

**UNIVERSITY OF CALIFORNIA (UC) HEALTH**

**REQUEST FOR PROPOSAL**

**MEDI-CAL FINANCING AND STRATEGY**

**RFP NUMBER 20-002**

**DATE ISSUED: January 2, 2020**

**DATE DUE: January 21, 2020 - 2:00 P.M. (PACIFIC TIME)**

## REQUEST FOR PROPOSAL

The Regents of the University of California on behalf of UC Health is soliciting proposals for consulting services for Medi-Cal Financing and Strategy as outlined herein.

### OVERVIEW

The Regents of the University of California (“The Regents”) are granted the “full powers of organization and government” (subject to a few specific areas of legislative control) over the University under Article IX, Section 9 of the California Constitution. The Regents are a single legal entity and own and operate many separately licensed and separately enrolled Medicare and Medi-Cal (California’s Medicaid program) providers and suppliers as unincorporated divisions of The Regents. “UC Health” comprises the University’s clinical patient care, health professional education, and health research operations. At a glance, UC Health is made up of: five nationally ranked academic medical centers (located at the Davis, Irvine, Los Angeles, San Diego, and San Francisco campuses) operating twelve hospitals, six medical schools (including Riverside), and twelve other health professions schools in dentistry, nursing, optometry, pharmacy, public health and veterinary medicine located on seven campuses. UC Health represents an approximately \$11.5 billion enterprise, which makes UC the fourth largest health care delivery system in California, with more than 3910 licensed hospital beds, nearly 175,000 inpatient admissions and more than 4.7 million hospital outpatient visits per year.<sup>1</sup> UC Health has more than 15,000 health professions students enrolled in its 18 health professions schools. In addition, UC Health receives approximately \$1.9 billion from the National Institutes of Health to support research and training to help understand underlying causes of diseases and develop improved therapies.

The UC Health hospitals include:

- UC Davis Medical Center, a general acute care hospital located in Sacramento, which includes UC Davis Children’s Hospital, and which is the principal clinical teaching site for the UC Davis School of Medicine and Betty Irene Moore School of Nursing at UC Davis;
- UC Irvine Medical Center, a general acute care hospital, which is the primary teaching facility for UCI School of Medicine;
- Two general acute care hospitals in Los Angeles: Ronald Reagan UCLA Medical Center, which includes the UCLA Mattel Children’s Hospital, and Santa Monica UCLA Medical Center and Orthopedic Hospital, which together are the principal teaching sites for the David Geffen School of Medicine at UCLA;
- Resnick Neuropsychiatric Hospital at UCLA, a 74-bed inpatient psychiatric hospital located in Los Angeles (which serves as the principal clinical teaching site for the UCLA School of Medicine Department of Psychiatry);
- UC San Diego Medical Center, a general acute care hospital with two campuses located in Hillcrest (which serves as the principal clinical teaching site for the UC San Diego School of Medicine) and in La Jolla;
- UCSF Medical Center, a general acute care hospital with three campuses located at Parnassus Heights, Mt. Zion, and Mission Bay (which includes the UCSF Benioff Children’s Hospital San Francisco), and which serves as the principal teaching site of the UCSF School of Medicine;

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<sup>1</sup> [https://finreports.universityofcalifornia.edu/index.php?file=med\\_ctr/17-18/Med-Centers-17-18-report.pdf](https://finreports.universityofcalifornia.edu/index.php?file=med_ctr/17-18/Med-Centers-17-18-report.pdf)

- Langley Porter Psychiatric Hospital and Clinics in San Francisco, a 22-bed inpatient psychiatric hospital (which services as the principal clinical teaching site of the UCSF School of Medicine that also operates an adult partial hospitalization program and adult intensive outpatient program, as well as offers outpatient services.

The Regents, on behalf of UCSF, are also the sole corporate and voting member of the Children's Hospital & Research Center at Oakland (dba UCSF Benioff Children's Hospital Oakland), a private California non-profit public benefit corporation and tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. UCSF provides certain management and administrative services for Children's Hospital & Research Center at Oakland. UCSF and Children's Hospital & Research Center at Oakland are the two members of BayChildren's Physicians (dba UCSF Benioff Children's Physicians), a California non-profit corporation and medical foundation under section 1206(l) of the California Health & Safety Code.

