



Neighborhood Health Plan of Rhode Island

Request for Proposal – Vendor for Initial Validation Audit for Marketplace Plans

March 2015

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GENERAL INFORMATION:

Request for Proposal (RFP)

Notice is hereby given that Neighborhood Health Plan of Rhode Island (Neighborhood) will accept proposals for an Initial Audit for Marketplace Plans from qualified vendors. Proposals must be submitted in electronic format and are due by 5:00pm EST on April 8, 2015 to vendormanagement@nhpri.org.

All questions and requests for clarification should be submitted by email to the Vendor Management Department at vendormanagement@nhpri.org no later than 5pm EST on March 30, 2015.

You are invited to submit your Proposal for Initial Validation Audit for Marketplace Plans based on the information contained in this document. We are looking for HHS certified vendors to do the following:

- Perform the Initial Validation Audits for the years 2015-2017 in accordance with the requirements set forth by the Department of Health and Human Services (45 CFR 153 - <http://cfr.regstoday.com/45CFR153.aspx>).

Please note that:

- Neighborhood is a single legal entity offering qualified health plans on the HealthSourceRI exchange. No off exchange products are offered.
- Due to membership volume, the IVA process will review 100 members in 2015 and 200 members in 2016 and 2017.
- In your quote, please provide a separate price for the extraction of medical records. Note that Neighborhood has a strong internal HEDIS program and may elect to use our team members to perform this function for the IVA process.

Neighborhood reserves the right to accept or reject any or all proposals and to waive formalities and select the service provider that best meets the needs of Neighborhood and its employees. Neighborhood's objective is to select a service provider who will provide the best possible services at the best possible cost while meeting the Request for Proposal specifications. Neighborhood is not obligated to award the contract based on cost alone.

During the evaluation process, Neighborhood reserves the right, where it may serve Neighborhood's best interest, to request additional information or clarifications from vendors, or to allow corrections of errors or omissions. At the discretion of Neighborhood, firms submitting proposals may be requested to provide a demonstration and make oral presentations as part of the evaluation process.

Neighborhood reserves the sole right to evaluate the qualifications submitted, waive any irregularities, reject any respondent's proposal and select the first that in, its judgment will provide the most satisfactory service.

NEIGHBORHOOD DESCRIPTION:

Neighborhood Health Plan of Rhode Island (Neighborhood) Background

Neighborhood was formed by Rhode Island's community health centers (CHCs) in December 1993, and since that time has continuously operated as a risk-bearing, not-for-profit Medicaid managed care organization in the state. In partnership with the CHCs and the state, our mission is to deliver accessible, affordable and excellent care for all.

Neighborhood's 17-member Board of Directors consists of one designee from each of the Rhode Island Community Health Centers, the Executive Director of the Rhode Island Health Center Association (RIHCA), an appointee from The Rhode Island Foundation, the CEO of Neighborhood and five community representatives.

In 2001, Neighborhood became the first CHC-based MCO in the country to be rated "Excellent" by the National Committee for Quality Assurance (NCQA). Neighborhood has retained this "Excellent" designation since that time. Neighborhood is ranked as the fifth best Medicaid Health Plan in America according to NCQA rankings for 2014-2015 and has been ranked among the top ten Medicaid health plans in America by NCQA each year since the inception of rankings in 2004.

Members

Today, Neighborhood is the largest Medicaid insurer in Rhode Island, serving approximately 148,000 members. Neighborhood serves six distinct Medicaid managed care lines of business including: (1) children, parents, and pregnant women in Rite Care, (2) Children with Special Health Care Needs, (3) Children in Substitute Care, (4) Adults with Disabilities in Rhody Health Partners, (5) single adults in Medicaid Expansion, and (6) Medicare-Medicaid dual eligibles in Rhody Health Options (Medicaid services only) .

In January of 2014, Neighborhood added a commercial line of business offered through the Rhode Island's Health Benefits Exchange, HealthSource RI. Under the Affordable Care Act, Neighborhood is currently servicing approximately 15,000 commercial members, an increase from approximately 800 during 2014.

Relationship with Government and Regulatory Agencies

In 2015, Neighborhood currently offers 4 Individual & Family plans and 4 Small Business Health Options Programs (SHOP) plans through Health Source Rhode Island. Each plan is approved as a Qualified Health Plan by Rhode Island's Office of the Health Insurance Commissioner and the Centers for Medicare and Medicaid Management. Neighborhood does not actively market plans outside of the Exchange. In 2014, Neighborhood offered 2 Individual and Family plans and 2 Small Employer plans through HSRI.

Neighborhood is also under contract with the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide Medicaid services since 1993. Neighborhood entered into a new agreement with EOHHS on November 1, 2013 to manage Medicaid services for dual eligibles through the Rhody Health Options (RHO) plan. Neighborhood is also in process of

signing a three way contract with the Rhode Island Office of Health and Human Services and Centers for Medicare and Medicaid Services (CMS) to provide Medicare services to dual eligible in the State of Rhode Island as of July 1, 2015.

