

***DCN # 100912R154***

**February 24, 2020**

# **REQUEST FOR PROPOSALS**

**TO PROVIDE**

Live call center services for after-hours & overflow calls

**FOR**

**METROPLUS HEALTH PLAN, INC.**

**OF**

**NEW YORK CITY HEALTH + HOSPITALS**

**Any questions regarding this RFP should be emailed to:**

**Kathleen Nolan  
Contract Administrator  
MetroPlus Health Plan, Inc.  
160 Water Street, 3<sup>rd</sup> Floor  
New York, NY 10038  
[nolank@metroplus.org](mailto:nolank@metroplus.org)**

## **INTRODUCTION**

This Request for Proposals, hereafter referred to as the RFP, solicits bids for live, inbound call center services for after-hours and overflow coverage for MetroPlus Health Plan, Inc. (MetroPlus).

MetroPlus is a wholly-owned subsidiary of New York City Health + Hospitals.

### **MetroPlus Health Plan MISSION:**

The **MetroPlus Mission** is to provide our members with access to the highest quality, cost-effective health care including a comprehensive program of care management, health education and customer service. This is accomplished by partnering with NYC Health + Hospitals and our dedicated providers.

### **MetroPlus Health Plan VISION:**

The **MetroPlus Vision** is to provide access to the highest quality, cost-effective health care for our members, to achieve superior provider, member and employee satisfaction, and to be a fiscally responsible, ongoing financial asset to HHC. MetroPlus will strive to be the only managed health care partner that NYC Health + Hospitals will ever need. This will be accomplished by our fully engaged, highly motivated MetroPlus staff.

### **MetroPlus Health Plan VALUES:**

- **Performance excellence** - hold ourselves and our providers to the highest standards to ensure that our members receive quality care
- **Fiscal responsibility** - assure that the revenues we receive are used effectively
- **Regulatory compliance** - with all City, State and Federal laws, regulations and contracts
- **Teamwork** - everyone at MetroPlus will work together internally and with our providers to deliver the highest quality care and service to our members
- **Accountability** - to each other, our members and providers
- **Respectfulness** - in the way that we treat everyone we encounter

MetroPlus is responsible for enrolling members into many medical insurance plans and providing health care coverage to those members. The plans MetroPlus currently participates in include New York State's Medicaid, Child Health Plus, HIV Special Needs Programs, MLTC, FIDA, HARP, Medicare Advantage and NY State of Health Marketplace plans.

MetroPlus is focused on achieving "best value" for the organization through this open and efficient procurement process. This RFP principally describes the Plan's desired results. The responsibility for how the desired results are to be achieved rests with the contractor. "Best value" is the optimum combination of economy and quality that is the result of fair, efficient, and practical business processes that achieves MetroPlus' objectives.

Any questions regarding this RFP should be addressed to the Contract Liaison specified in the Contract Liaison subsection of this proposal.

Proposals must be received by the "Submission Date" (and time) specified in the "RFP Timetable" section of this RFP **Late or unsealed proposals will not be accepted or considered.**

## **SECTION I – BACKGROUND / PURPOSE OF THE RFP**

MetroPlus, an Article 44 network-model health maintenance organization, is a wholly owned subsidiary of HHC. NYC Health + Hospitals is a public benefit corporation of the State of New York created in 1969 under the New York City Health and Hospitals Corporation Act, New York Unconsolidated Laws '7381 et seq., for assuming responsibility for the operation of the municipal hospital system of the City of New York, and providing comprehensive physical and mental health care and substance abuse services to the ill and infirm in the City.

HHC, the largest municipal hospital system in the United States, extends its services equally to all New Yorkers' regardless of their ability to pay for comprehensive health services. Most recently, NYC Health + Hospitals revenues totaled over \$4 billion while operating a facility-based network comprised of eleven acute care hospitals, five long-term care facilities, six diagnostic and treatment centers, and a network of over fifty satellite clinics. The NYC Health + Hospitals network of health care providers provides service in Spanish, Asian, African, Russian, and various other languages in the City of New York.

