



REQUEST FOR PROPOSAL

NCQA Certified HEDIS[®] Auditor

RFP #24-001

Proposal Issued Date: February 12, 2024

Proposal Due Date: March 11, 2024, at 3:00pm EST

All questions regarding this RFP shall be submitted to:

admcontracts@alliancehealthplan.org

Pursuant to General Statutes of North Carolina, Section 143 Article 3 and 8, subject to the conditions and specifications herein, Vendors are invited to submit proposals.

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1.0 BACKGROUND

Alliance Health was founded in 2012 and operates as the managed care organization, or MCO, for public behavioral healthcare for the citizens of Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange and Wake counties in North Carolina. Members of the Alliance Health Plan are insured by Medicaid or are uninsured. Although we do not directly provide services, our job is to ensure that individuals seeking help receive the quality services and supports they are eligible for to help them achieve their goals and live as independently as possible. To do this, we work alongside a diverse network of over 2000 private behavioral healthcare providers. Alliance Health is a political subdivision of the State of North Carolina.

2.0 PURPOSE

To obtain a NCQA certified HEDIS® Auditor to conduct HEDIS® Compliance Audit™ for Alliance Health. The NCQA HEDIS® Compliance Audit™ indicates whether an organization has capabilities for processing medical, member and provider information as a foundation for accurate and automated performance measurement, including HEDIS® reporting. The audit addresses an organization's:

- Information practices and control procedures.
- Sampling methods and procedures.
- Data integrity.
- Compliance with HEDIS® specifications.
- Analytic file production.
- Reporting and documentation.

3.0 RFP TENTATIVE TIMELINE

Advertisement for Proposals	2/12/2024
Vendor Questions Due	2/26/2024
Questions/Answers Posted As an addendum at the following website https://www.alliancehealthplan.org/about/rfps/	3/4/2024
Proposals Due Submit proposals to: admcontracts@alliancehealthplan.org	3/11/2024
Evaluations of Proposals Vendor demonstrations may be requested	3/12/2024
Tentative Award Announcement	4/1/2024
Anticipated Contract Start Date	4/15/2024

4.0 PROPOSAL QUESTIONS

Any Vendor requiring clarification for any section of this RFP, wishing to comment, take exception or provide deviations to any functionality requirements or other portion of the RFP shall submit specific questions in writing. See the tentative timeline above for email to submit questions and when Vendor questions are due. Any **exception or deviation** to the RFP or to any provision of the RFP that is not raised in writing on or before the last day of the question period is hereby waived.

Every effort will be made to have responses to questions posted on the Alliance website:

<https://www.alliancehealthplan.org/about/rfps/> in the form of an addendum, See the tentative timeline above for questions/answers posted (as an addendum).

5.0 PROPOSAL SUBMITTAL/CONTENTS

Proposal Submittal

By submitting a proposal, Vendors acknowledge that Alliance reserves the right to reconsider any proposals at any phase of this procurement process. Alliance also reserves the right to meet with select Vendors at any time to gather additional information.

Alliance will not be held responsible for the failure of any delivery service to deliver a proposal response. It is solely the Vendor's responsibility to: (1) ascertain that they have all required and necessary information, documents, and addenda, prior to submitting a response; (2) ensure that the response is received at the correct address on or prior to the date and time listed in **Section 3.0**. Late responses, regardless of delivery means, will not be accepted. Submittals received by email, telephone, or facsimile will not be accepted. (3) Alliance Health reserves the right to reject any and all submittals or any portions thereof.

Alliance reserves the right to cancel, issue addenda or modify this RFP to correct any errors or to clarify requirements. Alliance will post all communication regarding this RFP on its website <https://www.alliancehealthplan.org/about/rfps/>. Any changes, amendments, or clarifications will be made in the form of written responses to Vendor questions, amendments, or addenda issued by Alliance on its website. Vendors shall check the website frequently for notice of matters affecting the RFP.

Proposal Contents

1. Vendors interested in being considered for providing the specified software and services shall submit the Proposals to the email address in the tentative timeline **Section 3.0**.
2. **Responses shall be labeled in the Introductory Letter as: RFP# 24-001 NCQA Certified HEDIS® Auditor.**
3. **The email subject line of each proposal submission shall include the following: *Name of Firm Bidding*: RFP# 24-001 NCQA Certified HEDIS® Auditor.**

Note: The Vendor may need to submit multiple emails based on the size of its proposal response. If submitting multiple emails...please add X of XX in each email subject line to ensure we have received all of them (e.g., 1 of 5, 2 of 5...5 of 5).

