**UC Health Responses to RFP Questions Received**

**Question 1:** Will the UC consider proposals from law firms that are for legal services only?  In other words, would a proposal to work with the UC’s selected consultant to identify and address the relevant legal issues that inform the development of strategy options, support efforts to obtain federal and state approvals, and guide implementation strategies, be considered responsive to the RFP?

**UC Health Response to Question 1:**

UC Health prefers an engagement that includes the full scope of consulting and legal services described in the RFP.  The most significant components of the scope of work anticipated to be needed are non-legal consulting services.  To the extent that the selected vendor is able to provide only non-legal consulting services described in the RFP, UC Health reserves the right to enter into a separate engagement for legal services.

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).

**Question 2:**

The RFP specifies that vendors should submit a “[t]wo 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.”

May vendors provide initial draft(s) of Exhibit 2 (UC Health Statement of Work) to

provide additional detail about projects identified?

**UC Health Response to Question 2:**

Yes, UC Health will accept proposals regarding potential strategies, concepts, and designs for Medi-Cal financing and reimbursement in any format, whether a written word document, slide deck, or description included in a draft UC Health Statement of Work (Exhibit 2). Proposals will be scored based on the substantive content of the proposals, not the format.

**Question 3:**

The RFP states that pricing should be proposed on a fixed fee basis. Could UC Health please clarify what is meant by a fixed fee?

* Would a fixed hourly rate per person qualify as a fixed fee?
* Would a fixed monthly retainer rate qualify as a fixed fee?
* Would a fixed contingency percentage qualify as a fixed fee?
* May a vendor propose a success fee and/or shared risk options as part of its RFP response?
* May a vendor propose separate pricing for each individual project?
* May the pricing be specified in the Exhibit 2 (UC Health Statement of Work) for each Statement of Work? Alternatively, can UC Health identify where in the RFP response the pricing information should be submitted?

**UC Health Response to Question 3:**

UC Health is willing to accept pricing proposals based on a fixed monthly retainer, a fixed contingency rate, or a fixed fee per project, or another basis specified by the bidder. UC Health does not consider a fixed hourly rate per person to qualify as a fixed fee proposal. UC Health will accept separate pricing proposals for each individual project, but will review and score proposals based on the aggregate cost for all projects within the scope of services. Pricing proposals may be specified in a draft UC Health Statement of Work (Exhibit 2) or in a separate document. UC Health will accept pricing information in any format.

**Question 4:**

Are printed proposal copies double-sided and placed into binders acceptable or should printed

copies be provided in a different manner?

**UC Health Response to Question 4:**

Yes, printed copies may be double-sided and placed in binders or folders or may be stapled.

**Question 5:**

Will information included in the proposal that is labeled as confidential or proprietary beexcluded from public records?

**UC Health Response to Question 5:**

Proposal information that is labeled as confidential or proprietary will be considered exempt from the California Public Records Act to the extent permitted by law.

**Question 6:**

Page 6 of the RFP notes that respondents may submit bids excluding legal services.  In this vein, will the UC accept bids for parts of the proposed scope (i.e. strategic services, payment design, actuarial services, etc.) rather than all elements in the RFP?

**UC Health Response to Question 6:**

UC Health prefers a single engagement that includes the full proposed scope of consulting services described in the RFP and bids for the full scope of non-legal consulting services will be scored higher than bids for only part or the proposed scope.  Although UC Health reserves the right to enter into a separate engagement with separate vendors for parts of the proposed scope of non-legal consulting services, UC Health does not anticipate selecting more than one vendor for the non-legal consulting services.

**Question 7:**

The Project Goal and the Scope of Work contains multiple references to “implementing” across UC Health locations (UC medical centers, affiliated medical schools, physicians and allied health professionals).

* Is the implementation effort to be completed and concluded by January 1, 2021?
* Successful implementation involves a significant change management effort. Will UC Health consider a separately priced scope that is specific to implementation?
* How will UC Health determine that “implementation” is complete?
* Have UC Health contacts and resources been designated at each of the UC Health locations?

**UC Response to Question 7:**

UC Health intended for “implementation” to mean that the Medi-Cal program or project has been fully developed and accepted by the Department of Health Care Services, submitted to and approved by CMS, and that UC has adopted clear guidelines for implementing the parameters of the approved program within the organization. UC Health is not seeking assistance to carry out the implementation within the organization or change management within the organization. UC Health has designated contacts and resources for assistance with these projects at UC Office of the President and each of the UC Health locations. UC Health is seeking proposals that can be implemented before the Medi-Cal 2020 Demonstration Project expires on January 1, 2021 to the greatest extent possible, but recognizes that the size and scope of the changes to the Medi-Cal program anticipated in the multi-year Medi-Cal Healthier for All initiative likely will mean programs may not be fully implemented until after January 1, 2021.

**Question 8:**

Page 6 of the RFP is states, “Within the scope of work, UC Health reserves the right to negotiate specific project details as further described in more detailed statement of work to be developed in collaboration with the selected vendor prior to contract execution.” Is it possible that multiple vendors will be selected and assigned separate scopes or sections based on their expertise?

