



U.S. COMMITTEE
FOR REFUGEES AND IMMIGRANTS

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REQUEST FOR PROPOSALS

Third Party Administrator for Refugee Medical Assistance

Issue Date: June 3, 2019

Due Date: July 22, 2019

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Executive Summary

The U.S. Committee for Refugees and Immigrants (USCRI) is a not-for-profit, nongovernmental organization serving refugees and immigrants since 1911. USCRI's mission is to protect the rights and address the needs of persons in forced or voluntary migration by advancing fair and humane public policy, facilitating and providing direct social services, and promoting the full participation of migrants in community life. Our network is comprised of 15 field offices and over 200 partner agencies and sub-grantees across the nation working in the service and protection of refugees and immigrants.

USCRI's Refugee Health Services program was established in January 2017 to support and develop health and wellness initiatives at USCRI. Under the authority of 45 CFR §400.301(c), the Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR) selected USCRI as the Medical Replacement Designee (MRD) to administer Refugee Medical Assistance (RMA) in Texas. During this time, ORR directed USCRI, pursuant to 45 CFR §75.329(f)(2) and §75.329(f)(3), to subcontract with the current Third Party Administrator (TPA) so that medical coverage for refugees in Texas would not be disrupted during the transition.

USCRI coordinates the RMA programs in Texas, Maine, Missouri, Kansas, and Tennessee and the ORR-funded medical assistance for Unaccompanied Refugee Minors (URMs) in Texas. The purpose of the RMA program is to provide medical assistance under section 412(e) of the Refugee Act to refugees who are ineligible for Medicaid. The privately administered RMA program aims to fulfill this purpose in states where state governments have chosen to withdraw from administering all or part of the program per Policy Letters 18-03 and 19-04. RMA provides eligible refugees and immigrants with up to eight months of health coverage. RMA includes the same medical, dental, and pharmacy benefits as Medicaid. An individual may qualify for RMA if they:

- Meet the immigration status and identification requirements in accordance with 45 CFR 400.43 and ORR's Policy Letter 16-01;
 - Afghan or Iraqi Special Immigrant Visa Holders
 - Amerasians
 - Asylees
 - Cuban or Haitian Entrants
 - Refugees
 - Victims of Human Trafficking
 - Refugee and asylee parolees in accordance with [section 212\(d\)\(5\) of the INA](#)
- Are time eligible, having recently been granted status or arrived in the U.S.;
- Provide the name of the resettlement agency;

- Are ineligible for Medicaid, and
- Meet the RMA financial eligibility standards.

In states where the MRD is offering ORR-funded URM health coverage to qualified URM, the MRD must also follow additional policies set by ORR in Policy Letter 19-04 and the ORR Guide to Eligibility, Placement, and Services for Unaccompanied Refugee Minors.

Under Policy Letter 19-04, the MRD may contract with a TPA to administer the self-funded plan with oversight from the MRD. The program operates on the fiscal year (October 1st – September 30th). Enrollment of beneficiaries is done through the secure submission of enrollment data from USCRI to the TPA on a daily basis. Local resettlement agencies act as Authorized Representatives for clients and submit RMA applications. USCRI reviews applications to determine a client’s eligibility for enrollment in RMA.

Purpose of Request for Proposal

ORR has notified USCRI to bid the Third-Party Administrator (TPA) contract for the provision of RMA per requirements at 45 CFR §75.329(d).

The purpose of this Request for Proposal (RFP) is to solicit offers from qualified TPAs to assist with administering the RMA and ORR-funded medical assistance for URM. On average, there are 2,000 active RMA beneficiaries and each beneficiary receives up to eight months of health coverage, with the exception of the ORR-funded Medical Assistance for URM populations. USCRI is looking to ensure we have a financially competitive and affordable TPA with a strong knowledge of Medicaid and previous experience working with immigrants.

The scope of medical services must adhere to 45 CFR §400.105 and provide at least the same services in the same manner and to the same extent as under the state’s Medicaid program. The TPA must negotiate reimbursement rates for medical services that align with Medicaid rates in each state of operation. RMA has no copay, deductible or co-insurance.

TPAs responding to this proposal must be recognized claims administrators of self-insured medical assistance programs licensed to do business Texas, Maine, Kansas, Missouri, and Tennessee.

