



**REQUEST FOR PROPOSALS 2021-03  
HEALTH CARE INTERPRETER SERVICES  
Publish Date: June 23, 2021**

CareOregon, Inc. (“CareOregon”) and its subsidiary or affiliated entities including: Health Plan of CareOregon, Inc. dba CareOregon Advantage (Medicare), Columbia Pacific CCO, LLC, Jackson County CCO, LLC dba Jackson Care Connect, Housecall Providers Services, LLC, Housecall Providers, PC, and Care Access, LLC. is inviting submission of proposals for Health Care Interpreter services.

**Closing Date/Time: August 16, 2021 - 2:00 PM, Pacific Time**

**Project Summary:** CareOregon is seeking Proposals from vendors to provide Health Care Interpreter services for CareOregon Sites and Service Sites that CareOregon contracts with. Services will be provided through multiple modalities including telephone, video, and in-person services. Written translation services will be coordinated through a separate contract/arrangement.

**Contact Information:** The sole point of contact for procurement process or technical questions is: George Marlton, Procurement Director; [marltong@careoregon.org](mailto:marltong@careoregon.org); 503-416-4706

**RFP Location:** RFP Documents will be on CareOregon’s website: <https://careoregon.org/contact-us/vendor-resources>. Prospective Proposers are responsible for obtaining any Addenda, clarifying questions, and Notices of Award from the CareOregon website.

**Submission:** All proposals must be emailed to [Procurement@careoregon.org](mailto:Procurement@careoregon.org)

CareOregon encourages proposals from Minority, Women, Service-Disabled Veteran, and Emerging Small Businesses.

**\*\*NO PROPOSALS WILL BE RECEIVED OR CONSIDERED AFTER THE ABOVE  
RFP CLOSING DATE/TIME\*\***

**SCHEDULE**

Request for Proposals Issued	June 23, 2021
Deadline to Submit Clarifying Questions	July 30, 2021
Request for Proposals Closing Date and Time	August 16, 2021, 2:00 PM, Pacific Time
Anticipated Contract Execution	October 2021
Service Commencement	January 1, 2021

## SECTION 2 INSTRUCTIONS TO PROPOSERS

CareOregon reserves the right to reject any and all Proposals received as a result of this RFP.

**2.1 Modification or Withdrawal of Proposal:** Any Proposal may be modified or withdrawn at any time prior to the Closing deadline, provided that a written request is received by Procurement, prior to the Closing. The withdrawal of a Proposal will not prejudice the right of a Proposer to submit a new Proposal.

**2.2 Requests for Clarification and Requests for Change:** Proposers may submit questions regarding the specifications of the RFP. Questions must be emailed on or before 5:00 p.m. (Pacific Time), on the date indicated in the Schedule. Requests for changes must include the reason for the change and any proposed changes to the requirements. The purpose of this requirement is to permit CareOregon to correct, prior to the opening of Proposals, RFP terms or technical requirements that may be unlawful, improvident or which unjustifiably restrict competition. CareOregon will consider all requested changes and, if appropriate, amend the RFP. No spoken or written instructions or information concerning this RFP from CareOregon employees or agents to prospective Proposers shall bind CareOregon unless included in an Addendum to the RFP.

**2.3 Addenda:** If any part of this RFP is changed, an addendum will be published on CareOregon's website. It shall be Proposers responsibility to regularly check ORPIN for any notices, published addenda, or response to clarifying questions.

**2.4 Submission of Proposals:** Proposals must be submitted in accordance with Section 5. All Proposals shall be legibly written in ink or typed and comply in all regards with the requirements of this RFP. All Proposals must include a signature that affirms the Proposer's intent to be bound by the Proposal (may be on cover letter, on the Proposal, or the Proposal Certification Form) shall be signed. If a Proposal is submitted by a firm or partnership, the name and address of the firm or partnership shall be shown, together with the names and addresses of the members. If the Proposal is submitted by a corporation, it shall be signed in the name of such corporation by an official who is authorized to bind the contractor. The Proposals will be considered by CareOregon to be submitted in confidence. No late Proposals will be accepted.

**2.5 Notice of Award:** CareOregon will name the apparent successful Proposer in a Notice of Intent to Award published on CareOregon's website. Identification of the apparent successful Proposer is procedural only and creates no right of the named Proposer to award of the contract.

**2.6 Acceptance of Contractual Requirements:** Failure of the selected Proposer to execute a contract and deliver required insurance certificates within ten (10) calendar days after notification of an award may result in cancellation of the award. This time period may be extended at the option of CareOregon.

**2.7 Investigation of References:** CareOregon reserves the right to investigate all references in addition to those supplied references and investigate past performance of any Proposer with respect to its successful performance of similar services, its compliance with specifications and contractual obligations, its completion or delivery of a project on schedule, its lawful payment of subcontractors and workers, and any other factor relevant to this RFP. CareOregon may postpone the award or the execution of the contract after the announcement of the apparent successful Proposer in order to complete its investigation.

**2.8 RFP Proposal Preparation Costs and Other Costs:** Proposer costs of developing the Proposal, cost of attendance at an interview (if requested by CareOregon), or any other costs are entirely the responsibility of the Proposer, and will not be reimbursed in any manner by CareOregon.

**2.9 Clarification and Clarity:** CareOregon reserves the right to seek clarification of each Proposal, or to make an award without further discussion of Proposals received. Therefore, it is important that each Proposal be submitted initially in the most complete, clear, and favorable manner possible.

**2.10 Right to Reject Proposals:** CareOregon reserves the right to reject any or all Proposals or to withdraw any item from the award, if such rejection or withdrawal would be in CareOregon interest, as determined by CareOregon.

Proposals may be rejected in whole or in part if they attempt to limit or modify any of the terms, conditions, or specification of the RFP or the Sample Contract.

**2.11 Proposal Terms:** All Proposals, including any price quotations, will be valid and firm through a period of one hundred and eighty (180) calendar days following the Closing date. CareOregon may require an extension of this firm offer period. Proposers will be required to agree to the longer time frame in order to be further considered in the procurement process.

