the solution's ecosystem of third-party extensions

h. Describe the solution's business intelligence capabilities and environment

i. Describe the solution's security architecture and security certifications

2. Software Releases:

a. Current release number: _____

b. Date software first released: _____

c. Date of last software release: _____

d. Date of next software release: _____

e. Software upgrades (Mandatory or Optional): _____

f. Frequency of software releases: _____

3. Software Warranty Period:

a. When does it begin? _____

b. Duration? _____

- c. Exceptions or limitations? _____
4. How are older versions of the software supported?

5. How long are older versions of the software supported?

6. What documentation is provided with the system?

7. Is the application software owned by another company?
☐ Yes ☐ No
Name: _____
Location: _____
8. Who is the primary contact for software problems? (If multiple software packages are part of the proposal, which party will be the main contact?)

9. Please list additional available software capabilities that may be of interest to the Alliance.

10. Please list any third-party add-ons required as part of your solution.

11. Does the system use an out-of-the-box report writer software?
☐ Yes ☐ No

Please describe the out-of-the-box functions and what is customizable:

12. Does the system integrate with third-party report writer software?

☐ Yes ☐ No

Indicate the specific report writing software and check the box for those recommended (price should reflect cost for five concurrent users).

☐	Name: _____	Price: \$ _____
☐	Name: _____	Price: \$ _____
	_____	_____

13. What additional utilities are provided with the proposed system?

☐	Name: _____	Price: \$ _____
☐	Name: _____	Price: \$ _____
☐	Name: _____	Price: \$ _____
	_____	_____

14. Other Information

- a. Describe your ability to customize or configure your solution to meet the Alliance's unique requirements.

- b. Describe your solution's ability to perform ad hoc reporting/analytics across all functions of the platform.

- c. Describe your Software Development Lifecycle and change management procedures. What quality control measures are in place to check the release before deployment?

15. Implementation

- a. What project management methodologies and tools do you use to ensure project success?

- b. How do you communicate project progress to customers? How do you identify and communicate potential risks to your clients?

- c. What is your escalation process for addressing urgent issues or concerns during implementation?

- d. How do you handle changes or adjustments to the project scope or timeline?

16. Service Level Agreements (SLAs)

- a. Which service levels do you measure for your system?

- b. Please describe customary Service Level Agreements for hosted system uptime.
Describe customary SLAs for on-premises solutions

- c. Describe your customary SLAs for implementation timelines.

- d. Will your SLAs include service credits?

VI. APPENDIX – REQUIREMENTS

Detailed system requirements are provided in a separate document entitled AAH ERP Support Excel. Vendors are asked to respond to the requirement statements in each functional section and that the responses be submitted as Section IV of the proposal (as outlined in the table in Section III.A). Instructions are provided on the “Instructions” tab of the ERP Support Excel file.

Appendix A: Alameda Alliance for Health Requirements

Introduction: This workbook is a result of diligence completed at AAH to derive the requirements for the business system solution. Please review the information below as well as instructions on each page to ensure accurate recording of responses. Response provided will be considered accurate and will be incorporated to engagement documents should the healthcare provider be selected for the initiative.

Note that this workbook is locked to protect the integrity of the data and formulae used in the evaluation of responses. The format must remain in Excel and the workbook must remain protected. Evidence of accessing the workbook from applications other than Excel or attempts to unlock the document will jeopardize the integrity of the responses and cost the healthcare provider consideration for the project.

Functional Coverage Tab: The Functional Coverage tab collects details regarding the processes and functional areas addressed by each healthcare provider's solution. Additionally, it allows healthcare providers to share information regarding any supported or preferred solutions. These details will improve AAH's understanding of solution combinations that may be considered for vendors that cover only a portion of the functionality required.

Requirements Tabs:

Functional Requirements by process or functional area start with the third tab, 'Strategic Alignment.' The final tab lists 'General System and Compliance' requirements.

*** Solution healthcare providers are asked to respond to the all requirement tabs they support as indicated under the Functional Coverage responses.

The instructions for the requirements tabs are indicated below. Please review and follow them.