This RFP provides detailed program requirements. Each TPA must address these program requirements in their proposal submission. USCRI is looking for a TPA partnership that will provide claims processing in a timely and professional manner; maintain strong communications with USCRI and our partners; demonstrate organizational agility; and provide quality services to RMA beneficiaries. Preference will be given to a TPA with a competitive administrative cost.

Scope of Service

The scope of medical services must adhere to 45 CFR §400.105 and provide at least the same services in the same manner and to the same extent as under the state's Medicaid program.

The TPA must have experience in providing third-party administrative services. Preference will be given for TPAs with experience in administration of self-insured plans. USCRI requires the following services:

Provider Network – must negotiate reimbursement rates for medical services that align with Medicaid rates in each state of operation and must maintain agreements with a number of geographically dispersed licensed providers and pharmacies which agree to provide covered services to enrollees in a timely and effective manner. A comprehensive credentialing process must be conducted before a written contractual agreement is established with the provider. Network providers must be required to not discriminate in the treatment or quality of care provided to enrollees and must not be permitted to refuse to see enrollees. A directory of network providers must be made available to enrollees, USCRI, and local resettlement agencies.

Claims Processing – must process claims for covered services rendered and issue payments to providers on behalf of USCRI. A pre-authorization procedure for the purpose of validating medical necessity must be established and reported to USCRI. An Explanation of Benefits must be provided to providers and enrollees for each claim submitted for covered services. A claims processing procedure to evaluate and process claims presented for benefits must be established. All claims must be processed within 30 days. TPA must assume the complete handling of all prior claims as well as new claims originating from the effective date of the agreed upon contract. TPA will be responsible to maintain electronic copies of all past and future claims data and any and all other documentation associated with claims.

Beneficiary Data Directory – A directory must be maintained that contains information that includes, but is not limited to, the enrollee's first and last name, current mailing address, date of birth, alien registration number, arrival date, the effective date of enrollment, termination date, and contact information. The beneficiary directory must list all active and terminated clients and be in accordance with the enrollment report produced daily by USCRI that lists all new RMA beneficiaries. The enrollment of beneficiaries into the data directory must occur within 24-hours from the time USCRI provides the enrollment ready report. On average, there are 2,000 active RMA beneficiaries and each beneficiary receives up to eight months of health coverage, with the exception of ORR-funded medical benefits for URM.

Enrollee Services – A nationwide toll-free telephone number must be provided for enrollees and providers on a 24-hour basis. Consideration of language spoken will be

addressed, and services will be provided in a culturally sensitive manner. A program for handling enrollee grievances and appeals related to covered services must be established and reported to USCRI. The information and documents that must be provided to enrollees must include, but are not limited to, RMA ID Cards, benefits guides, and a provider directory.

Account Management – A single dedicated point of contact must be appointed to serve as USCRI’s contact person to answer questions and resolve issues that arise regarding beneficiary benefits, contract administration, and service provisions. This individual will play an essential role in the successful administration of this program that includes but is not limited to coordinating meetings, monitoring claims trends, identifying key outcome-based measurements that are tracked, delivering program improvements and cost reductions, troubleshooting and providing effective solutions to resolve issues or problems. The account manager must have a keen awareness of the RMA program as a whole.

Clinical Department – Must have a clinical department with an appropriately licensed and qualified clinical manager and team that ensures timely review of pre-certifications in addition to other duties as assigned.

Reporting – Monthly reports must be submitted to USCRI in a template specified by USCRI, detailing beneficiary enrollments, terminations, claims, pre-authorizations, provider coverage, etc.

Service Guarantee – Guarantee to deliver high quality services and a clear plan for performance measurements.

Security and Data Protection – TPA must implement and maintain appropriate administrative, physical, and technical safeguards designed to ensure the protection of personal data against loss, damage or disclosure. All transmission of enrollment and eligibility materials must comply with HIPAA statutes and regulations. must shall comply with all United States laws and implementing regulations related to the security and privacy of personal data.

Additional Services – USCRI may require the provision of additional services and the expansion of services into different states at any time throughout the contract which are, at the sole discretion of USCRI, over and above those included in the resulting contract. Fees for additional services will be negotiated between the parties; however, they should not be greater than those usual and customary fees charged for the same or similar services.

