



**Request for Proposals**

**Behavioral Health Care Management Information System**

**Due: November 25, 2019**

The Hamilton County Mental Health and Recovery Services Board (HCMHR SB) hereby invites qualified behavioral health care management information system providers to submit proposals (“Proposals”) for procurement of a behavioral health care management information system for the HCMHR SB.

Proposals should be submitted in the manner prescribed in this Request for Proposals (“RFP”). All required forms and submission requirements are included in the RFP. Each person or entity that submits a Proposal to the HCMHR SB in response to this RFP shall be designated as a “Vendor.”

The HCMHR SB reserves the right to modify its needs or the scope of any proposed contract subsequent to the review of Proposals, and to include such modifications in any contract with the successful Vendor.

**I. Timeline and RFP Process**

The following are key dates for this RFP. The HCMHR SB is committed to adhering to this schedule, but reserves the right to make modifications.

<b>Date</b>	<b>Task</b>
<b>11-4-2019</b>	<ul style="list-style-type: none"> <li>• HCMHR SB Releases RFP</li> </ul>
<b>11-12-2019</b>	<ul style="list-style-type: none"> <li>• 5:00 p.m. deadline for submission of emailed questions related to the RFP</li> <li>• Questions must be emailed to <a href="mailto:RFP@HCMHR SB.org">RFP@HCMHR SB.org</a></li> <li>• Subject line of emailed questions must read: RFP Question – Behavioral Health Care MIS</li> </ul>
<b>11-14-2019</b>	<ul style="list-style-type: none"> <li>• Deadline for HCMHR SB to respond to emailed questions</li> <li>• All responses will be posted to the HCMHR SB website at HCMHR SB.org</li> </ul>
<b>11-25-2019</b>	<ul style="list-style-type: none"> <li>• 5:00 p.m. deadline for RFP submissions</li> <li>• Proposal, bond, and all required documents shall be submitted to: Erik Stewart, Ph.D., Executive Vice President Hamilton County Mental Health &amp; Recovery Services Board 2350 Auburn Avenue Cincinnati, Ohio 45219</li> </ul>

	<ul style="list-style-type: none"> <li>• Time of submission will be determined by the clock in the HCMHR SB reception area. Proposals received after that date and time shall be rejected and returned unopened.</li> </ul>
11-26-2019	<ul style="list-style-type: none"> <li>• Proposals will be opened at 10:00 a.m. on November 26, 2019 at the HCMHR SB offices located at 2350 Auburn Avenue, Cincinnati, Ohio 45219</li> </ul>
12-19-2019	<ul style="list-style-type: none"> <li>• Recommendation of proposed vendor to be presented to HCMHR SB Board of Trustees</li> </ul>
1-2020	Contract established with vendor

**II. Preparation and Submission of Proposal**

The proposal must be responsive to each criterion included in the RFP.

The “Official RFP Form” must be signed by an authorized Vendor Representative and included with the proposal. All blank spaces for prices must be completed for each item.

Each proposal must be submitted in a sealed envelope clearly indicating the Vendor’s name and address. The envelope must be labeled “RFP – Behavioral Health Care MIS.”

It is the sole responsibility of a Vendor submitting a Proposal to ensure it is received by the HCMHR SB on time.

**III. References**

Vendor is required to submit with their Proposal at least three (3) references of firms, governmental agencies or other organizations to whom they presently or previously provided a behavioral health care management information system.

Each reference must be complete with the name of the organization, address, phone number and person to contact.

The reference check shall be a procedure to aid the HCMHR SB in determining a qualified Vendor.

**IV. Vendor’s Liability Insurance**

The Vendor shall provide proof of insurance as will protect them from claims under Workmen’s Compensation acts; other employee benefit acts; claims for damages because of bodily injury, including death, to Vendor’s employee and all others; and claims for damages to property resulting from the Vendor’s operations under contract. Such insurance protection shall cover operations by Vendor or by any subcontractor or anyone directly or indirectly employed by either of them while on the premises of the HCMHR SB during the delivery and installation of the contracted items.

**V. Bond**

Each proposal shall be accompanied by a bond executed by a surety company authorized to do business in Ohio, or by a certified check on a solvent bank, payable to the Hamilton County Mental Health and Recovery Services Board, in a sum equal to \$500.00. The certified check or bond will be held as a guarantee that if the proposal is accepted the offeror will enter into a contract for same.

**VI. Term of Contract**

This contract shall remain in effect for a three (3) year period effective the date of contract execution and may be renewed for two (2) subsequent years.

Cost for ongoing services and maintenance of the behavioral health care management information system shall be defined in the vendor response to the RFP.

