REQUEST FOR PROPOSAL

Accounting Enterprise Resource Planning Implementation Partner

RFP #21-001

Proposal Issued Date: August 5, 2020

Proposal Due Date: August 24, 2020 at 3:00 PM, ET

All questions regarding this RFP shall be submitted to:
admcontracts@alliancehealthplan.org
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1.0 BACKGROUND
Alliance Health (hereafter referred to simply as “Alliance”) is the managed care organization for publicly-funded behavioral healthcare services for the people of Durham, Wake, Cumberland and Johnston counties in central North Carolina. Alliance works with a network of over 2,300 private providers to serve the needs of approximately 470,000 Medicaid-eligible and uninsured individuals within a total population of 1.8 million.

Alliance began the process of finding a new ERP solution that could help manage the companies’ goals, empower users, and accommodate the complexities of Alliance, including the management of grants. In August 2020, Alliance awarded a contract to implement Sage Intacct.

2.0 PROJECT OVERVIEW AND GOALS
Alliance is seeking competitive proposals for an implementation partner to assist with the implementation of a new ERP system, Sage Intacct. Alliance is implementing several modules in Sage including, but not limited to, General Ledger, Fixed Assets, Accounts Payable, Purchasing, Cash Management, Reporting and Dashboards and Grant Management. In addition, Alliance will be implementing additional add-on features and products from their Market Place Partners. Implementation is expected to begin in October 2020. See appendix A for additional detail.

The goals of this project are to:

- Select an implementation partner that has experience with all aspects of implementing Sage Intacct including, but not limited to:
  - migration of data from the prior ERP system Microsoft Dynamics GP 2015,
  - implementing API’s,
  - creation of reports and dashboards,
  - workflow set up,
  - implementing dimensions,
  - integrating third party software
  - converting from a chart of accounts system to a dimension system

- Select an implementation partner that will gain an understanding of our current processes, needs, and goals to provide best practice recommendations and available options.

- Select an implementation partner that can make recommendations leveraging the software features to gain efficiencies in our current business processes.
3.0 RFP TENTATIVE TIMELINE

<table>
<thead>
<tr>
<th><strong>Advertisement for Proposals</strong></th>
<th><strong>August 5, 2020</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proposals Due – submit proposals to:</strong></td>
<td><strong>August 24, 2020 by 3:00 pm</strong></td>
</tr>
<tr>
<td><a href="mailto:admcontracts@alliancehealthplan.org">admcontracts@alliancehealthplan.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation of Proposals</strong></td>
<td><strong>TBD</strong></td>
</tr>
<tr>
<td><strong>Tentative Award Announcement</strong></td>
<td><strong>TBD</strong></td>
</tr>
<tr>
<td><strong>Anticipated Contract Start Date</strong></td>
<td><strong>October 1, 2020</strong></td>
</tr>
</tbody>
</table>

4.0 PROPOSAL EVALUATION PROCESS AND AWARD

Proposals will be examined by Alliance staff after the proposal due date. Alliance will request finalists conduct a presentation of their proposed service along with all proposed components. The Alliance Health Project Manager assigned to the project will schedule all requested presentations. The meeting will be held virtually due to COVID-19.

Alliance reserves the right to award to a single vendor that submits the best value overall proposal as determined by Alliance on the basis of the proposal evaluation criteria included in Section 5.0.

An award may be made at the earliest possible date thereafter. All responding vendors will be notified of the award decision.

5.0 PROPOSAL EVALUATION CRITERIA AND REQUIREMENTS

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

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Proposal Contents Tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Qualifications and Experience of Key Personnel and References</td>
<td>SECTION 6 - TAB 3</td>
</tr>
<tr>
<td>2. Implementation Process</td>
<td>SECTION 6 - TAB 4</td>
</tr>
<tr>
<td>3. Pricing</td>
<td>SECTION 6 - TAB 5</td>
</tr>
</tbody>
</table>

Vendors interested in being considered for providing the specified services shall submit the proposal response electronically to admcontracts@alliancehealthplan.org by the required due date, including the following:

- Responses shall be labeled in the Introductory Letter as: RFP# 21-001 ACCOUNTING ERP IMPLEMENTATION PARTNER.
- The vendor shall submit a response that includes all of the items listed in Section 6.0.
• If the vendor is providing attachments, it is important to specify the associated Tab number directly on the attachment.

6.0 PROPOSAL CONTENTS

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 of Key Personnel 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, including the industries or type of companies they work with. 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 implementing 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 in this proposal 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.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Project Contact Name</th>
<th>Email Address</th>
<th>Telephone Number</th>
<th>Dates Contracted By Company (MM/DD/YY contract end date if applicable)</th>
</tr>
</thead>
</table>

TAB 4: Implementation Process

Please respond to the following questions.

1. Describe your implementation process.
2. What is the typical timeline for an implementation?
3. What resources does your company provide, such as developed tools for automating or simplifying the implementation?
4. What resources, such as personnel and time commitment, will you need from Alliance?
5. How do you assist with the training of Alliance staff?
6. Please describe any continued support options after implementation.

TAB 5: Cost

1. Vendor shall provide their cost model. Please indicate how many hours are anticipated and the rate charged.
2. Describe the invoicing procedures, fees, payment terms and any payment discounts, particularly for government entities.
7.0 PROPOSAL SUBMITTAL, ACKNOWLEDGMENT AND CONFLICTS OF INTEREST

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 email 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 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-alliance/rfps-rfis-qas/. 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.

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.

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

8.0 CONFIDENTIALITY/PUBLIC RECORDS

Alliance Health is a political subdivision of the State of North Carolina, pursuant to NC General Statute section 122C-166(a); therefore, Alliance is subject to the NC Public Records Act, NC General Statute 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 NC General Statute 132-1.2: Confidential information subsection (1), which reads in pertinent part:

(1) Meets all of 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.
9.0 ATTACHMENTS
   Attachment A: Non-Collusion Affidavit
   Attachment B: Alliance Vendor Set-up Form
## Appendix A

### Types/Number of Users

<table>
<thead>
<tr>
<th>Types/Number of Users</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchasing</td>
<td>2</td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>6</td>
</tr>
<tr>
<td>Accountants</td>
<td>10</td>
</tr>
<tr>
<td>Information Technology</td>
<td>2</td>
</tr>
<tr>
<td>Executive</td>
<td>2</td>
</tr>
<tr>
<td>Non-Business User</td>
<td>50+</td>
</tr>
</tbody>
</table>

### Transaction Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Accounts Payable Transactions per year</td>
<td>108,000</td>
</tr>
<tr>
<td>Number of General Ledger Transactions per year</td>
<td>700</td>
</tr>
<tr>
<td>Number of Cash Transactions per year</td>
<td>550</td>
</tr>
<tr>
<td>Number of Purchase Orders per year</td>
<td>900</td>
</tr>
</tbody>
</table>

### Other Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Bank Accounts</td>
<td>7</td>
</tr>
<tr>
<td>Number of Accounts Payable Accounts</td>
<td>12</td>
</tr>
<tr>
<td>Number of Vendors</td>
<td>4,100</td>
</tr>
<tr>
<td>Number of Active Accounts</td>
<td>2,800</td>
</tr>
<tr>
<td>Number of Companies in Alliance</td>
<td>1</td>
</tr>
<tr>
<td>Number of Grants/Allocations</td>
<td>80+</td>
</tr>
</tbody>
</table>