Details of Proposal Submission

Proposal Timeline

A tentative timeline is provided below:

Date	Event
June 4, 2019	Distribution of RFP
July 22, 2019	Last date for proposal submissions
July 29, 2019	Last date to submit responses to any additional questions posed by the RFP selection committee
August 1, 2019	Notification of finalist
September 2, 2019	Announcement of the TPA award

Proposals must be received in hard copy by mail no later than July 22, 2019. Late proposals will not be considered for award.

Proposal Submission Instructions

Proposals are to be submitted in a sealed envelope bearing the name of the respondent, company and the address, as well as the title and number of the sealed proposals, subject to the conditions made a part hereof, will be accepted until July 22, 2019.

Address to submit Proposals to:

U.S. Committee for Refugees and Immigrants
 Attention: Vanessa Arriola
 2231 Crystal Drive, Suite 350
 Arlington, VA 22202

Direct all inquiries concerning this RFP to:

Vanessa Arriola
 Director of Refugee Health Services (RHS)
 varriola@uscmail.org

Note: USCRI reserves the right to amend these requirements, reject any and all proposals with or without cause, and is not bound to the lowest bidder. The right is reserved to accept the response that USCRI determines to be in the best interest of USCRI and the RMA program. Proposals must be submitted in accordance with the requirements of the RFP. Failure to include any required information may result in rejection of the proposal.

Proposal Requirements

General Instructions and Requirements

The proposal response must clearly demonstrate the required qualifications, expertise, competence, and capability of the vendor. Please provide a concise description of your organization's ability to provide the services required in the Scope of Services section of

this document. Costs incurred by organizations responding to this RFP are solely their responsibility.

Respondents are required to prepare their proposals in accordance with the instructions outlined in this RFP. In order to be eligible for consideration, the submitted proposal must include all of the following:

1. Cover letter stating intentions of the proposal
2. Table of contents
3. **Cost and Fee Proposal** including full disclosure of all fees and verification that all services provided therein are included in the final proposal cost.
4. Complete answers to all questions listed on the **TPA Questionnaire** and corresponding attachments
5. A sample service agreement that includes a comprehensive listing of all services available as a result of the proposal.
6. A sample copy of your HIPAA Business Associate Agreement and standard service agreement
7. A sample of your standard performance guarantee
8. A company organization chart and contact information sheet.

Further comments and/or information may be included in each section or as an addendum to the proposal.

Fully disclose all commissions, bonuses, or similar financial benefits earned from third parties as a direct or indirect result of the proposed agreement.

Authorized Organizational Representative (AOR)

AOR is the designated representative of the respondent's organization with authority to act on the organization's behalf in matters related to the award and contract execution. In signing a proposal, this individual agrees that the organization will assume the obligations imposed by applicable federal statutes and regulations and other terms and conditions of the award. The AOR must be listed on the TPA Questionnaire.

Point of Contact (POC)

In addition to the AOR, a point of contact on matters involving the proposal must also be identified. The point of contact must not be identical to the person identified as the AOR. The point of contact must be available to answer any questions pertaining to the application. The POC must be listed on the TPA Questionnaire.

Copies Required

Submit an original proposal; be sure to clearly mark "original" as such. Three (3) complete copies of the original proposal are requested. The original copy must have original signatures. All copies of mailed or hand-delivered paper applications must be submitted in a single package.

Accepted Application Format

All Proposal materials must be formatted so that they are 8 ½” x 11” white paper with 1-inch margins all around. If possible, respondents are encouraged to include page numbers for each page within the application. All pages of the proposal must be readable. Pages with blurred text will be removed from the proposal.

All Proposals must be single spaced, in Lucida Sans, 12-point font, except for footnotes, which may be 10-point font. The proposal should be printed one-sided.

Corrections/Updates to Proposals

When respondents make revisions to a previously submitted application, USCRI will accept only the last application submitted before the deadline.

USCRI’s Non-discrimination Assurance

Respondents to this RFP must provide assurance that in serving beneficiaries of this program, the respondent will make reasonable good faith efforts to ensure beneficiaries are not discriminated on the basis of race, color, creed, sex, sexual orientation, gender identity, national origin, ancestry, age, veteran status, disability, genetic information, military service, political beliefs, religion, place of residence, source of payment or health status or other protected status.

