

COUNTY OF FRESNO
REQUEST FOR QUALIFICATIONS
NUMBER: 952-5382
MEDI-CAL ENROLLMENT AND RENEWAL SERVICES

Issue Date: September 18, 2015

Closing Date: OCTOBER 1, 2015

Qualifications will be considered LATE when the official Purchasing time clock reads 2:00 P.M.

Questions regarding this RFQ should be directed to: Jennifer Anderson, e-mail janderson@co.fresno.ca.us. The cut-off for questions will be September 24, 2015 at 10:00 A.M.

Check County of Fresno Purchasing's website at
<https://www2.co.fresno.ca.us/0440/Bids/BidsHome.aspx>
for any future addenda.

Please submit all Requests for Qualifications (RFQ) to:

County of Fresno - Purchasing
Attn: Jennifer Anderson
4525 E. Hamilton Avenue, 2nd Floor
Fresno, CA 93702-4599

BIDDER TO COMPLETE

COMPANY

ADDRESS

CITY

STATE

ZIP CODE

()

()

TELEPHONE NUMBER

FACSIMILE NUMBER

E-MAIL ADDRESS

SIGNATURE (IN BLUE INK)

PRINT NAME

TITLE

PURCHASING USE: JA:ssj:hrrs

ORG/Requisition: 56107051/ 5611600382

TABLE OF CONTENTS

	<u>PAGE</u>
OVERVIEW	3
GENERAL INFORMATION	3
SELECTION PROCESS	7
SUBMITTAL REQUIREMENTS	8
ATTACHMENT A	10

OVERVIEW

The County of Fresno on behalf of the Department of Social Services (DSS) is issuing a Request for Qualifications (RFQ) from qualified vendors to provide Medi-Cal Enrollment and Renewal services for Fresno County residents. Vendors currently under contract and providing outreach and enrollment activities need not apply.

The County reserves the right, at its sole discretion, to terminate this RFQ process or negotiations with a selected consultant and either perform the work with its staff or begin a new RFQ process. Nothing herein, or in the process, shall be construed as having obligated the County to pay for any expenses incurred by respondents to this RFQ, or to the selected consultant(s) prior to Board of Supervisors' approval of a consultant services agreement.

GENERAL INFORMATION

Background: The passage of the Patient Protection and Affordable Care Act in March 2010 increased Medi-Cal eligibility for approximately 56,000 Fresno County residents. Once a person qualifies for Medi-Cal, they are required to renew their coverage annually.

To assist County residents with Medi-Cal enrollment and renewal, DSS established a Master Agreement to procure core services. Enrollment consists of enrolling potentially eligible individuals who do not have active Medi-Cal. Renewal consists of completing and submitting an annual Medi-Cal renewal application on behalf of an individual no earlier than one month prior to their renewal month. DSS is seeking additional vendors to provide these services to residents of Fresno County. (See "**Service Requested**").

Eligible Applicants: Community-based organizations (CBOs) possessing an Internal Revenue Service Classification as a Non-Profit Organization (exempt status under Section 501(c) (3)) at the time of RFQ submission are eligible to apply.

Eligible applicants must meet the following criterion (should the contractor not meet one or more of the following criterion, under the sole discretion of the DSS Director, the Agreement may be terminated at any time during the contract term):

1. Employ a minimum of one Application Advocate (AA) at all times, with a maximum lapse of an AA employment of no more than three months in cases of unplanned employee termination/departure.
2. Become a recognized vendor in the County of Fresno online application system, Benefits CalWIN (BCW), by requesting such access through the AffordableCareAct@co.fresno.ca.us mailbox. To be compensated, all applications shall be submitted through MyBenefits CalWIN.
3. Abide by all State of California rules and regulations governing the Medi-Cal application process.
4. Keep apprised of legislative and programmatic changes affecting Medi-Cal, to the extent that such changes impact the provision of services under this Master Agreement and train appropriate staff promptly.
5. Ensure that all enrollment and renewal services are provided by an AA employed and authorized to do so by the vendor, though volunteers may support services.

