

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



May 19, 2014
Request for Proposal (RFP) #HCPNTPA13366
Healthcare Provider Network and Third Party Administrator Services

Addendum # 4

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

A. Summary of the changes:

- 1) Page 44, item e:
The reference to Section 6.1.A is changed to Section 6.3.A.
- 2) Page 48 to 50:
 - In item b.i:
 - "...CT, MRI, and ETS." is updated to read "...CT, MRI, and PETS."
 - Item c, On- Site Medical Imaging / Mobile Imaging Services:
 - The first paragraph of item c is modified.
 - The last sentence of item i is revised.
- 3) Pages 74 to 77:
The outline levels are modified.
- 4) Page 79:
The numbering for item 17 is changed to 11.
- 5) Page 80 to 81:
The numbering for items 1 through 6 is changed to 10 through 15.
- 6) Page 91 to 92 – Section 7.2. Evaluation Process:
The maximum total points for technical proposal should be 968.
- 7) Page 93 – Table 1 – Technical Scoring:
The maximum points under section 6.3 Health Care Provider Network is updated to 375 and subsequently the maximum points for approach to requirements and maximum points for technical proposal is updated to 868 and 968.

8) Page 98 to 100 – Table 3 – Example Scoring Methodology:
The possible points for 1. Technical Proposal and the total points are updated to 968 and 1643.

9) Page 102 to 109 – Table D – Medical Provider Pricing Guarantees By Institution was updated.

Page 110 to 111 – Table E – Calculation of Medical Expenditure Based on Pricing Guarantees was updated.

10) Page 114 to 116:

- Section 8.4, item 1:
 - The reference to Section 9.8 is changed to Section 8.8.
- Section 8.6:
 - The reference to Section 9, 9.1. Key Action Dates is changed to Section 8, 8.1. Key Action Dates.
- Section 8.8, page 116:
 - The reference to Sections 9.8.1. and 9.8.2. are changed to 8.8.A and 8.8.B.

11) Page 119 – Appendix A – Bidders Library:

The document “Scope of Work of Laboratory Director” is added to the Bidders Library.

12) Page 128, item H.7:

A reference to the Bidders Library is made.

13) Page 152, item g:

The reference to Section 9 – Utilization Management Appeals is changed to Exhibit D – item 1.c.

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



<p>requirements are met.</p> <p>5. The Contractor shall monitor providers in the network who perform telemedicine services and/or on-site services at the institution and ensure credentialing renewal packages are submitted timely for processing to the CCHCS Credentialing Verification Unit prior to the two (2) year CCHCS credentialing expiration period to ensure renewal prior to expiration.</p> <p>ii. For services provided at the DJJ Facilities, the Contractor and Provider must comply with the following credentialing requirements:</p> <ol style="list-style-type: none"> 1. The Contractor and/or Provider shall comply with all Facility Credentials Verification requirements, policies and procedures. Services cannot start until the credential process and approval is completed by the Facility. 2. The Contractor is required to coordinate credentialing with each Facility Correctional Health Services Administrator (CHSA) and to submit a completed CVP and associated documentation for each Provider. 3. The Facility CMO or designee will notify the Contractor once credential verification has been completed to arrange an effective date for the Provider to render services at the Facility. <p>Does contactor agree?</p> <p><input type="checkbox"/> Yes. Describe your solution and the process in detail that you would establish to address this requirement.</p>	
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<p>e. At the time of scheduling on-site services, CDCR/CCHCS shall provide the Contractor with an estimate of the period of time the Institution and/or Facility anticipates the need for the services as defined in Section 6.3.A. This will be a good faith estimate based on the circumstances known to CDCR/CCHCS at the time of the request. It is not a guarantee of business and is subject to change or be cancelled by the Institution CEO/CME or designee and/or the DJJ FCMO, or his or her designee.</p> <p>Does contactor agree?</p>	<p>Pass/ Fail</p>
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Describe your solution and the process in detail that you would establish to address this requirement.	
<p>b. Off-Site Radiology Services</p> <p>Contractor shall ensure the following:</p> <ul style="list-style-type: none"> i. Physician interpreting off-site CDCR patient-inmate and DJJ youth medical imaging exams shall provide professional and technical components for general X-rays, fluoroscopy procedures, diagnostic/breast Ultrasound, and diagnostic/biopsy Mammography, CT, MRI, and PETS. These services are not all inclusive and CCHCS reserves the right to negotiate and add additional services as needed. The radiologist(s) shall be board certified in radiology, shall be qualified to practice medicine within the State of California, and shall meet all requirements to interpret all modalities exams and related regulatory requirements. They shall maintain all required regulatory certification and Continuing Medical Education (CME) during the contract term and provide documentation of certification, CME or qualification when requested by designated CCHCS or DJJ staff. ii. The radiologist shall have the ability to fax/ electronically transmit/ e-mail (encrypted) an interpretive report to the requesting CDCR institution’s radiology department and the Imaging Records Center upon approval of the radiologist within 2 business days of receipt of exam(s), Monday through Friday. Reports shall also be available via a portal provided by the radiology group for other off-site/on-site medical providers of CCHCS to review exam results within 2 business days of approval by the radiologist, Monday through Friday. They shall follow the State’s policy and procedures for urgent and discrepancy finding notification of interpretation. <p>Describe your solution and the process in detail that you would establish to address this requirement.</p>	<p>10 Points</p>
<p>c. On-Site Medical Imaging / Mobile Imaging Services</p> <p>Contractor shall provide on-site radiologist medical imaging services (excluding mobile imaging) to the CDCR Institutions and DJJ Facilities in the designated facilities (e.g. CHCF) within established timeframes and in professional collaboration with CCHCS medical providers. On-site mobile imaging and technical services shall be provided to all CDCR institutions and DJJ</p>	<p>10 Points</p>



facilities upon request. Services shall include technical and professional component as designated in each section for general diagnostic procedures such as X-Rays, fluoroscopy, Ultrasound, Mammography, CT, MRI, PETS, radiologic procedures and any other radiology services not listed in this section.

- i. Services shall be scheduled and provided for Ultrasound, CT, MRI, PETS, and Bone Density when requested. These services are not all inclusive and CCHCS reserves the right to negotiate and add additional services as needed. The mobile services Contractor shall provide technical imaging services ONLY for each of these medical imaging modalities. 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. Liquidated Damages will accrue if service is not provided within required timeframes. Liquidated Damages shall be negotiated with the Contractor and incorporated by the Contractor in its Network Mobile Provider contractual agreement.
- ii. Contractor shall provide mobile echocardiography services performed by a qualified technician using equipment compatible with entry into RIS/PACS and qualified physician interpreters.
- iii. Contractor shall provide fully-operational system(s), materials, associated components, staff, travel and every other item of reasonable expense necessary to treat CDCR patient-inmates and DJJ Youths referred for such services. There shall be current medical imaging software that supports RIS/PACS integration, modality work list (WDL) and modality exam scanning software version that meet community standards in each modality service to meet exam protocols and connectivity to CCHCS RIS/PACS including IT support.
 1. CCHCS PC shall assign static IP address for all mobile modality units (CT/MRI/US) to RIS/PACS.
 2. Vendor shall ensure all mobile (CT/MRI) units have dedicated outside network cables that originate from the modality unit to CCHCS mobile pad connection for RIS/PACS workflow and phone within the mobility trailer.
 3. Vendor shall connect to designated network jacks only.
 4. There shall be no network "Hubs" or "Routers" or other network devices within the mobile trailers which are not in compliance with CCHCS IT security requirements.