Review of Proposals for Responsiveness

Each proposal will be reviewed to determine if the proposal is responsive to the submission requirements herein. A responsive proposal is one that follows the requirements of this RFP, includes all documentation, is submitted in the specified format, is of timely submission, and has the appropriate signatures as required. Failure to comply with these requirements may result in the proposal being deemed non-responsive.

Minimum Requirements

To be eligible to respond to this RFP, the vendor must demonstrate sufficient capacity, resources, and experience to provide complete professional TPA Services for claims processing. Any respondent that fails to meet the minimum criteria will be noted as “non-responsive” and their proposals will not be evaluated.

- The respondent must be licensed to do business in Texas, Missouri, Maine, Kansas, and Tennessee, and additional states as needed.
- Respondents must be properly registered to practice their profession and licensed to engage in contracting at the time of Proposal submission.

Evaluation Process

A committee appointed by USCRI will review the responses to this RFP for compliance with the requirements and provide an objective evaluation of all Respondents.

All proposals will be evaluated according to, but not necessarily limited to, the following:

- Extent and success of previous work provided to organizations similar in nature and size to those required herein.
- The proposal itself as an example of the potential vendor's work.
- Qualifications/experience of key personnel to be assigned to the project.
- Inclusion of all required forms completed and returned as part of the proposal package.

COST PROPOSAL

A signed cost proposal must be submitted for evaluation. The cost proposal must outline and detail the fees for benefit third party administrative services as set forth in this RFP and disclose all charges to be assessed to USCRI for the Scope of Services. Include in your cost proposal a projected schedule of payment terms (i.e. monthly, quarterly, etc.).

If your organization works on a fee-only basis, include the proposed fixed fee along with a detailed description of the number of hours your organization believes necessary to complete the Scope of Services. Identify any services that would not be included in the fixed fee and the associated cost for those services.

The signed cost proposal indicates that the vendor certifies the following:

1. That this proposal was signed by an authorized representative of the firm.
2. That the vendor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.
3. That all labor costs associated with this project have been determined, including all direct and indirect costs.
4. That the vendor agrees to the conditions as set forth in this Request for Proposal with no exceptions.

TPA QUESTIONNAIRE

Include the answers to the following questions.

Name of Entity:
Address:
Email:
Phone:
Web Site:
Authorized Organizational Representative (AOR):
Proposal Point of Contact:
Type of Business:
List of Officers: Attach additional list if necessary. <i>Submit resumes of Officers, Directors, and Owners.</i>
Number of Employees:

Subcontractors/Affiliates:

List the contracts you have with outside organizations and describe the services they provide.

<i>Name</i>	<i>Service Provided</i>

Confidential Information

Have you received a request from interrogatory, subpoena, disposition, civil investigation demand or other similar legal process to disclose any confidential information?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Systems – Administration and Claims

(Hardware and Software)

	<i>Administration</i>	<i>Claims</i>
1. Is the system online or manual?		
2. Name of the software system(s)		
3. Who developed the system?		
4. Year it was developed		



5. Is the software leased, timeshared or owned?		
6. Have you changed/upgraded systems within 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. If yes, please describe:		

Administrative Services

1. Describe your organizational structure (i.e. publicly held corporation, partnership, etc.). How long has your organization been providing administrative services for health plans?
2. Provide a brief professional history for each individual that would be working on this account and how they are qualified to provide services for USCRI.
3. Briefly describe your company's organization, philosophy, management, and a brief company history.
4. How many clients does your organization presently have?
5. List any professional certifications your organization holds.
6. Describe security of master file and list the personnel that process personal data. (i.e. who can enter new enrollees, make changes, etc.)
7. Describe the record retention program for enrollment cards, billing files, claims, etc.
8. Describe your back-up system(s) in the event that the computer master file is destroyed.