Please select via dropdown under the vendor response column to indicate whether the functionality listed on each line of the tabs is:

Yes	A standard feature that does not require customization or a third party
Config?	Feature that is available assuming extensive system configuration/customization through the solution platform without coding or scripting.
3rd Party?	Supported by the healthcare provider through a third party resource or solution. Indicate if the cost IS or IS NOT included in the estimate of proposed services.
Cust?	Supported by the vendor through custom programming to the system. Indicate whether the costs is included in the estimate of proposed services.
No	Not a standard feature and not supported.
Comments	Healthcare solutions providers are encouraged to elaborate as needed.

For config, third party, and custom response, add comment(s) to detail specifics is suggested.

Please complete each requirement with based on the Functionality and how your product does/does not support the requirement.

******** Blanks will be considered a "No" so please ensure all fields under the vendor response column are complete.***

Appendix A: Alameda Alliance for Health Requirements

Introduction: This workbook is a result of diligence completed at AAH to derive the requirements for the business system solution. Please review the information below as well as instructions on each page to ensure accurate recording of responses. Response provided will be considered accurate and will be incorporated to engagement documents should the healthcare provider be selected for the initiative.

Note that this workbook is locked to protect the integrity of the data and formulae used in the evaluation of responses. The format must remain in Excel and the workbook must remain protected. Evidence of accessing the workbook from applications other than Excel or attempts to unlock the document will jeopardize the integrity of the responses and cost the healthcare provider consideration for the project.

Functional Coverage Tab: The Functional Coverage tab collects details regarding the processes and functional areas addressed by each healthcare provider's solution. Additionally, it allows healthcare providers to share information regarding any supported or preferred solutions. These details will improve AAH's understanding of solution combinations that may be considered for vendors that cover only a portion of the functionality required.

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Functional Requirements by process or functional area start with the third tab, 'Strategic Alignment.' The final tab lists 'General System and Compliance' requirements.

*** Solution healthcare providers are asked to respond to the all requirement tabs they support as indicated under the Functional Coverage responses.

The instructions for the requirements tabs are indicated below. Please review and follow them.

Please select via dropdown under the vendor response column to indicate whether the functionality listed on each line of the tabs is:

Yes	A standard feature that does not require customization or a third party
Config?	Feature that is available assuming extensive system configuration/customization through the solution platform without coding or scripting.
3rd Party?	Supported by the healthcare provider through a third party resource or solution. Indicate if the cost IS or IS NOT included in the estimate of proposed services.
Cust?	Supported by the vendor through custom programming to the system. Indicate whether the costs is included in the estimate of proposed services.
No	Not a standard feature and not supported.
Comments	Healthcare solutions providers are encouraged to elaborate as needed.

For config, third party, and custom response, add comment(s) to detail specifics is suggested.

Please complete each requirement with based on the Functionality and how your product does/does not support the requirement.

******** Blanks will be considered a "No" so please ensure all fields under the vendor response column are complete.***

The Alameda Alliance for Health Functional Area Coverage

As a reference point, each functional requirement has been classified into a functional area, to assist the vendor in understanding its significance to The Alameda Alliance for Health operations. Please select the type of support for each functional area, provided by your proposed solution.

Solution Support Options:

- Yes - functionality is covered within the product - fully embedded functionality within the solution.
- Configuration - functionality is covered by configuration/customization without coding or scripting.
- Third Party Product - functionality is covered by a proposed partner.
- Customization - functionality is covered through custom programming and/or scripting.
- No - functionality is not covered by the proposed solution.

Please ONLY click mouse on:
'Functional Area', 'Solution Support' or 'Vendor Comments'

****** or you might possibly be taken to last Functional Area worksheet selected ******

Functional Area	Requirements Tab	Requirements Prefix	Solution Support	Vendor Comments (Use Alt+Enter for additional lines in the comments).
Strategy/Forward Look and Strategic Alignment	Strategic Alignment	SA		
Record to Report (Single Entity Consolidation)	Record to Report	R2R		
Bank Integration and Reconciliation	Bank Integration and Reconciliation	BIR		
Procure to Pay	Procure to Pay	P2P		
AP Automation (Native Preferred)	AP Automation	AP		
Project Accounting	Project Accounting	PA		
Upstream Integration	Upstream Integration	UI		
Budgeting and Planning	Budgeting and Planning	BAP		
Integration to Planning Tool (currently Adaptive Insights)	Integration to Planning Tool	IPT		

