



Michigan Municipal Services Authority

PO BOX 12012, LANSING MI 48901-2012

REQUEST FOR PROPOSALS (RFP)

Medicare Coordination and Social Security Advocacy Services Program

Agency Description: The Michigan Municipal Services Authority (Authority) is a Michigan public body corporate created in 2012 through an interlocal agreement between the cities of Grand Rapids and Livonia. Its purpose is to help local governments and other public agencies throughout Michigan collaborate, jointly exercise, and share services. The Authority currently operates two programs. The Virtual Health and Marketplace (VHWM) provides benefits consulting and benefits administration services to the City of Detroit. The Financial Management System (FMS) Program provides a built-for-government cloud-based ERP solution to Genesee County, Grand Rapids, and Kent County.

Program Description: The Authority is working with the City of Livonia to establish a Medicare Coordination and Social Security Disability Advocacy Services program by soliciting proposals and awarding an extendable contract to satisfy needs not currently met by other public procurement cooperatives such as MiDEAL and U.S. Communities. The contract will enable public agencies to engage these services on an as-needed basis from a competitively-awarded contract with a high-performing vendor. This approach will benefit both the participating public agencies and the vendor in several ways:

- Provides public agencies with a way to avoid the time and expense of soliciting proposals on an agency-by-agency basis.
- Enables the vendor to become more efficient and competitive by reducing the number of proposals required to respond on an agency-by-agency basis.
- Provides smaller public agencies with greater purchasing power and provides all public agencies with bulk purchasing benefits unobtainable by an individual agency.
- Provides public agencies with quick and efficient service delivery by contracting with high-performing vendors.
- Maintains credibility and confidence in business procedures by maintaining open competition for public contracts and by complying with procurement laws and ethical business practices.
- Provides document retention and a competitive procurement process for all awarded contracts.

A contract award does not guarantee any volume or dollar amount of business. The Authority intends to award a multiple year contract that will allow participating agencies to engage the successful vendor throughout the contract period. Each participating agency will enter into a participation agreement with the vendor. The vendor will deliver services directly to the participating agency. Authority staff will be available to assist public agencies in contacting the vendor and to assist the vendor with marketing.

Participation Fees: The cost of the program will be funded by a participation fee paid by the vendor to the Authority based on business volume. The Authority will not charge any fee to participating agencies. The vendor is responsible for recording all agreements entered through the program and providing a quarterly report to the Authority. Reports and participation fees will be submitted to the Authority electronically. Failure to pay the participation fee will result in termination of the contract.

Scope of Services: The Authority is seeking a vendor who identify Group Health Plan (GHP) members eligible for Medicare benefits not previously identified by the GHP. The vendor will use a Voluntary Data Sharing Agreement (VDSA) with the Centers for Medicare & Medicaid Services (CMS) and/or other methods to obtain Coordination of Benefits (COB) information. The vendor will then identify claims reimbursable by Medicare and recover those claims for the GHP. Finally, the vendor will analyze claims data and contact GHP members to identify members who may be eligible for Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI). The vendor will then provide advocacy services to successfully assist eligible members obtain Medicare and/or Social Security benefits.

Proposal Instructions: Proposals must be submitted in the specific sequence outlined below. Elaborate brochures or other materials beyond those sufficient to provide a complete, effective, and efficient response to this solicitation are not desired. Proposals should be submitted under company letterhead/stationery with the information required in this RFP. Each section must be labeled and in the order outlined below. Failure to comply may deem proposal non-responsive.

1. Table of Contents
2. Organization
 - a. State your organization's legal name, address, date and state of incorporation.
 - b. State whether your organization is a subsidiary of a parent firm. If so, provide the parent firm's legal name, address, date and state of incorporation.
 - c. Briefly describe the history of your organization.
 - d. State whether your organization acquired, has been acquired by, or merged with another organization in the past 24 months. If so, explain.
 - e. Describe your organization's data integrity, security, privacy, fraud detection and prevention compliance processes.
 - f. State whether your organization has received external or independent certification regarding HIPAA compliance.
 - g. State whether your organization has experienced a reportable or a reported data security breach and/or breaches where individual information has been compromised. If so, please explain the procedures implemented to mitigate the risk of reoccurrence.
 - h. Identify any claims or lawsuits brought against your organization because of any services provided within the last 7 years.
 - i. Provide the name, job title, email address and telephone number of your organization's primary contact person during the period of proposal evaluation.
 - j. Provide the names, job titles, backgrounds, tenure, qualifications, and roles of the individuals who will act as the primary account team.
 - k. Acknowledge receipt of RFP addenda, if any.
 - l. Signature of a person authorized to bind your organization to the terms of this proposal.
3. Overview
 - a. Describe the Medicare coordination and Social Security advocacy services your organization provides to group health plans.
 - b. Provide the number of years your organization has performed these services.
 - c. Describe how you believe your organization differs from others in the industry.
 - d. Provide no less than three and no more than five public sector client references. In addition to a name, title and contact information for each refence, provide the name of

the organization, size of the group health plan, procurement method (RFQ, RFP, or Single-Source), scope of work, dates, and results for each engagement.