**2.12 Spoken Presentations:** At CareOregon's sole option, Proposers may be required to give an spoken presentation of their Proposals to CareOregon, a process which would provide an opportunity for the Proposer to clarify or elaborate on the Proposal but will in no material way change Proposer's original Proposal. Any costs of participating in such presentations will be borne solely by Proposer and will not be reimbursed by CareOregon. **Note:** Spoken presentations are at the discretion of the evaluating committee and may not be conducted; therefore, **written Proposals should be complete.**

**2.13 Review for Responsiveness:** Upon receipt of all Proposals, the Procurement Department will determine the responsiveness of all Proposals before submitting them to the evaluation committee. If a Proposal is incomplete or non-responsive in significant part or in whole, it will be rejected and will not be submitted to the evaluation committee. CareOregon reserves the right to determine if an inadvertent error is solely clerical or is a minor informality which may be waived, and then to determine if an error is grounds for disqualifying a Proposal. The Proposer's contact person identified on the Proposal will be notified, identifying the reason(s) the Proposal is non-responsive.

**2.14 Communication Blackout Period:** Except as called for in this RFP, Proposers may not communicate with members of the Evaluation Committee or other CareOregon employees or representatives about the RFP during the procurement process until the apparent successful Proposer is selected. Communication in violation of this restriction may result in rejection of a Proposer.

**2.15 Prohibition on Commissions and Subcontractors:** CareOregon will contract directly with persons/entities capable of performing the requirements of this RFP. Contractors must be represented directly. Participation by brokers or commissioned agents will not be allowed during the Proposal process. Contractor may use subcontractors to perform the Work if described in the proposal or authorized to do so by CareOregon. Contractor represents that any employees assigned to perform the Work, and any authorized subcontractors performing the Work, are fully qualified to perform the tasks assigned to them, and shall perform the Work in a competent and professional manner. Contractor shall not be permitted to add on any fee or charge for subcontractor Work. Contractor shall provide, if requested, any documents relating to subcontractor's qualifications to perform required Work.

**2.16 Collusion:** By responding, the Proposer states that the Proposal is not made in connection with any competing Proposer submitting a separate response to the RFP, and is in all aspects fair and without collusion or fraud. Proposer also certifies that no officer, agent, or employee of CareOregon has a pecuniary interest in this Proposal.

**2.17 Evaluation Committee:** Proposals will be evaluated by a committee consisting of representatives from CareOregon and potentially external representatives. CareOregon reserves the right to modify the Evaluation Committee make-up in its sole discretion.

**2.18 Nondiscrimination:** The successful Proposer agrees that, in performing the work called for by this RFP and in securing and supplying materials, contractor will not discriminate against or treat differently, any person on the basis of race, color, religious creed, political ideas, sex, age, marital status, sexual orientation, gender identity, veteran status, physical or mental disability, national origin or ancestry, or any other class protected by applicable law.

**2.19 Best and Final Offer:** CareOregon may request best and final offers from those Proposers determined by CareOregon to be reasonably viable for contract award. However, CareOregon reserves the right to award a contract on the basis of initial Proposal received. Therefore, each Proposal should contain the Proposer's best terms from a price and technical standpoint. Following evaluation of the best and final offers, CareOregon may select for final contract negotiations/execution the offers that are most advantageous to CareOregon, considering cost and the evaluation criteria in this RFP.

## SECTION 3 SCOPE OF WORK

### 3.1 INTRODUCTION

CareOregon is seeking Proposals from vendors to provide Health Care Interpreter services for CareOregon Sites and Service Sites that CareOregon contracts with. Services will be provided through multiple modalities including in-person, telephonic, and video services. Written translation services will be coordinated through a separate contract/arrangement.

#### *Spoken In-person Interpretation*

Proposer will provide in-person interpretation services for CareOregon members and their family/caregiver who prefer to have services provided in a language other than English in accordance with the scope outlined below.

#### *Spoken Telephonic Interpretation*

Proposer will provide telephonic interpretation services for CareOregon members and their family/caregiver who prefer to have services provided in a language other than English in accordance with the scope outlined below.

#### *Spoken Video Interpretation*

Proposer will provide video interpretation services for CareOregon members and their family/caregiver who prefer to have services provided in a language other than English in accordance with the scope outlined below.

#### *Signed In-person Interpretation*

Proposer will provide in-person interpretation services for CareOregon members and their family/caregiver who prefer to have services provided in sign language in accordance with the scope outlined below.

#### *Signed Video Interpretation*

Proposer will provide in-person interpretation services for CareOregon members and their family/caregiver who prefer to have services provided in sign language in accordance with the scope outlined below.

**Please direct all Technical/Specifications or Procurement Process Questions to the indicated representative referenced in the Notice of Request for Proposals and note the communication restriction outlined in Section 2.14.**

### 3.2 BACKGROUND

Founded in 1993, CareOregon is a 501(c)(3) public benefit nonprofit company that draws nearly all its revenue from public programs such as Medicaid (the Oregon Health Plan – “OHP”), Medicare and the State Children’s Health Insurance Program (SCHIP). Coordinated Care Organizations (“CCOs”) are an Oregon innovation that integrates physical, behavioral and oral health care, and treats the whole person.

Through partnerships with our CCOs, we provide integrated managed care services. We partner with Health Share of Oregon to serve the tri-county Portland metro area. We own Jackson Care Connect and Columbia Pacific CCO. In addition to Medicare plans and CareOregon Dental lines of business, Housecall Providers delivers primary, palliative and hospice care to home-bound patients.

Our mission is building individual well-being and community health through partnerships, shared learning and innovation. Our vision is healthy communities for all individuals, regardless of income or social circumstances.

We focus on the total health of our members, not just traditional health care. In teaming up with members, their families and their communities, we help Oregonians live better lives, prevent illness and respond effectively to health issues.

### We care about people

We serve Oregonians eligible for the OHP and Medicare Advantage members who have us as their health care option. But that's not all. We are a managed health care company with an overarching goal: to make world-class, high-quality health care available to all Oregon residents, regardless of income.

### We support our neighbors

We know that some Oregonians are in need but don't qualify for OHP benefits. We work to strengthen the health care safety net that these Oregonians rely upon, from local health departments and community clinics to rural and migrant health centers. We partner with policy makers and legislators to improve services and provide access to quality care throughout the state, from urban centers to rural neighborhoods.

