

## **MEMORANDUM**

**TO:** Potential Information System Bidders  
**FROM:** Shelley Rouillard  
**DATE:** January 3, 1997  
**SUBJECT:** Request for Information System Proposals

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You are invited to review and respond to the attached Request for Proposals to develop, install and provide ongoing support for the Management Information System (MIS) for the recently funded Pilot Health Care Consumers' Ombudsman Program. The Program is a telephone hotline consumer assistance service for which we plan on having 12 networked real-time stations and one stand-alone station at a different site.

The specifications contained in this RFP, while detailed, are not final. Final specifications will be worked out with the successful bidder. There is a Base Budget of up to \$30,000 available for the purchase of hardware, software and all initial installation, testing, and training for the MIS. Funds are budgeted separately for telecommunications equipment.

### **PROPOSAL SUBMISSION**

**Proposal Due Date:** Bidders should present their proposal in the format described in Section III of this RFP. A signed original proposal and four (4) copies must be received by 5:00 p.m. on Friday, January 24, 1997. Late proposals and proposals delivered by facsimile will not be accepted. Proposals should be mailed or delivered to:

Shelley Rouillard  
Program Manager  
Health Care Consumers' Ombudsman Program  
Legal Services of Northern California  
515 - 12th Street  
Sacramento, CA 95814

**Statement of Interest:** If you intend to respond to the RFP, please mail or fax the attached Appendix G on or before January 8, 1997 so we can provide you with any updates.

Health Care Consumers' Ombudsman Program  
Request for Information System Proposals

**Finalist Interview(s):** We anticipate interviewing the finalist bidder(s) either in person or by phone. The interview is scheduled to take place in Sacramento, California on Tuesday, February 4, 1997. Bidders are requested to keep that date available for key personnel. Finalists will be notified by January 31, 1997 if they are selected to be interviewed.

**Commencement of Performance:** Performance will begin as soon as possible after a contract is approved and signed, hopefully, by February 10, 1997. Our goal is to have the system developed, designed and installed with initial testing commencing March 15, 1997 and testing completed by April 2, 1997.

Questions related to this RFP should be directed to Shelley Rouillard at (916) 443-3391, ext 7157; facsimile (916) 446-6104. Questions will be accepted until the RFP deadline.

## **SECTION I - INSTRUCTIONS**

### **A. FORMAT OF RFP**

This RFP is divided into the following sections:

Section I provides instructions for completing the RFP and includes the evaluation criteria.

Section II provides background information on the Program and its operations.

Section III requests general vendor information in narrative format.

Section IV describes the detailed system requirements which must be met by the proposed software system, and requests system requirement information in narrative as well as worksheet format.

Section V contains the detailed cost and time proposal format for MIS software and hardware acquisition to meet the requirements listed in Section IV.

Section VI contains the following Appendices:

Appendix A - Population and Service Volume Estimates

Appendix B - Community Demographic Summary

Appendix C - Client Information Detail

Appendix D - Case Information Detail

Appendix E - Code Tables

Appendix F - Confidentiality statement to be signed and submitted with the RFP

Appendix G - Request for a contact person from each vendor.

### **B. INSTRUCTIONS FOR COMPLETING THIS RFP**

Section III requires responses from the bidder. Responses to this RFP must include narrative responses to all questions in the form of a typed document which clearly identifies the section and question being addressed.

Section IV also contains specific system requirements. Included is a requirements checklist containing the requirements for the various functions of the MIS. All requirements and questions must be addressed; this section requires narrative responses to all questions.

In all cases, the vendor should provide, where possible, any additional information or documentation which can support evidence of the product's satisfaction of the stated requirements. Copies of reports generated, examples of screen layouts, sections of sample source code, etc. should be attached to the appropriate section of the RFP and cross-referenced to the intended system requirement.

### **C. RFP SUBMISSION CHECKLIST**

Vendors responding to the Request for Proposal should forward the following materials:

- \_\_\_ Typed narrative responses to questions in Section III and any attachments, appropriately cross-referenced
- \_\_\_ Completed Systems Requirements worksheet from Section IV, narrative responses to questions, and any attachments, appropriately cross-referenced
- \_\_\_ Detailed Cost and Time Proposal (Section V)
- \_\_\_ Resumes of all staff proposed to work on the project
- \_\_\_ Set of complete installation instructions (if applicable)
- \_\_\_ Three references from existing clients, for software and support services
- \_\_\_ Samples of technical and user documentation including sample screen layouts and demonstration diskette
- \_\_\_ Typed and signed Statement of Confidentiality (Appendix F)
- \_\_\_ Other attachments as necessary

**NOTE: Failure to supply all requested information may result in disqualification.**

### **D. HOW PROPOSALS WILL BE EVALUATED**

Proposals will be evaluated based on the following criteria:

1. The vendor's ability to satisfy the Program's requirements as set forth in this RFP.
2. The ease of use of the proposed system by non-data processing personnel. This includes use of ad hoc inquiries and reports as well as general use of the system.
3. The stability of the vendor, including the number of years implementing similar configurations, the number of similar installations, and the financial strength of the company.
4. The total cost of the proposed system, including software, implementation assistance, and other services provided.

## **E. CONTRACT REQUIREMENTS**

Sections of the proposal of the successful vendor, plus this RFP, may be incorporated into the contract with the Program. Any ambiguities, discrepancies, inconsistencies or conflicts in or between this RFP and the proposal of the successful bidder shall be resolved in favor of this RFP. The circulation of this RFP by the Program does not constitute a commitment or agreement by the Program to purchase or otherwise procure any computer hardware, system software or applications software. The Program will not reimburse any expenses incurred by the vendors which are associated with responding to the RFP. No confidential or proprietary information will be accepted by the Program.

The following requirements may be made part of any contracts formulated between the organization and the successful vendor:

The Program, and/or its parents (the Center for Health Care Rights and Legal Services of Northern California), will own the license to the software except for any proprietary modules used to construct the system. The Program, and/or its parents, may purchase the source code for use solely and exclusively by the Program.