<p>5. Ultrasound is performed within the institutions in a designated room and only a VLAN connection shall be connected to CCHCS network.</p> <p>iv. All medical imaging staff must have appropriate licensing in each modality they perform including IV certification and fluoroscopy licenses and provide a copy to CCHCS to meet regulatory requirements.</p> <p>v. The on-site security and operating requirements for mobile services, including scope of work examples, shall be provided to the Contractor for reference into its contracts with its Providers performing each of the services to ensure adequate safety, service needs and security issues are addressed and understood within sixty (60) days following the Agreement Effective Date.</p> <ol style="list-style-type: none"> 1. A manufactured patch cable with a thicker and more rugged insulation for the RJ45 mod end is required for connection to our system as well as computer, phone, etc. Minimum of two (2) 30-ft. high quality patches. 2. Mobile services drivers will be responsible for setup and connection. 3. Mobile Imaging Devices must be standalone devices with no connection to a hub or router. <p>Describe your solution and the process in detail that you would establish to address this requirement.</p>	
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<p>d. Imaging Read and Interprets</p> <p>i. Contractor shall be responsible for providing Radiologist(s) to interpret medical imaging exams performed on-site at CDCR institutions and DJJ facilities shall be for general diagnostic X-Rays, diagnostic breast/general Ultrasound, screening/diagnostic Mammography, CT, MRI and PETS. These services are not all inclusive and CCHCS reserves the right to negotiate and add additional services as needed. The radiologist(s) shall be board certified in radiology, qualified to practice medicine within the State of California, and meet all requirements to interpret all modalities, exams and related regulatory requirements. They shall maintain all required regulatory certification and Continuing Medical Education (CME) during the contract term and provide documentation of certification, CME and qualification when requested by designated CCHCS or DJJ staff.</p>	<p>10 Points</p>
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<p>Intermediary (FI) for processing to recover Federal Financial reimbursement. The Contractor shall create and process electronic 837i files to DHCS specifications on behalf of CCHCS. These specifications are contained in the Bidder's Library.</p> <p>Describe your solution and the process in detail that you would establish to address this requirement.</p>	
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<p>10. Describe any on-line access that will be available to the CCHCS including the Contractor's ability to provide cost and utilization data such as but not limited to the following:</p> <ul style="list-style-type: none"> a. Reports showing claim inventory over ten (10) days from date of receipt, by institution and/or Contractor/provider. b. Reports showing high volume claims by institution or Contractor/provider. c. Reports showing post audits of claims reviews. d. Capability to initiate reports for fraud, waste and abuse, and un-bundling checks. e. Capability to generate cost avoidance reports. f. Capability to route individual claims back to CCHCS. g. Report on 1–5 above for all information captured on UB-04 and CMS-1500 claim forms and non-contracted services. h. Generate reports by institution or statewide; by specialty, specialist, and physicians in a group. i. Capability to load contract information and updates accurately within two (2) business days from receipt of contract information. j. Ability to query by demographic, utilization costs and any other reporting element on the claim forms. Please refer to the Bidder's Library, located at http://www.cphcs.ca.gov/project_rfp.aspx for the Data Request Form. k. Claims Edits shall include, at a minimum: <ul style="list-style-type: none"> i. Industry standard claims edits 	<p>20 Points</p>
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<ul style="list-style-type: none"> ii. Pharmaceutical pricing tools iii. Standard Medicare edits iv. NCCI edits v. Bloodhound technologies (or similar) vi. Laboratory and Durable Medical Equipment (DME) edits vii. Edits may be turned off/on, or customized for individual providers <p>Describe your solution and the process in detail that you would establish to address this requirement.</p>	
<p>11. Minimum requirements for initial implementation include the following interfaces:</p> <ul style="list-style-type: none"> a. Daily batch upload of completed claims to CCHCS Accounting. b. Electronic updates of CCHCS contract data. c. Electronic payment file of claims to Business Information System (BIS). d. Electronic audit file to the State Controller’s Office. e. Medi-Cal file created per state submission requirements. <p>In addition to the above, CCHCS may require other interfaces as needed for cost containment purposes after initial implementation.</p> <p>Describe your solution and the process in detail that you would establish to address this requirement.</p>	<p>25 Points</p>
<p>12. The Contractor must capture CCHCS’ unique accounting and costing codes, as well as unique patient identifiers such as medical parolees and DJJ youths.</p> <p>Interface requirements include at a minimum:</p> <ul style="list-style-type: none"> a. Upload of electronic payment of claims to CDCR’s existing and any new Systems, Applications, and Products in Data Processing (SAP) based accounting system (BIS). b. CCHCS will utilize the daily batch upload as source data to 	<p>30 Points</p>

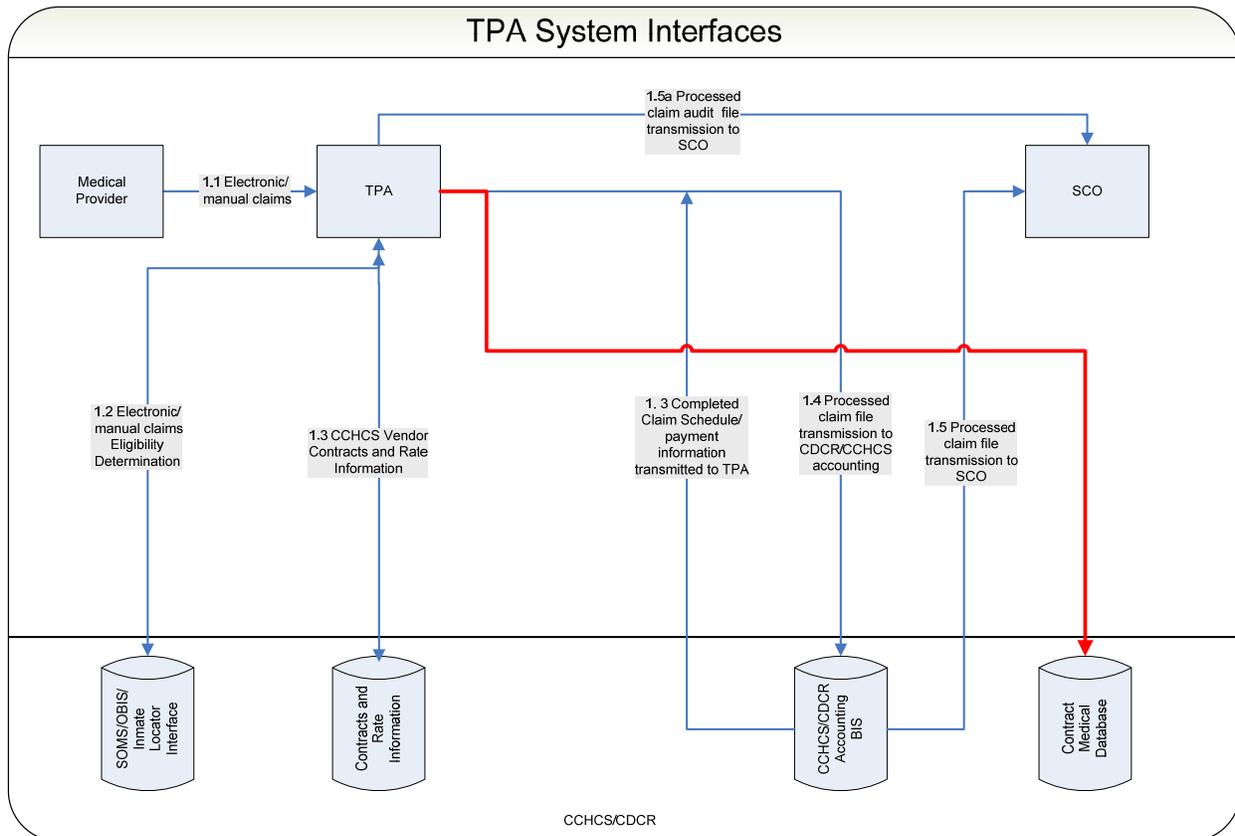
transfer data to internal systems including its Contracts Medical Database (CMD).