In addition to the hospital main campuses, each UC medical center operates a number of provider-based hospital outpatient clinics (located both on and off the main campus). The UCI medical center operates two federally-qualified health centers ("FQHCs") and the Children's Hospital & Research Center at Oakland operates one hospital-based FQHC and three school-based FQHCs. UC medical centers' affiliated faculty practice organizations or School of Medicine Departments also operate numerous clinics throughout the communities that they serve.

Beyond the hospitals, FQHCs, and clinics that are wholly owned and operated by The Regents, many of the UC medical centers and faculty clinical practice groups also collaborate with other community hospitals, FQHCs, and other health care organizations in the communities that they serve through joint ventures, partnerships, and other affiliation arrangements. For example, UC San Diego Medical Center and UCLA Medical Center each have partial ownership interests (in some cases a majority interest and in some cases a minority interest) in LLCs that operate ambulatory surgery centers. UC Davis has ownership interests in LLCs operating cancer centers in Yuba City and Merced. UCSF Medical Center has a strategic affiliation with John Muir Health, which includes an ownership interest in BayHealth, LLC, a joint venture with John Muir Health to further the charitable and educational purposes of both organizations, and in Canopy Health, LLC, an accountable care network. UCSF also has relationships with other community hospitals through which UCSF physicians providing professional or medical director services to enhance medical, surgical and specialty care programs at those hospitals and UCSF residents have training opportunities in different clinic environments and with different patient populations.

UC Health medical centers and health professionals are critical to California's health care safety net, both as providers of health care services and as significant sources of the state's non-federal share dollars needed to draw down federal matching funds for the Medi-Cal program. More than 60 percent of UC patients are covered by Medicare, Medi-Cal or do not have health insurance. An increasing share of UC medical centers' Medi-Cal patients are enrolled in Medi-Cal managed care. UC medical centers are public entities eligible to fund Medi-Cal through certified public expenditures ("CPEs") and intergovernmental transfer agreements in order to for the state to claim federal matching funds for Medi-Cal expenditures. The UC medical centers are "designated public hospitals" under California Welfare & Institutions Code Section 14166.1(d) (a category added to state Medicaid laws in the Medi-Cal Hospital Care/ Uninsured Hospital Care Demonstration Project Act of 2005) and California Welfare & Institutions Code Section 14184.1(f)(1) (part of the state law authorizing the California Medi-Cal 2020 Demonstration Project).

The current California Medi-Cal Section 1115(a) waiver program, the Medi-Cal 2020 Demonstration Project, was approved by the Centers for Medicare & Medicaid Services (“CMS”) effective December 30, 2015 through December 31, 2020.<sup>2</sup> Medi-Cal 2020 extends and builds upon many of the alternative payment methodologies and care integration initiated in California’s Bridge to Reform Demonstration (effective 2010 through 2015), and the previous waiver (often called “Waiver I”, effective 2006 to 2010). Among other programs, the California Medi-Cal 2020 Demonstration continues a safety net care pool, called the Public Hospital Redesign and Incentives in Medi-Cal (or “PRIME”), building upon the state’s previous Delivery System Reform Incentive Payment (“DSRIP”) Program. The UC medical centers also continue to receive Medi-Cal inpatient services fee-for-service payments and Disproportionate Share Hospital (“DSH”) payments.

Effective July 1, 2017, CMS approved two additional Medi-Cal managed care supplemental payment programs for designated public hospitals: the Enhanced Payment Program (“EPP”) and the Quality Incentive Pool (“QIP”). EPP provides payments to designated public hospital systems made as uniform increase over Medi-Cal managed care contracted rates. Payments are distributed from pools of funds established for five classes of providers (including the UC medical centers as one class of providers), which are then divided into two sub-pools, one for inpatient services and one for outpatient services, and distributed pro-rata based on current year inpatient and outpatient utilization for network providers (per encounter data reported to DHCS by managed care plans). The Quality Incentive Pool provides pooled funds to be distributed pro-rata based on the designated public hospital system’s proportion of the total designated public hospital Medi-Cal managed care members receiving services (per encounter data reported to DHCS by managed care plans). The maximum payment amount to each hospital is based on current year inpatient and outpatient utilization (per encounter data reported to DHCS by managed care plans) if each hospital meets quality measure targets on 20-25 quality measures in 4 categories (primary care, specialty care, inpatient care, and resource utilization). A third proposal, for direct Graduate Medical Education and Indirect Medical Education payments for designated public hospitals and their affiliated medical schools and allied health professional schools, is still under review by CMS.