The Program will remain active in the design of the new system and reserves the right to make changes to the specifications listed in this proposal at any time during the design process.

The Program anticipates potential significant interest to replicate the system design from other entities, both in California and nationally. The Program, and/or its parents, will want rights to distribute (or distribute jointly with the successful vendor) the software, along with the system specifications developed for the Program.

## **SECTION II - BACKGROUND INFORMATION**

### **THE PILOT HEALTH CARE CONSUMERS' OMBUDSMAN PROGRAM**

The Health Care Consumers' Ombudsman Program is a four year pilot program designed to be an independent source of information and assistance for consumers and the health care system in the Sacramento metropolitan area. The total service population is approximately 1.2 million people. Through telephone hotline and in-person services, the Program will assist individuals with general questions about managed care as well as help resolve specific problems consumers have in managed care. Services will be delivered primarily by ombudsman counselors via telephone hotline, with information and advice confirmed by written correspondence and hand-outs.

In addition, the Program will collect and analyze information generated both by consumers' use of the Program and from other sources such as health plans and regulators that can identify the strengths and weaknesses of particular plans, provider groups, or delivery systems. The Program will provide regular feedback based on this information to health plans and providers, and will issue periodic public reports.

The goals of the pilot Health Care Consumers' Ombudsman Program are to:

1. Improve access to health care in the Sacramento area by educating and assisting health plan and insurance enrollees to be responsible, informed and empowered consumers.
2. Improve the health care delivery system in the Sacramento area by collecting and analyzing information on the types of problems consumers encounter and by providing feedback to health plans, purchasers, regulators and the public.
3. Test the system as a model for other consumer-oriented programs in California and the nation.

Managed health care consumers, regardless of payer (e.g. Medi-Cal, Medicare, CHAMPUS, employer, etc), will be encouraged to call the program to receive assistance if they are confused or having problems with their managed health care plan. The majority of callers (approximately 90%) will receive a brief service in which they are provided information and/or a referral when they call (potentially also receiving follow-up information in the mail). Approximately 10% of the callers will require direct assistance ("cases"). For these cases, the counselors will frequently contact third parties to resolve or clarify issues. Because this is a pilot program, the ranges of possible service volumes are large.

We estimate the volume of information and referral calls will be between 10,000 and 50,000 per year. Annual case estimates range from a low of 1,000 to a high of 5,000. Case calls may take an average of 5-10 calls per case to resolve.

Counselors will use the MIS in tracking their client contacts. The MIS must be designed for on-line use during phone conversations with clients and others contacted on behalf of clients.

We anticipate the MIS being integrated with the ACD telephone system so that time tracking of phone conversations, caller telephone number and other data elements are captured so that there is no

redundancy in collecting information needed for the Program. Each client record will be comprehensive and updated during or after each contact with or on behalf of a client.

The MIS should include standardized reporting formats to provide weekly, monthly and quarterly reports on client contacts. Besides providing a summary for the Program as a whole, reports should be able to organize information in different ways useful for tracking and evaluation (e.g. breakdowns by health plan, provider group, purchaser type, by nature of the problem, by type of assistance provided, by length of time spent, by demographics and health condition of consumer, and by ombudsman counselor).

Because the Program is a pilot, the Program wants a MIS that can accommodate growth; be scaled back depending on the actual volume and nature of calls (relative to the information individual counselors must collect for each caller); and is flexible enough to be modified based on presently unidentified or misidentified needs.

### **SECTION III - VENDOR INFORMATION**

Please provide detailed information regarding your company's stability, reliability and commitment to its software products.

At a minimum, response to this section should include:

- three references each from the existing client base for the a) software and b) support services of the company;
- a typed document detailing responses to all questions in this section.

#### **A. BACKGROUND INFORMATION**

1. Provide a brief history of the company including:

- The number of years in business;
- All office locations;
- A breakdown of the number of employees in the vendor's organization by functional area:
  - Sales;
  - Support;
  - Research and Development;
  - Administrative.

2. Provide a brief history concerning the development of the company's experience with law office or health plan, health care provider, or member service systems.

3. How many clients currently use each of your law office and/or health care information systems? How many of these clients currently operate in a Novell-based, Windows-based environment?

4. Is the firm a full-service vendor supplying the following:

- Software;
- Hardware;
- Consulting Services;
- Customization/Modification Services?

5. Are any of these services provided through third party arrangements or referrals rather than by the vendor directly? Please explain.

#### **B. SOFTWARE INFORMATION**

1. What database or programming language will the hotline system be written in? Which versions/releases are supported?

2. Are there any special software packages required or any unique hardware configurations required with the system?

3. Does the vendor provide the program source code? If so, what is the vendor's policy regarding user modifications to the program source code?
4. What type of file retrieval system will be used?
5. Will there be any limits on the number of simultaneous users? What factors can erode performance and/or response time?
6. Indicate the nature of any restrictions on the size or volume of records contained in a file.
7. What is the number of indexes which can be used in the system?
8. What back-up and recovery utilities do you propose? What procedures should the hotline staff follow for successful recovery?
9. Appendices C and D detail the fields we anticipate needing. We do not propose the number and structure of database files. How many database files does the vendor propose using and how would they be linked?

#### **C. INSTALLATION**

1. Is a qualified technical representative provided on-site to install the system? If not, describe installation alternatives and the level of technical knowledge required.
2. Describe how the vendor ensures that newly installed systems are adequately tested.

#### **D. TRAINING**

1. What is the company's plan for:
  - technical training;
  - hotline counselor training;
  - system administrator training?

#### **E. SOFTWARE SUPPORT**

1. Describe who will provide long-term support and system enhancements to the proposed system and the availability to provide such support?
2. Describe the on-going level of support and procedure for "bug-fixes" provided by the vendor.

#### **F. TELECOMMUNICATIONS SYSTEM INTEGRATION**

1. Describe your company's experience with computer/telephone integration.
2. Which specific telecommunications systems has the vendor worked with? What are the advantages and disadvantages of each with respect to computer integration?
3. Is the MIS integrated with telecommunications systems for any of the company's other clients? Briefly describe the system(s) operating capacities and identify potential issues, if any.