Functional Area	Requirements Tab	Requirements Prefix	Solution Support	Vendor Comments (Use Alt+Enter for additional lines in the comments).
Integration to Payroll (currently UKG)	Integration to Payroll	UKG		
General System/Compliance	General System/Compliance	GSC		

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Strategic Alignment					
SA-1	The system has the capability to replace the current financial ERP system - MS Dynamics SL 2018 and the SAP Concur Invoice and Expense Management System.					
SA-2	The system fully integrates, synchronizes and allows data flow across the following systems: Adaptive, HEALTHsuite, Certa, Symplr, TeamDynamix, and UKG.					
SA-3	The system is HIPAA and PHI compliant.					
SA-4	The system supports service delivery, contract delivery, project terms, and project accounting.					
SA-5	The system supports robust API controls.					
SA-6	The system fully supports all aspects of an ERP/financial system to improve operational efficiency and ensure adequate controls.					
SA-7	The system supports unlimited dimensions for reporting (e.g., immigration status, age, etc.).					
SA-8	The system supports dynamic allocation for claim expenses.					
SA-9	The system supports revenue and claim expense currently in the data warehouse.					
SA-10	The system supports synchronized reporting with Adaptive as it pertains to budgeting.					
SA-11	The system supports complete impact reporting across all aspects of the business.					
SA-12	The system supports all current and new reporting requirements from the state of California.					
SA-13	The system supports new services and products.					
SA-14	The system supports internal department expenses.					
SA-15	The system supports roll ups based on category to support financial reporting and summarization.					
SA-16	The system supports current and future GL codes.					
SA-17	The system supports current and new lines of business (LoB).					
SA-18	The system supports all aspects of business continuity.					
SA-19	The system supports all aspects of accounting reconciliation.					
SA-20	The system supports a user friendly interface.					
SA-21	The system supports and adjusts accordingly with contracts from upstream systems.					
SA-22	The system supports Source to Settle (shift from Procure 2 Pay) based on synchronized activity in the upstream systems.					
SA-23	The system supports cost revenue streams from multiple sources.					
SA-24	The system supports and is scalable across different industry trends across the business.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Strategic Alignment					
SA-25	The system supports scalability and growth across the board.					
SA-26	The system supports D-SNPs (Dual Eligible Special Needs Plan) including new reporting, sales cost origination and Medicare/Medicaid.					
SA-27	The system provides robust Procure to Pay operational processes.					
SA-28	The system mitigates and prevents cyber threats and issues.					
SA-29	The system provides clear information surrounding pay data vs. accruals, vs. actual and any reconciliation of these amounts.					
SA-30	The system supports opportunities to add and support medical dental benefits considered in the future.					
SA-31	The system supports Health Exchange insurance.					
SA-32	The system supports and synchronizes with Behavioral health through HEALTHsuite.					
SA-33	The system supports contract transactions for budgets and reimbursements.					
SA-34	The system supports healthcare providers contracts and direct costs for care.					
SA-35	The system supports 1099 reporting from HEALTHsuite and Per Diem rates (non-capitated).					
SA-36	The system eliminates opportunities for duplicate work across processes in ERP, FP&A and payroll.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Record to Report					
R2R-1	The system supports a Chart of Accounts (COA) Contra accounts, etc. and other accounts at the organization.					
R2R-2	The system supports a standard and consistent COA numbering schema.					
R2R-3	The system supports funding sources functionality in the Chart of Accounts.					
R2R-4	The system supports and monitors flow of funds throughout the accounts.					
R2R-5	The system supports project and recurring project management.					
R2R-6	The system provides financial reporting that is HIPAA, PHI, and PII compliant.					
R2R-7	The system provides audit trails with alerts and notifications affecting any reporting segments (e.g., who is changing what in the system and when).					
R2R-8	The system provides reporting at the member level.					
R2R-9	The system supports reports for different attributes pertaining to specific patient demographics.					
R2R-10	The system supports secure data storage that is compliant with the organization's compliance protocols.					
R2R-11	The system automates reporting allocations.					
R2R-12	The system provides amortization functionality for fixed and primary assets (office building and IT hardware).					
R2R-13	The system supports prepaid amortization.					
R2R-14	The system supports segmented reporting.					
R2R-15	The system supports flexible Journal Entry and General Ledger reporting using workflow processes or other methods that can improve reporting such as automation.					
R2R-16	The system provides automatic service and expense allocations.					