As a private non-profit hospital, Children’s Hospital & Research Center at Oakland is not eligible for the designated public hospital programs and instead contributes (i.e. pays a provider tax) to California’s Hospital Quality Fee Program and receives supplemental fee-for-service and Medi-Cal managed care payments funded by that program.<sup>3</sup> Some of those supplemental payments are made in a lump sum based on historic inpatient and outpatient utilization and some of those payments are made in a directed payment pool allocated to hospitals based on current year inpatient and outpatient utilization for network providers (per encounter paid/partially paid data reported to DHCS by managed care plans).

Notwithstanding these initiatives, a significant shortfall remains between the Medi-Cal reimbursement that UC Health receives from DHCS and its managed care contractors and the costs of delivering care to Medi-Cal patients. UC Health projects that by FY18-19, this shortfall could reach \$1 Billion across the system, and will continue to grow, particularly in light of the Governor’s expressed intention to further expand Medi-Cal coverage to uninsured, undocumented youth in California.<sup>4</sup> Existing Medi-Cal financing and reimbursement programs do not adequately support UC Health’s provision of services to Medi-Cal patients throughout the state. In addition, the Medi-Cal 2020 Demonstration Project, California’ current

<sup>2</sup> <https://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>.

<sup>3</sup> <https://www.dhcs.ca.gov/provgovpart/Pages/HospitalQualityAssuranceFeeProgram.aspx>.

<sup>4</sup> <https://www.gov.ca.gov/2019/01/07/first-acts-as-governor/>.

Section 1115 Medi-Cal waiver program, will conclude on December 31, 2020. The Department of Health Care Services, California's state Medicaid agency, does not intend to seek CMS approval of another Section 1115 Demonstration Project that is comparable in scope to the existing waiver program. The Department of Health Care Services released its California Advancing and Innovating Medi-Cal (CalAIM) proposal on October 28, 2019 outlining the Governor's priorities and plans to implement broad delivery system, program and payment reform across the Medi-Cal program.<sup>5</sup>

## PROJECT GOAL

The goal of this project is to obtain strategic advice for UC Health on Medi-Cal financing and reimbursement in light of the expiration of the Medi-Cal 2020 Demonstration Project on December 31, 2020 and in light of the Governor and Department of Health Care Services' CalAIM proposals and stated desire for administrative simplification of the Medi-Cal program in the future. The selected vendor will help UC Health through the process of designing, developing, and seeking state (DHCS) and federal (CMS) approval of Medi-Cal funding initiatives for hospital and physician services, and then implementing any approved program that is part of a renewal of the Medi-Cal 2020 Demonstration Project (or components thereof) and or a replacement for the Medi-Cal 2020 Demonstration Project funding beginning no later than January 1, 2021.

## SCOPE OF WORK

The selected vendor will provide the following services to all five UC academic medical centers and, to the extent applicable, the UC Riverside School of Medicine:

- Strategic guidance regarding a renewal or replacement for the Medi-Cal funding that has flowed through the Medi-Cal 2020 Demonstration Project to the UC medical centers (as "designated public hospitals") and affiliated medical schools, the funding alternatives and applicable regulatory requirements for Medicaid managed care financing and payments, and the interaction and interplay between various different policy and funding alternatives;
- Strategic guidance regarding Governor Newsom's major health care policy initiatives related to Medi-Cal, including without limitation a state-funded Medi-Cal program for undocumented young adults who otherwise meet Medi-Cal eligibility requirements, Medi-Cal pharmacy benefit design, and other efforts to lower drug prices such as a single statewide purchasing system (Executive Order No. 01-19)<sup>6</sup>
- Development of UC's existing relationships with key policymakers in Governor Newsom's administration, the California Health and Human Services Agency, DHCS, and the Medi-Cal program, as well as key policymakers at the CMS Regional Office and Headquarters
- Assistance designing, developing and obtaining approval from DHCS and CMS, as well as assistance to UC medical centers and affiliated medical schools in implementing any approved proposal, to replace Medi-Cal 2020 Demonstration Project funding, including without limitation Medicaid disproportionate share hospital payments, graduate medical education payments, upper payment limit payments, and Medicaid managed care directed payments, or other innovative programs;

<sup>5</sup> <https://www.dhcs.ca.gov/CalAIM>

<sup>66</sup> <https://www.gov.ca.gov/wp-content/uploads/2019/01/EO-N-01-19-Attested-01.07.19.pdf>.