Since its inception in 1985 as an operating division of HHC, MetroPlus Health Plan has taken care of thousands of New Yorkers, offering free or low cost health insurance in the Boroughs of Manhattan, Brooklyn, the Bronx, Queens and Staten Island. MetroPlus primarily provides insurance coverage through the following governmental programs: Medicare Advantage, Medicaid, Child Health Plus members, HIV/Special Needs Program, *Partnership in Care*, FIDA, HARP and MLTC with a combined membership of approximately 415,000 covered lives. In addition, MetroPlus offers health insurance coverage to NYC Health + Hospitals employees and retirees under the MetroPlus Gold product and several NY State of Health Marketplace plans accounting for approximately 80,000 covered lives.

MetroPlus Health Plan is seeking to contract with vendor who has demonstrated expertise in live, inbound call center services for after-hours and overflow coverage for managed care organizations with over half a million members. In 2019 MetroPlus after-hours/overflow call volume averaged over 1000 calls per month. MetroPlus is seeking the most highly qualified vendor who will improve member and provider engagement and satisfaction, ensure security and privacy regulatory compliance, while keeping with MetroPlus' vision and mission. MetroPlus is targeting implementation services to begin in May 2020 to ensure that the program is fully implemented by January 1, 2021.

MetroPlus is also looking for the vendor to provide implementation services of the highest quality and knowledge base to help guide MetroPlus through the process. This RFP will be used to identify potential vendors / organizations. MHP may request a reference site visit and/or conference call with an existing client utilizing the proposed software application. MHP anticipates that these site visits or calls will occur March 27 – April 3, 2020. **Vendors who do not provide references will be disqualified from further consideration.**

## **SECTION II – RFP TIMETABLE**

<b>Milestone</b>	<b>Date</b>
Send Vendors Solicitation Documents	2/25/20
Receive responses back from Vendors	3/24/20
Start On-Site Demonstrations (if required by MetroPlus)	3/27/20
Complete On-Site Demonstrations	4/3/20
Complete Evaluations	4/9/20
Receive final cost proposal from vendors	4/13/20
Board Review Process	May 2020
Contract Signature	May 2020

**A.      CONTRACT LIAISON**

All questions regarding this RFP must be addressed to the Contract Liaison specified below. Substantive questions must be submitted in writing (by mail, fax or e-mail) by the “Final Date for Questions from Vendors” specified in the “RFP Timetable” section of this RFP.

**Kathleen Nolan  
Contract Liaison  
MetroPlus Health Plan, Inc.  
160 Water Street, 3<sup>rd</sup> Floor  
New York, NY 10038  
Phone: (212) 908-8730  
E-Mail: nolank@metroplus.org**

### **SECTION III – SCOPE OF SERVICES / SCOPE OF WORK**

1. 24 hour / 7 days a week / 365 days a year live telephone coverage for members, prospective members and providers for after hours and on an as needed basis (overflow, holidays...)
2. Call center must be within the United States (no off-shore)
3. Interpretation services or ability to integrate with MetroPlus interpretation services vendor
4. Adhere to all NYS DOH and CMS regulations and metric requirements
5. Transition current after-hours services
6. SOW includes all functionality listed in section below (excluding Company Experience)

**COMPANY EXPERIENCE**

Experience	Vendor Response
Please provide a brief organization chart and any associated narrative that illustrates the executive level organizational structure for your company that will specifically work with the MetroPlus account. Include credentials and backgrounds on all members.	
Please indicate whether your company operates as an individual, partnership or corporation, and if a corporation, whether it is licensed to conduct business in New York. Also, please indicate whether your company, or an affiliated or parent company, is publicly traded.	
Please list all subcontractors used by your company, including each subcontractor’s name and address, a contact person, and a complete description of the work that is performed by each subcontractor. If your company has contracts with multiple subcontractors for the same function, please identify all subcontractors, and specify the subcontractor that you intend to utilize in connection with providing services to MetroPlus.	
Please provide your most recent audited financial report. If you are an affiliate or subsidiary of another organization, submit financial information for your affiliated company or your parent corporation, and describe your corporate relationship.	
Has the company or any of its officers or directors had any regulatory, tax or criminal actions taken against them in the last five years?	
Provide the names and contact numbers of the 3 most recent MCO clients that have left the services of your company and now use another vendor for any reason. Preferable of similar size and type of services to be performed.	
Total number of active clients	
Total active NY clients	
Total active NY members	
Total active NY providers	
Total clients with Medicaid business	
Total active member lives with Medicaid business	

