

Parkland Community Health Plan Request for Proposals (“RFP”)	
Vision Services – Delegated Vendor Agreement	
Issue Date: 02/04/2026	Proposal Due Date: 03/11/2026, 5pm CST
Proposals received after the due date and time will not be considered	
Contract Type: Vision Services -Vendor Delegated Agreement Anticipated Contract Term: 4/1/2026 -3/31/2029 Anticipated Contract Effective Date: 4/1/2026 (4/1 to 9/1 implementation/readiness, Services begin 9/1/26) Deadline for Written Questions: 02/18/2026 PCHP Response to Questions: 02/25/2026 Finalist Interviews: 03/16/2026 -03/20/2026 Expected Contract Award: 4/1/2026 with contract negotiations to follow Presentation(s) may be required for finalists as part of the evaluation. Responses to EACH VOLUME AND SUB-SECTION must be answered in the “Shaded Text Box” provided directly following each section requiring information unless otherwise instructed.	Proposal Submission Instructions: Contact Information All correspondence and questions regarding this RFP must be directed in writing to: <ul style="list-style-type: none"> • Name: Bobbie Sullivan • Title: Strategic Source Manager • Parkland Community Health Plan • Email: pchp_contracts@phhs.org and Bobbie.Sullivan@phhs.org
	A.) By Due Date and Time: Email one (1) RFP Response and one (1) Excel Rate Sheet (Exhibit A) to: pchp_contracts@phhs.org and Bobbie.Sullivan@phhs.org B.) Each page of the proposal must be numbered. C.) Page Limit: 50 pages, with same (preset) margins, and 12-point font or larger.

1 SPECIAL INSTRUCTIONS

- A. Proposals should be submitted in accordance with the Instructions set forth in this RFP. Health Plan Leadership will evaluate proposals in accordance with the evaluation criteria in Section 5 & 6 and may issue one or more contracts as a result of this RFP.
- B. **Questions** may be submitted via email until **02/18/2026 at 5:00 PM CST** to pchp_contracts@phhs.org and Bobbie.Sullivan@phhs.org
- C. ***All communication regarding this solicitation must be directed to Bobbie Sullivan at Bobbie.Sullivan@phhs.org. Direct communication about this RFP with any other Health Plan employee or its representative will be grounds for disqualification.***
- D. **Executive Summary:** A high-level overview of the Vendor’s proposed solution, highlighting key differentiators, understanding of PCHP’s needs, and commitment to the partnership.

No oral commitment, response, answer, or direction from other Health Plan personnel is binding unless also furnished in writing to all prospective Offerors by the Health Plan’s Representative in the form of an amendment to this Solicitation, or as an official response to questions submitted by Offeror(s).

2 BRIEF DESCRIPTION OF PROJECT

PCHP seeks to engage a qualified vendor to provide comprehensive vision services administration to its Medicaid, CHIP, and Marketplace members. The vendor will perform delegated functions related to Utilization Management (UM), Credentialing, Network Development, Call Center Operations, and associated compliance and reporting, in alignment with NCQA, HHSC, CMS, and Texas state requirements.

PCHP, a wholly owned subsidiary of Parkland Health (PH) and licensed as an HMO since 1996, contracts with Texas Health & Human services for Medicaid and CHIP services in the Dallas Service Area. PCHP plans to add a Marketplace line of business in Dallas County starting with Plan Year 2027 (January 1, 2027).

Membership estimates:

STAR	150,000
CHIP	12,000
Marketplace	3,000

Counties served:

- Medicaid/CHIP – Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall
- Marketplace – Dallas

The below signed, hereby agrees that their organization will submit this RFP, only communicate with the designated PCHP contracting representative about this RFP and will furnish and deliver the services subject to the terms and conditions specified herein.

Signature		Company Name		Contact Telephone Number
Printed Name:		Date:	Email:	
Title:				