4. When responding to this RFP, follow all instructions carefully. Proposals shall address all the questions and requirements of the RFP in the order and format specified in **Section 12.0**. It is

the Vendor's responsibility to ensure its Proposal is submitted in a manner that enables the Alliance to easily locate all technical response tabs for each requirement of this RFP.

5. The Vendor shall submit a response that includes all the items listed in **Section 10.0, 12.0 and 13.0** with its proposal response.
6. If the Vendor is providing attachments, it is important to specify the associated Section and Tab number directly on the attachment.
7. The Vendor shall submit the proposal response electronically to admcontracts@alliancehealthplan.org

6.0 METHOD OF AWARD

Alliance reserves the right to award a single Vendor that submits the best value overall proposal as determined by Alliance based on the evaluation criteria included in the Request for Proposals **Section 9.0**. Price shall be considered but shall not be the sole determining factor.

Once the proposals are ranked and the most qualified Vendors are determined, Alliance may conduct further negotiations, and request oral presentation/demonstration from the Vendor to further assist in the clarification of information and selection process. Per Chapter 143, Section 129.8 of the North Carolina General Statutes (hereinafter G.S.) Negotiations allowed under this section shall not alter the contract beyond the scope of the original request for proposals in a manner that: (i) deprives the Vendors or potential Vendors of a fair opportunity to compete for the contract; and (ii) would have resulted in the award of the contract to a different person or entity if the alterations had been included in the request for proposals. Proposals submitted under this section shall not be subject to public inspection until a contract is awarded.

7.0 CONFIDENTIALITY/PUBLIC RECORDS

Alliance Health is a political subdivision of the State of North Carolina, pursuant to G.S. 122C-166(a); therefore, Alliance is subject to the NC Public Records Act, G.S. Chapter 132.

Responses to the RFP are subject to applicable Public Records Act provisions. If a Vendor would like to maintain the confidentiality of its RFP submission to Alliance, it shall comply with G.S. 132-1.2: Confidential information subsection (1), which reads in pertinent part:

(1) Meets all the following conditions:

- a. Constitutes a "trade secret" as defined in G.S. 66-152(3).
- b. Is the property of a private "person" as defined in G.S. 66-152(2).
- c. Is disclosed or furnished to the public agency in connection with the owner's performance of a public contract or in connection with a bid, application, proposal, industrial development project, or in compliance with laws, regulations, rules, or ordinances of the United States, the State, or political subdivisions of the State.
- d. Is designated or indicated as "confidential" or as a "trade secret" at the time of its initial disclosure to the public agency.

8.0 PROPOSAL EVALUATION PROCESS

Proposals will be examined promptly by Alliance staff after the bid opening date and an award may be made at the earliest possible date thereafter. Proposals may be withdrawn by written notice.

9.0 PROPOSAL EVALUATION CRITERIA

Alliance will evaluate proposals based on the following not listed in order of importance:

RFP Technical Approach	Section in RFP Technical Approach
1. NCQA Certified	Section: Tab 4
2. Familiarity with the requirements for new HEDIS® Program/Audit for submissions to NCQA	Section: Tab 5
3. Ensure accurate, reliable data	Section: Tab 1
4. Designated Project Manager	Section: Tab 3, Tab 6
5.	Section:
6.	Section:

Alliance will require finalists (based on ranking) to conduct a software demonstration of their proposed product or service along with all proposed third-party product(s) components. The head of the evaluation committee will schedule requested demonstration(s). The software demonstration shall be conducted by representatives of the Vendor. The software demonstration of any other proposed third-party application software solution components, where the software Vendor is not the Vendor, may be conducted by representatives of the software Vendor of that software component, under the direction of the Vendor. The Vendor shall demonstrate all the requirements identified. The Vendor shall allow ample time for Alliance staff to ask specific questions and requests of staff to demonstrate specific functionality during the demonstration.

Alliance will provide a meeting room with Internet access. All other resources required for the software demonstration shall be the responsibility of the Vendor. Vendor shall confirm in writing any substantive oral clarification of, or change in, their proposal made in the course of discussions during the software demonstration and validation workshop. Any such written clarification or change shall become part of the Vendors' proposal.