Total clients with Medicare business	
Total active lives for Medicare business	
Total clients with ACA business	
Total active lives with ACA businesses	

**REQUIREMENTS**

<b>Requirement</b>	<b>Vendor Response</b> <b>Please describe how your company meets the requirement listed to the left</b>
Please describe your ability to provide 24 hour / 7 days a week / 365 days a year live onshore* telephone call center coverage for members, prospective members and providers after hours and on an as needed basis. *Call center must be located with the United States	
Describe your staffing model to live answer an average of 1,000 inbound calls per month for after-hours and overflow during business hours.	
Describe your organization’s ability to scale up or down and quickly hire and train additional staff as call volume increases.	
Please describe your ability to provide the above in both English and Spanish.	
Explain your company’s multi-lingual services and/or the ability to integrate with MHP’s interpretation services vendor. MHP has a requirement to inform members of free interpreter services if needed. Interpreters should be available within eight (8) minutes of reaching the customer service representative (CSR)	
Describe your company’s resources and technologies (email, chat, text...) to provide quick, reliable overflow call center support on an as-needed basis.	
Describe your company’s large-scale NY Medicaid program-specific call center experience.	
Describe your company’s Medicare program-specific call center experience.	
Describe your ability to provide enhanced customer service that is customizable in order to adhere to MetroPlus’ protocols on contacting providers and	

providing benefit information to members and/or potential applicants	
Explain your ability to answer of at least 80 percent of incoming calls within 30 seconds	
Explain your ability to provide flexible call center scripting based on MHP's requirements	
Explain your track record and ability to limit the hang up rate of all incoming calls to five (5) percent (a disconnected call is defined as a call that is unexpectedly dropped by the Plan/Part D sponsor)	
Explain your ability to customized solutions to limit average hold time to two (2) minutes. The average hold time is defined as the time spent on hold by the caller following the interactive voice response (IVR) system, touchtone response system, or recorded greeting and before reaching a live person	
Explain your ability to provide TTY (711) service for all MHP Lines of Business. Customer Care representatives should be available through the TTY service within seven (7) minutes of the time of answer	
Explain ability to capture all caller demographic information, call disposition and complete details on all calls daily.	
Store and provide audio recordings of all messages within 24 hours of request by MHP.	
Describe your process of deploying call center operations to meet MHP's specific Medicaid and Medicare requirements.	
Explain your ability to provide robust call center training to agents to include but not limited to: <ul style="list-style-type: none"> <li>• Verifying Eligibility</li> <li>• Patching calls to PCP or 3rd party vendors</li> <li>• Taking a message for a call back</li> <li>• Call handling per NYS &amp; CMS Regulations</li> </ul>	
Explain how your call center representatives will be trained and empowered to provide MHP's members and providers exceptional customer service.	
Describe your Quality management program that minimally meets URAC or NCQA standards. Describe how you consistently measure your performance	



output based on these quality requirements and standards.	
Explain how you comply with the requirements of a delegated vendor. Explain your experience in participating in annual delegation audits – remote and onsite that include Compliance, Privacy, Security and Oversight components. Explain in detail the vendor delegated oversight reports you would provide to MHP.	
Describe how all customer care professionals speaking to our members and providers have and maintain their HIPAA certification.	
Describe your monthly automated Exclusion Attestations / Monitoring for employees and/or network providers *(as applicable) to ensure they are not excluded from participating in Medicare or Medicaid	
Provide SOC I & SOC II - Audited Financial Statements as requested	
Describe your ability/protocol for responding confidentially to mental health crisis intervention calls	
Please describe your 24/7 nurse telephone triage service / care advice offering.	