6. Require all staff and volunteers who may potentially gain access to an individual's confidential consumer information (including personally identifiable information, personal health information, federal tax information, or any other information as required by federal law) to sign and abide by a confidentiality statement and abide by all best practices for security and privacy of such information.
7. Use personally identifiable information gathered in the provision of enrollment/renewal services only for the purposes of enrollment or renewal.

Service Location/Geography: Enrollment and renewal activities will be conducted throughout Fresno County. Organizations may, with the written approval of the DSS Director or designee, perform enrollment and renewal activities within County facilities for a given day and set of hours on an as-needed basis and at the sole discretion of the DSS Director or designee.

Services Requested:

All Contractors shall adhere to the following:

- Enrollment: Enroll only those listed in “**Targeted Population for Enrollment**”. (See Attachment “A”.)
- Renewal: Vendors may renew any individual regardless of the targeted population.

Standard Requirements:

- Track when previously enrolled households will need to renew benefits and provide timely assistance with the renewal process to ensure continuation of health coverage for those who remain eligible.
- Host, conduct, or participate in enrollment and renewal events.

Submission Process:

- Submit all completed Medi-Cal applications via www.mybenefitscalwin.com (BCW).
- Currently, BCW does not allow contractors to submit renewals on behalf of the clients. In order to receive credit for renewals, contractors will complete a paper application and fax it to 559-600-5686.

Reporting Requirements:

- Track and report provided enrollment/renewal services in sufficient detail as to satisfy accurate reimbursement claims and any such statistical reports as deemed necessary by the DSS Director or designee.
- Provide monthly enrollment/renewal activity reports, and such data and forms as requested by DSS.
- Maintain reports from each enrollment event including client demographics, including but not limited to the number of adults and children, primary language, race, and zip code of residence.
- Provide any additional reports deemed necessary by the DSS Director or designee.

Engagement & Ethics:

- Meet quarterly with DSS and at any such additional time to resolve any conflicts;
- Engage clients in a linguistically and culturally-appropriate manner when providing enrollment and renewal services;
- Adopt and utilize best, proven, or evidence-based practices in all activities;
- Encourage and assist all households to provide accurate information;
- Not intentionally create multiple applications from the same household;
- Not attempt to influence nor sway an applicant's choice of health plan/provider/or programs available to them; and
- Not accept any type of direct or indirect remuneration from applicants for assistance with their application nor for other assistance related to the enrollment/renewal process.

Target Population-Enrollment Assistance:

All applicants will identify which of the following populations will be targeted for enrollment:

- Persons with mental health disorder needs;
- Persons with substance use disorder needs;
- Persons who are homeless;
- Young men of color;
- Persons who are in county jail, in state prison, on state parole, on county probation, or under the post-release community supervision;
- Families of mixed immigration status;
- Persons with limited English proficiency;
- Other: May include outreach within the rural areas of the County and outreach to low-income medically indigent individuals.

The targeted population requirements only apply to enrollment.

Contractors may serve multiple target populations listed above and may submit requests in writing to the DSSASU@co.fresno.ca.us mailbox to change target populations at any such time as approved by the DSS Director or designee. Any request to modify target populations must be accompanied by a revised Letter of Qualifications.

Minimum Insurance Requirements (Subject to change by the County)

Without limiting the COUNTY's right to obtain indemnification from CONTRACTOR or any third parties, CONTRACTOR, at its sole expense, shall maintain in full force and affect the following insurance policies throughout the term of this Agreement:

A Commercial General Liability

Commercial General Liability Insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Two Million Dollars (\$2,000,000). This policy shall be issued on a per occurrence basis. COUNTY may require specific coverage including completed operations, product liability, contractual liability, Explosion, Collapse, and Underground (XCU), fire legal liability or any other liability insurance deemed necessary because of the nature of the Agreement.

B Automobile Liability

Comprehensive Automobile Liability Insurance with limits for bodily injury of not less than Two Hundred Fifty Thousand Dollars (\$250,000) per person, Five Hundred Thousand Dollars (\$500,000) per accident and for property damages of not less than Fifty Thousand Dollars (\$50,000), or such coverage with a combined single limit of Five Hundred Thousand Dollars (\$500,000). Coverage should include owned and non-owned vehicles used in connection with this Agreement.