## **SECTION IV - DETAILED SYSTEM REQUIREMENTS**

The purpose of this section is to present the proposed detailed system requirements for operating the Hotline System. **For each item on the requirements checklist, enter the appropriate number from the following key in the blank provided:**

- 4 = This requirement can be met, in full, by existing software.
- 3 = This requirement can be met with minor modifications to existing software or minor custom development work.
- 2 = This requirement can be met but with major modifications to existing software or major custom development work.
- 1 = This requirement cannot be met.

In the case of responses of "3" or "2", on a separate sheet, note the requirement number and describe the modifications or level of custom development that is necessary for each item listed on the checklist. Vendors may recommend alternative approaches to the proposed system processing described in this section. In addition, for responses to all questions (Q1-Q14), note the question number and respond in narrative form.

For any case in which the effort to meet the requirement would necessitate substantial modifications that would require significant additional costs, bidder should break out those costs and time separately from the Base Budget. In these cases, bidders must furnish information regarding the:

- developer or manufacturer of the software (if other than the vendor),
- nature of the modification or custom development;
- level of effort necessary in time and person power; and
- vendor's cost for providing the necessary modification or custom development.

This information should be provided in Section V "Detailed Cost and Time Proposal" and appropriately cross-referenced with the "Detailed System Requirements" section and requirement number (see Appendices C, D and E).

The system requirements contained in this Section, while detailed, are neither all-inclusive nor final. Final system design will be determined by the Program in consultation with the successful bidder. In addition, the system must be flexible enough to be modified, after the Program has been implemented, based on presently unidentified or misidentified needs.

## A. CLIENT INFORMATION

### Description:

This portion of the MIS provides for obtaining information on new clients and updating existing client records. Information focuses on background information of the client. **For the 80-90% of callers who receive information and/or referral only, the Program has not determined the extent to which client information will need to be collected.** However, an information file is a prerequisite to entering "case" information.

### Requirements Checklist:

#### General Processing

- A1. \_\_\_ Computer generation of unique client ID number.
- A2. \_\_\_ Interactive as well as batch edits and updating to existing files.
- A3. \_\_\_ Help text available for all fields.
- A4. \_\_\_ For fields using entries from table files, the ability to display all table entries and from this list select an entry which will be placed in the field (see Appendix E).
- A5. \_\_\_ Ease of use for high volume activities.
- A6. \_\_\_ Logical sequencing for data entry.
- A7. \_\_\_ MIS can fulfill the field specifications as indicated in Appendices C and D.

#### Creating a new client information file

- A8. \_\_\_ Upon invoking the client information module, a blank information form is displayed with the cursor positioned in the client ID number field. Hotline counselor may enter the letter "N" to create a new record, or the client's ID, if known, to retrieve an existing record, or leave blank.
- A9. \_\_\_ If "N" is entered, system generates a new ID and counselor is prompted through all fields to complete information.
- A10. \_\_\_ Upon completion of information file, system prompts counselor if they would like to enter case information. If not, the system main menu is displayed.

A11. \_\_\_ If counselor progresses to case information, system deposits client ID and name in temporary file which is checked as a preprocess by the case information module. Also included is that this is a new client.

#### Editing an existing client information file

A12. \_\_\_ Upon invoking the client information module, a blank information form is displayed with the cursor positioned in the client ID number field. Hotline counselor may enter the letter "N" to create a new record, or the client's ID to retrieve an existing record, or leave blank.

A13. \_\_\_ If an existing client ID is entered, the system retrieves and displays the client record.

A14. \_\_\_ If there is no client ID on file, system informs counselor and prompts if secondary search is required.

A15. \_\_\_ If secondary search is requested, counselor enters any of the fields in the client information file (e.g. client's last name, county, zip code, phone number, etc).

A16. \_\_\_ System searches for and displays all matches in tabular form. Displayed is the first, middle and last name of the client.

A17. \_\_\_ Counselor selects client. All matches are numbered.

A18. \_\_\_ System retrieves selected client and displays record.

A19. \_\_\_ If no matches are found, system displays message regarding the negative search.

A20. \_\_\_ Upon completion of the information file, system prompts counselor if they would like to enter case information. If not, the system main menu is displayed.

#### Questions:

Q1. There are many field elements in the client information file. How do you propose organizing the information which will facilitate on-line data entry?

Q2. The comments field should allow for unlimited entry and must be date and time stamped. Will this be a field element or a separate database file? If a separate database file, how will this be connected to the information file?

Q3. To accomplish the processing of this module, how many working files and screens do you foresee?

Q4. How will information contained in the client information file be connected to the

database of referral contacts (e.g. health plans, health systems, providers, employers) for reference by Hotline counselors and inclusion in written information?

Q5. How does the vendor propose to integrate phone/file information such that the client's phone number is automatically entered (via caller ID or other mechanism) into the database?

## **B. CASE INFORMATION**

### **Description:**

Provides for the recording of all case notes and activities throughout the lifecycle of a case (defined as only those matters requiring multiple interactions between the counselor and client and third parties). This includes assigning clients to counselors, setting appointments, if necessary, documenting letters and other documents (e.g. educational materials) sent to or on behalf of clients and noting if hard copy documentation is required/received. Single interactions (information and referral matters) would not entail collection of all requirements detailed below (see Section C). Each case or matter will have separate entry in the case information database. The client ID number provides the link to the client database. The counselor ID number, if applicable, provides the link to the counselor database. The health plan ID number provides the link to the plan database.

### **Requirements Checklist:**

#### General Processing

- B1. \_\_\_ Field validation based on file layout specifications as indicated in Appendix D.
- B2. \_\_\_ Case notes entries should operate using basic, state-of-the-art functionality.
- B3. \_\_\_ Running clock to track time spent on a case.
- B4. \_\_\_ Ability to override any automatic clock/time tracking.
- B5. \_\_\_ Time on the phone entered/transferred to client/case information file.