3 INSTRUCTIONS TO OFFERORS

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

- A. Proposal Cover Sheet:** The FRONT PAGE of this RFP shall be completed, signed, and submitted as the cover sheet ("the Cover Sheet") for Offeror's proposals. The Cover Sheet shall not count towards the page limit.
- B. Authorized Official and Submission of Proposal:** The proposal must be signed by a leader with signature authority and must stipulate that it is predicated upon all the terms and conditions of this RFP. You must provide responses to each requirement as to whether you can comply, and if you cannot comply you must explain why not.
- C.** The proposal and other information related to how the Offeror intends to conduct the scope of work of this solicitation shall be submitted pursuant to the instructions of this RFP.
- D. Related Documents:** The following documents are released as part of this solicitation package:
 - 1. **Exhibit A: Vendor Rate Sheet** – Please fill out.
 - 2. **Exhibit B: HHSC Addendum** – Additional terms and conditions required by the HHSC for this type of contract. Will be added as a contract exhibit.
- E. Qualifications & Terms & Conditions:** Offeror's Services must meet all of Health Plan's Qualifications as set forth in Section 5, Pass / Fail Evaluation, the Statement of Work, and the Rate Sheet (Exhibit A). Section 5 shall be completed and submitted with the Cover Sheet and shall not count towards the page limit.
- F. The file name must follow the convention: PCHP_Vision_RFP_Proposal_[VendorName].**
- G. Contract:** Health Plan has the option to award multiple contracts based on submitted proposals.
- H. Pricing and Potential Award Without Discussions:** Offeror should offer its best pricing in its initial proposal and such pricing should be valid for One Hundred Eighty (180) days. Health Plan reserves the right to award without discussions if it is determined that the initial prices are fair and reasonable and that discussions to clarify requirements are not necessary.
- I. References:** Offerors shall provide references as set forth in the RFP. It is Offeror's responsibility to ensure the reference's point of contact agrees to respond to Health Plan's specific questions regarding Offeror's experience and performance. References shall be capable of answering questions concerning Offeror's ability to deliver product and services relative to this RFP. Use of Health Plan personnel as references will NOT be counted towards the minimum reference requirements.
- J. HUB Representations and Certifications:** Offerors are encouraged to identify if they are a 51% or more minority, woman, or service disabled veteran owned business and certified as "Historically Underutilized Business" or "HUB". If so, please attach a copy of your certification with your proposal, as applicable. Additionally, offerors are encouraged to work with HUBs when subcontracting opportunities arise.
- K. Health Plan Background:** Parkland Community Health Plan was started in 1999 by Parkland Health as a managed care organization to provide services for Texas STAR Medicaid and Children's Health Insurance Program (CHIP) recipients.

Our service area covers Dallas, Collin, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties, where members can seek care at more than 6,000 doctors and specialists and over 40 hospitals and urgent care centers. Learn more at parklandhealthplan.com.

4 SELECTION PROCEDURES

- A.** This is a best value procurement where the Health Plan is permitted to make tradeoffs between cost or price and non-price factors and to consider award to other than the lowest priced Offeror or other than the highest technically rated Offeror. Proposals may be evaluated by an evaluation committee. After evaluating proposals, the evaluation committee may make the best value determination. The Health Plan reserves the right to award multiple contracts or reject all proposals and cancel this Solicitation at any time. In addition to evaluating the information provided in each proposal, the Health Plan may reasonably consider information received from other sources including but not limited to consulting firms, benchmarking firms, or any other outside entity.
- B.** The pricing submitted with each Offeror's proposal will be evaluated for cost reasonableness. Submitted prices will be evaluated to determine price reasonableness and unreasonably high or low prices may result in removal from the

competitive range without further evaluation or consideration of contract award. Proposals may also be rejected for including prices beyond the Health Plan’s budget for the subject of this solicitation. Health Plan is a political subdivision of the State of Texas agency and is therefore exempt from taxes. Do not include taxes in your proposal pricing.

- C. Health Plan reserves the right to award a contract without discussions. Health Plan may select finalists for presentations in March 2026.
- D. **Awards.** The Health Plan reserves the right to make a single award, multiple awards, or no award at all to the RFP. In addition, this RFP may be amended as necessary to meet the needs of Health Plan or canceled by Health Plan at any time for any reason or no reason.

Notice of Award or Non-award shall be the made via email to the consultant’s contact(s) on file.

5 PASS/FAIL EVALUATION

The following are required Offeror qualifications and will be evaluated on a pass/fail basis. Please indicate "yes" or "no" by responding 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 Vendor must have and be able to demonstrate experience in the Marketplace (ACA)	
3 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	
4 Must comply with and agree to include a Business Associate Agreement	

****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 factors are listed below and are assigned the indicated percentage weights which represent the overall importance for consideration.

Evaluation scores will be based on the following point system: One (1) point for each percentage weight as assigned below.

