Parkland Community Health Plan

Parkland Community Health Plan (PCHP) Request for Proposal ("RFP")	
Fraud-Waste-Abuse (Special Investigations Unit (*SIU*)) Case Management Solution	
Issue Date: 09/03/2026	**Proposal Due Date: 09/25/2026**
*****Proposals received after the due date and time will not be considered!*****	

Contract Type: Fraud-Waste-Abuse (Special Investigations Unit) Case Management Solution

Anticipated Contract Term: Three years initial, plus one (1) two-year option

Anticipated Contract Effective Date: 12/01/2026

Deadline for Notification of Intent to Bid: 09/08/2026

Deadline for Written Questions: 09/11/2026

PCHP Response to Questions: 09/16/2026

Proposal Due Date: ***09/25/2026***

Notification to Finalist(s): 10/05/2026

Finalist(s) Interview(s) Timeline: 10/12/26 – 10/13/26

Anticipated Contract Award: 10/21/2026

A presentation(s) may be required from finalist(s) as part of the evaluation process.

Responses are required for EACH VOLUME, SUB-SECTION and/or NARRATIVE requested in this solicitation.

Proposals must be submitted as a separate and complete WORD document and must ensure the following:

- All questions and/or requests for information requiring responses throughout the entire proposal appear exactly in the same order and layout as presented in this Cover Sheet and RFP; and
- The ENTIRE proposal submission **does not exceed the stated page limitation** requirements.

Proposal Submission Instructions:

Contact Information:
All correspondence and questions regarding this RFP must be directed in writing to:

Name: Bobbie Sullivan
Title: Manager, Strategic Sourcing
PCHP - Operations
Email: Bobbie.Sullivan@phhs.org
PCHP_Contracts@phhs.org

A.) **By 5:00 PM CST on the Proposal Due Date: (09/25/2026)**

a) Email one (**1**) RFP Response and all required documentation to Bobbie.Sullivan@phhs.org *AND* PCHP_Contracts@phhs.org.
b) Each page of the proposal must be numbered.

B.) Page Limit:
Proposals are limited to a maximum of fifty-five (55) pages, using the same margins and a minimum 10-point font size.

1) SPECIAL INSTRUCTIONS

A. Proposals must be submitted in accordance with the instructions provided in this RFP. PCHP leadership will evaluate the proposal(s) using the evaluation criteria in Section 6 and may award one or more contracts as a result of this RFP.
B. Questions must be submitted via email until **09/11/2026, at 5:00 PM CST** to Bobbie.Sullivan@phhs.org AND PCHP_Contracts@phhs.org.
C. All communication regarding this solicitation must be directed to Bobbie.Sullivan@phhs.org and

PCHP_contracts@phhs.org).

- *(Direct communication regarding this RFP with any other PCHP employee or its representative is strictly prohibited and may result in disqualification from consideration for the award!)*

D. No oral commitment, response, answer or direction provided by any other PCHP personnel shall be considered binding unless it is also provided in writing to all prospective Offerors by PCHP's Representative in the form of: (1) an amendment to this Solicitation, or (2) an official written response to questions submitted by Offeror(s).

2) BRIEF DESCRIPTION OF PROJECT

PCHP is seeking proposals from qualified vendors capable of providing Fraud, Waste and Abuse (Special Investigations Unit (*SIU*)) case management solutions to support Fraud, Waste and Abuse prevention and detection activities. Services may be awarded to a single vendor or multiple vendors, at PCHP's discretion. The scope of services includes, but is not limited to FWA detection, lead generation, case development, investigative support and referral preparation. All activities shall be performed under the direction and approval of PCHP and in compliance with all applicable Texas Medicaid regulations, contractual requirements and program integrity standards. The selected vendor(s) will be expected to support a rapid implementation timeline including: data integration, operational readiness and delivery of initial findings within 60–90 days of contract execution. Ongoing operational activities will include: monthly production support and quarterly performance review meetings. Required deliverables include regularly scheduled reporting related to: identified overpayments, validated recoveries, recovered dollars, claims review activity, case inventory and FWA leads, as applicable. Vendor performance will be evaluated using key performance indicators (*KPIs*) identified in this RFP.

The below signatory hereby agrees their organization will submit this RFP, will communicate only with the designated PCHP contracting representative about this RFP, and will furnish and deliver the service(s) in accordance with the terms and conditions specified herein.