C Professional Liability

If CONTRACTOR employs licensed professional staff (e.g. Ph.D., R.N., L.C.S.W., M.F.C.T.) in providing services, Professional Liability Insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence, Three Million Dollars (\$3,000,000) annual aggregate.

D Worker's Compensation

A policy of Worker's Compensation Insurance as may be required by the California Labor Code.

CONTRACTOR shall obtain endorsements to the Commercial General Liability insurance naming the County of Fresno, its officers, agents, and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by the COUNTY, its officers, agents and employees shall be excess only and not contributing with insurance provided under the CONTRACTOR's policies herein. This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance written notice given to COUNTY.

Within thirty (30) days from the date CONTRACTOR signs this Agreement, CONTRACTOR shall provide certificates of insurance and endorsements as stated above for all of the foregoing policies, as required herein, to the County of Fresno, DSS, PO BOX 1912, Fresno, California, 93718-1912, Attention: Contracts, stating that such insurance coverages have been obtained and are in full force; that the County of Fresno, its officers, agents and employees will not be responsible for any premiums on the policies; that such Commercial General Liability insurance names the County of Fresno, its officers, agents and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned; that such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by the COUNTY, its officers, agents and employees, shall be excess only and not contributing with insurance provided under the CONTRACTOR's policies herein; and that this insurance shall not be cancelled or changed without a minimum of thirty (30) days advance, written notice given to COUNTY.

In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate this Agreement upon the occurrence of such event.

All policies shall be with admitted insurers licensed to do business in the State of California. Insurance purchased shall be from companies possessing a current A.M. Best, Inc. rating of A FSC VII or better.

SELECTION PROCESS

Contract Term: Actual contract terms for individual organizations may vary based upon the date the organization enters into the Master Agreement and terminates June 30, 2016 or when funds are exhausted, whichever occurs first. There is a possibility for two (2) twelve (12) month renewals. The maximum amount payable per organization is \$300,000 for the contract term; however the maximum limit may be amended under the sole discretion of the DSS Director or designee.

Compensation: Compensation for services rendered is as follows:

Monthly Compensation

- Vendors will be compensated \$2,500 monthly for each AA.
- To receive full monthly compensation for an AA, the AA must maintain a minimum monthly average of sixty (60) new and/or renewal applications per month, per compensated AA is expected.
- Should Contractor not meet the monthly service expectations, payment shall be reduced at a rate equivalent with the number of applications/renewals completed. For every application below the minimum monthly average, compensation shall be reduced by \$40 per month.
- Maintain a minimum of a 65% overall Medi-Cal application approval/renewal rate. Of all applications submitted, it is expected that 65% or more of the total applications submitted are approved for Medi-Cal.
 - Should Contractor not meet the minimum overall application approval/renewal rate expectations, payment may be reduced up to a maximum of \$1,000 per month, per AA; dependent upon the extent of the underperformance and discretion of the Director or designee. Amount of payment reduction will be based upon a scale according to the percentage the Contractor is below the acceptable 65% application approval rate. The further the Contractor is below 65% application approval rate, the larger the reduction in payment, up to \$1,000 per month, per AA.

Additional Compensation for Enrollment and Renewals

High Needs Rural Areas

- Medi-Cal applications taken from residents residing in high needs rural areas AND taken at that location shall be compensated an addition \$20 per application. For compensation purpose, the definition of rural is the areas that are a minimum of 17 miles outside of the 93728 zip code. Cities with a DSS Regional Center are excluded from the rural areas definition and include the following: Coalinga, Reedley, and Selma.

Persons who are Homeless

- Medi-Cal applications taken from persons who are homeless (without a fixed address) shall be compensated an additional \$20 per application. As persons who are homeless may not have a physical address, Contractor must use their own mailing address for each person identified as homeless. Applications taken from homeless persons which do not use the Contractor's mailing address will not be compensated the additional amount.

- Persons who are currently using Poverello House as their address are allowed to use the address for the application. Contractors will receive the additional compensation for such applications.