10.0 REQUIREMENTS

10.1 Conflict of Interest

In the event a Conflict of Interest arises, the awarded Vendor shall immediately disclose the conflict to Alliance. Alliance may, at its discretion, terminate the agreement if it finds that a Conflict of Interest exists and poses a material conflict to and with the performance of the Vendor's obligations.

10.2 Personnel

The Vendor shall not re-assign or subcontract duties, rights, or interests unless Alliance provides written consent.

11.0 PRODUCT FUNCTIONALITY

12.0 TECHNICAL APPROACH

The Technical Approach shall address all items specified in the RFP under the following TABS listed below. Mark all exhibits, attachments, or supplements with corresponding TAB number.

Proposals shall include all the information set forth and shall be organized and submitted as indicated below, responding to all information requested.

TAB 1: Introductory Letter and Executive Summary

Provide an informative, narrative Introductory Letter highlighting your agency's capabilities and services, and additional information as noted here. Identify the number of personnel by department (support, development, training, sales, and administration). If outside services are an integral part of the operation (e.g., contract programmers/consultants), describe their typical responsibilities and if they are outsourced outside of the United States. Include any office locations in the state of North Carolina, this is especially important relating to any support services.

Submit any organization information, such as awards received, and/or minority business information/status.

Submit a brief statement of history including ownership, mergers/acquisitions, business partnerships, and other significant business events. Vendors shall also identify the approximate date of initiation of their Accounting Software solution implementation and support business.

TAB 2: Financial Performance

The Vendor hereby certifies that:

1. The Vendor is in sound financial condition and, if applicable, has received an unqualified audit opinion for the latest audit of its financial statements.

Date of latest audit (MM/DD/YY): _____

2. The Vendor has no outstanding liabilities, including tax and judgment liens, to the Internal Revenue Service or any other government entity.
3. The Vendor is current in all amounts due for payments of federal and state taxes and required employment-related contributions and withholdings.
4. The Vendor is not the subject of any current litigation or findings of noncompliance under federal or state law.
5. The Vendor has not been the subject of any past or current litigation, findings in any past litigation, or findings of noncompliance under federal or state law that may impact in any way its ability to fulfill the requirements of this RFP.
6. The person listed is authorized to make the foregoing statements on behalf of the Vendor.

Note: This is a continuing certification and Vendor shall notify Alliance within ten (10) business days of any material change to any of the representations made. The Vendor certifies the statements above by submitting a response to this proposal.

TAB 3: Qualifications, Experience and References

Qualifications and Experience

Identify the Project Manager and key personnel to be assigned to the project. Describe the experience level of the Project Manager and all Lead Functional consultants. All key personnel staff identified in the Proposals shall be available for the project at the start of the project and any change in staffing will be discussed with and approved by Alliance prior to the implementation of any staff changes. Alliance reserves the right to approve all personnel working on Alliance projects.

References

Include three (3) references from companies similar to the services requested herein over the last three (3) years.

The references shall include company name, project contact name, email address, telephone number and contract start and end date. If the contract is ongoing include the start date and add ongoing (e.g. MM/DD/YYYY-ongoing) as formatted below.

Company Name	Project Contact Name	Email Address	Telephone Number	Dates Contracted By Company (MM/DD/YY contract end date if applicable)

TAB 4: NCQA CERTIFICATION

Include proof of NCQA Certification.

TAB 5: HEDIS® EXPERIENCE

Identify experience with Health Plans that have initiated a new HEDIS® Program/Audit.

Provide an informative narrative of previous experience with Health Plans that have initiated a new HEDIS® Program/Audit.

TAB 6: Contract Administration

Project Manager – Customer Service

The awarded Vendor shall designate and make available to Alliance Health a project manager. The project manager shall be Alliance Health's point of contact for contract-related issues and issues concerning performance, progress review, scheduling, and service.

Status Reports

The Vendor shall provide Status Reports to the Alliance Contract Administrator for this project as requested and agreed by the Vendor and Alliance Health. This report shall include, at a minimum, information concerning:

1. The work accomplished during the reporting period.
2. Work to be accomplished during the subsequent reporting period.
3. Problems, real or anticipated, and notification of any significant deviation from previously agreed upon work plans and schedules.