R2R-17	The system supports dynamic and unlimited reporting dimensions that could include: Departments Programs Service Lines Projects Memberships (Immigration Status - Statistical) Transaction identifier (Claim, Payment, Adjustment) Aid Category UIS - Unsatisfactory Immigration Status SIS - Satisfactory Immigration Status Payments Claims Attributes Missing Information					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Record to Report					
R2R-18	The system support GAAP (Generally Accepted Accounting Principles) representation across the organization.					
R2R-19	The system supports capitation (fixed amount paid to healthcare providers for services) payments across the business.					
R2R-20	The system supports non-capitated (expenses paid per individual service) payments across the business.					
R2R-21	The system provides visibility on non-operating income such as investment and misc. income.					
R2R-22	The system provides reporting on D-SNPS (Dual Eligible Special Needs Plan - Medicare and Medicaid).					
R2R-23	The system supports claim numbers created in the upstream systems. The expectation is that these assigned numbers will be consistent across all systems.					
R2R-24	The system provides granularity of reporting of actual payments vs. accruals.					
R2R-25	The system supports lease and subscription-based IT arrangement (SBITA) asset accounting.					
R2R-26	The system supports close process status monitoring and reconciliation (currently managed in Smartsheet).					
R2R-27	The system supports reporting of claim disbursements.					
R2R-28	The system supports granularity to view components at the invoice level.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Bank Integration Reconciliation					
BIR-1	The system supports all aspects of banking operations, reconciliation and reimbursement processes. (Current reimbursement is paid through UKG).					
BIR-2	The system supports banking and reconciliation payments operations across 10+ checking and 2 banking accounts that include: **Note** the system must support and scale across any changes occurring in the future. 4 Accounts: City National Bank and JPM Chase (deposit for medical refunds) 2 Payroll Accounts: 1 Main, 1 Special Payroll Runs/Terminations 1 Claims Account: Disbursement account to healthcare providers for claims, rolled up by healthcare provider. 1 Vendor Account: Venmo Account for tiny businesses.					
BIR-3	The system can support adding additional bank accounts when needed.					
BIR-4	The system supports synchronization of banking information with the onboarding of vendors from upstream systems (Certa and Symplr).					
BIR-5	The system supports employee credit card operation and reimbursement procedures. The Alliance currently manages the following: **Note** the system must support and scale across any changes occurring in the future. 5-10 physical credit cards (currently 5-6 used). Virtual card with license for 30 users through City National Bank					
BIR-6	The system supports Global Ledger reconciliation and drill down to the Journal Entry level to monitor all transactions.					
BIR-7	The system supports credit card reconciliation and expense management through vendor credit card portals and/or third party portals.					
BIR-8	The system provides credit card expense process and reconciliation for up to 60+ expense reports or more per month.					
BIR-9	The system provides capability to support gift card (physical and electronic) payments either embedded in the system or through a third party contract for members and healthcare providers.					
BIR-10	The system provides investment reconciliation.					
BIR-11	The system provides one to one bank reconciliation for Accounts Payable and General Ledger on a monthly basis (e.g. approved AP payment GL impact.)					
BIR-12	The system provides multi-to-one reconciliation.					
BIR-13	The system provides banking data synchronization with HEALTHsuite for payments, claims and adjustments.					
BIR-14	The system supports multi-to-one reconciliation for HEALTHsuite reports as rolled up by healthcare provider (e.g. cash vs. accrual - claims)					
BIR-15	The system supports Grant Management (awarding and seeking) and adheres to the appropriate compliance requirements. The system also supports and captures how grants are allocated/spent.					
BIR-16	The system automates and/or streamlines the check cutting process as an embedded functionality or with a third party and avoids the creation of new bank accounts to pay employees and vendors in a timely manner.					
BIR-17	The system requires and supports an approval workflow process for invoice approvals.					
BIR-18	The system supports Purchase Requests, Purchase Orders, and all Taxable items.					
BIR-19	The system functions in compliance with service agreements.					
BIR-20	The system supports recurring or specified posts and time stamps for financial banking statements.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Bank Integration Reconciliation					
BIR-21	The system supports automatic upstream processing of multiple claims (1000s) in one transaction for one healthcare provider.					
BIR-22	The system automatically matches transactions with banks and the proper transaction representation.					
BIR-23	The system supports transaction matching based on account type or the function of the account that is being reconciled.					