### We work with first-class providers

CareOregon has built a health care delivery system that assures access to physicians and health care professionals who understand special needs and provide quality care regardless of a patient's financial resources.

### We work with policy makers to ensure access

We provide OHP enrollees access to health care services in exchange for a per member, per month capitation rate. The Oregon Legislature sets this payment rate. The payments are subject to available state funding. CareOregon takes full financial risk for the health care services our members use. CareOregon, formed by safety net health care providers in the state, is a Safety Net Health Plan. Safety Net Health Plans are nonprofits that derive their revenue from public programs.

To put it simply, CareOregon ensures that members have timely access to high quality health care from a broad network of providers, and CareOregon works hard every day to keep people healthy and active in their homes and communities.

### **Equity, Diversity, and Inclusion:**

CareOregon recognizes to achieve the vision of "Healthy communities for all individuals, regardless of income or social circumstances," it must intentionally cultivate authentic member engagement, community partnerships, and recruit, retain and develop a staff as diverse as the communities it serves. CareOregon has embarked on a continuous effort to understand the effects of historical, institutional, and structural oppression on the various communities represented within its membership and personnel. CareOregon strives to internally, and in partnership with other like-minded organizations across sectors, to redress policies, systems and health related environmental issues that affect healthcare disparities and inequities.

Equity, Diversity, and Inclusion is a cornerstone of CareOregon's mission, vision, and strategic objectives. CareOregon's priority is strengthening our communities by making healthcare work for everyone by ensuring access to a broader and more diverse network of oral, physical and behavioral health services that address the individual needs and cultural values of our members and reduces barriers to getting needed care.

It is the intent of CareOregon, through issuance of this RFP, to collaborate with like-minded vendors that share the same values and that will take actual steps to embody those values in the services provided to CareOregon and its providers, members and clients.

### **Project Background:**

CareOregon currently meets language needs through internal bilingual staff who provide services in language, interpreter staff, and services provided by interpretation vendors. CareOregon currently spends more than \$4.5 million per year for interpreter services. Referencing that current spend is not a guarantee of future spend. See Attachment #1 for membership volume for Tier 1 languages in the Portland Metro, Southern Oregon, and North Coast regions.

CareOregon desires to elevate the Health Care Interpreter profession, meet CMS and OHA requirements, and most importantly give meaningful access to services for our members seeking care. The project is intended to cover Health Care Interpreter service needs directly for CareOregon Sites and for Service Sites that CareOregon contracts with for patient care.

CareOregon and its subsidiary or affiliated entities including: Health Plan of CareOregon, Inc. dba CareOregon Advantage (Medicare), Columbia Pacific CCO, LLC, Jackson County CCO, LLC dba Jackson Care Connect, Housecall Providers Services, LLC, Housecall Providers, PC, and Care Access, LLC. CareOregon also contracts with HealthShare of Oregon to provide client services and those services include Health Care Interpreter services that will be a result of this RFP.

CareOregon envisions that all our members are connected to health in their preferred language.

CareOregon Vision: We strive to achieve that vision by dis-mantling structural barriers through three areas of focus:

1. Ensure appropriate availability and utilization in all areas of access. Including but not limited to:
  - a. All Service Sites. Example: physical, oral and behavioral health, transportation, and CareOregon programs.
  - b. All communication methods. Example, written, spoken, sign and spoken for both language and format.
2. Ensure that the interpreter network meets the needs of CareOregon members in both quality and capacity.
3. Ensure that CareOregon has a feedback mechanism for persons utilizing language services to have a voice in process and quality improvement.

The focus of this RFP is to ensure that the interpreter network meets the needs of CareOregon members in both quality and capacity.

### **3.3 SCOPE OF WORK**

Definitions: The following definitions will be used throughout the Scope of Work:

- “Cancellation” means an appointment was made for interpretation services and the contractor or the interpreter received notice that the interpretation services were no longer needed within 24 hours from the start time of the appointment.
- “CareOregon Site” means any services directly provided by CareOregon employees (i.e., contact center).
- “Certified Health Care Interpreter” means an individual who has been approved and certified by the Oregon Health Authority. For more information about how to get certified <https://www.oregon.gov/oha/oci/Pages/HCI-Program.aspx>.
- “Clinic Error” means any scheduled appointment in which the interpreter could not complete the services, including those not canceled within 24 hours, due to an administrative error by the scheduling clinic. Such errors include, but are not exclusive, to the following.
  - Clinic scheduled the wrong appointment time and/or appointment date.
  - Clinic provided an incorrect address.
  - Clinic ordered duplicate services.
  - Clinic did not cancel services no longer needed.
  - Clinic scheduled incorrect language for the services.
  - Clinic did not indicate a specific preference of the patient
- “CMS” means the Centers for Medicare and Medicaid Services that is a part of the Department of Health and Human Services.

- “Fill Rate” means an appointment where interpreter services have been provided by a Health Care Interpreter.
- “Health Care Interpreter” means an individual who is readily able to:
  - (a) Communicate with a person with limited English proficiency;
  - (b) Accurately interpret the Spoken statements of a person with limited English proficiency, or the statements of a person who communicates in sign language, into English;
  - (c) Sight translate documents from a person with limited English proficiency;
  - (d) Interpret the spoken statements of other persons into the language of the person with limited English proficiency or into sign language; and
  - (e) Sight translate documents in English into the language of the person with limited English proficiency.
- “Language Tiers” means -See attachment #4 for current placement of languages
  - Tier 1 languages: Languages with at least 1000 members in this group.
  - Tier 2 languages: Languages with 50-999 members in this group for Portland Metro. Languages with 30-999 members in this group for Southern Oregon and North Coast.
  - Tier 3 languages: Languages with 1-49 members in this group.
- “No-Show” means an appointment was made for the interpreter and the interpreter failed to appear at the arranged time and place.
- “Oregon Health Authority” or “OHA” means the State of Oregon agency.
- “Qualified Health Care Interpreter” means an individual who has received a valid letter of qualification from the Oregon Health Authority. For more information about how to get qualified <https://www.oregon.gov/oha/oei/Pages/HCI-Program.aspx>.
- “Service Areas” means as applicable:
  - Portland Metro: Includes services provided primarily in Multnomah, Clackamas, and Washington County for any CareOregon member.
  - Southern Oregon: Includes services provided primarily in Jackson County for any CareOregon member.
  - North Coast: Includes services provided primarily in Clatsop, Columbia, and Tillamook County for any CareOregon member.
- “Service Site” means any physical, oral, behavioral, or social health provider that CareOregon has contracted with to provide care.