- Assistance designing, developing and obtaining approval from DHCS and CMS, as well as assistance implementing Medi-Cal value-based payment initiatives for the UC medical centers, affiliated medical schools, physicians and allied health professionals;
- Assistance designing, developing, obtaining approval and implementing an increase in Medi-Cal payments for professional services for UC physicians and other clinicians;
- Assistance designing, developing, obtaining approval and implementing an increase in Medi-Cal managed care actuarial rates and Medi-Cal managed care payments to UC medical centers that better reflect UC medical centers' costs of treating Medi-Cal populations;
- Assistance designing, developing, obtaining approval and implementing programs or initiatives to identify and address the Medi-Cal fee-for-service populations treated at each of the UC medical centers and to evaluate Medi-Cal financing mechanisms to help reduce the gap between UC's costs and Medi-Cal fee-for-service reimbursement for these patients.

The selected vendor may, but is not required to, provide legal services on federal Medicaid laws and regulations and California state law defining permissible Medicaid financing mechanisms and reimbursement rates to hospitals and physicians. Proposals should specifically address whether or not the vendor could provide legal services support itself, or in partnership with another vendor (e.g., a law firm). For potential vendors that are law firms, proposals should specifically address how the vendor will provide and staff non-legal consulting services, including whether the vendor will provide those services in partnership with another vendor (e.g., a consulting firm). UC Health reserves the right to enter into separate agreements for legal services and non-legal services with the selected vendor(s).

The selected vendor may, upon request by a specific UC location or UC affiliate, undertake specific projects to address location-specific needs related to Medi-Cal financing and reimbursement, that are complementary to and coordinated with the system-wide work described above.

**NOTE:** Within this scope of work, UC Health reserves the right to negotiate specific project details as further described in more detailed statements of work to be developed in collaboration with the selected vendor prior to contract execution. UC Riverside and Children's Hospital & Research Center at Oakland may be permitted to opt in to specific projects as defined in statements of work to be developed in collaboration with the selected vendor.

#### **RESPONSE DUE DATE:**

**Responses are due on January 21, 2020 at 2:00 p.m. (Pacific Time).**

#### **VENDOR RESPONSES**

Vendor responses should be follow the order and instructions as described below, including but not limited to how your company proposes to complete the work and deliverables and your company's approach and methodology.

1. Legal name of vendor, address of headquarters office, and address of each office at which services will be provided. If joint vendor bid, include contact information with both vendors and identify the one vendor that shall be designated the lead vendor and accept responsibility for

ensuring that the services are performed in a manner consistent with the proposal and the qualitative and financial criteria described in this RFP.

2. Describe any business or personal relationships the vendor has with UC or any of its management.
3. Name and contact information of the person responsible for this relationship.
4. Name, contact information and background information for each member of the proposed team. Explain why each individual has been proposed.
5. Describe at least three similar projects worked by members of the team, approach taken and results. Please specifically address:
  - a. Medi-Cal and other Medicaid Experience
    - i. Experience with programs created or continued under California's Hospital Care/Uninsured Hospital Care Demonstration Project Act (2005 to 2010), Bridge to Reform Demonstration Project (2010 to 2015) and Medi-Cal 2020 Demonstration Project (2015 to 2020), including any experience working with designated public hospitals on programs established under those Demonstration Projects
    - ii. Experience with Medicaid financing and reimbursement initiatives in fee-for-service and managed care delivery systems, whether in the context of a Section 1115 Demonstration Project or other Medicaid waiver program (such as Section 1915(a)) or outside the context of any Medicaid waiver program, including:
      1. Intergovernmental transfers
      2. Certified Public Expenditures
      3. Other sources of non-federal share to draw down federal Medicaid dollars
      4. Hospital supplemental payments and upper payment limits
      5. Physician supplemental payments and upper payment limits
      6. Disproportionate Share Hospital payments and state and hospital-specific disproportionate share payment limits
      7. State directed managed care payments, such as:
        - a. Payments for value-based purchasing models
        - b. Minimum fee schedules for network providers
        - c. Uniform dollar or percentage increase for network providers that provide a particular fee schedule
  - b. Cost Report, Financial Modeling and Other Data Analysis Experience
    - i. Experience performing data analysis, including analysis of Medicare and Medi-Cal cost report data, and financial modeling to project the impact of Medicaid financing and reimbursement programs
  - c. Government Relations Experience
    - i. Experience collaborating with Governor Newsom, the California Health and Human Services Agency, the California Department of Health Care Services, and the Medi-Cal program, as well as the CMS Regional Office, and CMS