BIR-24	The system supports payments from bank accounts through third party payment service accounts such as Venmo.					
BIR-25	The system supports vendor payments based on contract terms and in compliance with audit requirements.					
BIR-26	The system provides receipts for payments and transactions issued from the bank accounts.					
BIR-27	The system supports pro forma transactions that eliminates potential shadow system issues where items step outside of the required process.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Procure to Pay					
P2P-1	The system supports all Procure to Pay (P2P) activities for healthcare provider expenses and General and Administrative expenses.					
P2P-2	The system supports processing of invoices for all vendors and healthcare providers.					
P2P-3	The system can support one-vendor system of record for data containing credentialing, contracting and contract management.					
P2P-4	The system supports interoperability P2P synchronization with Certa, Symplr, HEALTHsuite, Submittable and any future vendors to support scalability.					
P2P-5	The system supports automatic claims and payment processing for vendors such as Nacha file, ETF and physical payments though a healthcare provider and member portal.					
P2P-6	The system integrates and synchronizes data with Certa via API (Certa centralizes all third party oversight, risk, contracts and security of Tier 1 to Tier 4 vendors as one system of record for non-healthcare providers).					
P2P-7	The system supports master data for vendors, healthcare providers and non-healthcare providers such as name, contact, address, service information, etc. from the upstream systems or the system can indicate that master data is captured in the other systems.					
P2P-8	The system integrates with and/or provides upstream data flow with Symplr (healthcare providers) for contract management.					
P2P-9	The system can supports 600+ vendors and 5000+ healthcare providers.					
P2P-10	The system provides a homegrown database of all healthcare provider data.					
P2P-11	The system allows physical checks to be cut in house or outsourced through a third party vendor or connected to the Alliance healthcare provider banking.					
P2P-12	The system can support fixed payments (capitation) and payments per service (FFS - Fee for Service) to healthcare providers.					
P2P-13	The system can manage and automate unsupported claims that are currently captured in Excel and the data warehouse.					
P2P-14	The system supports expense disbursements to healthcare providers via electronic file/PDF.					
P2P-15	The system can be configured to create the appropriate approval workflows for a robust approval process.					
P2P-16	The system can support recurring bills and payments.					
P2P-17	The system provides flag notifications and alerts for missing payments (e.g. non-healthcare provider such as AT&T bill) to avoid service termination.					
P2P-18	The system supports processing utility payments and other required services.					
P2P-19	The system supports invoice aggregation.					
P2P-20	The system supports all types of purchase orders for goods and services.					
P2P-21	The system supports automatics oversight for transactions.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	AP Automation					
AP-1	The system supports automation of processing purchase requisitions (PR), unapproved purchase orders (PO) and regular purchase orders (PO).					
AP-2	The system supports purchase orders for service items (inventory and non-inventory and expense lines).					
AP-3	The system provides flexibility across all purchasing transactions for approval workflows.					
AP-4	The system supports controls and safeguards in place before payments are released.					
AP-5	The system integrates and synchronizes with UKG - Human Resource Information System (HRIS) to support HRIS components such as benefits and payroll.					
AP-6	The system supports purchase types for business process workflow.					
AP-7	The system supports non-inventoried assets and logistics such as receiving without inventory for expenses or fixed assets. Essentially, the option to receive items without requiring inventory.					
AP-8	The system supports vendor returns and/or reverse logistics via a Return Material Authorization (RMAs) pro forma credit memo transaction. This should also support any reverse logistics of that nature.					
AP-9	The system supports 2 way and 3 way matching.					
AP-10	The system can support memorized transactions with autofill or complete inputs.					
AP-11	The system supports data acquisition for bill processing electronically or via PDF.					
AP-12	The system can support upwards of 400+ vendor bill processing volumes.					
AP-13	The system supports negotiation outside of the service side of the agreement.					
AP-14	The system supports editing of General Ledger (GL) coding by an approver and should provide flexibility to process custom invoice approvals that allow the user to put an input on the GL coding.					
AP-15	The system captures all changes in the system with alerts and notifications and is stored via an audit trail or system history record.					
AP-16	The system supports flexibility by workflow for expense approvals, e.g., (5 day approval window and automatic escalation after 5 days before transition to the next person on the approval list). The system should allow for adjustment times to change in the future if required.					