### 3.3.1 Mandatory Scope:

#### Health Care Interpreter Network Capacity:

- Must meet interpretation service needs at all CareOregon Sites and Service Sites for all CareOregon member covered services.
- Must meet monthly Fill Rate targets for visits requested by Service Sites and CareOregon Sites.
- Must provide services to meet the unique modality needs of each interpreter request/encounter, which include in-person, telephonic and video.
- Spoken languages are broken out into three tiers and by geographic location. See Attachment #4 for Spoken Language Tiers by Region. (Please note the additional two languages to Tier 1 for telephonic services below.)
- Must meet timeliness requirements for telephonic access to Health Care Interpreters per CMS regulatory and quality metrics.

Spoken Language Interpretation		
In-person appointments scheduled at least 48 hours in advance.		Monthly Goal
	Tier 1 Languages	90% Fill Rate
	Tier 2 Languages	70% Fill Rate
	Tier 3 Languages	Must provide quarterly reporting on outreach and recruitment efforts to increase availability.
In-person appointments scheduled less than 48 hours in advance.		Monthly Goal
	Tier 1 Languages	70% Fill Rate
	Tier 2 Languages	50% Fill Rate
	Tier 3 Languages	NA
Video (scheduled or on-demand video)		Monthly Goal
	Tier 1 Languages	95% Fill Rate
	Tier 2 Languages	95% Fill Rate
	Tier 3 Languages	95% Fill Rate
Telephonic (scheduled or on-demand)		Monthly Goal
	Tier 1 Languages Plus: Tagalog French	95% Fill Rate within 2 (two) minutes
	Tier 2 Languages	95% Fill Rate within 5 (five) minutes
	All other languages	95% Fill Rate within 7 (seven) minutes

Sign Language Interpretation			
	Portland Metro	Southern Oregon	North Coast
In-person American Sign Language appointments scheduled at least 48 hours in advance.	95% Fill Rate	90% Fill Rate	90% Fill Rate
In-person American Sign Language appointments scheduled less than 48 hours in advance.	70% Fill Rate	70% Fill Rate	70% Fill Rate
American Sign Language Video	95% Fill Rate	95% Fill Rate	95% Fill Rate
Other Signed Languages Video and in-person	Must provide quarterly reporting on outreach and recruitment efforts to increase availability.		



**Health Care Interpreter Quality Measures**

- Must provide high quality professional services for all languages (spoken and sign) at all CareOregon Sites and Services Sites.
- Health Care Interpreter requirements: The selected vendor must provide oversight of the interpreter credentials and must be prepared to respond to the sample audit questions in Attachment #3. Additionally, all interpreters working at CareOregon Sites and Service Sites must meet the immunization and safety requirements of the site where services are provided.
- A key objective under the contract over its term is to expand access to interpreters that are Certified or Qualified Health Care Interpreters. To work toward the OHA goal of providing 100% of interpretation by Certified or Qualified Health Care Interpreters, the selected vendor:
  - Must show quarterly improvement in the percentage of visits provided by OHA certified/qualified interpreters who are on the OHA Health Care Interpreter Registry /RID Registry. Rates below must be reached for the fourth quarter of 2022 and then incremental improvement thereafter. Improvement must be across all modalities of service (telephonic, video or in-person see table below).

Services Provided by Certified/Qualified Interpreters 12/31/2022				
		In-person	Telephonic	Video
Tier 1 Languages	Service Site	60%	60%	60%
	CareOregon Site	60%	30%	60%
Tier 2 Languages	Service Site	25%	25%	25%
	CareOregon Site	25%	25%	25%
Tier 3 Languages	Service Site	10%	10%	10%
	CareOregon Site	10%	10%	10%
		In-person	Video	
Sign	Service Site	100%	100%	
	CareOregon Site	100%	100%	

**Administrative/Operational Quality Measures**

Reporting: The selected Proposer must be able to meet the Performance Reporting, Invoice Reporting, and Performance Reviews as described in Attachment #2.

Metrics will be reviewed and updated annually and as stated above. The expectation is that the percentage of Qualified Health Care and Certified Health Care Interpreters will increase each year.

Special projects: The selected vendor may be asked to complete special projects, as agreed upon by both parties. These projects will be intended to support process improvement in the provision of services and may include assessments of language services, improvement of access to services and may be completed in partnership with one or more CareOregon Site or Service Site.

**Invoice transition to electronic data submission:**

Current state: CareOregon currently accepts invoices weekly in Excel format with PDF back-up. Invoices must include at a minimum the fields identified in Attachment #2.

Future State: By the date listed in 3.3.3, Proposer must be able to provide an electronic data submission in a standardized file format. The selected vendor will work with CareOregon to develop process to submit 837P file (preferably via a clearinghouse) or other mutually agreed upon automated process to include at minimum the fields identified in Attachment #2. Additionally, the selected vendor must be able to accept and process an electronic transmission of eligible CareOregon members (834 eligibility file and 835 electronic remittance file) and contracted providers.

For interpretation services provided for special projects, pre-member activities or other services that are not for specific individuals, proposer will submit invoices following the current state process.

**3.3.2 Aspirational Services:**

CareOregon is interested in a partnership to find creative ways to improve services for members. This may include ways for members to schedule Health Care Interpreters for themselves and a multilingual phone line to provide members with direct access to CareOregon Sites and Services Sites over the phone in their preferred language.

CareOregon would like to build a stable network of Health Care Interpreters to meet the needs of our members. We are interested in exploring how interpreters can be more deeply included as part of the member’s care team and available to provide language service access to meet the physical, behavioral, oral, and social determinant needs of our members. We want to develop a regional resource that is able to be responsive to needs as they fluctuate throughout the year and may include ways to increase the network of qualified, trained, consistent interpreters. This may include: interpreter development and recruitment, innovative staffing solutions and payment models.

CareOregon is committed to supporting our members and providers in building meaningful access to telehealth services. We want to ensure that telehealth solutions are seamlessly integrated with interpretation services.