4. Coordination of Benefits (COB): Identification of Medicare benefits available to Group Health Plan (GHP) members and conversion to Medicare “primary payer” status.
 - a. Describe the methods your organization uses to obtain COB information.
 - b. Describe your organization’s current VDSA exchange volume.
 - c. Describe your organization’s ability to maintain VDSA compliance with CMS.
 - d. Describe how your organization reconciles and updates eligibility data with the VDSA.
 - e. Describe your organization’s services for transitioning members to Medicare.
 - f. Describe your organization’s Medicare Part B enrollment services including services for enrolling members who failed to enroll in Medicare Part B.
 - g. Describe your organization’s services for minimizing Medicare Part B premium penalties.
 - h. Provide the average time from the beginning of an engagement to Medicare enrollment with “primary payer” status.
 - i. Specify the information your organization requires from clients to provide these services.
 - j. Describe your organization’s reporting capabilities related to these services.
 - k. Provide the number of years your organization has performed these services.
 - l. Describe how you believe your organization’s services differ from others in the industry.
5. Recovery & Reimbursement: Recovery of Group Health Plan (GHP) payments Medicare is responsible for and reimbursement of Medicare payments the GHP is responsible for (if any).
 - a. Describe how your organization recovers overpayments from Medicare.
 - b. Describe how recoveries are remitted to the client.
 - c. Describe how your organization reimburses Medicare for overpayments the group health plan is responsible for including how you manage demand letters on behalf of the client.
 - d. Provide the average time from the beginning of an engagement to when recoveries are remitted to the client.
 - e. Provide the average time from the beginning of an engagement to when Medicare reimbursements are resolved.
 - f. Specify the information your organization requires from clients to provide these services.
 - g. Describe your organization’s reporting capabilities related to these services.
 - h. Provide the number of years your organization has performed these services.
 - i. Describe how you believe your organization’s services differ from others in the industry.
6. Social Security Advocacy: Identify eligible members and help them obtain benefits.
 - a. Describe how your organization identifies group health plan members eligible for Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI).
 - b. Describe how your organization interacts with Social Security candidates.
 - c. Describe the role of end-stage renal disease (ESRD) in identifying Social Security candidates.
 - d. Describe your SSDI assistance services for group health plan members under age 65.
 - e. Describe how you assist SSDI recipients return to work.
 - f. Provide your Social Security success rate.
 - g. Provide the average time from the beginning of an engagement to Social Security award.
 - h. Specify the information your organization requires from clients to provide these services.
 - i. Describe your organization’s reporting capabilities related to these services.
 - j. Provide the number of years your organization has performed these services.

k. Describe how you believe your organization’s services differ from others in the industry.

7. Project Management

- a. Provide a sample project plan and schedule for the services described in this RFP.
- b. Provide sample communications to members used to deliver these services.
- c. Describe how your organization manages customer complaints.
- d. Describe how your organization measures and reports claimant satisfaction.
- e. Identify any third parties your organization uses to provide these services.
- f. Describe any other relevant services your organization provides.

8. Fee Proposals

- a. Specify fees for each service:
 - i. Coordination of Benefits (COB): To be paid by the group health plan to the vendor.
 - ii. Medicare Recovery: To be paid by the group health plan to the vendor.
 - iii. Medicare Reimbursement: To be paid by the group health plan to the vendor.
 - iv. Social Security Advocacy: To be paid by the by the claimant to the vendor pursuant to a fee agreement approved by the Social Security Administration (SSA). Fees may not exceed the lesser of 25% of past due benefits or \$6,000 for fee agreements approved on or after June 22, 2009. However, vendors may propose a fee less than the federal maximum.
 - v. Other Services: Specify other services and fees the Authority may want.
- b. Each fee proposal must contain two types of fees for each service:
 - i. Fees for services provided by the vendor to the group health plan or member.
 - ii. Participation fees paid by the vendor to the Authority for the administrative costs of the program and promoting vendor’s services.
 - iii. Vendors MAY propose a dollar (\$) AND a percentage (%) fee for each service.
 - iv. Vendors MUST propose a dollar (\$) OR a percentage (%) fee for each service.
 - v. Vendors MAY propose a dollar (\$) fee for some services and a percentage (%) fee for others. As a result, your organization’s fee schedule may include a combination of dollar (\$) fees and percentages (%) fees.
- c. Specify an Invoice Period (monthly; quarterly; or other) for each service.
- d. Fee proposals must be submitted in the specific format outlined below.

Service	Fee for Services (\$)	Fee for Services (%)	Participation Fee (\$)	Participation Fee (%)	Invoice Period
Coordination of Benefits (COB)	\$ per conversion to Medicare		\$ per conversion to Medicare	% of Fee for Services	Specify
Medicare Recovery	\$ per Recovery	% of Recovery	\$ per Recovery	% of Fee for Services	Specify
Medicare Reimbursement	\$ per Reimbursement	% of Reimbursements	\$ per Reimbursement	% of Fee for Services	Specify
Social Security Advocacy	\$ per Claimant	% of past due benefits	\$ per Claimant	% of Fee for Services	Specify
Other services (please specify)	\$	%	\$	%	Specify

Proposal Submission: Proposals must be submitted via email to info@michiganmsa.org with the subject "MEDICARE COORDINATION PROPOSAL" on or before the proposal deadline. Failure to do so may result in a failure to open such proposal. No other distribution of the proposal will be made by the Contractor.