<table>
<tr><td>Signature:</td><td colspan="2">Company Name:</td><td>Contact Telephone Number:</td></tr>
<tr><td>Printed Name:</td><td rowspan="2">Date:</td><td colspan="2" rowspan="2">Email:</td></tr>
<tr><td>Title:</td></tr>
</table>

3) INSTRUCTIONS TO OFFERORS

The following instructions will establish the format and content of proposals:

A. **Proposal Cover Sheets:** Pages **1 - 6** of this RFP are considered the cover sheets. The offeror must ensure the "Signatory Block" in Section 2 on page 2, the "Pass/Fail Evaluation" in Section 5 on page 4, and "Operational Expertise and Experience" in Section 8 on page 6, must be completed, signed and submitted as part the official cover sheets ("*Cover Sheets*") for the Offeror's proposal. **The Cover Sheets (Pages 1 – 6) will not be counted toward the proposal page limitation**.

B. **Authorized Official and Submission of Proposal:** The proposal must be signed by an organizational leader with appropriate signature authority and must stipulate the proposal is predicated upon all terms and conditions contained in this RFP. The Offeror must provide a response to each requirement indicating whether compliance can be achieved. If the offeror cannot comply with a requirement, the Offeror must provide an explanation.

C. The proposal, along with all other information describing how the Offeror intends to perform the scope of work outlined in this solicitation, must be submitted in accordance with the instructions in this RFP.

D. **Related Documents:** The following document(s) may be released as part of this solicitation package:
   a. **HHSC Addendum:** Additional terms and conditions required by the Texas HHSC for this type of contract may be included as a contract exhibit. The Offeror is required to complete and comply with these provisions as applicable.
   b. **Vendor Rate Sheet**: If required as part of the RFP, the Offeror must complete.
   c. **Exhibit(s)**: If included and/or requested, the Offeror must complete and/or provide.

E. **Qualifications & Terms & Conditions:** Offeror's service(s) must meet all PCHP's Qualifications as set forth in ***Section 5 Pass/Fail Evaluation***, the ***Statement of Work*** and the ***Rate Sheet*** (*submitted as an exhibit, if applicable*).

F. **The file name must follow the naming convention: PCHP_ FWA_SIU_Case_Management_Solution_RFP_Proposal_[VendorName].**

G. **Contract:** PCHP reserves the right to award multiple contracts based on the proposals received and evaluated.

H. **Pricing and Potential Award Without Discussions:** The Offeror should submit its best pricing in the initial proposal, and such pricing must remain valid for a period of One Hundred Eighty (***180***) days. PCHP reserves the right to make an award without further discussion if it is determined the initial pricing is fair and reasonable and additional discussions to clarify requirements are not necessary.

I. **References**: Offerors must provide references as required in the RFP. It is the Offeror's responsibility to ensure each reference point of contact agrees to respond to PCHP's specific questions regarding the Offeror's experience and performance. References must be able to respond to inquiries concerning the Offeror's capability to deliver products and services described in this RFP. References from PCHP personnel will NOT be accepted toward meeting the minimum reference requirements.

J. **HUB Representations and Certifications:** Offerors are encouraged to indicate whether they are a 51% or more minority-owned, woman-owned or service-disabled veteran-owned business certified as a Historically Underutilized Business, or "HUB". If applicable, Offerors should include a copy of their HUB certification with the proposal. Additionally, Offerors are encouraged to utilize HUB-certified businesses when subcontracting opportunities arise.

4) SELECTION PROCEDURES

A. This is a "best value" procurement in which PCHP is permitted to make tradeoffs between cost or price and non-price factors and may consider awarding to an Offeror other than the lowest priced or highest technically rated submission. Proposals may be reviewed and evaluated by an evaluation committee. Following evaluation, the committee may make a best value determination. PCHP reserves the right to: award multiple contracts or reject all proposals and cancel this solicitation at any time. In addition to information provided in each proposal, PCHP may reasonably consider information obtained from other sources, including but not limited to consulting firms, benchmarking firms or other external entities.

B. The pricing submitted with each Offeror's proposal will be evaluated for cost reasonableness. Submitted prices will be assessed to determine whether they are reasonable, and prices that are unreasonably high or low may result in removal from the competitive range without further evaluation or consideration for contract award. Proposals may also be rejected if pricing exceeds PCHP's budget for the scope of this solicitation. PCHP is a political subdivision of the State of Texas and is therefore exempt from taxes. Offerors must not include taxes in their proposed pricing.

C. PCHP reserves the right to award a contract without conducting discussions and may also select finalists to participate in presentations, which are anticipated to occur in **October 2026**.

D. PCHP reserves the right to make a single award, multiple awards or no award at all in response to this RFP. This RFP may be amended, as necessary, to meet the needs of PCHP or canceled at any time for any reason, or for no stated reason.

