

STATE OF CALIFORNIA
CORRECTIONAL HEALTH CARE SERVICES
8260 Longleaf Drive, Elk Grove, CA 95758



May 30, 2014
Request for Proposal (RFP) #HCPNTPA13366
Healthcare Provider Network and Third Party Administrator Services
Addendum # 7

This addendum is issued to modify and replace the RFP pages as instructed hereunder.

A. Summary of the changes:

- 1) Page 17 - Spacing changes
- 2) Page 18 to 20 – Section 6.2. Company Background
The 50 available points for requirements number 1 through 14 is disaggregated.
Order of the requirements has changed to fit the pages under this section.
- 3) Page 118 – item 10. Knox-Keene
The title of this section is changed to “10. Compliance with All Applicable Laws”.
- 4) Page 119 – Appendix A – Bidders Library:
The document “Utilization Data Field Descriptions” is added to the Bidders Library.
- 5) Addendum #5, response to RFP-Q43
The response to RFP-Q43 is revised.

B. Replace the corresponding RFP pages with the following pages.

Please continue to check these websites for updates to the RFP and corresponding documents:

http://www.cphcs.ca.gov/project_rfp.aspx

or

www.BidSync.com

- Attachments

6. Requirements

CCHCS will evaluate proposals based on the following requirements. Requirements noted as “Pass/Fail” are mandatory, and failure to meet the requirement may, in CCHCS’ sole discretion, result in a finding of proposal non-responsiveness. Requirements that are scored will be evaluated using the numerical point values noted below for the corresponding requirements.

6.1. Minimum Qualifications

<p>1. Contractor must demonstrate at least three (3) continuous years of experience delivering a full range of services including medical provider services, prior authorization and claims administrative services to at least one public U.S. entity with a minimum of 50,000 enrolled members within the last five (5) years. Provide name, address, title, company, and phone number for each qualifying employer/company. The references must be entities not connected with this proposal in any way. Subsidiaries or divisions of the prime or subcontractors are not acceptable.</p> <p>Provide the necessary documentation to support the above requirements.</p>	<p>Pass/ Fail</p>
<p>2. Contractor must demonstrate that it has been a prime contractor responsible for the performance of a subcontractor for a project with comparable scope and magnitude to this project. Also, the Contractor must demonstrate that any proposed subcontractors have functioned as subcontractors or prime contractors in contracts with comparable scope and magnitude to this project.</p> <p>Provide the necessary documentation to support the above requirements.</p>	<p>Pass/ Fail</p>
<p>3. Describe previous work of three (3) projects of comparable scope and magnitude for which you provided similar types of services. Provide complete reference information including project name, location, client, total contract amount (and firm’s amount if different), principal-in-charge, day-to-day technical project director/manager, key staff, date completed, client reference (name, current position and phone number), and a brief narrative of project description for each project identified and described above.</p> <p>Experience may not be considered if complete reference data is not provided or if named client contact is unavailable</p>	<p>Pass/ Fail</p>



<p>or unwilling to share required information.</p> <p>The references must be entities not connected with this proposal in any way. Subsidiaries or divisions of the prime or subcontractors are not acceptable.</p> <p>Provide the necessary documentation to support the above requirements.</p>	
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6.2. Company Background

<p>1. Provide:</p> <p>a. Your company's name, business address and telephone numbers, including headquarters and local offices.</p> <p>b. An overview of the history and ownership of your organization.</p> <p>c. A brief description of your organization, including names of principals, number of employees, longevity, client base, and areas of specialization and expertise.</p>	<p>Pass/ Fail</p>
<p>2. Provide a description of your company's prior experience related to correctional healthcare facilities.</p>	<p>15 Points</p>
<p>3. Provide a description of your company's prior experience in California.</p>	<p>10 Points</p>
<p>4. Provide a description of your company's specific areas of technical expertise as they relate to this RFP.</p>	<p>10 Points</p>
<p>5. Provide a description of your company's internal training and quality assurance programs.</p>	<p>Pass/ Fail</p>
<p>6. Provide independently audited financial statements for the last two (2) fiscal years.</p>	<p>5 Points</p>
<p>7. Are there any mergers and/or acquisitions in progress between your organization and other parties affecting ownership, corporate structure or management?</p> <p><input type="checkbox"/> Yes. If yes, describe the changes.</p> <p><input type="checkbox"/> No</p>	<p>Pass/ Fail</p>