c. Any other 837i files necessary.

The technical specifications for the interfaces are contained in the Bidders Library.

Describe your solution and the process in detail that you would establish to address this requirement.

The chart below identifies the interfaces in item 13 above.



13. The Contractor must have a method for responding to CCHCS identified priority requests. The requests may entail delivery to the Contractor by CDCR for same day processing of claims, or may entail locating and priority processing of claims already submitted to Contractor and located at the Contractor site. This entails establishment of a process for rush payment authorization.

Describe your solution and the process in detail that you would establish to address this requirement.

15 Points



<p>14. Provide a contingency method of delivery of scanned records in event of emergency situations or network failure, such as inability to deliver scanned images via SFTP. The contingency plan may entail delivery of electronic records via CD-ROM, or other high density physical media. The media will need to be encrypted and delivered by the Contractor via secure transportation.</p> <p>Describe your solution and the process in detail that you would establish to address this requirement.</p>	<p>5 Points</p>
<p>15. The Contractor will:</p> <ul style="list-style-type: none"> a. Process all healthcare claims as described in this RFP and data supplied in the Bidder's Library. b. Use industry standard coding, including ICD10 compliance. c. Use industry standard edits and audits to adjudicate claims. d. Maintain accounts payable cycle to 25 days or less. e. Manage timely code updates and uploads. f. Provide disaster recovery capability. g. Provide "dashboard" reporting requirements. h. Participate in, and be responsible for reimbursing CCHCS for any costs incurred for claims audit recovery services. i. Utilize industry standard EDI programming for claims processing. j. Provide the following interfaces in the initial implementation: <ul style="list-style-type: none"> i. Provide daily batch upload of completed claims for input to CCHCS CMD and other CCHCS data repositories as needed. ii. Receive electronic updates of CCHCS contract data. iii. Provide electronic audit files of claims to the State Controller's Office. iv. Utilize access to CDCR and/or PID number and location data from CCHCS's data systems in the processing of claims (SOMS/BIS). v. Upload an electronic file for payment of claims to CDCR's SAP-based accounting system. k. Create a web portal for claims data which CCHCS staff can 	<p>25 Points</p>



<p>5. Denials of treatment requests (RFS) must be done by a physician, licensed to practice in the State of California.</p> <p>6. High risk patients or disease categories may be assigned to primary care teams and HQ nursing teams for case management and/or care coordination.</p> <p>7. Completion of the authorization request and submission shall be available electronically, at the point of service, unless otherwise specified by CCHCS.</p> <p>8. Network Providers will have the ability to submit an authorization electronically over a HIPAA secure provider web portal.</p> <p>9. A provider can check the status of an authorization, print an authorization form, or submit an authorization inquiry.</p> <p>10. Network Provider can attach medical records, forms, reports and other documentation files via electronic upload. Alternatively, a provider can fax in these files; these files will convert to an electronic medium and attach directly to the authorization request.</p> <p>11. Inmate Laboratory claims may be exempted from prior authorization requirements as requisitions are initiated electronically by institution staff. For identification purposes, Laboratory claims must be billed with Place of Service Code 81 and diagnosis code V7260.</p> <p>Describe your solution and the process in detail that you would establish to address this requirement.</p>	
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6.5.B Authorization Processing System

The Contractor's PA program must have an automated, customizable, routable prior authorization system which can be utilized by CDCR institutions, Headquarters, community providers and claims administration. The electronic prior authorization system must at the minimum have business rule logic that can perform the following actions:

<p>1. Auto-approve authorizations with medical criteria being specified by the Deputy Medical Executive, UM.</p>	<p>45 Points</p>
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<ol style="list-style-type: none"> 2. Auto-approve authorizations based on pre-defined criteria. 3. Create internal messages to the authorizations to aid the UM user in processing a complex request. 4. Auto-route authorizations to specific roles for faster processing (i.e. ineligible patients, post parole or release to probation, would be automatically routed to the Eligibility role). 5. Ability to prioritize rules in order of importance. 6. If the criteria for multiple rules are satisfied, then each rule will be triggered and a specific action is identified for user to complete. 7. The rules can utilize diverse fields such as Diagnosis Codes, Procedure Codes, Specialty, Place of Service, Providers, and Patient Demographic Information. 8. Ability to develop business rules that require approval by senior management on high cost service items. 9. Telemedicine logic will auto-route potential telemedicine cases from the normal authorization queue into the Telemedicine platform. <p>Describe your solution and the process in detail that you would establish to address these requirements.</p>	
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The system for processing authorizations will have the following capabilities:

<ol style="list-style-type: none"> 10. Pertinent information including: Provider Contracted Status, Patient Information, Diagnosis Codes, Procedure Codes, Authorization Dates and Notes will be displayed in one module. 11. When forwarding to specific roles, the UM user is able to pick a specific reason to forward to that role. As an example, when forwarding to the Chief Medical Executive, a user can choose from a list of reasons on why the user is forwarding to the CME. 12. Pre-made pend templates that will fax/ email directly from the program to the provider's fax number/ email address. 13. Customizable roles and buckets that group similar authorizations into the same work queue for faster processing. Permissions are granted to users based on the role. 	<p>35 Points</p>
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<p>14. Ability to search for an existing authorization with parameters such as Authorization #, Patient Name, Patient ID(CDCR Number or PID), Date, and Provider Federal Tax ID number.</p> <p>15. The PA system will have audit compliant documentation for all process steps that occur during the processing of an authorization request, including:</p> <ul style="list-style-type: none"> a. Auto-stamping a UM user's name, the date and time, and status changes to an authorization. This documentation cannot be deleted or modified. b. Letters and/or faxes need to be sent to all providers involved within 24 hours of an authorization being approved. c. Quality Management processes and protocols that ensure the highest UM quality standards of audit capability to reconcile the authorization requests entered vs. completed authorizations, authorizations in the queue, and incomplete authorizations. d. Report mechanisms on timeliness of utilization management decisions. e. Report mechanisms on utilization trends to detect both underutilization and overutilization of services. f. Audits of turnaround time within the UM office. g. Measure Provider and Contractor satisfaction with the PA program and rendered services annually. The aggregated results are analyzed to identify ways to improve PA programs and processes. <p>Describe the process in detail that you would establish and provide an electronic prior authorization template and description which meets CCHCS requirements.</p>	
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6.5.C Collaboration with CCHCS