**IMPLEMENTATION**

<b>Implementation Requirements</b>	<b>Vendor Response</b> Please describe how your company meets the requirement listed to the left
Please provide as an exhibit to this NA a comprehensive overview of how your organization would handle the successful implementation of the MHP project along with a detailed and realistic timeline of your approach. Provide a detailed implementation / project plan for THIS MetroPlus project including dates, resource requirements, dependencies with implementation start date of 4/1/20 ( <b>LABEL TAB “IMPLEMENTATION PLAN”</b> ).	

<p>What do you see as the biggest implementation challenge you would anticipate with the MetroPlus program-specifically facing you? In addition, please share with us any challenges/workloads you would anticipate MetroPlus would encounter?</p>	
<p>Please confirm that MetroPlus will have the right to request replacement of resources that are not performing to MetroPlus' satisfaction? What process would be used to replace those resources if it became necessary?</p>	
<p>How many implementation projects are:  a) currently underway  b) expect to be active at the time MHP expects to begin implementation?</p>	
<p>Describe your organization's communication process with clients. Please describe communication methods, processes and tools used to ensure a smooth implementation (please include frequency of status reports, contents of reports, risk identification/escalation).</p>	
<p>Do you allocate one project manager and implementation team per individual product functionality or are the same resources allocated for the duration of the project from inception through deployment? Please also indicate how many resources would be dedicated to MHP vs. shared with other projects/clients and the process in place for handling shared resource contention.</p>	
<p>Please describe the business requirement gathering process and gap identification process (please include any flows and tools used).</p>	
<p>Describe your transition plan for existing data and how historical (legacy systems data) is incorporated into your system with the ability to edit, reference and audit. Please include processes and tools i.e. automated tools) used to merge and cleanse data prior to conversion.</p>	
<p>Describe your approach to testing implementation and conversion including testing and resource responsibility (vendor vs. MHP). Please include your experience if any with automated testing tools.</p>	

Describe the level of on-site support and training provided prior to go-live, during go-live and post go-live.	
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**REPORTING**

<b>Reporting Requirements</b>	<b>Vendor Response Please describe how your company meets the requirement listed to the left</b>
Utilization reports	
List all NYS DOH, CMS and other required regulatory reporting your application provides as standard/out-of-the-box.	
Describe the type of staff productivity reports you provide	
Describe what types of trending reports you provide (call type, resolution, provider, member etc.)	
Customized reports/dashboards	
Measure and report on member and provider satisfaction with data that is captured	
Provide detail on all call center reports and analytics that are available	

**TECHNICAL REQUIERMENTS**

<b>Technical</b>	<b>Vendor Response Please describe how your company meets the requirement listed to the left</b>
System security compliance with HIPAA	
List all industry standard messaging standards and formats that your product supports (e.g., HIPAA X12n, HL7, 4010, 5010, ICD10, Direct Messaging, Web Services(RESTful).	
Explain system load and interface with Eligibility data, including; unique MHP ID numbers that can be stored, displayed, and used in member search. System displays effective and end dates and history of changes.	
Explain system load and interface with Member data, including; coverage (benefit plan), subscriber and member indicators, demographics, PCP, PCP's	

affiliation (e.g., group practice, ACO), race, ethnicity, language, email, alternative address and alternate phone (home vs cell), power of attorney/authorized rep, care of state/foster care, parent/child relationship showing head of household and related members)	
Describe the capabilities offered to support mass import or export of data? Are any third-party tools utilized for this process? System Web Services?	
How do you integrate with Oracle Chat Software?	
Explain how system can extract data for reporting & analytics. List vendors and tools that your system has successfully fed data to.	
Please describe how you deal with hardware and software failures (redundancies, back up call center, etc.)	
Business Recovery Plan that includes back up coverage plan with little to no impact of Plan Coverage in the event of a Disaster. (To be updated annually)	
Service Level Agreements (SLAs) – system outages, downtime, response times...	
Please explain how your company will not use any offshore staff when providing any services to MHP.	

**SUPPORT REQUIERMENTS**

<b>Support</b>	<b>Vendor Response</b> Please describe how your company meets the requirement listed to the left
Dedicated MHP account manager	
Describe your organization's account management communication process with clients. Please describe communication methods, processes and tools used to ensure a successful relationship (please include frequency of meetings and status reports, contents of reports, risk identification/escalation).	
Please confirm that MetroPlus will have the right to request replacement of resources that are not performing to MetroPlus' satisfaction? What process would be used to replace those resources if it became necessary?	