#### Creating a new case record

- B6. \_\_\_ System checks to see if the client information file has preselected a client. The temporary file created from the client information file would also indicate if the registration was just created.
- B7. \_\_\_ If a client has been preselected and is new, the system would generate a unique case number and the counselor could proceed to enter case information.
- B8. \_\_\_ If a client had not been preselected, the counselor must select the client associated with the case notes. The system would prompt the counselor

to enter the client ID and/or any of the fields in the client information file (e.g. client's last name, county, zip code, phone number, etc). All clients matching the list would be displayed in tabular format. After selecting the correct client, the counselor may proceed with case notes.

- B9. \_\_\_ For each new case created, the system creates a unique case identification number.

#### Appending existing case records

- B10. \_\_\_ The Hotline counselor may append existing notes. The system would prompt the counselor to enter the client ID and/or full name. All clients matching the list would then be displayed in tabular format. After selecting the correct client, the system would then display all cases associated with the client. The display would include the problem description in tabular format. The counselor would then select the correct case from the screen and then make current the selected case. Hotline counselors should not be able to edit previously entered notes once they are saved.

#### Entering case notes

- B11. \_\_\_ All case notes must be date, time and counselor-code stamped. New notes should be appended to existing notes.
- B12. \_\_\_ Length of case notes is unlimited and should be on a separate screen. Entry should be similar to using any state-of-the-art word processor. No special training should be required for usage.
- B13. \_\_\_ Easy toggling between client information and case notes screens.

#### Service Mailing

- B14. \_\_\_ If a "Y" is placed in the service mailing field, the client's name, address, and information code are added to the mailing label database to be printed automatically.

#### Case Documents (e.g. Educational Materials, Letters)

- B15. \_\_\_ Case documents are separate word processing entries which can be accessed from the case information file. A field on the case information screen prompts the counselor for case documents.
- B16. \_\_\_ If a "Y" is entered in the case information field, the screen clears and displays a list of all standard documents. The document title, description, date and document code are displayed. The counselor may select any

document to append or be prompted to create a new document.

- B17. \_\_\_ Once selected, document codes are added to the case information file.
- B18. \_\_\_ Standard documents may be personalized through standardized paragraphs or personalized text. A field on the document screen prompts the counselor for text insertion.
- B19. \_\_\_ If a "Y" is entered in the document field, the screen displays a list of all standard paragraphs. The paragraph title, description, date and paragraph code are displayed. The counselor may select any paragraph to append or be prompted to create a new paragraph.
- B20. \_\_\_ Letters are coded to indicate enclosures. Letter and enclosure codes are appended to existing case notes.
- B21. \_\_\_ The ability to continuously print case documents.

#### Case Resolution/Closure

- B22. \_\_\_ Separate field for indicating resolution/closure of case. System prompts counselor to enter the resolution/closure code which is linked to the problem code.
- B23. \_\_\_ System separately and automatically tracks and counts information and/or referral services provided as part of the case.

#### Follow Up Activities

- B24. \_\_\_ Automatic/default tickler system for case follow-up with ability to override.

#### Capacity for client follow up surveys

- B25. \_\_\_ System selects some or all clients based on service provided (e.g. information, referral or case) and lists name, phone number and issue code.
- B26. \_\_\_ Separate screen for phone/mail survey follow up and comments.
- B27. \_\_\_ Ability to re-open "closed" case or open new case for existing client based on survey information.

## **C. INFORMATION AND REFERRAL**

### **Description:**

The vast majority of hotline callers will receive only information and/or referral services. Counselors may collect only selected portions of the information detailed in the client or case file. This section of the MIS provides for documenting information and/or referral services provided, including the provision of written materials and other documents, referral to another entity.

### **Requirements Checklist:**

- C1. \_\_\_ Ability to track time spent on a call without establishing a new case record.
- C2. \_\_\_ Ability to track/count multiple issues and/or services provided (e.g. primary and secondary issues; providing information on a topic, or multiple topics, and referral).
- C3. \_\_\_ For calls identified by the counselor as information and/or referral, system has the ability to randomly (e.g. every 10th caller), require more detailed demographic client information.

### **Questions:**

- Q6. For hotline callers who receive only information and/or referral services, counselors may collect a limited amount of demographic or other "client" information. How does the vendor propose organizing data collection to facilitate efficient handling of high volume information and referral calls in cases where, for instance, addresses do and do not need to be collected?

## **D. SYSTEM MANAGEMENT**

### **Description:**

System management functions are performed exclusively by the system manager at the Hotline site. The system manager will have exclusive privilege to perform the following:

### **Requirements Checklist:**

- D1. \_\_\_ Additions, deletions and modifications to all code tables used throughout the system.
- D2. \_\_\_ Add/delete Hotline counselors to the system. Hotline staff may review any information contained in these databases but are not granted rights to modify.
- D3. \_\_\_ Perform backups of all data files.
- D4. \_\_\_ Perform case archiving. This activity will remove selected cases from the system. Archiving can be on a case by case basis or by selecting a range to archive a group of cases. The range may be a date, counselor, or client. The selected case data file(s) are copied to the archive file, then deleted from the case data file. All counselors can view the contents of the archived database and select reports as though the cases were active. Archived cases can be activated and placed in the active file by the system manager.

## **E. OVERALL SYSTEM REQUIREMENTS**

- E1. \_\_\_ The vendor's product must execute in a Novell-based, or equivalent, environment and use the Windows operating system.
- E2. \_\_\_ All files must be integrated and interactive. Specifically, updates to any one field must be upwardly compatible and automatically applied throughout the system. This includes all information on:
- clients
  - cases
  - counselors
  - referrals
- E3. \_\_\_ For every field with a code table, an "OTHER" (free form text) option is available up to 40 characters.

The system should include utilities for:

- E4. \_\_\_ File handling;
- E5. \_\_\_ Installation;
- E6. \_\_\_ Recovery; and
- E7. \_\_\_ Back-up.
- E8. \_\_\_ The system should provide on-line user-defined editing capabilities.
- E9. \_\_\_ Access should be administered through an on-line table which displays users' codes and levels of authority.
- E10. \_\_\_ Include on-line help and documentation.
- E11. \_\_\_ Allow for creation of output files accessible by other systems.