Technical & Operation Solution	Qualifications and Experience	Scope of Work	Pricing
20% (20 points)	25% (25 points)	40% (40 points)	15% (15 points)

7 PROPOSAL FORMAT

Please submit proposal(s) in accordance with the following instructions:

- Responses to EACH VOLUME AND SUB-SECTION must be answered in the “Shaded Text Box” provided directly following each section requiring information unless otherwise instructed. The text box will automatically expand with your text entries.
- **Rate Sheet may be submitted in a separate document. Pricing will be weighted to indicate importance to other categories but will not be scored.**
- All Volumes of this RFP MUST be completely addressed.
- Completed RFP and all applicable Exhibits with corresponding responses should be emailed to Bobbie Sullivan (Bobbie.Sullivan@phhs.org) and CC: pchp_contracts@phhs.org.
- **DO NOT INCLUDE** any separate marketing materials or similar information.
- **ONLY** responses in the Shaded Text Box will be considered unless otherwise instructed. (Exhibit A and Cover sheet excluded).

8 PROPOSAL INFORMATION

Proposals must address all points detailed in the SOW and must be structured according to the following mandatory sections:

A. Technical & Operational Solution - (20 points)

1. Corporate Structure

- a. Company history, location, organizational chart, and financial stability data.

Describe:

2. Technical & Operational Solution

- b. Detailed description of the core administrative platforms, decision-support tools, and digital technologies to be used.

Describe:

- c. Workflow diagrams detailing the end-to-end claims processing methodology, including EDI, edits, and payment.

Describe:

- d. Experience implementing similar projects in a similar timeframe.

Describe:

- e. Plan for data security, HIPAA compliance, business continuity, and disaster recovery.

Describe:

- f. Plan to comply with HHSC Call Center performance metrics.

Describe:

- g. Description of quality assurance (QA) processes for configuration and claims.

Describe:

- g. A workflow diagram detailing the end-to-end claims processing methodology, including EDI, edits, and payment.

Describe:

- h. Plan to comply with HHSC Call Center performance metrics.

Describe:

- i. Implementation project plan with tasks, critical events, timelines, and responsible parties to begin services by 9/1/2026.

Describe:

B. Qualifications & Experience – (25 points)

1. 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 address each of the sections below. All points of contact should be verified by the Offeror prior to submission as part of Offeror's proposal. Points of contact shall be knowledgeable of past performance from a contractual, managerial, technical perspective.

<p>Reference No. 1:</p> <ul style="list-style-type: none">a. Company Name b. Project Name c. Contact Information (Name, Address, Telephone #, Email) d. Description
<p>Reference No. 2:</p> <ul style="list-style-type: none">a. Company Name b. Project Name c. Contact Information (Name, Address, Telephone #, Email) d. Description
<p>Reference No. 3:</p> <ul style="list-style-type: none">a. Company Name b. Project Name c. Contact Information (Name, Address, Telephone #, Email) d. Description

2. Describe in full detail at least one (1) "lessons learned" from each of the following Vision Services projects that are similar to the services required in this RFP.

Lesson No. 1:

- a. Customer Name and/or Description
- b. Issues
- c. Solutions
- d. Other Information

Lesson No. 2:

- a. Customer Name and/or Description
- b. Issues
- c. Solutions
- d. Other Information

Lesson No. 3:

- a. Customer Name and/or Description
- b. Issues
- c. Solutions
- d. Other Information

3. Describe the proposed dedicated Account Management and leadership team.

Describe:

4. Experience administering similar programs (include experience with Texas STAR/CHIP programs).

Describe:

5. Case studies demonstrating successful implementation, ongoing operations, and performance improvement for comparable clients.

Describe:

6. NCQA, URAC or another accreditation.

Describe:

7. Experience implementing similar projects in a similar timeframe.

Describe:

8. Factors, expertise, KPIs, member & provider experience, etc. that differentiate respondent from competitors.

Describe:

C. Scope of Work – (40 points)

For EACH section and subsection, describe in detail how your company will meet and **OR** exceed the indicated items:

- a. Provide a dedicated section for each of the portion of the scope of work, detailing how the respondent will perform each required function.

Describe:

- b. Responses should include staffing plans, training plans, workflow diagrams, performance tracking, reporting, and performance improvement.

Describe:

- c. Include sample Key Performance Indicators (KPIs) and propose 3 service level agreements to measure operational effectiveness.

Describe:

- d. Describe Respondent's subcontractors or vendor partners responsible for performing any part of the scope of work.

Describe:

- e. Vision Care Administration: Manage member eligibility, benefit verification, claims processing, and coordination with eye care providers.