Please include account management statistics (satisfaction, response time for issue resolution, critical inquiries...) over the last 2 years	
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**FINANCE**

<b>Finance Requirements</b>		<b>Vendor Response</b> Please describe your platform's functionality for the requirements listed			
Describe implementation costs in your pricing model					
Describe support costs in your pricing model					
What performance guarantees do you offer?					
Describe the fee structure and how MHP will be charged using the tables below (i.e. Cost Description: Implementation, Call Center Staffing...)					
<b>Total Cost Year 1</b>					
<b>Total Cost Year 2+</b>					
Cost Description	PMPM	Hourly Rate	Flat Fee	Other	

**SECURITY**

Please fill-out the attached MHP Security Requirements.xls

## **SECTION IV - PROPOSAL PROCEDURES AND REQUIREMENTS**

### **A. PROPOSAL PACKAGE**

Vendors interested in responding to this solicitation should submit a proposal package with the following elements in the order listed below:

1. Cover Letter: The vendor must submit a cover letter transmitting its Proposal Package to MetroPlus Health Plan, Inc. The Cover Letter shall be signed and dated by an individual authorized to enter into a contract with MetroPlus on behalf of the vendor, and shall acknowledge receipt of all addenda, specifying the number of addenda received.
2. Title Page: The title page should include the proposal title, the document control number (DCN), name, address, tax ID number and phone number of the vendor and its principal contact.
3. Executive Summary: The 1-2 page summary should encapsulate the plan of action or approach to the requirements of this solicitation, deliverables, if appropriate, and a summary of the cost information.
4. Table of Contents: The table of contents should facilitate locating all key points in the proposal.
5. Responses to Scope of Service / Scope of Work Questions: This section contains the core of the proposal that describes what the vendor will deliver, how it will be delivered, at what cost, etc. This section of the proposal must contain the same sections, sub-sections, etc. as the Scope of Service / Scope of Work section in the RFP
6. Exceptions to the General Contract Provisions: Exceptions to this Agreement, set forth in Attachment "B", should be stated in this section.
7. Confidential / Proprietary Information: Vendors may specifically include in their response a section entitled "**Confidential, Proprietary Information or Trade Secrets.**" This section shall indicate the exact location in the proposal of all information claimed by the firm to be confidential or trade secrets. The firm shall also provide a justification as to why such material, upon request, should not be disclosed by the Plan. Such information deemed by the vendor to be confidential / proprietary shall be easily separable from the non-confidential or non-proprietary sections of the proposal.

Attachment A: Proposal Package Checklist, which itemizes each component / document that is to be submitted as part of the Proposal Package, has been attached for the vendor's convenience.

*B. PROPOSAL PACKAGE SUBMISSION REQUIREMENTS*

1. Proposals are due on or before the date and time identified as the “Final Date for Proposal Submission from Vendors” in the RFP TIMETABLE section of this proposal.
2. Proposal packages must be sealed and clearly labeled. Proposal packages must be addressed to and delivered to the Contract Liaison (specify their name) at the location specified in the CONTRACT LIAISON sub-section of this RFP. The proposal package must have the name and address of the vendor clearly printed on the package.

PROPOSALS THAT ARE LATE OR UNSEALED WILL NOT BE ACCEPTED OR CONSIDERED.

Attachment A provides a sample label that is considered acceptable.

3. Vendors shall be responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the information required in item 5, below, appears on the outer envelope used by such service.
4. Vendors shall deliver one (1) electronic copy and one (1) original hardcopy of the Proposal Package. Please see Attachment A for the required items.

## C. *PROPOSAL EVALUATION PROCEDURES*

### 1. Evaluation Committee

The Evaluation Committee shall be comprised of seven (7) persons who will evaluate the components of this solicitation. The Evaluation Committee shall evaluate and rate all proposals. All proposals will be evaluated in accordance with the process and criteria described below.