<p>8. Has your organization acquired, been acquired by, or merged with another organization in the past five (5) years?</p>	<p>Pass/ Fail</p>								
<p><input type="checkbox"/> Yes, If yes, provide detail.</p> <p><input type="checkbox"/> No</p>									
<p>9. Is your firm anticipating restructuring or reorganization in the next year? (Include any major staff relocations or office closings.)</p>	<p>Pass/ Fail</p>								
<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>									
<p>10. Provide the names, title and location of the officers and principals active in the management of your firm. Submit current resumes for Key Personnel committed to this project and a statement regarding their local availability. Specifically describe previous related experience, describe its pertinence to this Agreement, and provide references including the name, address, and telephone number of a contact person who can verify the nature and quality of the related experience. Provide a brief description of referenced project(s), as well as any professional certifications, accreditation, special licensing or other qualifications which qualify the professionals to perform in their designated area of responsibility.</p>	<p>5 Points</p>								
<p>11. Name, title, address, email address, telephone and fax numbers of the person who is authorized to make decisions, represent and legally bind the company and answer questions regarding your response.</p>	<p>Pass/ Fail</p>								
<p>12. Is your organization for-profit?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Pass/ Fail</p>								
<p>13. Provide your most recent financial ratings from the following rating bureaus:</p>	<p>5 Points</p>								
<table border="1"> <thead> <tr> <th>Rating Bureau</th> <th>Ratings/ Outlook</th> </tr> </thead> <tbody> <tr> <td>Standard & Poor's</td> <td></td> </tr> <tr> <td>A. M. Best</td> <td></td> </tr> <tr> <td>Moody's</td> <td></td> </tr> </tbody> </table>	Rating Bureau	Ratings/ Outlook	Standard & Poor's		A. M. Best		Moody's		
Rating Bureau	Ratings/ Outlook								
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A. M. Best									
Moody's									



<p>14. Has there been any downgrade in your ratings in the last two (2) years?</p> <p><input type="checkbox"/> Yes. If yes, explain.</p> <p><input type="checkbox"/> No</p>	<p>Pass/ Fail</p>
<p>15. Indicate whether any services for CDCR/CCHCS will be subcontracted to another company and fully describe these services and the stability, background and qualifications of all companies that may provide subcontracted services, including audited financial statements for those firms for the last two (2) years. CCHCS will award points based on the qualifications, experience and stability of the subcontractors that are being submitted.</p>	<p>20 Points</p>
<p>16. All functions performed under this contract must be performed within the United States.</p> <p>Does Contractor agree?</p> <p><input type="checkbox"/> Yes.</p>	<p>Pass/ Fail</p>
<p>17. How can your experience provide innovative solutions to help CDCR/CCHCS save money and manage risk? Examples provided must pertain to CCHCS.</p>	<p>15 Points</p>
<p>18. Describe the organizational structure and hierarchy you would put in place in order to facilitate a positive working relationship with CDCR/CCHCS, including:</p> <p>a. The name and title of the individuals who will serve as liaisons to CDCR/CCHCS. Provide an organizational chart and identify the individuals or level at which the liaisons operate in the organization. What staff/ancillary support will be available to the liaisons for providing management information and other transaction, quality assurance and utilization review information to CDCR/CCHCS?</p> <p>b. A brief description of responsibilities and qualifications for all Key Personnel, including the Program Manager, Contracts Manager, Claims Manager, and Prior Authorization Manager that clearly demonstrates professional competence to perform the work.</p>	<p>15 Points</p>



5. A principal of a performance or payment bond for which the surety has provided performance or compensation to an obligee of the bond;
6. A defendant or respondent in a governmental inquiry or action regarding accuracy of preparation of financial statements or disclosure documents; or
7. A party to any civil or administration action brought by or against the State of California or any subdivision thereof, including the California Department of Corrections and Rehabilitation.