A **Notice of Award** or **Non-award** will be communicated via email to the Offeror's designated contact(s) on file.

5) PASS/FAIL EVALUATION

The following requirements constitute Offeror qualifications and will be evaluated on a **pass/fail** basis.
Please indicate a "**Yes**" or "**No**" response to the following chart:

	PASS OR FAIL	YES / NO
1	Vendor must have and be able to demonstrate Experience and Expertise in Texas Medicaid and Managed Care Operations.	
2	All work performed under the agreement must be performed **onshore** as outlined in the current version of the Uniform Managed Care Contract; **Section 4.11 *Prohibition Against Performance Outside the United States*.**	
3	Must comply with and agree to include a Business Associate Agreement.	
4	Has the Offeror, or any of its owners, officers, directors, managing employees, or key personnel, ever been sanctioned, excluded, suspended, debarred, investigated or convicted of a healthcare-related offense or had a healthcare license or certification restricted, suspended, or revoked?	

******If Offeror answers "NO" to any of the above qualifications, Offeror may be deemed to have not met the minimum qualifications and may not be considered for Evaluation.******

6) EVALUATION CRITERIA and RELATIVE WEIGHT

Evaluation categories are identified and assigned percentage weights that reflect their relative importance in the overall evaluation and selection process.

A. **FWA / SIU Case Management Solution**

Category	Weight
Investigative Capability & Case Management	30%
Medicaid FWA Experience	20%
Detection Methodology / Analytics / AI	15%
Regulatory & Audit Readiness	10%
Reporting & Inventory Management	10%
Staffing Model & Investigator Expertise	5%
Implementation & Operational Readiness	5%
Pricing & Value	5%
Total	100%

*See **RFP – Section 6: Evaluation Criteria / Qualifications and Experience** for additional and specific requirements for each individual Evaluation Model.*

7) PROPOSAL FORMAT

Please submit the proposal in accordance with the following instructions:

- Responses are required for EACH VOLUME, SUB-SECTION and/or NARRATIVE requested in the solicitation.
- Proposals must be submitted as a separate **WORD** document and must ensure the following:
  - **All questions and/or requests requiring responses appear exactly in the same order and layout as presented in the Cover Sheets and RFP.**
  - **The ENTIRE proposal submission does not exceed the stated page limitation requirements.**
- All volumes of the Cover Sheets and RFP must be completed and addressed in their entirety.
- The completed Cover Sheets and RFP, including all applicable exhibits and/or attachments with corresponding responses, must be submitted via email to Bobbie.Sullivan@phhs.org and PCHP_Contracts@phhs.org. Proposal submissions must be **received on or before the Proposal Due Date**.
- DO NOT INCLUDE any separate marketing materials or similar information.

8) PROPOSAL INFORMATION

Proposals must address all requirements detailed in the Statement of Work (***SOW***) as well as information requested below regarding the Offerors' **Operational Expertise** and **Experience**.

1. Operational Expertise

A. Corporate Structure

Respondents must provide information regarding their corporate structure, to include:

- Company history,
- Location,
- Organizational chart, and
- Financial stability data.

B. Technical & Operational Solutions

Provide narrative regarding the Respondent's overall ability to support PCHP's Fraud, Waste and Abuse (Special Investigations Unit (*SIU*)) prevention and detection activities. The scope of services includes, but is not limited to Fraud, Waste and Abuse detection, lead generation, case development, investigative support and referral preparation. All activities shall be performed under the direction and approval of PCHP and in compliance with all applicable Texas Medicaid regulations, contractual requirements and program integrity standards. The selected vendor(s) will be expected to support a rapid implementation timeline, including data integration, operational readiness and delivery of initial findings within sixty (***60***) to ninety (***90***) days of contract execution. Ongoing operational activities will include monthly production support and quarterly performance review meetings. The selected vendor(s) will be required to submit regularly scheduled reports and other deliverables related to identified overpayments, validated recoveries, recovered dollars, claims review activity, case inventory and FWA leads, as applicable. Vendor's performance will be evaluated using key performance indicators (*KPIs*) listed in RFP.

2. Experience

Respondents must provide temporary and permanent staffing plans, training plans, workflow diagrams, performance tracking, reporting and improvement.

FWA/SIU CASE MANAGEMENT SOLUTION

SECTION 1: INTRODUCTION AND PURPOSE

The purpose of this Request for Proposal (*RFP*) is to solicit proposals from qualified vendors capable of providing support services for PCHP's Fraud, Waste and Abuse (*FWA*) / Special Investigations Unit (*SIU*) prevention and detection activities. Services may be awarded to a single vendor or multiple vendors, at PCHP's discretion.