**UC Health Response to Question 8:**

UC Health prefers a single engagement that includes the full proposed scope of consulting services described in the RFP and bids for the full scope of non-legal consulting services will be scored higher than bids for only part or the proposed scope.  Although UC Health reserves the right to enter into a separate engagement with separate vendors for parts of the proposed scope of non-legal consulting services, UC Health does not anticipate selecting more than one vendor for the non-legal consulting services.

**Question 9:**

If a vendor feels they are best qualified to assist with a specific portion of the SOW, should they propose for just that specific portion? Or will they be eliminated as either “non-qualified and rejected as non-responsive” or eliminated as not “Administratively Responsive?”

**UC Health Response to Question 9:**

UC Health will consider proposals for only specific portions of the proposed scope of consulting services and will not disqualify proposals for specific portions as non-responsive or not administratively responsive. However, UC Health prefers a single engagement that includes the full proposed scope of consulting services described in the RFP and bids for the full scope of non-legal consulting services will be scored higher than bids for only part or the proposed scope.  Although UC Health reserves the right to enter into a separate engagement with separate vendors for parts of the proposed scope of non-legal consulting services, UC Health does not anticipate selecting more than one vendor for the non-legal consulting services.

**Question 10:**

* Should the “fixed-fee” proposal be for a three (3) year MSA (as specified in the Terms of Agreement)?
* Should a “fixed-fee” price be set for potential one-year renewal options?
* Can bidders provide multiple “fixed-fee” amounts for separate SOW items?

**UC Health Response to Question 10:**

UC Health is willing to accept pricing proposals for based on a three-year MSA term and/or potential one-year renewal options. UC Health will accept proposals that are based on a fixed monthly retainer, a fixed contingency rate, or a fixed fee per project. Proposals should specify the term and the basis for the proposed fixed-fee arrangement. UC Health will accept separate pricing proposals for each individual project, but will review and score proposals based on the aggregate cost for all projects within the scope of services.

**Question 11:**

The RFP notes “Work completed under such MSA shall be supported and agreed upon utilizing a scope of services amendment.”  Should bidders propose hourly rates for items outside the scope of work?

**UC Health Response to Question 11:**

Bidders are not required to propose hourly rates for items outside of the scope of work. UC Health reserves the right to request additional services and in the event such additional services are requested, the selected vendor and UC Health will negotiate and mutually agree on the fee for such additional services.

**Question 12:**

The RFP notes “UC Health may add a success fee, or shared risk provisions, as applicable for specific projects as further described in more detailed statements of work.” Will UC Health propose the success fee(s) or is that up to the bidder?

**UC Health Response to Question 12:**

UC Health will accept proposals for success fees from bidders, and reserves the right to propose success fee terms for specific projects as described in more detailed Statements of Work.

**Question 13:**

The RFP requests pricing be proposed on a fixed-fee basis for the services described in the scope of work.  Is there any particular increment UC Health is expecting for the fixed-fee proposals?  For example, the Scope of Work includes eight bullet points (plus the option to provide legal services).  Is UC Health expecting a fixed-fee proposal for each bullet point?  Is UC Health expecting a fixed fee proposal based on phases of work?  Is UC Health expecting a fixed-fee proposal for each academic medical school/school of medicine?  Or is this up to the proposer?  Will UC Health not accept any component on an hourly basis?

**UC Health Response to Question 13:**

UC Health is willing to accept pricing proposals based on a fixed monthly retainer, a fixed contingency rate, or a fixed fee per project, or another basis specified by the bidder. UC Health does not consider a fixed hourly rate per person to qualify as a fixed fee proposal. UC Health will accept separate pricing proposals for each individual project, but will review and score proposals based on the aggregate cost for all projects within the scope of services. Pricing proposals may be specified in a draft UC Health Statement of Work (Exhibit 2) or in a separate document. UC Health will accept pricing information in any format.

**Question 14:**

Pricing.  In addition to services being proposed on a fixed-fee basis, the RFP requests that the proposal provide the “discount off of the standard hourly rate that is being offered through the proposed fixed-fee amount.”  In order to facilitate computation of an effective expected discount, does that mean that proposer must submit an hours budget for each fixed fee?

**UC Health Response to Question 14:**

UC Health does not require a proposer to submit an hours budget for each fixed fee. However, UC Health will be scoring proposals based on the best value to the University and proposals that demonstrate that the fixed fee represents a significant discount off of the standard fees will be scored more favorably.

**Question 15:**

Award.  Given that UC Health is reserving the right to award contracts to a single vendor, multiple vendors, or affiliated consortia of service partners or awarded vendors, does UC Health have a  preference for (1) potential vendors partnering with other vendors to submit a single proposal to best cover UC Health’s needs as set forth in the RFP or for (2) proposals to be submitted from single vendors that would allow UC Health to create its own team to address UC Health’s needs?

**UC Health Response to Question 15:**

UC Health expects potential vendors partnering with other vendors to submit a single proposal together.