Headquarters in Baltimore to design, modify and obtain approval of Medicaid financing and reimbursement for public hospitals, affiliated medical and other health professional schools, and physicians

1. Please describe your firm's professional relationships with key policymakers in Governor Newsom's administration, the California Health and Human Services Agency, DHCS, and the Medi-Cal program, as well as key policymakers at the CMS Regional Office and Headquarters in the Medicaid program
  - ii. Experience collaborating with Governors and state agencies to develop broader health system delivery reform efforts for Medicaid, Medicaid managed care, and commercial payors
  - iii. Examples demonstrating flexibility and ability to adapt or modify projects in response to changing political and policy pressures and priorities
  - d. Stakeholder Engagement Experience
    - i. Experience working with academic medical centers and successfully engaging and influencing multiple stakeholders with competing interests
6. Two page (or 10 slide) summary of potential strategies, concepts and designs for Medi-Cal financing and reimbursement initiatives to support the UC medical centers, affiliated medical and other health professional schools, and physicians, the key issues and challenges that may arise in pursuing any of the concepts/designs, and the proposed approach to address these issues and challenges.
7. Any exceptions to the proposed professional services agreement and UC Health Terms and Conditions, or the UC Legal Terms and Conditions and Outside Counsel Guidelines, as applicable, and any proposed modifications to the professional services agreement and UC Health Terms and Conditions or UC Legal Terms and Conditions and Outside Counsel Guidelines must be made in writing as part of the response to the RFP. UC Health will not accept any exceptions or modifications to the UC Data Security Addendum and Business Associate Agreement. Your ability to accept the terms of the professional services agreement and UC Health Terms and Conditions or UC Legal Terms and Conditions and Outside Counsel Guidelines, as applicable, with few changes will be scored favorably

#### **VENDOR PRESENTATIONS:**

Qualified vendors may be invited to participate in vendor presentation with UC Health representatives.

Presentations are tentatively scheduled to be held between February 3, 2020 and February 7, 2020 at the UC Health corporate office in Oakland, CA. More details of the presentation will be provided to the invited presenters.

UC Health will not be responsible for any costs associated with a vendor's participation in these presentations and/or any expenses incurred should a vendor not be invited to participate.

UC Health reserves the right to reschedule the vendor presentation dates and location.

**PRICING CRITERIA:**

Pricing should be proposed on a fixed-fee basis for the services described in the scope of work and should include (1) a list of people proposed to work on the project and included in the proposed fixed-fee amount; (2) the standard hourly rate for each such proposed person; (3) any discount off of the standard hourly rate that is being offered through the proposed fixed-fee amount. Please price for inclusion of all five UC academic medical centers and propose additional pricing for including UC Riverside School of Medicine to opt in and for Children's Hospital & Research Center at Oakland to opt in. UC Health may add a success fee, or share risk provisions, as applicable for specific projects as further described in more detailed statements of work.

**EVALUATION AND AWARD CRITERIA**

Proposals will be evaluated on the basis of the Best Value to UC Health in accordance with the procedures set forth below. Best Value means the most advantageous balance of price/cost, qualifications, services, performance and other elements, as defined by UC Health.