The scope of services includes, but is not limited to, FWA detection, lead generation, case development, investigative support and referral preparation. All activities will be performed under the direction and approval of PCHP and in compliance with all applicable Texas Medicaid regulations, contractual requirements and program integrity standards.

The selected vendor(s) will be expected to support a rapid implementation timeline, including data integration, operational readiness and delivery of initial findings within sixty (**60**) to ninety (**90**) days of contract execution. Ongoing operational activities will include monthly production support and quarterly performance review meetings.

Required deliverables include regularly scheduled reporting related to identified overpayments, validated recoveries, recovered dollars, claims review activity, case inventory and FWA leads, as applicable. Vendor performance will be evaluated using key performance indicators (*KPIs*), including but not limited to:

- Total dollars identified
- Total dollars recovered
- Recovery rate
- Turnaround time
- Accuracy and quality of findings
- Volume of claims reviewed
- Dispute and overturn rate
- Timeliness and completeness of reporting.

Background

PCHP is a licensed Medicaid managed care organization within the Texas Medicaid and CHIP program. PCHP is owned and affiliated with Parkland Health & Hospital System. The organization provides healthcare coverage to approximately 140,000 STAR members and more than 11,000 CHIP members across North Texas. PCHP operates seven (**7**) counties in the Dallas Service Area. PCHP is responsible for ensuring members receive medically necessary physical and behavioral health services in accordance with federal and state requirements.

PCHP is committed to maintaining the integrity of its Medicaid program while ensuring members have appropriate access to medically necessary services. FWA/SIU prevention activities are essential to safeguarding resources, promoting compliance and ensuring services billed and rendered are appropriate, accurate and supported by applicable regulations and clinical standards.

Parkland Community Health Plan

SECTION 2: CONTRACT TERMS AND QUALIFICATIONS

The resulting agreement will include in an initial term of three (***3***) years, with an optional renewal of one (***1***) two-year extension. The contract will include a ninety (***90***) day termination clause, exercisable by either party **with or without cause**. PCHP reserves the right to terminate immediately for material breach, including failure to meet regulatory requirements or sustained SLA non-compliance.

Required Qualifications

Vendors must satisfy all the following required qualifications. Failure to meet any required qualification will result in disqualification from further consideration.

Required Qualifications	Confirm either **"Yes"** or **"No"** you meet the required qualification:
Satisfies all applicable laws and other requirements promulgated by the Texas Health and Human Services Commission ("*HHSC*"), the Texas Department of Insurance ("*TDI*"), the Centers for Medicare & Medicaid Services ("*CMS*") and National Committee for Quality Assurance ("*NCQA*").	
All work performed under this agreement must be performed **onshore** as outlined in the current version of the Uniform Managed Care Contract; **Section 4.11 *Prohibition Against Performance Outside the United States.***	
Complies with and agrees to include the ***Texas Medicaid & CHIP Mandatory Administrative Services Addendum*** in potential services contract.	
Maintains compliance with all vendor requirements as outlined in the HHSC Uniform Managed Care Contract.	
Complies with and agrees to include a Business Associate Agreement (*BAA*).	
Maintains compliance with all applicable UMCC, UMCM and program integrity requirements, including federal and state Medicaid regulations, reporting standards, audit requirements and FWA protocols.	

SECTION 3: SCOPE OF WORK (*SOW*)

The selected vendor(*s*) will provide FWA/SIU support services to support PCHP's FWA prevention and detection activities. Responsibilities include, but are not limited to, FWA detection, lead generation, case development, investigative support and referral preparation. All activities will be performed under the direction and approval of PCHP and in compliance with all applicable Texas Medicaid regulations, contractual requirements and program integrity standards.

The vendor will be expected to support a rapid implementation timeline, including data integration, operational readiness and delivery of initial findings within sixty (**60**) to ninety (**90**) days of contract execution. Ongoing operational activities will include monthly production support and quarterly performance review meetings.

The selected vendor(s) may be expected to provide some or all the following:

- Data Mining and Contract Compliance,
- Implementation and Support,
- Security,
- Fraud, Waste and Abuse Detection Effectiveness, and
- Pricing.