The system should allow for:

- E12. \_\_\_ Record locking;
- E13. \_\_\_ "Read only"; and
- E14. \_\_\_ "Read/write" record access.
- E15. \_\_\_ True real time updating in a multiple user environment.
- E16. \_\_\_ User ID and password protection.

- E17. \_\_\_ Security administration that is centrally controlled by site.
- E18. \_\_\_ Password protections for varying levels of access.
- E19. \_\_\_ Access to on-line screens by both direct and chained or linked access.
- E20. \_\_\_ Override capabilities for all exceptions.
- E21. \_\_\_ Archiving cases by date ranges and issue types.

The system should provide for:

- E22. \_\_\_ Flexible reporting capacity.
- E23. \_\_\_ Easily modified standard reports.
- E24. \_\_\_ Ability to write special reports.
- E25. \_\_\_ Trend reporting.
- E26. \_\_\_ Linkage/download into other software (e.g. spreadsheets, word processing, mapping programs)

Security rules should apply to specific:

- E27. \_\_\_ Screens;
- E28. \_\_\_ Fields;
- E29. \_\_\_ Field values; and
- E30. \_\_\_ Client codes.

The system should provide sufficient audit trails on all transactions to include:

- E31. \_\_\_ Day/time counselor code stamp;
- E32. \_\_\_ User ID; and
- E33. \_\_\_ Terminal number.
  
- E34. \_\_\_ Organization system administrators should have on-line access to all tables and fields for view and change through screens.
- E35. \_\_\_ Provide easy-to-read documentation, including both technical and user manuals.

Vendors should provide:

- E36. \_\_\_ Installation assistance;
- E37. \_\_\_ Implementation assistance;
- E38. \_\_\_ Technical training;
- E39. \_\_\_ End user training; and
- E40. \_\_\_ Custom modifications.

Maintenance package should include:

- E41. \_\_\_ Telephone support; and
- E42. \_\_\_ The command files required to run the system, with complete operator's documentation.

The system should:

- E43. \_\_\_ Be menu-driven to lead inexperienced users through the system.
- E44. \_\_\_ Allow an experienced user to by-pass menus.
- E45. \_\_\_ Provide error messages to explain the nature of errors and corrective actions to take.
- E46. \_\_\_ Provide a facility for mass updates to the database.
- E47. \_\_\_ Provide the ability to modify field lengths as needed.
- E48. \_\_\_ Provide the facility to add new data fields as needed.
- E49. \_\_\_ Provide unique identification numbers for all screens.

**Questions:**

- Q7. The Program anticipates having an off-site counselor who will serve individuals and collect data on services provided. Using a stand-alone version of the MIS, how will the client records be made available to the counselor? How will updates to the client database, both from the network to the stand-alone station and vice versa, be handled?
- Q8. Do any of the password protections and access codes change for the stand-alone station?

## **SECTION V - DETAILED COST AND TIME PROPOSAL**

This section should include cost and time proposals which meet the requirements listed in Section IV and the specifications in Appendices C, D and E. A Base Budget of up to \$30,000 is available for hardware and software purchase, installation, testing and training.

### **A. BASE BUDGET**

Specifically provide a budget which separately details costs in each of the following areas:

- 1) Software
    - a) Satisfaction of requirements detailed in Sections III and IV;
    - b) Installation and Testing;
    - c) Initial Training;
    - d) Design of all initial reports; and
    - e) Recommendations and cost for ancillary software (e.g. word processing, spreadsheets, database; currently using WordPerfect/LOTUS/Excel/Access)
  - 2) Hardware (describe specific vendors and all system specifications, e.g. hard drive size, RAM, etc.)
    - a) Server unit for network;
    - b) Twelve (12) networked stations;
    - c) Separate stand-alone station;
    - d) Back-up system(s);
    - e) Printers (number and type).
- B. FUTURE/ADDITIONAL BUDGET (Potential Additional or Ongoing Costs which are separate from the base budget)**
- a) Specific cost related to any major modifications required to address "2" responses in Section IV, which are not included in A1 above;
  - b) Cost for adding each additional network stations #13-25;
  - c) Future vendor modifications to the software;
  - d) Assistance writing specific reports;
  - e) On-going maintenance;
  - f) On-going support services.

### **Questions:**

- Q9. Will network stations have "smart" or "dumb" terminals. What are the cost implications for each?
- Q10. How are vendor upgrades incorporated into the cost?
- Q11. How is price for software installation determined (by the number of copies per server,

number of users per server, etc.)?

Q12. Besides the cost for each additional station (numbers 13-25), are there any additional cost or installation implications?

Q13. What is the cost for MIS interface with the telecommunications system?

Q14. The Project Director for the Program is located in Los Angeles and will need to have the capacity to review the systems database to conduct data analysis activities and develop special reports. How can the MIS be accessed by the LA office and what are the specific costs associated with such access?

## **B. TIMELINE**

How will the vendor meet the performance requirements outlined such that the full system developed, designed, installed, initial testing started by March 15, 1997 and completed by April 2, 1997? If this timeline cannot be met, indicate why not and the vendor's proposed timeline.

## **C. ADDITIONAL INFORMATION**

Include the following for any requirement that would require modifications or custom development work which are not reflected in the Base Budget above. For such modifications, describe:

- developer or manufacturer of the software (other than the vendor),
- nature of the modification or custom development,
- level of effort necessary in time and person power, and
- vendor's cost for providing the necessary modifications or custom development.

This information should be appropriately cross-referenced with the "Detailed System Requirements" section and requirement number.

If vendor recommends alternative approaches to the proposed system processing described in Section IV, include the above listed information for all alternative approaches.

In all cases, the vendor should provide, where possible, any additional information or documentation which can support evidence of the product's satisfaction of the stated requirements, including, but not limited to a demonstration diskette. Copies of reports generated, examples of screen layouts, sections of sample source code, etc. should be attached to the appropriate section of the RFP and cross-referenced to the intended system requirement.

Resumes for all persons assigned to the project should be included in this section.