The Contractor is required to:

<p>1. When needed, collaborate with CCHCS to mutually establish customizable criteria that must be used for prior authorization services and develop reports as needed to verify that the criteria</p>	<p>20 Points</p>
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7. Selection Process

7.1. Evaluation Committee

An Evaluation Committee (the “Committee”) will review the submitted proposals in accordance with submittal requirements and evaluation criteria and will recommend to CCHCS a short list of firms for further consideration. Upon acceptance of the short list, CCHCS may invite short-listed firms to interview and present their solutions to the Committee.

If CCHCS elects to conduct oral interviews, the entire proposed Key Staff of any short-listed teams must be available to participate in these interviews. The Committee will then make a final evaluation and submit its recommendation to the *Plata* Court’s designee. The *Plata* Court’s designee will make a final determination and authorize negotiations with one or more of the firms that have submitted their qualifications and whose responses are most advantageous to CCHCS.

CCHCS reserves the right to seek clarification of information submitted in response to this RFP and/or request additional information during the evaluation process. The *Plata* Court’s designee retains the discretion to reject the recommendation(s) of the Committee and award the contract(s) to another deemed more qualified, or to no one.

CCHCS intends to enter into the Agreement included with this RFP with the selected Contractor promptly upon selection. **If the Contractor desires any revisions to the Agreement, such revisions must be submitted with the bid. CCHCS retains the discretion to accept or decline revision requests.** Prior to commencing services, the selected Contractor must sign the Agreement and provide proof of insurance, along with any other required documentation. The Agreement incorporates the State's Special Terms and Conditions & Additional Provisions, as well as the General Terms and Conditions, which are required in the contracts with all vendors providing services to the State.

7.2. Evaluation Process

Evaluation will be based on best overall value. Proposals that meet the minimum requirements set forth in this RFP will be considered “responsive.” Responsive proposals will be scored using a three-step method as follows to determine the selected offer.

Step 1: Each response will be scored based on the technical review factors/criteria as outlined in Table 1. The technical review has a maximum score of 968 points. Technical proposals must receive, at a minimum, 825 points to be considered “responsive.” Responses that fail to meet the minimum technical score will be rejected. Only the “responsive” technical proposals will be considered in Step 2.



Step 2: Cost has a possible score of 675 points. The points will be determined according to the criteria specified in Table 2. There are eight (8) cost categories as follows:

1. **Fixed Fee Per Claim.** These are the costs for providing the provider network, third party claims administration and prior authorization services. This is item number 1 on Attachment A. This cost item has a maximum value of 100 points.
2. **Medical Costs.** These are the price guarantees provided in Table D for inpatient, outpatient, professional, ambulance, laboratory, radiology and all other services. The price guarantees will be inserted into Table E to arrive at a percentage over baseline. This percentage over baseline will be converted to a dollar value based on fiscal year 2012/2013 medical expenditures. This cost item has a maximum value of 300 points.
3. **Price Guarantees.** These are the portion of the cost per claim fees in item 1 above that the Contractor is willing to relinquish if the price guarantees in item 2 above are not achieved. This cost item has a maximum value of 100 points.
4. **Performance Guarantees.** These are the portion of the cost per claim fees in item 1 above that the Contractor is willing to relinquish if they do not meet the performance requirements required in Attachment B. Those performance items are as follows:
 - a. **Claims Administration** performance guarantee as required in item 1—Claims Administration in Attachment B. There are two guarantees in this item. This is cost item number 3.a and 3.b in Attachment A. This cost item has a maximum value of 25 points.
 - b. **Provider Network** performance guarantee as required in item 2—Provider Networks in Attachment B. There are two guarantees in this item. This is cost item number 4a and 4b in Attachment A. This cost item has a maximum value of 50 points.
 - c. **Provider Network Implementation** guarantee as required in item 3—Network Implementation in Attachment B. This is cost item number 5 in Attachment A. This cost item has a maximum value of 100 points.

Step 3: The technical and cost proposal scores will be combined for a total score.

The evaluation scoring is described below in Table 1, Technical Proposal and Table 2, Cost Proposal. The maximum total points are 968 for technical and 675 for cost.

Table 1 – Technical Scoring

TABLE 1	
1. Technical Proposal	Maximum Points = 968
Technical Category	Scoring
<p>EXPERIENCE</p> <p>Adequately addressed experience and knowledge in each of these RFP sections:</p> <p>6.1 Minimum Qualification</p> <p>6.2 Company Background</p>	<p>Maximum points = 100</p>
<p>CLEARLY THOROUGHLY STATED APPROACH TO MEETING REQUIREMENTS</p> <p>Clearly described the approach to implementing and meeting the requirements in these RFP sections:</p> <p>6.3 Health Care Provider Network</p> <p>6.4 Third Party Administrator</p> <p>6.5 Prior Authorization</p> <p>6.6 Administrative Services</p> <p>6.7 Fees</p> <p>6.8 Pricing</p> <p>6.11 Deliverables</p>	<p>Maximum points = 868</p> <p>Maximum points for each section:</p> <p>6.3 = 375</p> <p>6.4 = 210</p> <p>6.5 = 150</p> <p>6.6 = 25</p> <p>6.7 = P/F</p> <p>6.8 = 5</p> <p>6.11 = 103</p>
<p>GUARANTEES</p> <p>Clearly stated that Guarantees are included in the cost proposal.</p> <p>6.9 Performance Guarantee</p> <p>6.10 Pricing Guarantee</p>	<p>Maximum points = P/F</p> <p>6.9 = P/F</p> <p>6.10 = P/F</p>
<p>Minimum score of 825 points must be achieved in the Technical scoring to qualify to move to the cost opening and cost scoring.</p>	