3.1 Fraud, Waste and Abuse (*FWA*)

Vendor responses must address the following:

1. Detection Effectiveness
    a. Provide your organization's FWA detection results for the past three (**3**) years, including:
        i. Dollars identified, validated, recovered and avoided.
    b. Provide your average:
        i. Hit rate (*validated cases ÷ total cases*),
        ii. False positive rate.
    c. What percentage of cases are:
        i. Vendor-initiated,
        ii. MCO-initiated,
        iii. External referrals (*e.g., OIG, hotline(s)*).
2. Analytics & Detection Approach
    a. Describe how your solution identifies emerging or unknown fraud schemes beyond rules-based logic.
    b. What analytics methods are used (*e.g., predictive modeling, behavioral analysis*) and how is model performance measured?
    c. How frequently are detection models updated based on investigation outcomes?
    d. Describe in detail how your analytics can support the MCO's FWA Work Plan, which could change year to year.
3. Case Management & Investigation
    a. Describe your end-to-end case lifecycle (*intake through closure*).
    b. Provide tracking capabilities regarding average timelines for:
        i. Case triage,
        ii. Investigation,
        iii. Closure.
    c. Describe your approach to ensuring investigations are documented and defensible for HHSC, OIG and audit review.
    d. Describe your case tracking system capabilities regarding tracking different types of inventories *(RFIs, Preliminary Investigations (triage), Full Investigations, Post Overpayment/Referrals Activities, Appeals, etc.)*
    e. Describe the case tracking system capabilities of medical record intake and controls.

f. Describe the case tracking system capabilities in sampling *(Data input of the sample for reporting purposes – not conducting the sample, however, bonus if it can do the actual sampling)*.
g. Describe the case tracking system connection to data files from the MCO.
h. Describe the case tracking system capabilities regarding investigator reminders.
i. Describe if your case tracking system can utilize an automated document generation library.
j. Describe if your case tracking system can do claims review audits within the system. (*If not, describe how the case tracking system can support the audit*.)

4. Financial Impact & Return on Investment (*ROI*)
   a. Describe how financial outcomes are tracked and reported, including:
      i. Identified, validated, recovered and avoided dollars.
   b. Provide typical recovery yield per case and overall ROI for Medicaid MCO clients.
5. Integration with Payment Integrity
   a. Describe how SIU findings are translated into:
      i. Pre-payment edits,
      ii. Policy or control improvements.
   b. How does your solution support transition from post-payment recovery to pre-payment prevention?
6. Reporting & Compliance
   a. Describe standard and ad hoc reporting capabilities, including:
      i. OIG/HHSC reporting,
      ii. Executive dashboards (*risk, recoveries, case inventory*).
   b. How do you ensure reporting accuracy, consistency and audit readiness?
   c. Describe the case tracking system capabilities of Financial Reporting.
   d. Describe in detail the standard reporting of case management.
   e. Describe in detail the ability to customize case tracking and buildout of reporting based on internal and external requirements.
7. Performance & Service Level Agreements (*SLAs*)
   a. Provide standard performance benchmarks for:
      i. Case closure timeliness,
      ii. Substantiation rates,
      iii. Detection accuracy.
   b. Describe how performance is monitored and reported to clients.
8. Provider Impact
   a. Describe how provider abrasion is minimized during investigations.
   b. Describe the process for managing provider disputes, appeals and escalations.
9. Pricing & Value
   a. Describe your pricing model, including separation of:
      i. Platform/technology,
      ii. Detection services,
      iii. Investigation services.
   b. Describe any performance-based pricing tied to outcomes.
10. Experience

a. Provide examples of FWA cases identified, including detection method and financial outcome.
b. Describe your experience with Medicaid MCOs, including Texas Medicaid and QNXT integration.

SECTION 4: RELEVANT EXPERIENCE SUPPORTING FWA/SIU CASE MANAGEMENT SOLUTION

Respondents must provide a minimum of three (**3**) examples of engagements performed within the past three (**3**) to five (**5**) years demonstrating their experience supporting FWA/SIU functions. Each example shall be presented in narrative form and must clearly describe the scope, complexity and outcomes of the services provided and/or the information requested.

Vendor responses must also address the following:

4.1 Company Background and Organizational Overview

1. Provide a brief history of your organization, including:
   a. Year founded,
   b. Legal structure of the organization (*e.g., corporation, partnership, sole proprietorship*),
   c. Types of services offered,
   d. Current mission, vision, and strategic direction/goals,
   e. Number of employees, and
   f. Number, size, and geographic locations of offices.
2. Include any additional information that demonstrates your organization's experience, stability, and ability to support large-scale healthcare payment integrity operations.

4.2 Texas MCO Experience and Savings Performance

1. Provide the following information regarding your organization's experience supporting Texas Managed Care Organizations (*MCOs*):
   a. Number of Texas MCO clients currently utilizing your Payment Integrity solutions.
   b. Identification of solutions utilized, including:
      i. Pre-payment solutions,
      ii. Post-payment solutions.
   c. Total documented savings achieved for Texas MCO clients during calendar year 2025 through:
      i. Pre-payment solutions,
      ii. Post-payment solutions.
2. Include a summary of methodologies used to calculate savings and any relevant performance metrics or benchmarks.