Describe:

- f. Utilization Management (UM): Apply HHSC, TDI, CMS, and NCQA-compliant criteria for medical necessity determinations, timeliness standards, and appeal management.

Describe:

- g. Grievances & appeals: Manage member and provider appeals and compliant processes related to vision services in accordance with NCQA, CMS, TDI and HHSC requirements.

Describe:

- h. Credentialing and Recredentialing: Conduct initial and ongoing credentialing of eye care providers in accordance with NCQA, CMS, TDI and HHSC requirements. Perform ongoing credentialing integrity monitoring.

Describe:

- i. Network Development and Maintenance: Recruit, credential, and maintain a sufficient network of optometrists and ophthalmologists to meet access and geo standards.

Describe:

- j. Call Center Services: Operate a toll-free, 24/7 member and provider call center with language assistance and TTY/711 accessibility in compliance with HHSC call center performance metrics.

Describe:

- k. Claims Administration: Process and adjudicate claims accurately and timely per regulatory standards.

Describe:

- l. Reporting and Data Submission: Provide quarterly and annual reports on utilization, grievances, appeals, network adequacy, and performance measures.

Describe:

- m. Compliance and Audit Support: Maintain compliance with all applicable state, federal, and accreditation standards and participate in any PCHP, HHSC, CMS, NCQA, TDI or other audits.

Describe:

- n. Quality Program: Quality Assurance, Performance Improvement, quality reporting, HEDIS, and other relevant metrics.

Describe:

- o. Value Added Services: extra benefits for STAR and CHIP members (excludes CHIP Perinate members).

Describe:

Deliverables

- Quarterly performance and compliance reports
- Annual network adequacy report
- Annual UM and credentialing audit summaries
- Grievance and appeals log
- Member satisfaction survey results
- Monthly reports for Credentialing Delegated Oversight
- Pre-delegation audit and ongoing delegation oversight activities

D. Pricing – (15 Points)

- a. Provide a clear, all-inclusive pricing model (e.g., per-member-per-month (PMPM), transaction fee, or hybrid) that covers the entire scope of services for the scope of work. All ancillary charges must be explicitly stated. Please also note any volume discounts; delineate implementation, operations, maintenance and other costs; and specify minimum contract length requirements.

Exhibit A -RATE SHEET FOLLOWS

Exhibit A: RATE SHEET
PCHP Vision Services RFP

Vendor Information

Vendor Name: _____

Primary Contact: _____

Pricing Model Proposed:

PMPM Per-Transaction Hybrid Other: _____

Vendors must complete all sections of this pricing template. Pricing must be clear, all-inclusive, and cover the entire Scope of Work outlined in the RFP. All ancillary, optional, conditional, or pass-through charges must be explicitly disclosed. If an item is not applicable, vendors must enter 'N/A'. Failure to fully disclose pricing may result in disqualification.

1. Pricing Model Summary

Describe the proposed pricing model, including how costs are calculated and billed:

2. PMPM Pricing (If Applicable)

Line of Business	Estimated Members	PMPM Rate (\$)	Services Included	Volume Discounts	Notes
STAR Medicaid	150,000				
CHIP	12,000				
Marketplace	3,000				

3. Transaction-Based Fees (If Applicable)

Transaction Type	Fee Basis	Unit Cost (\$)	Volume Assumptions	Included in PMPM (Yes/No)	Notes
Claim Processed					
Appeal / Grievance					
Credentialing Event					

Utilization Management Review					
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4. Implementation Fees

Fee Category	One-Time or Recurring	Cost (\$)	Deliverables Covered	Payment Timing
Implementation / Go-Live				
Configuration / Benefit Setup				
Data Migration				
Training				

5. Ongoing Operations & Maintenance

Service Area	Fee Type	Rate (\$)	Billing Frequency	Description	Included in Base Pricing (Yes/No)
Utilization Management					
Credentialing & Recredentialing					
Network Management					
Call Center Operations					
Claims Administration					
Reporting & Compliance					
Quality / Performance Improvement					

6. Value-Added / Optional Services

Service Description	Applicable LOB	Included or Optional	Cost (\$)	Limits / Conditions	Notes

7. Contractual & Pricing Assumptions (If Applicable)

Item	Vendor Response
Minimum Contract Length (years)	
Annual Rate Increase / CPI Cap	
Rate Lock Period	
Performance Guarantees / At-Risk Fees	
Early Termination Financial Impact	
Other Pricing Assumptions	