Price increases and/or decreases for each subsequent contract term shall be justifiable. The Vendor shall be required to submit documented proof of their proposed new prices. The HCMRHSB is not required to accept the price increase for subsequent contract terms and may issue a new Request for Proposals after the initial contact period.

**VII. Vendor Affidavit**

If the successful vendor should be a corporation not incorporated under the laws of the State of Ohio, a Certificate from the Secretary of State showing the right of the successful Vendor to do business in the State of Ohio shall be furnished.

**VIII. Performance Bond**

Before entering into a contract, the successful offeror shall upon award of the contract, furnish a performance bond, payable to the Hamilton County Mental Health and Recovery Services Board, in a sum equal to 100% of the amount of the software included in the proposal. Hardware costs and annual maintenance service fees are not included in the Performance Bond requirement. The Offeror will submit the name, address, contact and phone number of the surety company that will provide this bond at the time of the RFP response. Such bonds shall also indemnify the HCMHRSB against the damages that may be suffered by failure to perform Offeror contract according to the provisions thereof and in accordance with the contract specifications for this award.

**IX. Tax Exemption**

Purchases will be exempt from the state of Ohio Sales Tax, as provided for in the Ohio Revised Code.

Blanket certificate of exemption forms will be furnished to the Offeror by the HCMHRSB.

**X. Payment Scheduling and Invoicing**

The payment plan shall be broken down by phase or major deliverable components. A final payment plan will be determined in the Contract.

Contractor will provide an invoice in accordance with the agreed upon payment plan. Invoices should include:

- Name and address of Contractor
- Billing period
- Explanation of deliverable completed

Contractor shall be paid within thirty (30) days after receipt of invoice.

**XI. Interpretations**

No interpretations of the meaning of the request for proposal or other pre-proposal documents will be made to any Vendor orally. Any questions should be submitted via email to [RFP@HCMHRSB.org](mailto:RFP@HCMHRSB.org) by 5:00 p.m. on November 12, 2019. All responses will be posted to the HCMHRSB website no later than November 14, 2019.

**XII. Award and Basis for Contract**

A contract will be awarded to the selected Vendor who offers the lowest and best proposal for the behavioral health care management information system specified after an evaluation is conducted based upon the criteria contained in this request for proposal.

This request for proposal together with any modifications furnished to prospective vendors during the advertising period shall become the basis of the contract.

The Vendor shall provide all items, articles, or materials/operations required to be furnished or accomplished by reason of the contract documents, and incidentals required or necessary for their completion.

Should any error or inconsistency be found by the Vendor in the request for proposal, the Vendor, before proceeding with the work, shall call to the HCMHRSB's attention the same for proper adjustment. Any specification errors or inconsistencies must be reported to the Board at least five (5) days prior to proposal opening.

**XIII. Assignment of Contract**

The successful vendor shall, upon award of contract, agree to make no assignment and/or transfer of any duties or rights under this contract in whole or in part, without prior written consent of the HCMHRSB.

**XIV. Equal Opportunity and Affirmative Action**

Vendor is prohibited from discrimination and intimidation due to age, race, color, religion, sex, national origin, or disability or genetic information.

**XV. Requirement**

The Offeror shall have proven behavioral management health care information system experience in the state of Ohio and experience with BH Redesign coding in Ohio.

**XVI. Scope of Services**

In the proposal, Offeror shall describe how it will meet the following behavioral health care management information system needs of the HCMHR SB:

- Client enrollment management (electronic & manual)
- Provider portal for provider access to upload and download files
  - Enroll clients
  - Enter claims
  - Verify claims status
  - Update client data
- Enrollment eligibility check, including 270/271 processing
- Billing system module for claims (electronic & manual)
- Adjudication and payment processing for non-Medicaid claims
- Denial of Medicaid eligible claims, including retroactive Medicaid eligibility
- Support of multiple code sets and rates, including BH Redesign coding
- Reverse member and claims extracts for state requirements
- Utilization and capacity management
- Project management
- System implementation
  - Implementation plan
  - Timeline for implementation
- Training
  - Available materials and manuals
  - Plan for training HCMHR SB staff
  - Plan for training providers

- Software licensing for HCMHR SB staff and provider network
- Ongoing support and maintenance
- Data storage solution
- Test environment which mirrors production environment
- Reporting capabilities

**XVII. Evaluation and Award of Contract**

The evaluation process will consist of the following phases:

- Initial Review of Proposal – The proposals will be reviewed for format and completeness
- Evaluation of Proposal Documents – The proposals will be reviewed in accordance with financial and non-financial criteria contained in the RFP. At any time during this phase, the Vendor can be asked to clarify any portions of its proposal.