AP-17	The system supports bill processing for non-recurring services (e.g., janitorial services are fixed).					
AP-18	The system displays inventory on the balance sheet.					
AP-19	The system can support multiple receipts to support multiple shipments.					
AP-20	The system supports pro forma credit memo to support RMA tracking.					
AP-21	The system can automate and support up to 500 + invoices per month.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	AP Automation					
AP-22	The system captures invoices/vendor bills via email, PDF or physical copies.					
AP-23	The system can support assigning and tracking invoice numbers as synchronized with the upstream systems.					
AP-24	The system provides alerts and notifications to prevent duplicate invoices. This can be conducted via Optical Character Recognition (OCR) or other methods.					
AP-25	The system supports automatic and electronic vendor payment processes to streamline approvals on vendor payments.					
AP-26	The system has the functionality to easily search for Purchase Orders in post processing.					
AP-27	The system can automate matching of purchase orders to invoices.					
AP-28	The system supports service items and expense lines.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Project Accounting					
PA-1	The system provides robust project management functionality to manage projects in the organization.					
PA-2	The system synchronizes upstream direct data flow with TeamDynamix and Adaptive during the project intake process. Data should include the assigned project number in the system and PO number from the upstream system. Data flow between these systems should provide cross departmental visibility and consistency. The should recognize instances of project numbers in the other systems.					
PA-3	The system supports synchronized data flow into TeamDynamix at the GL account level vs. what is provided at the transactional level. This can contain department, sub account, vendor and Chart of Accounts (CoA).					
PA-4	The system supports project integration and functionality with Adaptive Insights, data warehouse, Power BI and TeamDynamix.					
PA-5	The system supports Adaptive and provides cross departmental visibility and direct budgeting data flow for portfolio projects.					
PA-6	The system can automatically identify and associate an invoice with a PO and any project related expenses.					
PA-7	The system allows to require multiple level of project approvals from Accounts Payable to the Program Manager. This will provide better visibility on utilization and realization of billable projects to identify the run rate and variances.					
PA-8	The system ensures that the checks are balanced to the project Statement of Work (SoW) and align with the invoice.					
PA-9	The system supports addressing multi-year project budget to actual. Budget data is housed in Adaptive.					
PA-10	The system can support 100 or more projects per year.					
PA-11	The system can support non-project related expenses such as employee training, travel expense, software licenses and services renewal using approvals or other functionality.					
PA-12	The system can automate locating expenses that can be coded to projects.					
PA-13	The system can proactively identify expenses using coding from the invoice. The invoice should have coding associated with it.					
PA-14	The system automatic prioritization of project type (e.g., D-SNPs, enterprise, operational efficiency and regulatory affairs and compliance.)					
PA-15	The system can segment multiple project types via portfolio swim lanes.					
PA-16	The system can assign projects to budget owners.					
PA-17	The system can manage IT and non-IT related projects.					
PA-18	The system can issue and remove permissions for different roles such as project managers, budget owners, program managers, and integrated planning.					
PA-19	The system supports drop down functionality for project selection to eliminate manual type code entry in a free text form field.					
PA-20	The system supports creation of containers for a project with a pro forma transaction to identify and label that an invoice is specific for a PO.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Project Accounting					
PA-21	The system supports project and portfolio governance.					
PA-22	The system can require that Purchase Order Numbers (PO) be captured in the system from a vendor. **Note** vendor onboarding is captured in Certa and Symplr.					
PA-23	The system supports Power BI/analytics team to run reports such as enrollment data from the data warehouse.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Upstream Integration					
UI-1	The system supports synchronization of upstream data from HEALTHsuite. Data can include claims, payments and adjustments.					
UI-2	The system supports synchronization of upstream data from the data warehouse such as performance payments, operational data source (ODS) and SQL Server Integration Service (SSIS) packages.					
UI-3	The system supports synchronization of upstream data from Certa. Data can include vendor master, vendor bank details, vendor holds, vendor agreements/contract attributes and vendor credits (sanctions, overpayments, other liquid damages). **Note** The Alliance also uses Cobblestone for additional contract management but this will move					