## **SECTION VI - APPENDICES**

**APPENDIX A  
TARGET POPULATION AND SERVICE ESTIMATES**

The Pilot Health Care Consumers’ Ombudsman Program is testing a new vehicle to educate and support managed care enrollees. Because it is a new delivery system, we anticipate that many of the estimates regarding case mix, types of services provided and allocation of staff will be adjusted as the program is implemented. Appendix B contains a general description of health care consumers in the Sacramento area.

What follows are three sets of estimates on the range and type of direct services the ombudsman program will provide. These services are in addition to the program’s efforts to educate consumers about managed care and the availability of the ombudsman program, which will include distributing printed material and making presentations at business and community forums. The service estimates were developed based on review of consumer usage of regulatory complaint lines, health plans’ customer service programs and existing ombudsman programs serving Medicaid beneficiaries. The major variables which will affect the volume of services provided to individuals are:

1. The number of calls the program receives (the volume estimates potential calls per 100,000 enrollees on an annual basis); and
2. The type of service provided to callers. The vast majority of callers will be handled by providing information or referral, some will require more extensive services (“Brief Service”), and a relatively small percentage of individuals will receive ongoing assistance to resolve problems (“Cases”).

	<b>Projection 1</b>	<b>Projection 2</b>	<b>Projection 3</b>
<b>Service Population</b>	1,200,000	1,200,000	1,200,000
<b>Calls per 100,000</b>	1,000	2,000	4,000
<b>Total Calls</b>	12,000	24,000	48,000
<b>Service Type</b>	<b>Percent</b>	<b>Percent</b>	<b>Percent</b>
<b>Information &amp; Referral</b>	90%	95%	95%
<b>Cases</b>	10%	5%	5%
	<b>Number</b>	<b>Number</b>	<b>Number</b>
<b>Information &amp; Referral</b>	10,800	22,800	45,600
<b>Cases</b>	1,200	1,200	2,400

**APPENDIX B  
COMMUNITY DEMOGRAPHIC SUMMARY**

	<b>California</b>	<b>Sacramento &lt; 1 &gt;</b>
<b>Total Population</b>		
1992	31,300,134	
1994	31,961,000	1,451,202 < 2 >
<b>Race/Ethnicity</b>		
White	55.5%	71.4%
Black	7.0%	6.9%
Hispanic	27.4%	12.8%
Other	10.2%	9.0%
<b>Total Covered Population</b>		<b>1,176,600</b>
<b>Total Population in HMOs</b>	<b>11,215,800</b>	<b>856,992 &lt; 3 &gt;</b>
% of Total Population	36.4%	59.1%
% of Total Covered		72.8%
<b>Total Commercially Ins'd.</b>		<b>793,738</b>
HMO Commercially Ins'd		<b>658,846</b>
% Commercial in HMOs		83.0%
PPO Commercially Ins'd.		<b>&lt; 4 &gt;</b>
% Commercial in PPOs		
<b>Total Medicare Covered</b>	<b>3,714,264</b>	<b>145,828</b>
HMO Medicare	1,201,214	48,146
% Medicare in HMOs	32.3%	33.0%
<b>Total Medicaid Covered</b>	<b>4,853,284</b>	<b>263,364</b>
Medicaid Managed Care	890,000 < 5 >	150,000
% Medicaid in HMOs	18.3%	63.5%
<b>Total Population Uninsured</b>	<b>5,190,000</b>	<b>287,472</b>
% of Total Population	16.2%	19.8%

**Notes:**

- < 1 > The Sacramento data is for the MSA, which includes portions of neighboring counties.
- < 2 > Sacramento 1994 MSA Population as reported by the California Department of Finance is 1,658,500.
- < 3 > Based upon more current data, the Sacramento total HMO population is 896,588.
- < 4 > Based upon one report, Sacramento has 517,000 PPO enrollees. This figure is not consistent with other data regarding Total Covered Population.
- < 5 > The number of Medi-Cal enrollees in managed care is expected to increase to about 3,400,000; 70% of all beneficiaries in the next two years.

Sources: DHS 1994 Report Health Data Summaries for California Counties,  
Community Services Planning Council 1996 Regional Data Book,  
The Interstudy Competitive Edge, Sacramento Business Journal 1995  
Healthcare Directory, Community Services Planning Council, Direct  
Inquiries

**APPENDIX C  
CLIENT INFORMATION DETAIL**

The following is the Program's current client information expectations. The information detailed here and in Appendix D is neither final nor meant to define any file structure(s). It is critical to note that for the vast majority of callers (those handled by information and/or referral), the Program will collect a small amount of information detailed as Client Information and/or Case Information.

A - Alphanumeric	(C)	Computer Generated
I - Integer	(O)	Optional
	(M)	Mandatory

**I. Client Contact Information:**

<u>FIELD</u>	<u>TYPE</u>	<u>DESCRIPTION/PROCESSING FUNCTIONS</u>
Counselor Code	A 4 (C)	Counselor recording information.
Client Registration Number	A10 (C)	This is generated by the computer at the time a new client is added to the database. The client registration number is unique to each client.
Last Name Client	A30 (M)	Last name of the client.
First Name Client	A20 (M)	First name of the client.
Middle Name Client	A20 (M)	Middle name of the client.
Street	A35 (O)	Current street address.
Area	A 2 (O)	City location area (NW, NE, SE, SW).
County	A 4 (M) CODE	County client resides in. One of four options, plus other/out of area. Valid entries are from COUNTY table.
City	A20 (M)	City client resides in.
State	A 2 (C)	CA automatically entered. Allows for override.
Zip	A10 (M)	Zip Code of the client.
Home Area Code	I 3 (M)	Home phone area code.
Home Phone Number	A 8 (M)	Home phone number.
Work Area Code	I 3 (O)	Work area code.
Work Phone Number	A 8 (O)	Work phone number.

Work Extension	A 5	(O)	Work phone extension.
Social Security Number	I 9	(O)	Social security number.
Spouse First Name	A20	(O)	Spouse's first name.
Spouse Last Name	A20	(O)	Spouse's last name.
Languages	A 8 CODE	(O)	Languages spoken by the client. Valid entries are from the LANGUAGES table. Up to four languages can be entered.
Referral Source	A 4 CODE	(O)	Identifies how the client was referred to the Hotline. Valid entries are from the REFERRAL table.