9. Have you received any third-party requests for Personal Data?
<input type="checkbox"/> Yes <input type="checkbox"/> No
10. How do you communicate with beneficiaries? What is your average response time to questions posed from beneficiaries? How do you ensure you are communicating to beneficiaries in a linguistically and culturally competent manner? How do you instruct beneficiaries to select a network provider?
11. List the policies and procedures you have in place:
12. List any audits performed internally:
13. Describe how you propose to build an understanding of the direction and priorities of the RMA program and how you would utilize this information to anticipate beneficiary needs in relation to providers and services.
14. Describe how your organization will negotiate provider reimbursement rates commensurate with Medicaid reimbursement rates.
15. Describe how your organization is and will continue to be knowledgeable about Medicaid benefits.
16. Identify key outcome-based measurements that are tracked and deliver program improvements and cost reduction results.

Claims

1. Has the department been audited by a third party for accuracy/security?
<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name the type of audit performed and note the date:
3. More than 75% of claims are:



a.) Processed: <input type="checkbox"/> Manually <input type="checkbox"/> Electronically
b.) Filed: <input type="checkbox"/> By individual <input type="checkbox"/> By batch
4. What is your payment accuracy objective?
5. Statistical: Number of claims paid:
6. Financial: Dollar amount paid without error:
7. What was your payment accuracy performance during the last twelve months?
8. Describe the payment authority limitation for the claims staff and describe the criteria for internal audits:
9. What is your average turnaround time from date of receipt to date of payment on a clean claim submission?
10. What is your source for determining usual, reasonable, and customary charges?
a.) Is your R & C database online? <input type="checkbox"/> Yes <input type="checkbox"/> No
b.) How often is R & C updated?
c.) Are the ICD-9/10 codes captured? <input type="checkbox"/> Yes <input type="checkbox"/> No
d.) Are the CPT codes captured? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you utilize off-site or home claim processors? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:
12. Have you utilized professional consultants to investigate claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:
13. What services do you provide for HIPAA administration?



14. Describe any other claim cost management providers and processes you may use (i.e. demand management, hospital bill audits, subrogation, fee negotiation, service, etc.)
15. What level of utilization review (pre-certification) services are performed?
16. Are utilization review services performed in-house or through an outside vendor?
17. Describe your procedures for professional medical and dental claims review:
18. Describe your procedures for auditing and/or negotiating provider bills:

Compliance/Legal/Licensing

1. Have you had any previous or pending material lawsuits in the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have any of the principals in your firm or any of your employees (former or current), ever been indicted or convicted of mishandling/misappropriating any insurance company or client funds? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Describe your procedures for handling enrollee complaints:		
4. If your operating jurisdictions required licensing, please provide the licensing information.		
<i>License</i>	<i>State(s)</i>	<i>License Number</i>
Third Party Administrator		
Please provide a copy of current license(s) listed above.		



5. How are you kept informed of changing legal requirements within your market area?
6. How will you inform USCRI of these changes?
7. How are you HIPAA / Electronic Data Interchange compliant?

Insurance/Bonding

1. Do you carry a TPA errors and omissions policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.) If yes, who is the carrier?	
b.) What is the expiration date of the policy?	
c.) What are the limits of coverage for the policy?	
2. Do you carry a professional liability policy for UR (Utilization Review) and/or other services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.) What is the expiration date of the policy?	
b.) What are the limits of coverage for the policy?	
3. Do you have Worker’s Compensation Insurance including Employer’s Liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.) What is the expiration date of the policy?	
b.) What are the limits of coverage for the policy?	
4. Do you carry Commercial General Liability Insurance ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.) If yes, who is the carrier?	
b.) What is the expiration date of the policy?	
c.) What are the limits of coverage for the policy?	
5. Do you carry Property Insurance for all risks of physical loss of or damage to business personal property or other property, including electronic data processing equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.) If yes, who is the carrier?	
b.) What is the expiration date of the policy?	
c.) What are the limits of coverage for the policy?	
6. Do you carry Automobile Liability Insurance ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you carry Fidelity Bond or Commercial Crime Insurance ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.) If yes, who is the carrier?	
b.) What is the expiration date of the policy?	

8. How have you ensured that all subcontractors maintain insurance coverage appropriate to their scope of work and meet the HIPAA privacy and security requirements?

Attachments

Please use this checklist and provide the following attachments. If any of these items cannot be provided, please explain:
<input type="checkbox"/> Declaration pages of insurances
<input type="checkbox"/> Copy of TPA license for each applicable state

I certify that the information on this questionnaire is accurate to the best of my knowledge and belief.

Signature: _____	Date: _____
Print Name: _____	Title: _____