Compensation for Equipment and Technology

- Contractors who have become a participating vendor are eligible to apply for one-time equipment and technology funds to provide enrollment and renewal services in the field. A maximum of \$10,000 may be requested and shall be granted at the sole discretion of the DSS Director or designee. The amount requested by the applicant must be justified by a demonstrated need.
- Contractor must provide enrollment and renewal services and meet minimum outcome standards for at least six (6) months after receipt of compensation for equipment and technology.
- If the Agreement is terminated prior to six (6) months or vendor does not meet the minimum service outcomes for at least six (6) months, full recoupment is due to County's DSS within sixty (60) days of termination or the date of sub-par service outcomes.

SUBMITTAL REQUIREMENTS

All applicants must complete and return the Service Options form (**Attachment "A"**) and include documentation requested below in their letter of qualifications.

- Provide evidence/past experience showing an ability to carry out the requested services in an attachment to this form.
- Complete the included reference list (minimum of three referrals is preferred) to support your organizations ability to perform the core services requested.

VENDOR MUST COMPLETE AND RETURN WITH LETTER OF QUALIFICATIONS

Firm: _____

REFERENCE LIST

Provide a list of at least three (3) references that can attest to your ability to perform the duties outlined in the Letter of Qualifications request.

Reference Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: (_____) _____ Date: _____
 Service Provided: _____

Reference Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: (_____) _____ Date: _____
 Service Provided: _____

Reference Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: (_____) _____ Date: _____
 Service Provided: _____

Reference Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: (_____) _____ Date: _____
 Service Provided: _____

Reference Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: (_____) _____ Date: _____
 Service Provided: _____

Failure to provide a list of at least three (3) customers may be cause for rejection of this Letter of Qualifications.

ATTACHMENT A

SERVICE OPTIONS

All applicants must identify which populations, locations, and languages they intend to service from each category below to be considered.

Number of AAs you anticipate maintaining: _____

Identify one or more target populations you plan to focus on:

- Persons with mental health disorder needs
- Persons with substance use disorder needs
- Persons who are homeless
- Young men of color
- Persons who are in county jail, in state prison, on state parole, on county probation, or under the post-release community supervision
- Families of mixed immigration status
- Persons with limited English proficiency
- Other: May include outreach within the rural areas of the County and outreach to low-income medically indigent individuals

Identify the geographic location(s) you plan to primarily focus on:

- | Location | Location | Location | Location |
|---------------------------------------|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Auberry | <input type="checkbox"/> Five Points | <input type="checkbox"/> Kingsburg | <input type="checkbox"/> Riverdale |
| <input type="checkbox"/> Big Creek | <input type="checkbox"/> Fowler | <input type="checkbox"/> Lakeshore | <input type="checkbox"/> San Joaquin |
| <input type="checkbox"/> Biola | <input type="checkbox"/> Fresno [NW] | <input type="checkbox"/> Laton | <input type="checkbox"/> Sanger |
| <input type="checkbox"/> Burrel | <input type="checkbox"/> Fresno [NE] | <input type="checkbox"/> Mendota | <input type="checkbox"/> Selma |
| <input type="checkbox"/> Cantua Creek | <input type="checkbox"/> Fresno [SW] | <input type="checkbox"/> Miramonte | <input type="checkbox"/> Shaver Lake |
| <input type="checkbox"/> Caruthers | <input type="checkbox"/> Fresno [SE] | <input type="checkbox"/> Mono Hot Springs | <input type="checkbox"/> Squaw Valley |
| <input type="checkbox"/> Clovis | <input type="checkbox"/> Friant | <input type="checkbox"/> Orange Cove | <input type="checkbox"/> Tollhouse |
| <input type="checkbox"/> Coalinga | <input type="checkbox"/> Helm | <input type="checkbox"/> Parlier | <input type="checkbox"/> Tranquillity |
| <input type="checkbox"/> Del Rey | <input type="checkbox"/> Hume | <input type="checkbox"/> Prather | |
| <input type="checkbox"/> Dunlap | <input type="checkbox"/> Huron | <input type="checkbox"/> Raisin City | |
| <input type="checkbox"/> Firebaugh | <input type="checkbox"/> Kerman | <input type="checkbox"/> Reedley | |

Identify one or more languages you plan to provide services in.

- English
- Spanish
- Hmong
- Other