4.3 Multi-Solution Implementation Strategy

1. Describe your organization's approach to implementing multiple Payment Integrity solutions in a manner that minimizes operational disruption and improves the client implementation experience. At a minimum, include:

a. Overall implementation methodology and governance structure,
b. Strategies used to streamline implementation activities across multiple solutions,
c. Communication and project management approach,
d. Integration and interoperability considerations,
e. Training and change management processes,
f. Strategies to minimize client resource burden and implementation timelines, and
g. Number of clients currently leveraging multiple Payment Integrity solutions from your organization.

2. Provide a sample implementation timeline illustrating deployment of all proposed solutions, including major phases, milestones, estimated durations, dependencies, and resource requirements.

4.4 QNXT Client Experience and Savings Performance

1. Provide the following information regarding your organization's experience supporting clients utilizing the QNXT platform:
   a. Number of QNXT clients currently utilizing your Payment Integrity solutions.
   b. Identification of solutions utilized, including:
      i. Pre-payment solutions,
      ii. Post-payment solutions.
   c. Total documented savings achieved for QNXT clients during calendar year 2025 through:
      i. Pre-payment solutions,
      ii. Post-payment solutions.
2. Include details regarding system integration capabilities, implementation experience within QNXT environments, and any differentiators specific to QNXT-based clients.

4.5 Clinical Review Capability

Vendors must clearly disclose their clinical review capabilities and staffing model.

1. At a minimum, the vendor must identify:
   a. Whether clinical reviewers are employed, subcontracted or available on demand.
   b. Number of RN reviewers.
   c. Number of coding reviewers (*CPC, CCS, etc.*)
   d. Physician review capabilities and specialties available.
   e. Experience supporting medical necessity reviews, DRG validation and clinical audit activities.

SECTION 5: COMPLIANCE and QUALITY REQUIREMENTS – SERVICE LEVEL AGREEMENTS (*SLAs*)

The vendor shall maintain established service levels for the timely review, investigation, resolution, and closure OF FWA/SIU cases. The vendor must document and maintain compliance with HIPAA, HHSC and applicable Medicaid/CHIP Managed Care regulations. The vendor must provide details on data security controls, encryption and breach notification procedures. The vendor must document to demonstrate the ability to meet or exceed the performance service level agreements outlined below.

5.1 Operational Timeliness - FWA

Referral acknowledgment	Within 2 business days
Preliminary review/triage	Within 15 business days
Data Sampling	Within 15 business days
Request medical records	Within 15 business days
Full investigation closure	Within 45 days
OIG referral	Within 30 business days from identified overpayment
RFI tracking	Within 30 business days, unless otherwise stated by regulatory agency
High-risk escalation notification	Within 1 business day
Monthly reporting	By 10th of each month

5.2 Financial Accuracy

Recovery calculation accuracy	≥ 98%
Audit validation accuracy	≥ 97%
Financial reporting accuracy	≥ 98%
Overpayment substantiation accuracy	≥ 95%
Appeal overturn rate	Not to exceed 15%

5.3 Detection & Analytics

Overall detection accuracy	≥ 75%
High-risk detection accuracy	≥ 85%
Alert-to-case conversion rate	≥ 60%
Referral substantiation rate	≥ 70%
False positive rate	Not to exceed 25%

5.4 Investigation & Case Management

Overall case substantiation rate	≥ 70%
High-risk case substantiation rate	≥ 80%
Provider-focused substantiation rate	≥ 75%
Case documentation completeness	= 100%
Regulatory / audit readiness compliance	= 100%

5.5 Reporting & Dashboarding

Monthly reporting completeness	= 100%
Dashboard uptime	≥ 99%
Reporting accuracy	≥ 98%
Audit report turnaround	Within 5 business days

5.6 Implementation & Operational Readiness

Implementation project plan	Within 15 business days of contract execution
Initial operational go-live	Within 60-90 days
Dedicated account manager assignment	Within 10 business days

5.7 Provider Abrasion & Compliance

Provider dispute response	Within 10 business days
Appeal acknowledgement	Within 5 business days
Provider communication documentation	= 100%
Regulatory compliance adherence	= 100%

5.8 Monthly Operational Review Requirements

The selected vendor(s) shall participate in monthly operational reviews with PCHP to ensure appropriate evaluation of FWA/SIU operational maturity, Medicaid expertise, reporting capability, implementation readiness, investigative effectiveness, and measurable financial accountability. Monthly operational reviews shall include, at a minimum:

- Operational performance metrics and KPI reporting;
- Investigative inventory, case aging, and case resolution analysis;
- Staffing levels, turnover, training, and resource allocation updates;
- Financial recoveries, overpayment identification, and cost avoidance reporting;
- SLA compliance performance and trend analysis;
- Open risks, issues, and mitigation activities;
- Corrective action status updates for identified deficiencies; and
- Review of regulatory, audit, or compliance-related matters affecting program operations.