The review and evaluation will be conducted by HCMHR SB staff and will include review of (relative importance):

- Ability and experience of the Vendor to provide the requested services (20%)
- Stability of business operations of the Vendor (20%)
- Quality of the Vendor’s references (20%)
- Cost of proposed services (30%)
- Any other factors considered relevant by HCMHR SB (10%)

Written notification will be made to all Vendors who submitted a proposal.

If the successful Vendor fails to execute the contract, HCMHR SB may award the contract to another Vendor whose proposal met the requirements of the RFP. The period of time within which such an award of the contract may be made shall be within sixty (60) days of the notice of award.

No proposal will be accepted, or contract awarded to any person, firm or corporation that is in arrears or is in default to Hamilton County upon any debt or contract, or that is a defaulter as surety or otherwise upon any obligation to the County or has failed to perform faithfully any previous contract with the county.

HCMHR SB reserves the right to reject any or all proposals in which the vendor takes exception to the terms and conditions of the request for proposals; fails to meet the terms and conditions of the request for proposals, including but not limited to, the standards, specifications, and requirements specified in the request for proposals; or submits prices that the contracting authority considers to be excessive, compared to existing market conditions, or determines exceed the available funds of the contracting authority.

HCMHR SB reserves the right to reject, in whole or in part, any proposal that the HCMHR SB has determined, using the factors and criteria the HCMHR SB develops pursuant to ORC section 307.862(A)(1), would not be in the best interest of the HCMHR SB.

The HCMHR SB shall have no liability whatsoever to any vendor whose proposal is not accepted.

Acceptance of the proposal of any vendor by the HCMHR SB shall not constitute an agreement between the HCMHR SB and such vendor, and shall not be binding upon the HCMHR SB unless and until an agreement covering all conditions and provisions of the work to be performed by the successful vendor has, at the time of or after the acceptance of such proposal, been reduced to writing and executed by both the HCMHR SB and the successful vendor.

**XVIII. General Conditions**

**Documents Required Prior to Signing Contracts**

Immediately after proposals have been received, are evaluated, and successful Vendors have been determined, and prior to signing contracts, the successful Vendor shall furnish to the owner in duplicate:

1. Performance Bond (Section VIII)
2. To support the Performance Bond, the successful Vendor shall also furnish:
  - a. Power of Attorney Credentials
  - b. Certificate of Compliance issued by the Division of Insurance, showing that the bonding company is licensed to do business in the State of Ohio
3. If the successful Vendor should be a corporation not incorporated under the laws of the State of Ohio, a Certificate from the Secretary of State showing the right of the successful Vendor to do business in the State of Ohio shall be furnished.

**XIX. HCMHR SB Responsibility**

The HCMHR SB will have a duly authorized representative readily available to facilitate the performance of all duties required of Vendor under these specifications.

**XX. Vendor's Responsibility**

The Vendor shall hold the HCMHR SB free and harmless from any injury and damage resulting from the negligent or faulty performance of the contract by the Vendor and shall make good any loss, damage, or injury without loss to the HCMRHSB.



# OFFICIAL RFP FORM

## Behavioral Health Care Management Information System Hamilton County Mental Health and Recovery Services Board

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

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

### PRICE QUOTE for BEHAVIORAL HEALTH CARE MANAGEMENT INFORMATION SYSTEM for TERM of CONTRACT

Software	\$ _____
Licensing of software	\$ _____
Implementation	\$ _____
Support and Maintenance Services	\$ _____
Other (Please Specify)	\$ _____
Total Contract Cost	\$ _____

### ALL IN ACCORDANCE WITH SPECIFICATIONS

The above approximate costs are to be used for establishing the amount of the performance bond and are not to be the basis of a lump sum contract.

Please also provide the following information:

- Date of organization of the company, corporation, or partnership: \_\_\_\_\_
- Name(s) of the principal owner or stockholders and percentage of ownership or stockholders:  
\_\_\_\_\_  
\_\_\_\_\_
- Name(s) of principal operations officer: \_\_\_\_\_  
\_\_\_\_\_

# AFFIDAVIT

I, \_\_\_\_\_ acting for \_\_\_\_\_

in submitting to the Hamilton County Mental Health and Recovery Services Board for \_\_\_\_\_ hereby attest that no person or selling agency has been employed or retained or solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by \_\_\_\_\_ for the purpose of securing business. For breach of violation of this warranty, the Hamilton County Mental Health and Recovery Services Board shall have the right to annul this contract without liability or in its discretion, to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

Signed: \_\_\_\_\_

As Agent for: \_\_\_\_\_  
(Offering Company or Organization)

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