Table 3 – Example Scoring Methodology

		Offered Cost				Points Earned				
		Possible Points	Bidder 1	Bidder 2	Bidder 3	Bidder 4	Bidder 1	Bidder 2	Bidder 3	Bidder 4
1. Technical Proposal		968					900	800	875	820
2. Cost Proposal		675					499.7	562.4	624.6	436.8
Fixed Fee per Claim										
Total Fixed Fee per Claim	¹	100	\$11.04	\$12.15	\$12.18	\$13.98	100.0	90.9	90.7	79.0
Administration of Claims	²		\$6.50	\$6.50	\$9.00	\$7.00				
Provider Network Access	³		\$3.95	\$5.00	\$2.50	\$6.00				
Prior Authorization	⁴		\$0.50	\$0.60	\$0.45	\$0.80				
Implementation cost for 5 years	⁵		\$400,000.00	\$230,000.00	\$1,000,000.00	\$800,000.00				
Implementation cost per claim			\$0.09	\$0.05	\$0.23	\$0.18				
Medical Cost										
Table D - Percentage over baseline	⁶	300	22.00%	16.00%	14.00%	29.00%	190.9	262.5	300.0	144.8
Table D - Dollars over baseline	⁷		\$ 55,750,176	\$ 40,545,582	\$ 35,477,385	\$ 73,488,868				
Price Guarantees										
Value of Price Guarantee	⁸	100	5.00%	6.00%	5.25%	7.00%	71.4	85.7	75.0	100.0
Performance Guarantees										
Claims Administration										
Claim Turnaround Time										
Dollars per claim at risk--Claim Turnaround Time	⁹		\$0.30	\$0.28	\$0.35	\$0.20				
Claims processed by CCHCS in 2012/13			885,688	885,688	885,688	885,688				
Value of Claim Turnaround Time		15	\$265,706.4	\$247,992.6	\$309,990.8	\$177,137.6	12.9	12.0	15.0	8.6



Total Processing Accuracy										
Dollars per claim at risk--Total Processing Accuracy	10		\$0.29	\$0.28	\$0.36	\$0.18				
Claims processed by CCHCS in 2012/13			885,688	885,688	885,688	885,688				
Value of Claim Processing Accuracy		10	\$256,849.5	\$247,992.6	\$318,847.7	\$159,423.8	8.1	7.8	10.0	5.0
Provider Network										
Network Change Notification										
Dollars per claim at risk	11		\$ 0.07	\$ 0.12	\$ 0.14	\$ 0.10				
Claims processed by CCHCS in 2012/13			885,688	885,688	885,688	885,688				
Value of Provider Network Change Notification		10	\$61,998.2	\$106,282.6	\$123,996.3	\$88,568.8	5.0	8.6	10.0	7.1
Individual Facility Network Access										
Dollars per claim at risk			\$ 0.10	\$ 0.20	\$ 0.25	\$ 0.35				
Claims processed by CCHCS in 2012/13			885,688	885,688	885,688	885,688				
Value of Individual Facility Network Access		40	\$ 88,568.80	\$ 177,137.60	\$ 221,422.00	\$ 309,990.80	11.4	22.9	28.6	40.0
Provider Network Implementation										
Dollars per claim at risk	12		\$ 0.86	\$ 0.62	\$ 0.82	\$ 0.45				
Claims processed by CCHCS in 2012/13			885,688	885,688	885,688	885,688				



Value of Provider Network Implementation Guarantee	100	\$761,691.7	\$549,126.6	\$726,264.2	\$398,559.6	100.0	72.1	95.3	52.3
Total Points	1643					1,399.7	1,362.4	1,499.6	1,256.8

1 Item 1 from Attachment A plus the allocation of implementation costs

2 Item 1a from Attachment A

3 Item 1b from Attachment A

4 Item 1c from Attachment A

5 Item 1d from Attachment A

6 Table D

7 Percentage over baseline multiplied by the annual medical expenditures

8 Total from Table D, column 8

9Item 3a from Attachment A

10Item 3b from Attachment A

11Item 4 from Attachment A

12Item 5 from Attachment A



Table D – Medical Provider Pricing Guarantees by Institution

Table D Medical Provider Pricing Guarantees By Institution PROVIDERS WITHIN 25 MILES OF THE URBAN INSTITUTIONS OR 50 MILES OF RURAL/REMOTE INSTITUTIONS IF THE GUARANTEES INCLUDE FACILITIES THAT DO NOT MEET THE ABOVE CRITERIA, PLEASE EXPLAIN									
	1	2	3	4	5	6	7	8	10
INSTITUTIONS	AVERAGE INPATIENT % OF MEDICARE	AVERAGE OUTPATIENT % OF MEDICARE	AVERAGE PROFESSIONAL % OF MEDICARE	AVERAGE AMBULANCE % OF MEDICARE	AVERAGE LABORATORY SERVICES % OF MEDICARE	AVERAGE RADIOLOGY SERVICES % OF MEDICARE	ALL OTHER SERVICES % OF MEDICARE	% of FIXED FEES PER CLAIM AT RISK	ARE ANY PROVIDERS OUTSIDE A 25 MILE FOR URBAN OR 50 MILES FOR RURAL/ REMOTE? IF YES, EXPLAIN WHICH ONES AND WHY ON SEPARATE SHEET
Avenal State Prison (ASP) Avenal, CA 93204									
California Correctional Center (CCC) Susanville, CA 96127									
California Correctional Inst. (CCI) Tehachapi, CA 93561									
California Institute For Men (CIM) Chino, CA 91710									



Table D *Medical Provider Pricing Guarantees By Institution*
PROVIDERS WITHIN 25 MILES OF THE URBAN INSTITUTIONS OR 50 MILES OF RURAL/REMOTE INSTITUTIONS
IF THE GUARANTEES INCLUDE FACILITIES THAT DO NOT MEET THE ABOVE CRITERIA, PLEASE EXPLAIN

	1	2	3	4	5	6	7	8	10
INSTITUTIONS	AVERAGE INPATIENT % OF MEDICARE	AVERAGE OUTPATIENT % OF MEDICARE	AVERAGE PROFESSIONAL % OF MEDICARE	AVERAGE AMBULANCE % OF MEDICARE	AVERAGE LABORATORY SERVICES % OF MEDICARE	AVERAGE RADIOLOGY SERVICES % OF MEDICARE	ALL OTHER SERVICES % OF MEDICARE	% of FIXED FEES PER CLAIM AT RISK	ARE ANY PROVIDERS OUTSIDE A 25 MILE FOR URBAN OR 50 MILES FOR RURAL/REMOTE? IF YES, EXPLAIN WHICH ONES AND WHY ON SEPARATE SHEET
California Institute For Women (CIW) Corona, CA 92880									
California Medical Facility (CMF) Vacaville, CA 95687									
California Mens Colony (CMC) San Luis Obispo, CA 93409									
California Rehab Center (CRC) Norco, CA 91760									
California State Prison-Corcoran (COR) Corcoran, CA 93212									



Table D *Medical Provider Pricing Guarantees By Institution*
 PROVIDERS WITHIN 25 MILES OF THE URBAN INSTITUTIONS OR 50 MILES OF RURAL/REMOTE INSTITUTIONS
 IF THE GUARANTEES INCLUDE FACILITIES THAT DO NOT MEET THE ABOVE CRITERIA, PLEASE EXPLAIN