The Selected vendor(s) shall provide all monthly operational review materials and supporting documentation in a format approved by PCHP no later than the timeframe specified by PCHP.

5.9 Quarterly Executive Review Requirement

The Selected vendor(s) shall participate in quarterly executive review meetings with PCHP leadership to evaluate overall program performance, strategic objectives, operational effectiveness, and contractual compliance. Quarterly executive reviews shall include at a minimum:

- Executive-level summary of operational and investigative performance;
- Trend analysis of fraud, waste, and abuse activities;
- Financial performance, return on investment (*ROI*), and recovery outcomes;
- SLA attainment and recurring performance challenges;
- Strategic initiatives, innovation opportunities, and operational enhancements;
- Staffing strategy, succession planning, and organizational stability;
- Regulatory developments and audit preparedness; and
- Discussion of escalated risks, material issues, and enterprise-level mitigation strategies.

The Selected vendor(s) shall ensure participation by executive leadership personnel with authority to make operational, staffing, and contractual decisions.

5.10 Corrective Action Plan (*CAP*) Requirements for SLA Failures

In the event the Selected vendor(s) fails to meet any required service level agreement (*SLA*), performance metric, contractual obligation, or compliance requirement, PCHP may require the Selected vendor(s) to submit a written Corrective Action Plan (*CAP*). The CAP shall:

- Be submitted within the timeframe specified by PCHP;
- Identify the root cause of the deficiency or failure;
- Describe corrective actions to be implemented;
- Include measurable remediation milestones and completion dates;
- Identify accountable personnel responsible for remediation activities;
- Describe controls implemented to prevent recurrence; and
- Include reporting and monitoring mechanisms demonstrating sustained improvement.

PCHP reserves the right to review, reject, require revisions to, or approve any submitted CAP. The Selected vendor(s) shall implement all approved corrective actions within the agreed-upon timelines and provide status updates upon request.

5.11 Performance Remediation Language for Repeated Non-Compliance

If the Selected vendor(s) demonstrates repeated non-compliance with contractual obligations, performance standards, SLAs, reporting requirements, or corrective action commitments, PCHP may require formal performance remediation activities. Repeated non-compliance may include, but is not limited to:

- Failure to meet the same SLA or KPI in consecutive reporting periods;
- Failure to implement approved corrective actions timely;
- Chronic investigative backlogs or unresolved case inventory;
- Persistent reporting inaccuracies or untimely submissions; or
- Ongoing operational deficiencies adversely affecting program integrity outcomes.

Performance remediation actions may include:

- Enhanced oversight and monitoring by PCHP;
- Mandatory remediation meetings with Selected vendor(s) leadership;
- Additional reporting requirements and performance documentation;
- Required staffing or operational changes;
- Targeted retraining initiatives;
- Financial penalties or withholding provisions, if contractually applicable; and
- Escalation to executive leadership review.

Failure to demonstrate sustained improvement may constitute a material breach of contract subject to additional contractual remedies available to PCHP. Persistent failure to resolve identified deficiencies may result in additional

contractual remedies, including sanctions, financial penalties or contract termination, as permitted under the agreement.

5.12 Escalation and Oversight Provisions for Persistent SLA Deficiencies

PCHP reserves the right to implement escalation and enhanced oversight measures when persistent SLA deficiencies, operational failures, or compliance concerns are identified. Escalation and oversight provisions may include:

- Increased frequency of operational review meetings;
- Mandatory submission of enhanced reporting and supporting documentation;
- Executive-level escalation meetings;
- Independent audits or operational assessments;
- Expanded monitoring of investigative activities and financial recoveries;
- Review and approval of staffing plans, workflows, or operational procedures;
- Temporary suspension of delegated functions, where applicable;
- Requirement for additional Selected vendor(s) resources or subject matter expertise; and
- Formal notice of contractual non-compliance.