PAPER PROPOSALS WILL NOT BE ACCEPTED! Proposals received after the proposal deadline will not be considered. The Authority shall not be held responsible for misdirected proposals.

A proposal may be withdrawn by providing written notice to the Authority before the proposal deadline. Proposals may not be canceled or withdrawn for a period of One Hundred and Twenty (120) days after the proposal deadline.

Proposers are expected to examine all specifications and instructions. Failure to do so will be at the proposer's risk. Failure to include all requested information may be cause for rejection of the proposal.

No proposal will be accepted from, or contract awarded to any person, firm, or corporation that is in arrears or is in default to the Authority upon any debt or contract, or that is in default as surety or otherwise, or failed to perform faithfully any previous contract with the Authority.

Proposal Evaluation: This document is a Request for Proposals. It differs from an Invitation to Bid in that the Authority is seeking a solution as described herein, and not a bid meeting firm specifications for the lowest price. As such the lowest price will not guarantee an award recommendation. Competitive sealed proposals will be evaluated based on criteria formulated around the most important features of the service, of which qualifications, experience, capacity and methodology, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a contractor's approach meets the desired requirements of the Authority. Those criteria that will be used and considered in evaluation for award are set forth in this document. The Authority will thoroughly review all proposals received. A contract will be awarded to a qualified contractor submitting the best proposal.

The Authority intends to evaluate all complete written proposals and make a tentative selection of a successful vendor with whom the Authority will then engage in negotiations to finalize a contract. The Authority reserves the right to reject any or all proposals, to waive technicalities, to re-advertise, to proceed otherwise when in the best interest of the Authority. A Review Committee will evaluate all complete written proposals. Recommendations for award of contracts will be made to the Executive Committee of the Authority. Awards will be granted or denied at a monthly meeting of the Executive Committee of the Authority. The Authority will base a recommendation for contract award on several factors:

- Qualifications and experience of proposer to meet or exceed requirements set forth in the scope of services;
- An expressed interest in working with the Authority, and a clear understanding of its operations and objectives;
- Ability of Proposer to clearly communicate its vision, define their performance objectives, and capability for establishing a relationship that addresses current and future needs and trends;
- Proposer must describe the firm's experience in performing like services of a similar nature for public agencies.

- Proposer must provide a general description of the firm’s financial condition and identify any conditions; e.g., bankruptcy, pending litigations, planned office closures, impending merger, etc. which may impede proposer’s ability to provide these services.
- Estimated cost of all proposed services.

Contract Award: The Authority will enter the contract which is most advantageous to the Authority, prices and other factors considered. The Authority reserves the right to accept any or all alternative proposals and to award the contract to other than the lowest proposer, waive any irregularities or informalities or both, to reject any or all proposals, and in general, to make the award of the contract in any manner deemed by the Authority, in its sole discretion, to be in the best interests of the Authority. After contract award, notification will be posted on the MITN website at www.mitn.info.

Procurement Schedule: The proposed schedule for this procurement, which is subject to change, is:

Event	Date
RFP issued	Monday, May 22, 2017
Pre-proposal Conference (recommended)	Monday, June 5, 2017 2:00 PM EDT Dial-in Number: (515) 739-1030 Access Code: 730-118-780
Questions Due	Monday, June 12, 2017 5:00 PM EDT
Questions Answered	Monday, June 19, 2017 5:00 PM EDT
Proposal Deadline	Monday, June 26, 2017 5:00 PM EDT
Award (expected)	Thursday, August 10, 2017

Proposal Questions: Only one point of contact is offered to all potential vendors under this procurement and all communication should be accomplished exclusively by the submission of written questions to the Procurement Contact by the date and time provided in the Procurement Schedule. No phone, direct or indirect contact other than email communication is allowed with the Procurement Contact during this RFP period. No contact of any kind shall take place with any other member of the Agency. Violation of these procurement rules may be cause for rejection of any submitted proposal. Questions submitted by potential vendors and responses will be sent to all potential responders that submitted a question.

Robert Bruner, CEO rbruner@michiganmsa.org

Miscellaneous: Costs incurred in the submission of responses to this RFP or in making studies, designs, estimates, or other preparation of responses are the responsibility of the responder, not the Authority. The Authority may issue one or more addenda to this RFP. Any addendum will be issued electronically in the same way the RFP was originally issued. All final proposals submitted must respond to any addenda issued by the Authority. The Authority may reject any or all proposals, or parts of proposals. The Authority may request additional information from a responder. The Authority may accept a proposal other than the lowest cost proposal. The Authority may negotiate contract terms with a selected contractor.