8. Default Termination

A disclosure of whether your company has defaulted in its performance on a contract in the last five (5) years, which has led to the termination of a contract.

9. Conflict of Interest

Identify any existing financial relationships with other vendors that may be a part of your proposal, and explain why those relationships will not constitute a real or perceived conflict of interest. CCHCS will request additional information at time of award from the Contractor that will prove the absence of any relationship that could constitute a conflict of interest or otherwise impede the ability of the Contractor to protect the interest of CCHCS, including but not limited to the completion of a Form 700 or its equivalent. You can view Form 700 at <http://www.fppc.ca.gov>.

10. Compliance with All Applicable Laws

CCHCS requires the Contractor to ensure compliance with all laws. Contract provisions between the Contractor and providers of services to CDCR patient-inmates/ DJJ youths must satisfy requirements set forth in the RFP and the resulting agreement.



9. Appendix A – Bidders Library

Interface Documents:

TPA Processed Claims to BIS SAP

Maintain Crosswalk Tables for TPA Claims Processing

Claims Auditing Information (TPA-SCO)

Automate TPA Medical Invoice Claim Schedule

Electronic/Paper Claim Schedules to SCO

SCO Warrant Payment Processing

SCO Warrant Payment from BIS to TPA

BIS Vendor Master Records to TPA

Contract Medical Database (CMD)

Inmate Locator Web Service

EUHRS Interface Specification_Design Discrete Microbiology Inbound

EUHRS Interface Specification_ Unit 09i-Order Message Processing Inbound

EUHRS Interface Specification_ Unit 09o-Order Message Processing Outbound

EUHRS Interface Specification_Unit 10i-Result and Document Processing Inbound

Other Documents:

CDC7252.PDF

California Penal Code, Section 5023.5

HC Transfer Process

CCHCS Drug Formulary

California Code of Regulations, Title 15

* Fiscal Year 2012/2013 Adult Patient-Inmate Utilization Information

* Fiscal Year 2012/2013 Juvenile Patient-Inmate Utilization Information

Utilization Data Field Descriptions

Inmate Population Reports

Non-Disclosure Agreement

Scope of Work of Laboratory Director

* Available upon submission of signed non-disclosure agreement

Question Number	RFP Section and Page #	Bidder Question	CCHCS Response
RFP-Q41	6.3.D.1.c p. 42 of 200	Does the bidder (Contractor) also need to sign and submit a self-certification form? RFP requirements c.i and c.ii indicates Contractor and Providers while c.iii indicates Contractor or Provider.	No. The Contractor shall be aware of the Orientation Requirements and ensure they enforce and maintain the signed self-certification form that all network providers who are performing specialty services on site at any CDCR institution or facility have read and understand the requirements in the orientation manual. The Contractor must provide copies of the certifications, on demand by CDCR/CCHCS.
RFP-Q42	6.3.D.3.c.i p. 49 of 200	<p>RFP states, "In the event of a cancellation due to mechanical failure of a unit or staffing not available the Contractor shall provide the requested medical imaging service within two (2) business days of the originally scheduled service. Penalties will accrue if service is not provided within the required timeframes."</p> <p>Will the Contractor be subject to penalties if the CDCR institution or DJJ facility requests the service be rescheduled within 3, 4, or more days?</p>	Yes. Impact and cost to the State due to a last minute cancellation still exist. This does not relieve the vendor's contractual obligation to ensure services originally scheduled. The RFP language was modified thru addendum #4, to reflect the remedy as Liquidated Damages and not as a penalty.
RFP-Q43	8.8.B.10 p. 118 of 200	<p>The language contained in the RFP does not explicitly state whether a Knox-Keene license is a requirement of this solicitation. Further, RFP8.8.B.10 does not provide any specific citation in the "resulting agreement" (Exhibits A-G) pertaining to a Knox-Keene license.</p> <p>Please clarify if a Knox-Keene license is a requirement, or consider modifying the Section 10 title.</p>	CCHCS does not consider the Knox-Keene Act to apply to the subject RFP or to any resulting contract, including that it does not apply so as to require that an entity must have a Knox-Keene license in order to bid on the RFP or to enter and execute a resulting contract.