1. Each Proposal will be reviewed to determine whether it is administratively responsive to the Request for Proposals, meaning that all information submitted in the Proposal is complete, complies with all mandatory requirements, and meets all requirements of the RFP process. Proposals that are not administratively responsive will not undergo further evaluation.
2. Administratively Responsive Proposals will undergo the substantive evaluation process using a Best Value method. In the Best Value method, points are assigned using a weighted formula consisting of two components: qualitative criteria and financial criteria.
  - a. Qualitative criteria will be used to evaluate the Proposal's Qualitative Response, resulting in the Proposal's Quality Point Score.
  - b. Financial criteria will be used to determine the score of the Proposal's Financial Response, resulting in the Proposal's Price Score
  - c. Each Proposal's Price Score will be added to that Proposal's Quality Point Score to get that Proposal's Total Score. The Proposal with the highest Total Score will be considered the "Best Value". The Proposal with the next highest Total Score will be considered the second-Best Value, and so on.
3. Proposals earning the highest Total Scores will be invited to participate in a further evaluation of the bidders by UC Health, which may include, but is not limited to, on-site presentation to the selection committee or requests for additional information by UC Health in order to further determine the bidder's capabilities. At this stage, the selection committee reserves the right to review and adjust their scores based on additional information gathered. The scores (adjusted or not) will be deemed as the Final Scores and tallying will be done to develop a list showing the standing of bidders (from highest to lowest) on "Total Scores" earned.

UC Health reserves the right to award contracts based on the RFP response to a single vendor, multiple vendors, or affiliated consortium of service partners or awarded vendors. UC Health also reserves the right not to make an award.

Utilization of services outlined in this RFP is estimated only and used to solicit responses. It does not bind UC Health to engage vendor(s) for all services.

UC Health reserves the right to negotiate each and every aspect of any Proposal received in response to this RFP. In addition, UC Health may require additional cost and pricing data or documentation prior to award of any Contract in whole or in part which may result from this RFP. UC Health reserves the right to negotiate with the Successful Proposer all terms and conditions of a final Contract whether or not such terms and conditions are specified by this RFP. Such terms and conditions may include the proposed financial structure, quality standards, delivery, invoicing/billing administration and other administrative business issues. UC Health reserves the right to negotiate any elements of cost before awarding a Contract in response to this RFP. UC Health and the apparent Successful Proposer are unable to reach agreement, UC Health may go to the next highest Best Value Proposer, but is not required to do so.

**SUPPLEMENTAL INFORMATION:**

Supplemental material, case studies, graphs, charts, data, marketing literature, reference letters, certificates of accreditation or potential services beyond the stated scope of this RFP may be submitted with responses. Supplemental material should be submitted as exhibits to the responses and clearly marked as such.

**GENERAL INSTRUCTIONS:**

- A. Failure to comply with the provisions outlined herein (General Instructions) will result in your proposal being considered non-qualified and rejected as non-responsive.
- B. Vendors are required to submit acknowledgment of RFP receipt and provide their intent to participate. All acknowledgments must be received by January 7, 2020 and should be submitted by email to [Eimee Miura \(emiura@mednet.ucla.edu\)](mailto:emiura@mednet.ucla.edu).
- C. The respondent shall provide two (2) written copies and two (2) electronic copies (flash drive) of their response. One (1) written copy should be clearly marked as the "master copy".
- D. A cover letter should be included with response and should include a brief statement of respondent's strengths as a managed services provider. The cover letter should identify the representative of the company that is duly authorized to commit and respond on behalf of the company. This person must sign the cover letter.
- E. Responses should include a return of the original RFP with initials in the space provided (lower right hand corner of each page). Respondent's initials will acknowledge respondent's understanding and acceptance of the contents on that page.
- F. Responses should be submitted in a sealed container, package, or envelope that will preserve contents until opened by an authorized UC Health representative. The RFP number should be

clearly marked on the outside of the container, package, or envelope.