These reports shall be well organized and easy to read. The Vendor shall submit these reports electronically using Microsoft Excel and as needed, either Microsoft PowerPoint or Microsoft Word.

The Vendor shall submit the reports in a timely manner and on a regular schedule as agreed by the Vendor and Alliance Health.

Within 10 (ten) business days of the award of the Contract the Vendor shall submit a final work plan and sample report(s), to the designated Alliance Contract Administrator for approval.

13.0 ATTACHMENTS

Attachment A: Non-Collusion Affidavit

Attachment B: Affidavit of Compliance (E-Verify)

Attachment C: No Bid Reply Form

Attachment D: Addendum Acknowledgement, if any addenda are issued



**Non-Collusion Affidavit
STATE OF NORTH CAROLINA**

_____, being first duly sworn, deposes and says that:

1. He/She is the _____ of _____, the Bidder that has submitted the attached bid;
2. He/She is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
3. Such bid is genuine and is not a **collusive** or **sham** bid;
4. Neither the said Bidder nor any of its officers, partners, owners agents, representatives, employees, parties of interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder, firm or person to submit a **collusive** or **sham** bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person to fix the price or prices in the attached bid or of any other Bidder, or to fix any overhead, profit or cost element of the bid price of any other Bidder or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against Alliance Health or any person interested in the proposed contract; and
5. The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

TITLE

Subscribed and sworn before me,
This _____ day of _____, 20____.

(SEAL)

Notary Public
My Commission Expires _____



Affidavit of Compliance (E-Verify)

STATE OF NORTH CAROLINA AFFIDAVIT OF COMPLIANCE with N.C. E-Verify Statutes

I, _____ (hereinafter the "Affiant"), being duly authorized by and on behalf of _____ (hereinafter "Contractor") after first being duly sworn hereby swears or affirms as follows:

1. Contractor understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with Article 2 of Chapter 64 of the North Carolina General Statutes; and
2. Contractor understands that an "Employer", as defined in NCGS§64-25(4), is required by law to use E-Verify to verify the work authorization of its employees through E-Verify in accordance with NCGS§64-26(a). The term "Employer" does not include State agencies, counties, municipalities, or other governmental bodies.
3. Contractor is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in the state of North Carolina. (Mark Yes or No)
 - a. Yes _____
 - b. No _____
4. Contractor will ensure compliance with E-Verify to the extent applicable and will ensure compliance by any subcontractors subsequently hired by Contractor to perform work under Contractor's contract with Alliance.

This ____ day of _____, 20____.

Signature of Affiant

Print or Type Name: _____

State of _____

County of _____

Signed and sworn to (or affirmed) before me, this the ____ day of _____, 20____.

My Commission Expires: _____

Notary Public

(Affix Official/Notarial Seal)



NO BID REPLY FORM

**PROPOSAL TO:
ALLIANCE HEALTH**

**RFP#
RFP Title:**

To assist us in obtaining good competition on our Invitation for Bids, we ask that each firm that has received an invitation but does not wish to submit a Bid, state their reason(s) below and return to this office. This information will not preclude receipt of future invitations unless you request removal from the Bidders' List by so indicating below, or do not return this form or bona fide bid. Check the applicable boxes.

Unfortunately, we must offer a "No Bid" at this time because:

- ☐ 1. We do not wish to participate in the bid process.
- ☐ 2. We do not wish to submit a bid under the terms and conditions of the Bid document. Our objections are:

- ☐ 3. We do not feel we can be competitive.
- ☐ 4. We cannot submit a Bid because of the marketing or franchising policies of the manufacturing company.
- ☐ 5. We do not wish to sell to the Alliance. Our objections are: _____

- ☐ 6. We do not sell the items/services on which bids are requested.
- ☐ 7. Other: _____

FIRM NAME

DATE

SIGNATURE

PHONE

- ☐ We wish to remain on the Bidders' List.
- ☐ We wish to be deleted from the Bidders' List.



**Addendum Acknowledgement
(Used if any addendums are issued)**

**ADDENDUM ACKNOWLEDGEMENT
BID NO. RFP#**

Receipt of the following Addendum is acknowledged:

Addendum Number 1	Date _____
Addendum Number 2	Date _____
Addendum Number 3	Date _____

Name of Firm: _____

Signature: _____

Date: _____