Must be able to work creatively in finding innovative solutions to meet Service Site’s and CareOregon’s desires to include interpreters as essential participants on the member care team. This may include scheduling that allows the interpreter to:

- Provide services across multiple appointments in the same day
- Participate in multi-disciplinary care team meetings
- Provide interpretation for services that happen outside of a clinical setting
- Partner with CareOregon to provide additional continuing education

**3.3.3 Work Schedule:**

Milestone	Deadline
Implementation of services	January 1, 2022
Electronic Data Submission Implemented	January 1, 2023
Review and set annual improvement in fill rates	October 2022 and 2023
Review and set annual improvement in certified/qualified rates	October 2022 and 2023
Review and set annual service enhancement goals	October 2022 and 2023
CCO 3.0 Enhancements Requirements Implemented	January 1, 2025

**3.3.4 Term of Contract:** The term of the contract shall be for approximately three (3) year period with the option of two (2) year renewals thereafter subject to the mutual agreement of the parties.

**3.3.5 Sample Contract:** Submission of a Proposal in response to this RFP indicates Proposer’s willingness to enter into a contract containing substantially the same terms (including insurance requirements) of the sample contract identified below. No action or response to the sample contract is required under this RFP. Any objections to the sample contract terms should be raised in accordance with Paragraph 2.2 of this RFP pertaining to requests for clarification of the RFP/specifications. This RFP and all supplemental information in response to this RFP will be a binding part of the final contract.

The applicable Sample Personal Services Contract for this RFP can be found at:  
<https://careoregon.org/contact-us/vendor-resources>.

Personal Services Contract (unless checked, item does not apply)  
 The following paragraphs of the Professional Services Contract will be applicable:

- Article I, Paragraph 5 – Travel and Other Expense is Authorized
- Article II, Paragraph 28 – Criminal Background Check Requirements
- Article II, Paragraph 29 – Key Persons
- Article II, Paragraph 30 – Protection of Patient Privacy and Security
- Article II, Paragraph 31 – On-Call Contract Basis
- Article II, Paragraph 32 – CareOregon Data Security Requirements

The following insurance requirements will be applicable:

- Commercial General Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage.
- Professional Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for damages caused by error, omission or negligent acts.
- Automobile Liability: combined single limit, or the equivalent, of not less than \$500,000 per occurrence for Bodily Injury and Property Damage for owned and non-owned vehicles. If services are provided by subcontractors, the subcontractors must maintain at least the same minimum listed above.
- Cyber Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence for network security (including data breach), privacy, interruption of business, media liability, and errors and omissions.

## SECTION 4 EVALUATION PROCEDURE

**4.1** An evaluation committee will review all Proposals that are initially deemed responsive and they shall rank the Proposals in accordance with the below criteria. The evaluation committee may recommend an award based solely on the written responses or may request Proposal interviews/presentations. Interviews/presentations, if deemed beneficial by the evaluation committee, will consist of the highest scoring Proposers. The invited Proposers will be notified of the time, place, and format of the interview/presentation. Based on the interview/presentation, the evaluation committee may revise their scoring.

Written Proposals must be complete, and no additions, deletions, or substitutions will be permitted during the interview/presentation (if any). The evaluation committee will recommend award of a contract to the final CareOregon decision maker based on the highest scoring Proposal. The CareOregon decision maker reserves the right to accept the recommendation, award to a different Proposer, or reject all Proposals and cancel the RFP.

Proposers are not permitted to directly communicate with any member of the evaluation committee during the evaluation process. All communication must be facilitated through the assigned Procurement Analyst.

**4.2 Evaluation Criteria**

<u>Category</u>	<u>Points available:</u>
Section 5.2 - Proposer's General Background and Qualifications	<b>0-10</b>
Section 5.3 - Scope of Work	<b>0-60</b>
Operations	0-5
Culture/Labor Market	0-10
Staff Training/Engagement	0-5
Health Care Interpreter Training/Engagement	0-13
Health Care Interpreter Commitment	0-10
Quality of Services	0-7
Technology/Reporting Customization and Client Access	0-5
Aspiration Goals and Service Enhancement Recommendations	0-5
Section 5.4 - Equity, Diversity, and Inclusion Efforts	<b>0-10</b>
Section 5.5 – References (information influences other scored sections)	<b>0</b>
Section 5.6 - Fees	<b>0-20</b>
<b>Available points</b>	<b>0-100</b>

**4.3** Once a selection has been made, CareOregon will enter into contract negotiations. During negotiation, CareOregon may require any additional information it deems necessary to clarify the approach and understanding of the requested services. Any changes agreed upon during contract negotiations will become part of the final contract. The negotiations will identify a level of work and associated fee that best represents the efforts required. If CareOregon is unable to come to terms with the highest scoring Proposer, discussions shall be terminated and negotiations will begin with the next highest scoring Proposer. If the resulting contract contemplates multiple phases and CareOregon deems it is in its interest to not authorize any particular phase, it reserves the right to return to this solicitation and commence negotiations with the next highest ranked Proposer to complete the remaining phases.

## SECTION 5 PROPOSAL CONTENTS

### 5.1 Proposers must adhere to submission instructions and be advised as follows:

- 5.1.1 Complete Proposals must be emailed to [Procurement@careoregon.org](mailto:Procurement@careoregon.org). The subject line of the email must identify the RFP title. Proposers are encouraged to contact Procurement to confirm receipt of the Proposal.
- 5.1.2 CareOregon reserves the right to solicit additional information or Proposal clarification from the proposers, or any one Proposer, should CareOregon deem such information necessary.

#### Provide the following information in the order in which it appears below:

### 5.2 Proposer's General Background and Qualifications

- 5.2.1 Description of the firm. Including demographics of the leadership team.
- 5.2.2 Credentials/experience of key individuals that would be assigned to this project.
- 5.2.3 Description of providing similar services to health care entities of similar size within the past five (5) years. Please identify any non-profit or government funded entities.
- 5.2.4 Describe your typical customer profile, such as size and service provided.
- 5.2.5 What are your customer retention rates?
- 5.2.6 Description of the firm's ability to meet the requirements in Section 3. It is important for you to describe if you currently provide these services or if your firm could provide the services if awarded the contract.
- 5.2.7 Description of what distinguishes the firm from other firms performing a similar service.