### 2. Mandatory Requirements

The Evaluation Committee shall evaluate all proposals received as specified in the PROPOSAL PACKAGE SUBMISSION REQUIREMENTS section of this RFP to determine whether the vendors meet the Mandatory Requirements specified in the SCOPE OF SERVICES / SCOPE OF WORK section of the RFP

### 3. Proposal Evaluation

Using a weighted scoring model and based on the written responses to this RFP the Evaluation Committee will score each vendor that meets the mandatory requirements against all other requirements specified in the SCOPE OF SERVICES / SCOPE OF WORK section of this RFP. The vendors with the highest weighted scores will comprise the “shortlisted” vendors.

If it is in the best interest of the Plan, the Evaluation Committee reserves the right to waive or modify any mistakes in proposals that are deemed by the Evaluation Committee to be not material.

### 4. On-Site Presentations and Demonstrations

Shortlisted vendors will be notified and may be required to make on-site demonstrations and presentations. Shortlisted vendors will be provided with the schedule and demonstration scripts when they are notified that they have been shortlisted.

### 5. Reference Site Visits

Shortlisted vendors will be notified and may be required assist scheduling reference site visits. Shortlisted vendors will be provided with the schedule when they are notified that they have been shortlisted.

### 6. Vendex Documentation and EEO Report

Shortlisted vendors will be required to complete the Vendex documentation and EEO report required to conduct business with New York City agencies (additional information provided in Attachment D to this RFP).

### 7. Final Evaluation and Recommendation

After all of the On-Site Presentations and Demonstrations have been completed, the Evaluation Committee will score the vendors using substantially the same model and criteria as was used in the Proposal Evaluation. The members of the Evaluation Committee will then vote on the vendor they will recommend to the MetroPlus Finance Committee, MetroPlus Board of Directors.



## **SECTION V – CONTRACT AND PAYMENT**

### **A. TERM OF CONTRACT**

The term of the contract will be 3 years with two one-year options to renew.

The exercise of all options shall be at the sole discretion of the Plan.

### **B. CONTRACT PROVISIONS**

The contract to be entered into between the selected vendor and the Plan will incorporate by reference the specific requirements set forth in this RFP and the selected vendor's proposal. Attachment "B" is the contract form the selected vendor will be required to execute. Articles 1-3 will reflect the business terms agreed to by the parties. Articles 4, et seq., are the Plan's required legal terms; vendors must identify any exceptions to any of these terms (see Section IV.A.9., above). The selected vendor will also be required to execute MetroPlus' Business Associate Agreement/Privacy Addendum. PLEASE NOTE THE TERMS OF THE BUSINESS ASSOCIATE AGREEMENT ARE NOT NEGOTIABLE.

### **C. PAYMENT**

The selected firm shall be paid based on the terms specified in the response to the cost requirements section of the RFP

## **SECTION VI – GENERAL INFORMATION**

### **A. STATUS OF INFORMATION**

1. MetroPlus Health Plan shall not be bound by any oral or written information released prior to the issuance of the RFP
2. MetroPlus Health Plan shall not be bound by any oral or written representations, statements or explanations other than those made:
  - In this RFP
  - In formal written addenda issued to this RFP
  - By the Contract Liaison identified in this RFP
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### **B. COMMUNICATION WITH THE PLAN**

Vendors are advised that, from the date this RFP is issued until the award of the contract, no contact with Plan personnel related to this solicitation is permitted, except with the Contract Liaison specified in the CONTRACT LIAISON section of this RFP or as specified in the RFP process.

### **C. VENDOR INQUIRIES**

1. All inquiries regarding this solicitation shall be addressed to the Contact Liaison identified in the CONTRACT LIAISON section of this proposal. All substantive questions should be sent in writing to the Contact Liaison. The Contact Liaison may orally respond to inquiries of a non-substantive nature.
2. Vendors are advised that MetroPlus Health Plan will not provide a response to inquiries received after the “Final Date for Questions from Vendors” specified in the RFP TIMETABLE.

### **D. ADDENDA TO THE RFP**

1. MetroPlus Health Plan shall issue responses to inquiries related to substantive issues and any other corrections or amendments to the RFP it deems necessary prior to the “Final Date for Proposal Submissions from Vendors” (specified in the RFP TIMETABLE) in the form of written addenda.
2. It is the vendor's responsibility to assure receipt of all addenda. The vendor should verify with the designated contact person prior to submitting a proposal the number of addenda that have been issued and shall acknowledge in the cover letter the number of addenda received.