UI-4	The system supports synchronization of upstream data from Symplr. Data can include attributes of the vendor commercial product, healthcare provider contract database of record, and healthcare provider repository.					
UI-5	The system supports synchronization of upstream data from UKG. Data can include employee master and payroll Journal Entry (JE) including labor costs, department, service line, and project dimension.					
UI-6	The system supports synchronization of upstream budgeting data from Adaptive.					
UI-7	The system supports automated upstream data flow to process refunds natively or integrates with PCI (internally developed reverse HEALTHsuite portfolio management tool).					
UI-8	The system can automatically calculate deductions.					
UI-9	The system provides robust security protocols to eliminate any data breach or threat and monitors any third party risk.					
UI-10	The system adheres to all state required compliance and security protocols.					
UI-11	The system supports automatic processing of credit memos and displays who is billed and/or overpaid. The system should easily allow the user to locate the original claim.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Budgeting and Planning					
BAP-1	The system supports synchronization of upstream data with Adaptive Insights as it pertains to budgeting. Data can include transaction level budgeting and transaction lack tagging. The system is scalable and allows data flow as the Adaptive scope is expanded. **Note** Adaptive currently has information fed direct from TeamDynamix and Concur					
BAP-2	The system supports departmental budgeting and can display budget vs. actual amounts for Category of Service payments, e.g., capitation vs. Fee For Service (FFS) costs.					
BAP-3	The system supports and automatically calculates revenue projections.					
BAP-4	The system supports direct cost projections that include utilization and unit costs, line of business (LOB) costs, delegates and Fee for Service (FFS).					
BAP-5	The system supports drill down of budgeting and planning to the invoice level along with the general entry and journal entry.					
BAP-6	The system supports alerts and notifications for vendor contracts when limitations are exceeded such as overspending budget controls, contractual limits, cost limits/overruns, etc. The Alliance classifies this as a "not to exceed transparency" control.					
BAP-7	The system supports unlimited reporting dimensions, e.g., natural account, LoB, population, Category of Aid (COA), Immigration Status, Department, Age Grouping, Month of Service, Delegate, Claim, Entity, Transaction Flag Out of Balance (OOB). Previous year claw back. TDX project ID.					
BAP-8	The system supports budget derivation cycles, e.g., preliminary - February to May, Final budget - December.					
BAP-9	The system supports budget derivation reporting.					
BAP-10	The system supports projection calculation determinants such as population by program, immigration status and age group. **Note** History, utilization and unit cost are used to capture projection cost.					
BAP-11	The system can support projection calculation determinants by different dimensions e.g., Population - program, immigration status, age group Category of Aid - Medicaid, Medicare, D-SNPs and further divided by population such as child, adult and Long Term					
BAP-12	The system provides time stamps for when invoices were received and paid.					
BAP-13	The system provides the vendor master data with the contract. This can also include time stamps when contracts are loaded and inputted into the vendor master.					
BAP-14	The system supports projection calculation determinants when legislation changes occur.					
BAP-15	The system supports expenses by departments.					
BAP-16	The system supports administrative expenses by exclusions and department attributes.					
BAP-17	The system supports profit and loss (P&L) and statistics by member.					
BAP-18	The system calculates expense ratios, e.g., capitated vs. fee for service.					
BAP-19	The system supports running reports by cost center and all Cost Centers reports for specific departments and/or specific needs.					
BAP-20	The system supports and displays capitation and fee for service (FFS) costs. Additional categories of service include primary care, specialty care, long term care, emergency and pharmacy.					
BAP-21	The system supports analytical reporting.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Integration to Planning Tool (Adaptive)					
IPT-1	The system supports three way synchronization and upstream data flow with UKG.					
IPT-2	The system supports transactions across General Ledger (GL), invoices, income statements and expenses.					
IPT-3	The system supports drill down of GL to the invoice level and Journal Entry (JE) level.					
IPT-4	The system supports drill down of membership data down to the claim level and membership forecasting mode.. **Note** This functionality is expected to be HIPAA and PHI compliant.					
IPT-5	The system supports granularity for transactions down to the claim and patient level.					
IPT-6	The system supports budget to actual reporting and the option to drill down to the transaction at a granular level.					