### 5.3 Scope of Work

#### Operations

- 5.3.1 What languages do you currently support? Please include language, modality, number of interpreters and employment relationship including any subcontracted vendors.
- 5.3.2 What awards or recognition has your company received in the past three years?
- 5.3.3 Provide an example of how you have used reporting to positively impact a quality of service and utilization.
- 5.3.4 Who on your management team reviews client reports on a regular basis?
- 5.3.5 Please provide an implementation plan for establishing services for CareOregon. Include timelines, breakout of vendor and CareOregon responsibilities, and any identified challenges.
- 5.3.6 Provide a proposed standard implementation plan for a Service Site and what on-going support is provided.
- 5.3.7 Please list the CareOregon Service Sites that you have an existing relationship with.
- 5.3.8 What percentage of the program manager(s)'s time will be dedicated to our project?
- 5.3.9 Describe your governance model including detail on senior management involvement on our account.

#### Culture/Labor Market

- 5.3.10 What is your mission statement, vision, and core values?
- 5.3.11 What is your Equity, Diversity, and Inclusion statement? Can this be found publicly?
- 5.3.12 How does your corporate culture align with your understanding of our own company, values, and culture?
- 5.3.13 Outline your attraction, recruitment and retention strategies and processes for both staff and subcontractors.
- 5.3.14 How do you typically manage compensation increases for labor markets where you operate?
- 5.3.15 How do you typically set and maintain competitive compensation for employees and subcontractors?

- 5.3.16 How do you take into account living wage standards when setting compensation rates for the applicable location?
- 5.3.17 How could CareOregon assist you in expanding capacity and quality of Health Care Interpreters in our service locations?

Staff Training/Engagement

- 5.3.18 Describe your training structure (team and facilities) and outline approach to new hire training.
- 5.3.19 What percentage of hires are still with the company six months after hire date?
- 5.3.20 Will CareOregon have a dedicated account team?
- 5.3.21 Do you have any incentive programs for your staff?
- 5.3.22 Describe your employee engagement strategies and measurement processes.
- 5.3.23 What is your average tenure of salaried staff? Hourly staff? Subcontractors?

Health Care Interpreter Training/Engagement

- 5.3.24 Describe your training structure (team and facilities) and outline approach to new Health Care Interpreter on-boarding.
- 5.3.25 What is unique about your Health Care Interpreter on-boarding regimen?
- 5.3.26 What percentage of new Health Care Interpreters become OHA qualified? What percentage become certified?
- 5.3.27 What percentage of Health Care Interpreters are still with the company six months after onboarding?
- 5.3.28 Will CareOregon Sites and Service Sites have a dedicated interpreter team?
- 5.3.29 What is your annual Health Care Interpreter attrition rate? (How many appointments does a Health Care Interpreter need to complete to remain active? In what time period?)
- 5.3.30 Do you have any incentive programs for your Health Care Interpreters (employees and/or subcontractors)?
- 5.3.31 Describe your Health Care Interpreter engagement strategies?

Health Care Interpreter Commitment

- 5.3.32 What skills are vetted prior to hiring or contracting? How do you test for skills?
- 5.3.33 What ongoing developmental training do you offer?
- 5.3.34 What specific Health Care Interpreter training do you provide to engage in different health care scenarios (for example, behavior health, pediatric, emergency care, end-of-life)? How do you determine which continuing education needs would be beneficial?
- 5.3.35 What is the average experience level of the Health Care Interpreters?
- 5.3.36 How are Health Care Interpreters prepared to navigate challenging situations while upholding the National Code of Ethics for Interpreters in Health Care?
- 5.3.37 Share guidelines and reference materials provided to Health Care Interpreters.
- 5.3.38 What kind of support (professional, trauma response, etc.) do you make available to the Health Care Interpreters?
- 5.3.39 What are the professional expectations for interpreters? For example: dress code, timeliness, advocating for patients and families, interactions with members outside of interpreting encounters, interpreter self-care, etc.

Quality of Services

- 5.3.40 What process do you follow to best match Health Care Interpreters with interpretation requests?
- 5.3.41 What quality assurance measures do you have in place?
- 5.3.42 How would CareOregon Sites and Services Sites be notified and assisted in cases of interpreter no-shows?
- 5.3.43 How are grievances and complaints about Health Care Interpreters addressed?
- 5.3.44 How is the Health Care Interpreter directed to instruct providers and members who are not happy with the service?
- 5.3.45 How do you incorporate Service Site and member feedback into process improvement?

### Technology/Reporting Customization and Client Access

- 5.3.46 Describe how you will meet the reporting requirements in Attachment #2. Please include how you will protect Personal Health Information.
- 5.3.47 Do you have a business continuity plan? What assurances can you provide that your services will be available during business interruption events?
- 5.3.48 What custom reporting capabilities do you have?
- 5.3.49 Is there a client portal for us to easily access reports?
- 5.3.50 Can we access reports in real time or near real time?
- 5.3.51 Provide examples of standard and customer reporting for operational performance.
- 5.3.52 How does your system support meeting our metrics/goals for meeting quality and capacity?

### Aspirational Goals and Service Enhancement Recommendations

- 5.3.53 How do you propose meeting our aspirational goals listed in Section 3?
- 5.3.54 Do you have any service enhancement recommendations that would be included in your immediate or future services?
- 5.3.55 Are you able to meet higher fill rates than those posed in Section 3.3.1 in charts “Spoken Language Interpretation” and “Sign Language Interpretation?” If so, provide the fill rates you are prepared to meet.
- 5.3.56 Are you able to meet higher metrics than those posed in Section 3.3.1 in chart “Services Provided by Certified/Qualified Interpreters 12/31/2022?” If so, provide the metrics you are prepared to meet.
- 5.3.57 Thinking about the CareOregon vision outlined in Section 3.2, share your creative and innovative ideas on how real enhancements can be made to how Health Care Interpreter services are provided today? Can any of those changes be integrated to services you are proposing to CareOregon?