## II. Client Demographics:

<u>FIELD</u>	<u>TYPE</u>		<u>DESCRIPTION/PROCESSING FUNCTIONS</u>
Health Status	A20	(O)	Client's self-described condition.
Health Condition	A 4 CODE	(O)	Client's health condition, if known. Valid entries are from CONDITION table.
Race	A 2 CODE	(O)	Race of the client. Valid entries are checked against the RACE table.
Date of Birth	A 8	(O)	Date of birth of the client.
Gender	A 1	(O)	Gender of the client.
Household Income	I 6	(O)	Average total household income.
Income Source	A 4 CODE	(O)	Source of income. Valid entries are from INCOME table.
Number in Household	I 2	(O)	Number of persons in the household.
Institutionalized	A 1	(O)	Indicates whether client is institutionalized. Yes or No.
Homebound	A 1	(O)	Family living composition. Yes or No.

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## III. Contact Information (Caller Not the Client):

<u>FIELD</u>	<u>TYPE</u>		<u>DESCRIPTION/PROCESSING FUNCTIONS</u>
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Contact Person	A 1	(O)	Caller is not the client. If “Y” is entered, CONTACT screen is displayed.
Client Contact Name	A30	(O)	Client contact name.
Contact Street Address	A30	(O)	Client contact street address.
Contact County	A25	(O)	Client contact county.
Contact City	A20	(O)	Client contact city.
Contact State	A 4	(O)	Client contact state. Valid entries are checked against the STATE table.
Contact Zip Code	A10	(O)	Client contact zip code.
Contact Home Area Code	I 3	(O)	Client contact area code.
Contact Home Phone Number	A 8	(O)	Client contact phone number.
Contact Work Area Code	I 3	(O)	Client contact work area code.
Contact Work Number	I 8	(O)	Client contact phone number.
Contact Relationship	A10	(O)	Relationship to client.

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**IV. Insurance / Provider Information:**

<u>FIELD</u>	<u>TYPE</u>		<u>DESCRIPTION/PROCESSING FUNCTIONS</u>
Insurance Type	A 2 CODE	(O)	Type of medical insurance carried by client. Valid entries are from INSURANCE table.
Employer ID	A10	(O)	Employer’s health plan number.
Enrollee ID	A15	(O)	Insured’s plan identification number.
Employer Type	A 2 CODE	(O)	Type of employer (small, large, government, self, unemployed). Valid entries from EMPLOYER table.
Health Plan	A 4 CODE	(O)	Client’s managed care plan. Valid entries are from PLAN table.
Medical Group	A20	(O)	Medical group name, if known.

Specific Provider	A20	(O)	Provider's name.
Provider Specialty	A 4 CODE	(O)	Above provider's specialty. Valid entries are from SPECIALTY table.

**V. Client Intake Information:**

<u>FIELD</u>	<u>TYPE</u>		<u>DESCRIPTION/PROCESSING FUNCTIONS</u>
Initial Call Date	Date	(C)	Date of first contact with the client. Entered when creating a new registration file.
Last Activity Date	Date	(C)	Date of the most recent activity. This is updated every time the client calls the Hotline and the Hotline staff logs the call.
Comment	Unlimited		Free-form text entry of any comments the staff may have. These are general and are not case-specific.
Comment Time	Time		Computer generated time stamp for each comment.
Comment	Date		Computer generated date stamp of comments.

**APPENDIX D  
CASE INFORMATION DETAIL**

The following is the Program's current client information expectations. The information detailed here and in Appendix C is neither final nor meant to define any file structure(s). It is critical to note that for the vast majority of callers (those handled by information and/or referral), the Program will collect a small amount of information detailed as Client Information and/or Case Information.

A - Alphanumeric	(C)	Computer Generated
I - Integer	(O)	Optional
	(M)	Mandatory

**I. For All Initial, Incoming Calls:**

<u>FIELD</u>	<u>TYPE</u>	<u>DESCRIPTION/PROCESSING FUNCTIONS</u>
Counselor Code	A 4 (C) CODE	Code for the Hotline counselor entering the client and/or case information.
Client Registration Number	A10 (C)	This is the registration number generated by the computer and links the client registration data to the specific case data. This number is automatically inserted by the computer every time a new case is created.
Phone Call Counselor	A 4 (C) CODE	Entered by the computer based on the counselor recording the client information.
Phone Call Date	Date (C)	A date stamp on the phone call.
Phone Call Time	Time (C)	Entered by the computer to record the time of the call. The time cannot be edited.
Phone Call Length	Time (C)	Entered by the computer to record the length of time of the call. The time cannot be edited.
Comment	Unlimited	Free-form text entry of client's problem or issue, and/or the counselor's communications and other interactions and activities.
Issue Type	A 4 (M) CODE	Type of problem or issue as identified by the counselor. Valid entries are from ISSUE table. Up to six issues could be entered.
Emergency Appt	A 1 (O)	Indicates whether the case is an emergency. Yes or No.
Case Document	A 1 (O)	Prompt to initiate the case document system. Case

Prompt documents include information, letters or other documents related to the client's issue.

**II. For Information and/or Referral Calls:**

<u>FIELD</u>	<u>TYPE</u>	<u>DESCRIPTION/PROCESSING FUNCTIONS</u>
Information Code	A 4 (O) CODE	Code describing the information to be mailed. Valid entries are from the INFORMATION table. Multiple entries allowed.
Standard Letter	A 4 (O) CODE	Valid entries are from LETTER table. Identifies the standard letter(s) being sent to the client.
Specialized Text	Unlimited	Automatic entry into case notes of personalized text into standard letter and insertion of text into form letter.
Service Mailing Date	Date (O)	Date the label is printed.
Information Date Sent	Date (O)	Date the information was sent.
Referral Agency	A 4 (C) CODE	Name of the agency or organization client was referred to. Valid entries are from the REFERRAL table, with "OTHER" option in free-form text.
Referral Date	Date (C)	Date the client was referred elsewhere.