	1	2	3	4	5	6	7	8	10
INSTITUTIONS	AVERAGE INPATIENT % OF MEDICARE	AVERAGE OUTPATIENT % OF MEDICARE	AVERAGE PROFESSIONAL % OF MEDICARE	AVERAGE AMBULANCE % OF MEDICARE	AVERAGE LABORATORY SERVICES % OF MEDICARE	AVERAGE RADIOLOGY SERVICES % OF MEDICARE	ALL OTHER SERVICES % OF MEDICARE	% of FIXED FEES PER CLAIM AT RISK	ARE ANY PROVIDERS OUTSIDE A 25 MILE FOR URBAN OR 50 MILES FOR RURAL/REMOTE? IF YES, EXPLAIN WHICH ONES AND WHY ON SEPARATE SHEET
California State Prison (LAC) Lancaster, CA 93536									
California State Prison-Sacto (SAC) Represa, CA 95671									
California State Prison-San Quentin (SQ) San Quentin, CA 94964									
California State Prison-Solano (SOL) Vacaville, CA 95687									



Table D *Medical Provider Pricing Guarantees By Institution*
 PROVIDERS WITHIN 25 MILES OF THE URBAN INSTITUTIONS OR 50 MILES OF RURAL/REMOTE INSTITUTIONS
 IF THE GUARANTEES INCLUDE FACILITIES THAT DO NOT MEET THE ABOVE CRITERIA, PLEASE EXPLAIN

	1	2	3	4	5	6	7	8	10
INSTITUTIONS	AVERAGE INPATIENT % OF MEDICARE	AVERAGE OUTPATIENT % OF MEDICARE	AVERAGE PROFESSIONAL % OF MEDICARE	AVERAGE AMBULANCE % OF MEDICARE	AVERAGE LABORATORY SERVICES % OF MEDICARE	AVERAGE RADIOLOGY SERVICES % OF MEDICARE	ALL OTHER SERVICES % OF MEDICARE	% of FIXED FEES PER CLAIM AT RISK	ARE ANY PROVIDERS OUTSIDE A 25 MILE FOR URBAN OR 50 MILES FOR RURAL/ REMOTE? IF YES, EXPLAIN WHICH ONES AND WHY ON SEPARATE SHEET
California Substance Abuse Treatment and Prison (SATF) Corcoran, CA 93212									
Calipatria State Prison (CAL) Calipatria, CA 92233									
Centinela State Prison (CEN) Imperial, CA 92251									
Central California Women's Facility (CCWF) Chowchilla, CA 93610									



Table D *Medical Provider Pricing Guarantees By Institution*
PROVIDERS WITHIN 25 MILES OF THE URBAN INSTITUTIONS OR 50 MILES OF RURAL/REMOTE INSTITUTIONS
IF THE GUARANTEES INCLUDE FACILITIES THAT DO NOT MEET THE ABOVE CRITERIA, PLEASE EXPLAIN

	1	2	3	4	5	6	7	8	10
INSTITUTIONS	AVERAGE INPATIENT % OF MEDICARE	AVERAGE OUTPATIENT % OF MEDICARE	AVERAGE PROFESSIONAL % OF MEDICARE	AVERAGE AMBULANCE % OF MEDICARE	AVERAGE LABORATORY SERVICES % OF MEDICARE	AVERAGE RADIOLOGY SERVICES % OF MEDICARE	ALL OTHER SERVICES % OF MEDICARE	% of FIXED FEES PER CLAIM AT RISK	ARE ANY PROVIDERS OUTSIDE A 25 MILE FOR URBAN OR 50 MILES FOR RURAL/REMOTE? IF YES, EXPLAIN WHICH ONES AND WHY ON SEPARATE SHEET
Chuckawalla Valley State Prison (CVSP) Blythe, CA 92225									
Correctional Training Facility (CTF) Soledad, CA 93960									
Deuel Vocational Institution (DVI) Tracy, CA 95376									
Folsom State Prison (FSP) Represa, CA 95671									
High Desert State Prison (HDSP) Susanville, CA 96130									



Table D *Medical Provider Pricing Guarantees By Institution*
PROVIDERS WITHIN 25 MILES OF THE URBAN INSTITUTIONS OR 50 MILES OF RURAL/REMOTE INSTITUTIONS
IF THE GUARANTEES INCLUDE FACILITIES THAT DO NOT MEET THE ABOVE CRITERIA, PLEASE EXPLAIN

	1	2	3	4	5	6	7	8	10
INSTITUTIONS	AVERAGE INPATIENT % OF MEDICARE	AVERAGE OUTPATIENT % OF MEDICARE	AVERAGE PROFESSIONAL % OF MEDICARE	AVERAGE AMBULANCE % OF MEDICARE	AVERAGE LABORATORY SERVICES % OF MEDICARE	AVERAGE RADIOLOGY SERVICES % OF MEDICARE	ALL OTHER SERVICES % OF MEDICARE	% of FIXED FEES PER CLAIM AT RISK	ARE ANY PROVIDERS OUTSIDE A 25 MILE FOR URBAN OR 50 MILES FOR RURAL/REMOTE? IF YES, EXPLAIN WHICH ONES AND WHY ON SEPARATE SHEET
Ironwood State Prison (ISP) Blythe, CA 92225									
Kern Valley State Prison (KVSP) Delano, CA 93215									
Mule Creek State Prison (MCSP) Ione, CA 95640									
North Kern State Prison (NKSP) Delano, CA 93215									
Pleasant Valley State Prison (PVSP) Coalinga, CA 93210									



Table D *Medical Provider Pricing Guarantees By Institution*
PROVIDERS WITHIN 25 MILES OF THE URBAN INSTITUTIONS OR 50 MILES OF RURAL/REMOTE INSTITUTIONS
IF THE GUARANTEES INCLUDE FACILITIES THAT DO NOT MEET THE ABOVE CRITERIA, PLEASE EXPLAIN

	1	2	3	4	5	6	7	8	10
INSTITUTIONS	AVERAGE INPATIENT % OF MEDICARE	AVERAGE OUTPATIENT % OF MEDICARE	AVERAGE PROFESSIONAL % OF MEDICARE	AVERAGE AMBULANCE % OF MEDICARE	AVERAGE LABORATORY SERVICES % OF MEDICARE	AVERAGE RADIOLOGY SERVICES % OF MEDICARE	ALL OTHER SERVICES % OF MEDICARE	% of FIXED FEES PER CLAIM AT RISK	ARE ANY PROVIDERS OUTSIDE A 25 MILE FOR URBAN OR 50 MILES FOR RURAL/REMOTE? IF YES, EXPLAIN WHICH ONES AND WHY ON SEPARATE SHEET
Pelican Bay State Prison (PBSP) Crescent City, CA 95531									
Richard J. Donovan Correctional Facility (RJD) San Diego, CA 92179									
Salinas Valley State Prison (SVSP) Soledad, CA 93960									
Sierra Conservation Center (SCC) Jamestown, CA 95327									



Table D *Medical Provider Pricing Guarantees By Institution*
 PROVIDERS WITHIN 25 MILES OF THE URBAN INSTITUTIONS OR 50 MILES OF RURAL/REMOTE INSTITUTIONS
 IF THE GUARANTEES INCLUDE FACILITIES THAT DO NOT MEET THE ABOVE CRITERIA, PLEASE EXPLAIN