## **5.4 Equity, Diversity, and Inclusion Efforts**

- 5.4.1 Describe your firm’s equity, diversity, and inclusion values, policies, efforts, and successes. Include specific details of efforts and how they have shaped the composition and spirit of your firm.
- 5.4.2 Supplier diversity is the intentional inclusion of historically underutilized businesses in a firm’s supply base to achieve innovation, cost reduction, and building economic growth in our communities. If you plan to use subcontractors or other third-party services for the services proposed to CareOregon, describe your supplier diversity program.
- 5.4.3 Outline the specific elements of your proposed services that will support and advance CareOregon’s equity, diversity, and inclusion mission.

## **5.5 References**

Provide at least three (3) references from clients your firm has served similar to CareOregon in the past three (3) years, including one client that has newly engaged the firm in the past thirty-six (36) months and one (1) long-term client. Provide the name, address, email, and phone number of the references. Please note the required three references may not be from CareOregon staff, but additional references may be supplied. Points awarded for this criteria are based on both references provided as well as information gleaned from the provided contacts. Evaluation Committee members may contact references at their sole discretion.

## **5.6 Fees**

The below hourly or minute rates must be rolled up and fully inclusive of any and all related expenses (travel, materials, Cancellation fees, No-Show fees, or Clinic Error fees, etc.). CareOregon will not accept additional ad hoc fees.

- 5.4.1 Describe if you have any minimum service charges (e.g. minimum hours for in-person, minimum minutes for telephonic and video).
- 5.4.2 **Complete the below Fee Sheet.**

## **5.7 Completed Proposal Certification (see the below form)**

**RFP #2021-03 Health Care Interpreter Services  
FEE SHEET**

Spoken Language Interpretation				
		Rate/Hour*		
In-Person Certified/Qualified Health Care Interpreter		Portland Metro	Southern Oregon	North Coast
	Tier 1 Languages	\$	\$	\$
	Tier 2 Languages	\$	\$	\$
	Tier 3 Languages	\$	\$	\$

  

In-Person Health Care Interpreter		Rate/Hour*		
		Portland Metro	Southern Oregon	North Coast
	Tier 1 Languages	\$	\$	\$
	Tier 2 Languages	\$	\$	\$
	Tier 3 Languages	\$	\$	\$

\*Hourly rate for In-Peron spoken services has a 1 hour minimum and then in 15-minute increments thereafter.

Video Certified/Qualified Health Care Interpreter		Rate/Minute
	Tier 1 Languages	\$
	Tier 2 Languages	\$
	Tier 3 Languages	\$

Video Health Care Interpreter		Rate/Minute
	Tier 1 Languages	\$
	Tier 2 Languages	\$
	Tier 3 Languages	\$

Telephonic Certified/Qualified Health Care Interpreter		Rate/Minute
	Tier 1 Languages Plus: Tagalog French	\$
	Tier 2 Languages	\$
	All other languages	\$

Sign Language Interpretation**			
	Portland Metro	Southern Oregon	North Coast
In-person American Sign Language - \$/hr	\$	\$	\$
American Sign Language Video - \$/min	\$	\$	\$
Other Signed Languages Video and in-person	Provide information on the languages and the associated fees.		

\*\*Hourly rate for sign language services has a 2 hour minimum and then in 15 minute increments thereafter.



**PROPOSAL CERTIFICATION**  
**RFP #2021-03**

Submitted by: \_\_\_\_\_  
**(Must be entity's full legal name, and State of Formation)**

Each Proposer must read, complete, and submit a copy of this Proposal Certification with their Proposal. Failure to do so may result in rejection of the Proposal. By signature on this Proposal Certification, the undersigned certifies that they are authorized to act on behalf of the Proposer and that under penalty of perjury, the undersigned will comply with the following:

**SECTION I. NON-DISCRIMINATION:** That the Proposer has not and will not discriminate in its employment practices with regard to race, color, creed, age, religious affiliation, sex, marital status, disability, sexual orientation, gender identity, national origin, veteran status, or any other protected class. Nor has Proposer or will Proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business that is certified under ORS 200.055.

**SECTION III. CONFLICT OF INTEREST:** The undersigned hereby certifies that no officer, agent or employee of CareOregon is personally interested, directly or indirectly, in any resulting contract from this RFP, or the compensation to be paid under such contract, and that no representation, statements (spoken or in writing), of the CareOregon, its officers, agents, or employees had induced Proposer to submit this Proposal. In addition, the undersigned hereby certifies that this proposal is made without connection with any person, firm, or corporation submitting a proposal for the same material, and is in all respects fair and without collusion or fraud.

**SECTION IV. COMPLIANCE WITH SOLICITATION:** The undersigned further agrees and certifies that they:

1. Have read, understand, and agree to be bound by and comply with all requirements, instructions, specifications, terms, and conditions of the RFP (including any attachments); and
2. Are an authorized representative of the Proposer, that the information provided is true and accurate, and that providing incorrect or incomplete information may be cause for rejection of the Proposal or contract termination; and
3. Will furnish the designated item(s) and/or service(s) in accordance with the RFP and Proposal.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Oregon Business Registry Number: \_\_\_\_\_ OR CCB # (if applicable): \_\_\_\_\_

Business Designation (check one):

Corporation  Partnership  Sole Proprietorship  Non-Profit  Limited Liability Company

Minority (MBE), Women (WBE), Service-Disabled Veteran (SDV), and Emerging Small Business (ESB)  
(check as applicable):

Certified by State of Oregon	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	SDV <input type="checkbox"/>	ESB <input type="checkbox"/>
Self-identified	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	SDV <input type="checkbox"/>	ESB <input type="checkbox"/>

ATTACHMENT #1  
MEMBERSHIP VOLUME FOR TIER 1 LANGUAGES BY REGION

	Portland Metro	Southern Oregon	North Coast
Tier 1 Languages (This list may change as membership changes.)	Arabic (972) Cantonese, Mandarin (2,736) Russian (3,285) Somali (901) Spanish (26,819) Vietnamese (2,991)	Spanish (3,821)	Spanish (1,449)
Tier 2 Languages (This list may change as membership changes.)	Amharic (71) Burmese (509) Hmong (82) Karen (267) Khmer/Cambodian (83) Korean (253) Lao (54) Nepali (159) Persian/Farsi (174) Romanian (165) Swahili (99)	Cantonese, Mandarin (32)	Cantonese, Mandarin (17)

ATTACHMENT #2  
PERFORMANCE REPORTING, INVOICE REPORTING AND PERFORMANCE REVIEWS

**Performance reporting:**

Contractor must be able to meet the below reporting requirements for all services provided under the contract. Upon implementation, Contractor must be able to send data no less than quarterly in CSV file through SFTP site. For the future (see timeline in Section 3), we would like to create a data exchange for this information and Contractor will work with CareOregon to define an agreed upon timeline for implementation of how we receive data. The below list of reported data is only a preliminary list and it is anticipated that the required reported data will change over time.