General Conditions and Stipulations

Indemnification and Workers' Compensation

The Proposer agrees that if the contract is awarded to their organization, the organization shall defend, indemnify and hold harmless Neighborhood, its officials, agents, and employees from and against all claims, damages, losses, and expenses, including attorney fees, arising out of or resulting from the Proposer's acts or omission in the performance of the duties required under the contract.

Independent Contractor

It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of co-partners between the parties hereto or as constituting the Vendor as the agent, representative or employee of Neighborhood for any purpose or in any manner whatsoever. The Vendor is to be and shall remain an independent contractor with respect to all services performed under this contract. The Vendor represents that it has, or will secure at its own expense, all personnel required in performing services under this contract. Any and all personnel of the Vendor or other person while so engaged, an any and all claims whatsoever on behalf of any such person or personnel arising out of employment or alleged employment including, without limitation, claims of discrimination against the Vendor, its officers, agents, contracts or employees shall in no way be the responsibility of Neighborhood, and the Vendor shall defend, indemnify and hold Neighborhood, its officers, agents, and employees harmless from any and all such claims regardless of any determination of any pertinent tribunal, agency, board, commission or court. Such personnel or other persons shall not require nor be entitled to any compensation, rights or benefits of any kind whatsoever from Neighborhood, including, without limitations, tenure rights, medical and hospital care, sick and vacation leave, Workers Compensation, Unemployment compensation, disability and severance pay.

Audit

The Vendor or other parties relevant to this agree to present an independent 3rd party audit of their books, records, documents, and accounting procedures and practices.

Nondiscrimination

In the performance of this contract, the successful Vendor shall not discriminate on the grounds of or because of race, color, creed, religion, national origin, sex, marital status, and status with regard to public assistance, disability, sexual orientation, or age against any of its employees, subcontractors or applicants for employment. The successful Vendor shall include a similar provision in all contracts with subcontracts to this contract.

Miscellaneous

The Vendor agrees to at all times observe and comply with all relevant laws, ordinances, regulations, and codes of the federal, state, and local government which may in any manner affect the preparation of proposals or the performance of the contract.

SUBMISSION FORMAT AND TIMING:

All sections of the attached document should be completed and submitted in electronic format to vendormanagement@nhpri.org. Completed documents must be received at Neighborhood not later than 5PM EST on April 8, 2015.

QUESTIONNAIRE

VENDOR NAME _____

Contact _____ Telephone Number _____ Email _____

GENERAL

1. Please provide a brief history of your organization.
2. Please indicate the number of clients currently served. Please provide a description and breakdown of “books of business” served and/or covered by your organization
3. Is your organization owned or controlled by any other organization? If so, please explain the relationship.
4. Provide references for three current clients. Include client name, name, phone number and email address of contact person, number of covered lives, and length of contract.
5. Please identify and describe any relevant accreditation(s) and certifications (e.g. NCQA, URAC) maintained by your organization.

SPECIFIC QUESTIONS

1. Please describe your organization’s knowledge and understanding of HHS rules regarding the Initial Validation Audit process and how your organization will apply these rules to their audit scope.
2. Please provide a timeline covering the planned steps in the IVA process, including all relevant federal requirements and plan for meeting CMS deadlines as currently specified by HHS.
3. Please state your organization’s prior experience in performing engagements similar to Initial Validation Audits. For example, have you conducted or managed a contract level RADV for Medicare Advantage, do you have other Medicare/Medicaid audit experience.

4. Please indicate the qualifications of the staff that will be directly assigned to this audit.
 - a. What coding certifications are required by your organization? Can you document this?
 - b. How many years of experience does your coding staff have?
 - c. Are coders located onshore or offshore?
 - d. Are the coders direct employees or subcontracted? If subcontracted, what are your certification requirements for subcontract agencies?
5. Describe the analytics used by your organization to conduct audits.
 - a. Have these analytics been used previously in similar audits?
 - b. Provide any statistics that support the effectiveness of your analytics.
6. Describe the measures your organization employs to insure quality control of information and reevaluate Issuer errors.
7. Indicate whether your organization is willing to partner with Neighborhood to reuse analytics and existing chart copies acquired during the HEDIS or Risk Adjustment efforts.

COMPLIANCE

1. Please describe how your organization handles the various components of HIPAA compliance/data confidentiality.
2. Describe your organization's standard performance guarantees.
3. If applicable, describe your sanction screening process and whether you remove vendors from your network based on the Federal Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).

INTERNET

1. Describe security protocols and features of the website and how personal information is stored and protected.
2. Please describe your platform and if you use a third party platform to provide these services.
3. Is your system HITrust certified?

Pricing

1. Please list costs associated with these services
 - a. Provide a break down costs by year for 2015 – 2017
 - b. Provide the annual costs for the extraction of medical records separately

Anticipated Costs - Initial Validation Audit			
	2015	2016	2017
Cost to Extract of Medical Records			
Salary			
Benefits			
Travel			
Other direct costs			
Overhead			
Sub-total			
Other IVA Costs			
Salary			
Benefits			
Travel			
Other direct costs			
Overhead			
Sub-total			
Total Contract Cost			
Note - assume member sample populations of 100 in 2015 and 200 in 2016, 2017.			