- G. Overnight express mail, messenger, or any other delivery method that will ensure on-time delivery with proof of delivery should be used to send responses. UC Health does not assume responsibility for late receipt (delivery) of response or responses sent by the United States Postal Services.
- H. Responses made by email or facsimile will not be accepted.
- I. Responses should be sent to:

Eimee Miura  
Chief Procurement Officer, UC Health  
10920 Wilshire Blvd., Suite 750  
Los Angeles, CA 90021  
(310) 794-0144
- J. Responses should be made in the same order as provided in the RFP. Additional information and/or documents may be attached at the end of the response. The RFP section and item numbers should be noted and referenced on any additional documents.
- K. Deviations from the RFP expectations and requirements must be noted in respondent's response. Respondents should be aware that any deviations to the minimum expectations and/or requirements as outlined in this RFP may result in disqualification.
- L. In accordance with the Schedule of Events, questions should be submitted in writing by email to:

Santiago Munoz III  
Chief Strategy Officer, UCLA Health  
smunoz@mednet.ucla.edu
- M. Responses to questions will be made in writing to all potential respondents. UC Health does not assume responsibility for questions or responses received after the RFP question and response deadline that might prevent the respondent's ability to provide a response within the established deadline.
- N. All questions should be submitted to the designated UC Health representative. UC Health does not assume any responsibility for questions submitted to or answered by an unauthorized UC Health representative.
- O. Potential respondents may not make contact with any member of UC Health and may only contact the authorized UC Health staff as outlined in this RFP.

Failure to comply with this requirement may result in the disqualification of the vendor in further participation of this RFP.

**SCHEDULE OF EVENTS**

Distribution of RFP	January 2, 2020
RFP Receipt Acknowledgement and Intent to Participate	January 7, 2020
Written RFP Questions Due	January 8, 2020 – 2:00 p.m. (Pacific Time)
Responses to Questions	January 10, 2020 – End of Business
RFP Response Due	January 21, 2020 – 2:00 p.m. (Pacific Time)
Vendor Presentations	February 3, 2020 through February 7, 2020
Selection of Awarded Vendor	February 10, 2020
Contract Executed	February 14, 2020
Engagement Starts	February 10, 2020 to February 14, 2020*

\*It is UC Health's intent to have awarded vendor(s) start the engagement immediately upon award. Therefore, it is critical that potential respondents follow the instructions for reviewing and accepting the procurement documents (see section General Terms and Conditions).

**GENERAL TERMS AND CONDITIONS**

Preparation Costs: UC Health is not responsible for any preparation costs incurred by respondent. Respondent is solely responsible for all costs in association with information, proposals, visitations, demonstration, and personnel furnished to comply with this RFP or any subsequent requests prior to issuance of an agreement.

Term of Agreement: The term of any agreement arising from this RFP shall be considered a master services agreement (MSA) for three (3) years with two (2) one-year renewal options. Work completed under such MSA shall be supported and agreed upon utilizing a scope of services amendment. Any renewals must be agreed upon in writing by both parties.

Standard University of California procurement documents:

- EXHIBIT 1—Master Professional Services Agreement
- EXHIBIT 2—Statement of Work Template
- EXHIBIT 3—UC Terms and Conditions and UC Health Addendum to Terms and Conditions
- EXHIBIT 4—Appendix: Data Security and Privacy
- EXHIBIT 5—Appendix: HIPAA Business Associate Agreement
- EXHIBIT 6—Retention for Provision of Legal Services<sup>1</sup>

The above referenced documents must be accepted by awarded vendor(s). All respondents should carefully review the documents and provide any comments to the documents with their response. Any vendor proposed deviations to the terms and conditions of any of the documents may result in lower scoring of the RFP response.

Additional Phases or Scope of Work: UC Health reserves the right to add additional phases to the engagement and/or MSA as a result of work completed or recommended under the original scope of

services. Any additional work shall be agreed upon in writing by both parties in the form of an amendment, including but not limited scope of services and fees.

**EXCEPTIONS AND AREAS OF NON-COMPLIANCE**

Please indicate your compliance with the terms and conditions as set forth in this RFP.

- 100% Compliance – All terms and conditions of the RFP are accepted without any exceptions, limitations and/or exclusions.
  
- Concession Requests – Acceptance with non-contingent concessions requested.
  
- Non-Compliance – Acceptance contingent upon exceptions, limitations, and/or exclusions

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

All exceptions, limitations and/or exclusions should be provided as an exhibit to the response and should include but not limited to the following information:

- RFP section number and description/requirement
- Details regarding exception, limitation and/or exclusion
- Suggested alternative, if applicable

UC Health reserves the right to review all exceptions, limitations and/or exclusions to determine its appropriateness to the scope of services as outlined in this RFP and may determine as the result of its review to disqualify a respondent from further consideration.