Column Name	Description
appointment_ID	Unique identifier of interpreter visit
Region	CCO payer
type_care	Visit was for physical, behavioral, dental or vision care
care_setting	Physical health, Behavioral health, Oral health, Social Services
delivery-method	In-person, telephonic, video
DMAP_ID	Medicaid ID
claimant_DOB	
claimant_first_name	First name of the member receiving interpretation services
claimant_last_name	Last name of the member receiving interpretation services
language	Language interpreter provided services in
dos	Date of interpretation service
start_time	Start time of interpretation service
end_time	End time of interpretation service
minutes	Length of interpretation service in minutes
requesting_organization	Name of organization requesting interpretation services for member
Provider_ID	Provider NPI
Service_Location	Name of site service was delivered
Service_Address	
Service_City	
Service-Zip	
total_charges	
notes	
interpreter_certified_qualified	Interpreter is OHA certified, OHA qualified or neither
Certified_qualified	
certification_number	OHA Registry number of interpreters

**Invoice reporting:**

Invoices must include the above fields immediately. For the future state data will be adjusted to meet the data requirements of an 837P file.

**Performance Reviews:**

Monthly Progress Reports: Contractor shall be required to submit monthly progress reports that identify information, including, but not limited to: total utilization, total capacity, list of complaints received and the resolution of each complaint.

Quarterly Review Meetings: Contractor and CareOregon will participate in quarterly review meetings that focus on items such as:

- Current quarterly performance goals
- Metrics by region
- Performance successes and challenges
- Establish next quarterly performance goals
- Long term service enhancement progress

Annual Performance Review: Annually (in addition to the fourth quarter review meeting), Contractor and CareOregon will participate in an annual review that focuses on items such as:

- Any changes to the performance metrics
- Overall service evaluation
- Service enhancement goals for the next year
- Specific equity, diversity, and inclusion efforts and goals for client engagement.
- Review of Contractor equity, diversity, and inclusion goals for both its employees and subcontractors.
- Review of living wage for Contractor's employees and subcontractors.
- Contract updates/changes

ATTACHMENT #3  
COMPLIANCE AND ANNUAL AUDITS

Contractor must be able to participate in regular compliance audits. The following table is an example of the items that may be requested. Audit includes a review of policy, procedures, and evidence of implementation of those policies and procedures. In addition to the review areas listed below, Contractor will need to show evidence of compliance with any applicable state and federal guidelines.

Topic Area	Notes
Subcontracted entities	Does Contractor use any subcontracted entities to perform delegated functions? This only includes functions subcontracted to you by CareOregon.
Complaints & grievances system	Contractor shall have a process for collecting and responding to member grievances, supported with written procedures. Contractor shall provide CareOregon with copies of its grievance process, as reasonably requested.
SAM/OIG exclusion list screening	Employees and subcontractors of the Contractor must be screened and Monitored for federal exclusion from participation in Medicare/Medicaid.
Compliance functions	Contractor's compliance functions (as they relate to Fraud, Waste, and Abuse).
Deficiencies identified by OHA/HSAG	Contractor's deficiencies that have been identified by OHA (directly or through a state approved auditor), related to work performed by Contractor, if applicable.
Prior corrective actions	In the event CareOregon identifies deficiencies or areas for improvement, CareOregon shall cause Contractor to implement a Corrective Action Plan to remedy such deficiencies.
Credentialing/re-credentialing	Contractor has written policies and procedures for collecting evidence of credentials, screening the credentials, reporting credential information and recredentialing of relevant staff and contractors.
Criminal background checks	Contractor's staff and subcontractors undergo a criminal background check prior to starting any Work.
Record management & retention	A. Contractor has record keeping policies and procedures in accordance with 42 CFR §438.3(u) B. Contractor has a record keeping system that conforms to accepted professional practice and any and all applicable laws, is supported by written policies and procedures; and which is verified for accuracy and timeliness, screened for completeness, logic and consistency, and collects service information in standardized formats.
Contract Deliverables	All contract deliverables in the Master Services Agreement between Contractor and CareOregon are subject to review and audit.
Federal Managed Care Standards	May include, as applicable, 42 CFR 438 Subpart D, as well as other provisions.

ATTACHMENT #4  
SPOKEN LANGUAGE TIERS BY REGION

	Portland Metro	Southern Oregon	North Coast
Tier 1 Languages  (This list may change as membership changes.)	Arabic Cantonese Mandarin Russian Somali Spanish Vietnamese	Spanish	Spanish
Tier 2 Languages  (This list may change as membership changes.)	Amharic Burmese Hmong Karen Khmer/Cambodian Korean Lao Nepali Persian/Farsi Romanian Swahili	Cantonese Mandarin	Cantonese Mandarin
Tier 3 Languages  (This list may change as membership changes and is not meant to be a complete list.)	Afrikaans Albanian Armenian Bengali Bosnian Cambodian Cebuano Chinese (dialects other than Mandarin and Cantonese) Croatian Czech English based creoles and pidgins Faroese Fijian Finnish French French-based creoles and pidgins German Gujarati Hindi Hungarian Indonesian Iranian languages Italian Japanese Kurdish Krahn	Arabic Chinese (dialects other than Cantonese and Mandarin) Gujarati Hindi Korean Nepali Pashto Persian/Farsi Punjabi Romanian Russian Samoan Tagalog Thai Vietnamese	Bosnian Burmese Chinese (dialects other than Cantonese and Mandarin) German Gujarati Khmer/Cambodian Korean Russian Tagalog

	Malay Malayalam Marshallese Mayan languages Ocoatepec Mixtec Oromo Papasena Pashto Persian Polish Portuguese Punjabi Romanian Samoan Serbian Tagalog Tamil Thai Tibetan Tigre Tigrinya Tonga Ukrainian Urdu Yoruba		
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