IPT-7	The system supports granularity for viewing GL transactions to see income statement and expenses and allow comparison against budget					
IPT-8	The system supports transactions for operating expenses such as membership the associated rates.					
IPT-9	The system supports transactions for payroll calculations, variance, and percentages.					
IPT-10	The system supports all Excel reporting, or can support embedded functionality in the system.					
IPT-11	The system supports transactions for allocated P&L as data flows upstream from Adaptive.					
IPT-12	The system supports transactional reporting from upstream budgeting across multiple dimensions such as category of aid, immigration status, age, grouping, delegate, TDX project number and other dimensions as needed for scalability/growth					
IPT-13	The system supports charge numbers on claims.					
IPT-14	The system supports transactions flagging for any budgets needing to be addressed.					
IPT-15	The system supports displaying reporting transactions for budget vs. actuals.					
IPT-16	The system supports adequate housing of budgets upstream from Adaptive such as revisions, activation and how the budget can be drilled down to the invoice at a granular level.					
IPT-17	The system supports automated flexibility in transactions and changes of Chart of Accounts, GL structure, and hierarchies by importing data tables directly from accounting.					
IPT-18	The system supports automation of HCQI (Health Care Quality Improvement - Clinical Dept. Expenses that are categorized as medical) reporting in compliance with regulatory and legislation requirements.					
IPT-19	The system supports Chart of Accounts integration and/or GL structure integration.					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	Integration to Payroll (UKG)					
UKG-1	The system supports synchronization and upstream integration with UKG and allows flow of data between systems.					
UKG-2	The system supports Journal Entries with account number, amount, departments, LoB, descriptions and transactions from data within UKG.					
UKG-3	The system supports all transactions for payroll in UKG and subsequent payments.					
UKG-4	The system supports the integration between UKG and Microsoft SSO (Single Sign On). **Note** that for onboarding and terminations, UKG and Concur are synced.					
UKG-5	The system supports transactions down to employee level, e.g., to support health quality improvement initiatives.					
UKG-6	The system supports transactions from the LoB and earning registry. **Note** these transactions are currently in an Excel file the payroll team uses to create journal entries.					
UKG-7	The system supports automation positioning for reporting such as HCQI reporting.					
UKG-8	The system supports distinct reporting allocation as driven by LoB.					
UKG-9	The system supports employee names, title and roles to help track expenses.					
UKG-10	The system supports automation transactions for plan source (benefits selections, selected health insurance plans, etc.).					
UKG-11	The system supports employee masters data from UKG upstream and downstream.					
UKG-12	The system supports Payroll Journal entries from UKG upstream and downstream.					
UKG-13	The system supports data automation as it rolls upstream.					
UKG-14	The system supports capturing full detail information listing vendor providing service, total expense down to the Category of Aid and department level.					
UKG-15	The system supports audit trail of all employee activities.					
UKG-16	The system provides reporting that is in compliance with quantitative audits.					
UKG-17	The system supports expense reimbursement payments transactions through UKG.					
UKG-18	The system supports and automates payment transactions external to UKG and Concur in compliance with regulatory requirements. (Ex. Temp workers).					
UKG-19	The system supports transition of employees from temporary to FTE (full time employee).					

#	Features and Functions	Alameda Alliance / Moss Adams Comments and Notes	Vendor Response	SCORE	Vendor Comments	
	ERP / Financial Management Requirements					
	General System Compliance					
GSC-1	The system is cloud hosted domestically. Domestic hosting is required.					
GSC-2	The system is HIPAA/PHI and PII (personally identifiable information) compliant.					
GSC-3	The system supports BAA (Business Associate Agreement) in compliance with PHI and HIPAA requirements and DPA (Data Processing Agreement).					
GSC-4	The system supports security and business continuity during onboarding and implementation.					
GSC-5	The system/vendor supports SOC (System and Organization Controls) audit reports and compliance.					
GSC-6	The system supports security onboarding and compliance requirements.					
GSC-7	The system supports data encryption at rest (encrypted data in database) and motion (transfer and communication of data between web browser and server.)					
GSC-8	The system supports mobile capabilities such as approval transactions and other functionality.					
GSC-9	The system supports Single Sign On (SSO) upstream through Okta.					
GSC-10	The system supports incident response to mitigate any security threats.					
GSC-11	The system supports insurance requirements.					
GSC-12	The system supports the Microsoft SSRS (SQL Server Reporting Services).					
GSC-13	The system supports a unified API.					