### **E. MODIFIED PROPOSALS**

1. A vendor may submit a modified proposal to replace all or any portion of a previously submitted proposal up until the Proposal Due Date and Time.
2. The Evaluation Committee shall consider only the latest timely version of the proposal.

### **F. VENDOR'S OFFER**

1. A proposal may be withdrawn in writing only prior to the date and time specified in the RFP TIMETABLE as the “Final Date for Proposal Submission from Vendors”.
2. A vendor's offer shall be irrevocable until contract award.

**G. LATE PROPOSALS, LATE MODIFICATIONS AND LATE WITHDRAWALS**

1. Proposals received after the date and time specified in the RFP TIMETABLE as the “Final Date for Proposal Submission from Vendors” are late and shall not be considered.
2. Modifications and withdrawals received after the date and time specified in the RFP TIMETABLE as the “Final Date for Proposal Submission from Vendors” are late and shall not be considered.

**H. COSTS INCURRED BY VENDORS**

The Plan shall not be liable for any costs incurred by vendors in the preparation of proposals or for any work performed in connection therewith.

**I. ON-SITE PRESENTATIONS AND DEMONSTRATIONS**

The Plan will require shortlisted vendors to give on-site presentations and demonstrations at MetroPlus’ offices. The timing, structure and content of the presentations and demonstrations will be provided to the shortlisted vendors when they are notified, they have been selected onto the shortlist.

**J. DISCUSSIONS / NEGOTIATIONS**

The Plan will enter into discussions and negotiations with its preferred vendor but reserves the right to hold the vendor to the terms specified in this RFP and the vendor’s proposal.

**K. VENDOR ACCEPTANCE OF RFP AND CONTRACT PROVISIONS**

1. Submission of a proposal signifies to the Plan the vendor’s intention to compete for the award of a contract to implement the solution specified in this RFP and the vendor’s proposal (i.e. response to this RFP). and that the vendor understands and accepts that the terms and conditions as specified in this RFP and in the General Contract Provisions (Attachment B) shall become part of the final contract.
2. Vendors shall specifically include in their RFP response a section titled “**Exceptions to Terms and Conditions Specified in the RFP and Attachment “B”, “General Contract Provisions**
3. ,” in which the company shall explicitly indicate all terms and conditions specified in Attachment “B”, General Contract Provisions, to which the company takes exception. This section shall be listed in the Table of Contents.

**L. CONTRACT AWARD**

1. MetroPlus Health Plan reserves the right to award a contract to a firm other than the vendor offering the lowest overall cost.
2. The contract resulting from this solicitation shall be awarded to the highest-rated responsible vendor based on the evaluation factors set forth in the RFP. The award of a contract does not commit the Plan to use the equipment or services of the selected firm.
3. Any proposed contract award shall be subject to all required oversight approvals.
  - MacBride Principles;
  - General Standard Contract;
  - Privacy Addendum;

- Approval of completed VENDEX Questionnaires;
  - Approval of completed Supply and Services Employment Report;
  - Compliance with New York State Executive Law, Article 15-A; the Plan’s Board of Directors approval, the firm's execution of the contract, and approval by the Plan's President.

**M. EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS AND MINORITY / WOMEN BUSINESS ENTERPRISE PARTICIPATION FOR THIS RFP.**

1. In accordance with the New York State Executive Law, Article 15-A, Section 310, service contracts awarded with fees in excess of twenty-five thousand dollars (\$25,000) must comply with the Minority Business Enterprise (MBE) and Women’s Business Enterprise (WBE) program. The firm is required to utilize New York State-certified MBEs and WBEs as subcontractors to complete the work under this contract. The Plan has established goals of M/WBE participation for this contract as follows: MBE 15% and WBE 15%. Although the NYC Health + Hospitals has established levels of M/WBE participation for this contract as shown above, NYC Health + Hospitals encourages firms to exceed these goals.
2. Failure to meet these goals may result in administrative action by the Corporation. However, where it appears that a contractor/consultant cannot, after a good faith effort, comply with the M/WBE participation goals established above, the firm may apply for a partial or total waiver of these requirements prior to or during the contract period. Requests must be made to the President, through the Assistant Vice President for Affirmative Action/Equal Employment Opportunity during solicitation or prior to submission of the final payment requisition. Requests must satisfy the requirements of New York State Executive Law, Article 15-A, 5 NYCRR Section 543.7 (“Waivers”) and Section 543.8 (“Good Faith Efforts”).