The selected vendor(s) shall fully cooperate with all oversight activities initiated by PCHP and shall provide timely access to records, personnel, systems, and operational documentation necessary to evaluate compliance and performance. Persistent failure to resolve identified deficiencies may result in additional contractual remedies, including sanctions, financial penalties or contract termination, as permitted under the agreement.

SECTION 6: EVALUATION CRITERIA/QUALIFICATIONS and EXPERIENCE

Proposals will be evaluated based on the following **weighted** criteria.

6.1 FWA / SIU CASE MANAGEMENT SOLUTION

Category	Weight
Investigative Capability & Case Management	**30%**
Medicaid FWA Experience	**20%**
Detection Methodology / Analytics / AI	**15%**
Regulatory & Audit Readiness	**10%**
Reporting & Inventory Management	**10%**
Staffing Model & Investigator Expertise	**5%**
Implementation & Operational Readiness	**5%**
Pricing & Value	**5%**
Total	**100%**

Evaluations will include assessment of the Offeror's provider and member investigative capabilities, lead generation methodologies, case development and documentation standards, referral preparation processes, OIG/regulatory support experience, predictive fraud analytics capabilities, inventory management maturity, false

positive reporting methodologies, executive dashboarding capabilities and investigator qualifications and certifications.

PCHP reserves the right to:

- Request vendor demonstrations,
- Conduct operational interviews,
- Validate reported savings and outcomes,
- Review staffing models,
- Evaluate reporting/dashboard maturity, and
- Conduct clarification sessions, as needed.

6.2 QUALIFICATION AND EXPERIENCE

Provide three (**3**) references that best represent the Offeror's past performance of specific services relative to this RFP within the last three (**3**) to five (**5**) years. Offerors should provide references in narrative form and responses must include the bulleted information. All points of contact should be verified by the Offeror prior to submission as part of the Offeror's proposal. Points of contact shall be knowledgeable of past performance from a contractual, managerial and technical perspective.

- Company Name.
- Project Name.
- Contact Information (*Name, address, telephone number and email*).
- Description of service(s).

Describe in full detail at least one (**1**) "lesson learned" from at least three (**3**) projects identified like the services required by this RFP. The responses should include the bulleted information.

- Customer Name and/or Description.
- Issue(s).
- Solution(s).
- Other information you want PCHP to know.

SECTION 7: COST PROPOSAL and OVERALL VALUE

Please provide a detailed pricing proposal covering all costs associated with implementation, training, licensing (*including any applicable hardware*), travel and annual (*operational*) fees and expenses. Pricing must account for potential fluctuations in costs due to changes in the Consumer Price Index (*CPI*) and clearly describe any assumptions, escalation clauses or index-based adjustments applied over the term of the agreement.

The Offeror may use a format of their choice, provided it is clear, well-organized and easy to read and understand. All costs must be clearly labeled, itemized and sufficiently detailed to support evaluation. Label the submission as "***Exhibit A: Cost Proposal and Overall Value***" and include it with the RFP response. **The inclusion of this exhibit**

must not cause the overall proposal to exceed the page limitation requirements.

Responses must separately identify and itemize the following:

1. **Implementation Costs**
   - Data integration,
   - Configuration,
   - Testing,
   - Training,
   - Project management,
   - Go-live support,
   - Technology / Licensing Costs,
   - Annual software licensing,
   - User licensing,
   - AI/ML modules,
   - Case management platform, and
   - Reporting/dashboard access.
2. **Service Costs**
   - Pre-payment review,
   - Post-payment review,
   - Clinical review,
   - SIU/FWA investigations,
   - Medical record review,
   - COB services,
   - DRG validation, and
   - Data mining services.
3. **Contingency / Shared Savings Structure**
   - Percentage methodology.
   - Appeal and overturn treatment.
   - Retroactive adjustment methodology.

PCHP reserves the right to normalize pricing submissions for comparative evaluation purposes to ensure consistency and equitable evaluation across all proposals. Responses must include:

4. **Detailed line-item pricing**
5. **Executive summary pricing that includes:**
   - Total implementation cost,
   - Annual fixed cost,
   - Contingency percentage,

- Estimated first-year total cost, and
- ROI assumptions.

SECTION 8: LEGAL TERMS

The agreement will include confidentiality provisions, indemnification, regulatory compliance obligations, and dispute resolution requirements.

Governing Law
The agreement will be governed by the laws of the State of Texas with venue in Dallas County.

SECTION 9: CONCLUSION

PCHP seeks a Fraud, Waste and Abuse (Special Investigations Unit (*SIU*)) partner capable of supporting PCHP's FWA prevention and detection activities. Vendors are encouraged to submit comprehensive proposals demonstrating their operational capabilities and commitment to service excellence.