**III. For Incoming and Outgoing Calls Involving Complicated Matters or Requiring Multiple Interactions:**

<u>FIELD</u>	<u>TYPE</u>	<u>DESCRIPTION/PROCESSING FUNCTIONS</u>
Counselor Code	A 4 (C) CODE	Code for the Hotline counselor entering the client and/or case information.
Issue Type	A24 (M) CODE	Code from the ISSUE table identifying the problem or issue type. Up to six issue types could be entered for each case.
Issue Problem Description	A80 (O)	Brief summary of the problem or issue.
Case Notes Counselor	A 4 (C) CODE	Code from the COUNSELOR table identifying the Hotline counselor writing the notes.
Case Number	A10 (C)	This is generated by the computer at the time a new

			case is created.
Case Opened Date	Date	(C)	This is generated by the computer at the time a new case is created.
Case Opened Time	Time	(C)	This is generated by the computer at the time a new case is created.
Comment	Unlimited		Free-form text entry of any comments the staff may have. These are general and are not case-specific.
Comment Time	Time		Computer generated time stamp for each comment.
Comment	Date		Computer generated date stamp of comments.
Activity Time	Time	(C)	Entered by the computer and/or counselor to record the length of time spent on any one activity related to a case (e.g. phone calls, research, letter preparation, etc.).
Tickler Date	Date	(O)	When Hotline counselor logs onto the system on this date, a message will appear to remind him/her to review this case.
Tickler Description	A80	(O)	This is a brief description explaining why the case was flagged for the tickle date. Default of 2 weeks from current date. No exit without some entry.

#### IV. Resolution:

<u>FIELD</u>	<u>TYPE</u>	<u>DESCRIPTION/PROCESSING FUNCTIONS</u>
Resolution Code	A 4 (O) CODE	Code identifying how the case was closed. Valid entries are from the CLOSED table. Codes are specific to the problem type.
Case Completed Date	Date (O)	Date the case was completed. All services provided to the client for which a completed date has not been entered are automatically updated with the case completed date.
Case Completed Time	Time (C)	Time stamp of the case completed date. This is generated by the computer when a completed date is entered.
Financial Benefit	I 6 (O)	Any recovery which was made on behalf of client and is attributable to the counselor's intervention.

## **APPENDIX E CODE TABLES**

All codes will be selected from a pull down list which is accessed via the appropriate field.

### **Client Information File**

<u>CODE NAME</u>	<u>DESCRIPTION</u>
Counselor Codes	This is a code up to four characters representing a Hotline counselor. The initials of each counselor are used.
Race	This is a code of up to two characters denoting the race/ethnicity of the client.
Income Source	This is a code of up to four characters describing the source of client's income.
Insurance Type	This is a code of up to two characters denoting the type of client's medical insurance (e.g. Medicare, Medi-Cal, employer, etc.)
Employer Type	This is a code of up to two characters describing the type of employer.
County	This is a code up to four characters denoting the client's county. The first four letters of the county are used.
Health Condition	This is a code of up to four characters describing the client's health condition.
Health Plan	This is a code of up to four characters, which notes the name of the client's managed health care plan.
Provider Specialty	This is a code of up to four characters which identifies the medical specialty of the named provider (physician).
Referral Sources	This is a code up to four characters describing the source from which the caller was referred.
Languages	This is a code of up to two characters which indicates the language(s) spoken by the client.

## **Case Information File**

### **CODE NAME**

### **DESCRIPTION**

**Issue Type**

This is a code of up to four characters indicating the client's problem or issue.

**Letter Code**

This is a code of up to four characters which identifies the standard letter which is sent to the client.

**Information Codes**

This is a code up to four characters describing the various types of materials that are available for mailing to clients.

**Resolution/Closed Code**

This is a code of up to four characters which indicates how the problem was resolved. These codes are specific to the problem type.

**APPENDIX F**

**STATEMENT OF CONFIDENTIALITY**

Vendors submitting proposals will be required to include the following affirmative, signed statement of confidentiality with their proposal:

\_\_\_\_\_ (Vendor Name), herein referred to as "Bidder", agrees never, directly or indirectly, to disseminate or otherwise disclose any Confidential Information. Confidential Information shall mean information disclosed to or known by Bidder as a consequence of or through this Request for Proposal or the provision of the goods or services contemplated hereby, which is not generally known, about the Program's (or any of its affiliates or parents) products, processes and services, including, but without limitation, membership lists and other information and data concerning the Program or its affiliates or parents, with which Bidder became acquainted as a result of this Request for Proposal or the provision of goods or services contemplated hereby.

In addition, Bidder agrees that it shall not prepare, produce, authorize, issue, release for publication or use in any manner whatsoever, without the prior written approval of the Program, in its sole discretion, any materials, including, without limitation, any advertising, publicity or promotional materials, any articles or any letterheads, envelopes or other print items, in which there appear any references, whether by name or implication, of the Program or any of its affiliates or parents, any of the personnel of the Program or any of its affiliates or parents or the provision to the Program or any of its affiliates or parents or any of the goods or services contemplated by this Request for Proposal. Specifically, Bidder agrees that it shall not, directly or indirectly, represent any program, project or other activity of Bidder as sponsored, recommended or endorsed by the Program or any of its affiliates or parents, nor shall Bidder suggest that there is any relationship between Bidder and the Program or any of its affiliates or parents.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Date

Failure to include this agreement in the proposal may result in its disqualification.

**APPENDIX G**

\_\_\_\_\_ WISHES TO BE CONSIDERED IN THE  
REQUEST FOR PROPOSAL FOR A HOTLINE SYSTEM FOR THE PILOT HEALTH CARE  
CONSUMERS' OMBUDSMAN PROGRAM.

CONTACT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE RETURN ON OR BEFORE JANUARY 8, 1997 TO:**

Shelley Rouillard  
Program Manager  
Health Care Consumers' Ombudsman Program  
Legal Services of Northern California  
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Sacramento, CA 95814

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