	1	2	3	4	5	6	7	8	10
INSTITUTIONS	AVERAGE INPATIENT % OF MEDICARE	AVERAGE OUTPATIENT % OF MEDICARE	AVERAGE PROFESSIONAL % OF MEDICARE	AVERAGE AMBULANCE % OF MEDICARE	AVERAGE LABORATORY SERVICES % OF MEDICARE	AVERAGE RADIOLOGY SERVICES % OF MEDICARE	ALL OTHER SERVICES % OF MEDICARE	% of FIXED FEES PER CLAIM AT RISK	ARE ANY PROVIDERS OUTSIDE A 25 MILE FOR URBAN OR 50 MILES FOR RURAL/REMOTE? IF YES, EXPLAIN WHICH ONES AND WHY ON SEPARATE SHEET
Valley State Prison (VSP) Chowchilla, CA 93610									
Wasco State Prison Reception Center (WSP) Wasco, CA 93280									
California Health Care Facility (CHCF) Stockton, CA 95215									
Ventura Youth Correctional Facility (VYCF) Camarillo, CA 93010									
NAC, OHC, PINE Stockton, CA 95215									



Table D *Medical Provider Pricing Guarantees By Institution*
 PROVIDERS WITHIN 25 MILES OF THE URBAN INSTITUTIONS OR 50 MILES OF RURAL/REMOTE INSTITUTIONS
 IF THE GUARANTEES INCLUDE FACILITIES THAT DO NOT MEET THE ABOVE CRITERIA, PLEASE EXPLAIN

	1	2	3	4	5	6	7	8	10
INSTITUTIONS	AVERAGE INPATIENT % OF MEDICARE	AVERAGE OUTPATIENT % OF MEDICARE	AVERAGE PROFESSIONAL % OF MEDICARE	AVERAGE AMBULANCE % OF MEDICARE	AVERAGE LABORATORY SERVICES % OF MEDICARE	AVERAGE RADIOLOGY SERVICES % OF MEDICARE	ALL OTHER SERVICES % OF MEDICARE	% of FIXED FEES PER CLAIM AT RISK	ARE ANY PROVIDERS OUTSIDE A 25 MILE FOR URBAN OR 50 MILES FOR RURAL/REMOTE? IF YES, EXPLAIN WHICH ONES AND WHY ON SEPARATE SHEET
California City Correctional Center (CAC) 22844 Virginia Boulevard California City, CA 93505									
HQTR, Medical Parole, Elk Grove 95758									
Percent of Fixed Fee per Claim At Risk for Each Institution									



Table E - Calculation of Medical Expenditures Based on Pricing Guarantees: The Guarantees for each institution and service line listed above in Table D will be weighted as a percentage of individual expenditures to total as shown below. The result will be a computation of pricing which will be a percentage over the 2012/13 baseline expenditures.

Inst. name	Average Inpatient % of Medicare	Inpatient Hospital % to total expense	Average outpatient % of Medicare	Outpatient Hospital % to total expense	Average Ambulance % of Medicare	Ambulance % to total expense	Average Radiology Services % of Medicare	Radiology % to total expense	Average Laboratory Services % of Medicare	Laboratory % to total expense	All Other Services % of Medicare	Other % to total expense	Average Professional % of Medicare	Professional % to total expense	Total % of Medicare	Total % all categories to Grand Total expense	% over Baseline
ASP		1.95%		0.44%		0.19%		0.12%		0.22%		0.01%		0.59%		3.52%	
CCC		0.38%		0.24%		0.03%		0.04%		0.14%		0.07%		0.19%		1.09%	
CCI		0.96%		0.25%		0.08%		0.05%		0.18%		0.05%		0.40%		1.98%	
CIM		3.65%		0.62%		0.14%		0.16%		0.59%		0.13%		0.72%		6.02%	
CIW		0.82%		0.15%		0.08%		0.05%		0.13%		0.03%		0.19%		1.45%	
CMF		4.70%		0.86%		0.29%		0.10%		0.30%		0.01%		0.55%		6.82%	
CMC		1.77%		0.33%		0.08%		0.17%		0.31%		0.01%		0.79%		3.45%	
CRC		0.95%		0.31%		0.06%		0.06%		0.18%		0.02%		0.26%		1.83%	
COR		2.31%		0.32%		0.17%		0.12%		0.14%		0.11%		0.49%		3.66%	
LAC		1.30%		0.30%		0.11%		0.10%		0.27%		0.09%		0.52%		2.70%	
SAC		1.46%		0.34%		0.07%		0.04%		0.13%		0.00%		0.21%		2.23%	
SQ		1.62%		0.99%		0.06%		0.11%		0.36%		0.01%		0.57%		3.71%	
SOL		2.40%		0.99%		0.13%		0.14%		0.26%		0.13%		0.89%		4.94%	
SATF		3.73%		0.79%		0.29%		0.13%		0.21%		0.95%		1.03%		7.13%	
CAL		0.62%		0.38%		0.14%		0.05%		0.11%		0.02%		0.29%		1.61%	
CEN		0.71%		0.25%		0.06%		0.04%		0.09%		0.04%		0.24%		1.42%	
CCWF		0.84%		0.28%		0.06%		0.10%		0.32%		0.22%		0.51%		2.33%	
CVSP		0.57%		0.31%		0.13%		0.04%		0.09%		0.01%		0.23%		1.37%	
CTF		2.30%		0.54%		0.08%		0.11%		0.22%		0.15%		0.53%		3.92%	



Inst. name	Average Inpatient % of Medicare	Inpatient Hospital % to total expense	Average outpatient % of Medicare	Outpatient Hospital % to total expense	Average Ambulance % of Medicare	Ambulance % to total expense	Average Radiology Services % of Medicare	Radiology % to total expense	Average Laboratory Services % of Medicare	Laboratory % to total expense	All Other Services % of Medicare	Other % to total expense	Average Professional % of Medicare	Professional % to total expense	Total % of Medicare	Total % all categories to Grand Total expense	% over Baseline
DVI		1.08%		0.23%		0.03%		0.03%		0.22%		0.01%		0.16%		1.76%	
FSP		0.71%		0.22%		0.03%		0.05%		0.10%		0.01%		0.13%		1.25%	
HDSP		0.39%		0.35%		0.08%		0.04%		0.14%		0.03%		0.21%		1.25%	
ISP		0.65%		0.32%		0.07%		0.06%		0.13%		0.02%		0.39%		1.64%	
KVSP		1.62%		0.28%		0.14%		0.05%		0.14%		0.08%		0.35%		2.65%	
MCSP		1.64%		0.52%		0.08%		0.08%		0.24%		0.02%		0.36%		2.93%	
NKSP		1.40%		0.28%		0.08%		0.08%		0.59%		0.05%		0.49%		2.98%	
PVSP		1.13%		0.25%		0.14%		0.07%		0.14%		0.03%		0.33%		2.08%	
PBSP		0.17%		0.19%		0.06%		0.01%		0.10%		0.00%		0.07%		0.60%	
RJD		2.87%		0.59%		0.11%		0.10%		0.27%		0.01%		0.72%		4.66%	
SVSP		1.99%		0.36%		0.15%		0.08%		0.14%		0.15%		0.37%		3.23%	
SCC		0.52%		0.37%		0.03%		0.05%		0.13%		0.01%		0.15%		1.26%	
VSP		0.53%		0.20%		0.03%		0.05%		0.12%		0.02%		0.32%		1.27%	
WSP		2.03%		0.50%		0.15%		0.11%		0.66%		0.37%		0.72%		4.53%	
CHCF		3.53%		0.22%		0.13%		0.05%		0.16%		0.00%		0.27%		4.37%	
VYCF		0.01%		0.01%		0.00%		0.00%		0.01%		0.00%		0.02%		0.05%	
NAC, OHC, PINE		0.04%		0.04%		0.00%		0.02%		0.01%		0.00%		0.03%		0.14%	
CAC		0.01%		0.01%		0.01%		0.00%		0.01%		0.00%		0.00%		0.04%	
HQTR		2.30%		0.00%		0.03%		0.00%		0.00%		0.00%		0.07%		2.39%	
Total		55.64%		13.61%		3.63%		2.66%		7.56%		2.82%		14.08%		100.00%	

CAC and CHCF %'s calculated on FY 13/14 data.