Should the request for waiver be denied, the Consultant / Contractor may request an administrative hearing within seven (7) calendar days of receipt of denial.

The successful vendor is required to complete the Supply and Service Employment Report (NYC HEALTH + HOSPITALS Form 978-R Sep. 96) and return it to the requesting party within the specified time. Failure to supply this form will result in the vendor being declared non-responsive. Copies of this form are available on request.

**N. BACKGROUND CHECKS FOR CONTRACTOR’S EMPLOYEES; AGENTS; AND INDEPENDENT CONTRACTORS**

Unless waived by MetroPlus in writing, prior to assigning any employee, agent or independent contractor to perform services on-site at a Corporation health care facility or administrative office, the Contractor shall conduct a criminal history background check on such person covering the three years prior to such proposed assignment. Such record check must include, for New York State residents, a search of the NYS Office of Court Administration’s records for all 62 New York State counties, and, in addition, a search of the records of any other state in which the person resided in the last three (3) years. MetroPlus may require the Contractor to perform a

more extensive background check on direct service providers working with mentally ill, elderly or minor patients or in certain other special situations.

**O. RFP POSTPONEMENT / CANCELLATION**

MetroPlus Health Plan reserves the right to postpone or cancel this RFP and to reject all proposals.

## **ATTACHMENT A: PROPOSAL PACKAGE CHECKLIST**

***CL: Additional items may be added if there is a special requirement, but this requirement must also be addressed in Section IV of the application.***

### **I. Sealed Package (addressed as set forth in the PROPOSAL PACKAGE SUBMISSION REQUIREMENTS section of this RFP)**

The sealed package must include:

- One (1) electronic copy of the proposal
- One (1) original hardcopy of the proposal
- Seven (7) additional hardcopies of the proposal

Each copy of the proposal must include:

- Cover Letter
- Title Page
- Executive Summary
- Table of Contents
- Response to Scope of Service / Scope of Work Questions
- Acknowledgment of Addenda
- Exceptions to the General Contract Terms and Conditions
- Confidential / Proprietary Information

### **II. Outer Sealed Envelope**

The outer sealed envelope shall be addressed as specified in the PROPOSAL PACKAGE SUBMISSION REQUIREMENTS section of this RFP. A sample / template of an acceptable package label is provided below. **Please verify that all information on the label is correct as specified in the body of this RFP before sending / submitting the package.** (*Italicized words* to be replaced with appropriate information):

From: <i>Vendor Name</i> <i>Vendor Address</i>
To: MetroPlus Health Plan, Inc. Attention: Kathleen Nolan, Contract Liaison 160 Water Street, 3 <sup>rd</sup> Floor New York, NY 10038
Document Control # 100912R154
LATE OR UNSEALED PROPOSALS WILL NOT BE ACCEPTED.

## **ATTACHMENT B: General Contract Provisions**

The following forms are provided as attachments to this RFP:

- 1.** Doing Business Data Form
- 2.** BAA
- 3.** MWBE Utilization Plan
- 4.** Supply and Service Report
- 5.** Privacy, Security & Compliance Checklist.
- 6.** Information Security Questionnaire



**EXHIBIT ONE – COVER LETTER**

**FIRM:**

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**ADDRESS:**

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**CITY/STATE/ZIP CODE:**

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**ADDENDA RECEIVED: \_\_\_\_\_ (list number of addenda)**

**SIGNATURE:**

---

**DATE:**

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**EXHIBIT TWO – TITLE PAGE**

**RFP TITLE:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIPCODE:** \_\_\_\_\_

**PRINCIPAL CONTACT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_