8.3. Public Opening

There will be NO public opening of the Draft Proposal or Final Proposal. However, after a contract is awarded all Proposals may be available for public review. CCHCS makes no guarantee that any or all of the Proposals will be kept confidential, even if the Proposal is marked “confidential,” “proprietary,” etc.

8.4. General Rules

1. Bidders must include a Cost Proposal that meets the requirements stated in Section 8.8. However, if an alternative approach is preferred by the submitting vendor, separate cost sheets that fully describe the approach and all associated costs may also be supplied. CCHCS may at its discretion consider such alternative proposals. Any proposal that does not provide a transaction based cost model meeting RFP requirements is subject to disqualification.
2. Final Proposals received after the deadline will not be considered.
3. This is an RFP, not a work order; all costs associated with a response to this RFP or negotiating a contract shall be borne by Bidder.
4. CCHCS’ failure to address errors or omissions in the proposals shall not constitute a waiver of any requirement of this RFP.

8.5. Reservation of Rights

CCHCS reserves the right to do the following at any time, at CCHCS’ discretion:

1. Reject any and all proposals, or cancel this RFP.
2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any proposal.
3. Request that certain or all candidates supplement or modify all or certain aspects of their respective proposals or other materials submitted.
4. Procure any services specified in this RFP by other means.
5. Modify the specifications or requirements for services in this RFP, or the required contents or format of the proposals prior to the due date.



6. Extend the deadlines specified in this RFP, including the deadline for accepting proposals.
7. Negotiate with any or none of the bidders.
8. Terminate negotiations with a bidder without liability, and negotiate with other bidders.
9. Award a contract to any bidder.

8.6. Addenda

For questions regarding this RFP's timeline refer to Section 8, 8.1. Key Action Dates for submittal deadlines.

Questions will be responded to in an addendum and posted to the website. Any necessary information not included in this RFP that is deemed necessary and relevant to responding to the RFP will also be issued in an addendum(s). CCHCS makes no guarantee that all questions submitted will be answered.

8.7. Bidder's Conference and Facility Tour

An Addendum will be posted providing the place, time, and other details for attending the Bidder's Conference. The Addendum can be found on the CCHCS website at: http://www.cphcs.ca.gov/project_rfp.aspx. Attendance is highly recommended; issues that involve complexity of need, organizational culture, and technical constraints will be addressed to assist all vendors in better understanding the requirements of the RFP. In addition, a facility tour for all bidders will also be announced via an Addendum.

8.8. Proposal Format

Proposals should be clear, concise, complete, well organized, and demonstrate the Bidder's qualifications. Eleven (11) bound copies of the Proposal shall be provided. One copy of the Proposal will contain original signatures and marked ORIGINAL ROPOSAL. The other 10 copies of the Proposal must be numbered from 1 to 10. The Proposal should be bound into books of 8-1/2" x 11" format.

The Proposal will also be submitted in electronic (pdf) format on CD, and organized in the same manner as the printed submission.

The Cost Proposal shall be placed in a sealed envelope with the submitting firm's name and the words "Cost Proposal" on the outside of the envelope. The cost



Proposal must be signed across the seal and then taped. Place the sealed envelope containing the Cost Proposal in the same package containing the Technical Proposal.

All bidders are requested to follow the order and format specified in the Cost and Technical Proposal sections 8.8.A. and 8.8.B. Please tab each section of the submittal to correspond to the numbers/ headers listed in these sections.

Bidders are advised to adhere to submittal requirements. Failure to comply with the instructions of this RFP may be cause for rejection of submittals.

CCHCS reserves the right to waive any informality in any submittal and/or to reject any or all submittals. CCHCS reserves the right to seek clarification of information submitted in response to this RFP during the evaluation and selection process. The Committee may solicit relevant information concerning the firm's record of past performance from previous clients or consultants who have worked with the bidder.

8.8.A Cost Proposal Contents

1. **Attachment A - Fee Per Claim Cost Summary.**
 - a. The Cost Proposal shall include all capital costs and implementation costs.
 - b. Cost Proposal shall include a table showing the breakout of fees.
2. Table D- Guarantees by Institution
3. If applicable, alternative Table D'(s)
4. Attachment B- Performance Guarantees

8.8.B Technical Proposal Contents

The Technical Proposal must include the following items:

1. Cover Letter

A cover letter signed by an officer of the firm submitting the Proposal, or signed by another person with authority to act on behalf of and bind the Bidder. The cover letter must contain a commitment to provide the required services described with the personnel specified in the submission. The letter should certify that the



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

Inmate Population Reports

Non-Disclosure Agreement

Scope of Work of Laboratory Director

* Available upon submission of signed non-disclosure agreement



4. Basic medical supplies
5. Basic diagnostic services, such as laboratory, radiological and X-Ray;
6. Mental Health Treatment (Emergency Care Services – which means medically necessary crisis intervention for situational crisis or acute episodes of mental illness; and
7. Mental Health Treatment for Non-Emergency Care Services when treating team determines services are needed.

G. Radiology Services (X-Ray, Ultrasound, Mammography, CT, MRI, and PETS)

1. Statewide Off-site Community Services;
2. Statewide Mobile Services for X-Ray, Ultrasound, Mammography, CT, MRI, and PETS at institutions/facilities;
3. Statewide Radiology and Imaging Read and Interprets; and
4. Radiation Safety Officers.

H. Laboratory Services

1. STAT Testing
2. Routine Testing
3. Infectious Disease Testing
4. Equipment/Supplies
 - a. Dry Ice Containers
 - b. Basic Laboratory Supplies
 - c. Packaging Materials
 - d. Labels
 - e. Printers
 - f. Label Makers
 - g. Dual-Sleeved Transport Bags
 - h. Locked Containers
5. Web Portal Access
 - a. Electronic Ordering
 - b. Electronic Results Access
 - c. Electronic Access to Reports and Printing
6. Courier Services
 - a. 24 hours
 - b. 7 days a week
7. Laboratory Directorship Services – refer to Bidders Library for Scope of Work.

I. Skilled Nursing Facility Services

1. Full Twenty-four (24) hour access to Bed and Board
2. Semi-private room
3. Meals

