[Submission date]

Member Services Contact Centre Outsourcing

RFP Response

Submitted to
[Regional Health Plan], Evaluation Committee

Submitted by
[Vendor Name]

RFP reference
[RFP number]

Portfolio sample by Archana Panda

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1. Cover Letter

Dear Evaluation Committee,

Thank you for the opportunity to respond to your RFP for member services contact centre outsourcing.

Your members expect the same clear answer whoever picks up the phone, and they expect it on the first call. Our response is built around keeping that true while the work moves to a new provider. Every requirement in your RFP is answered, and each one is mapped to its section in our compliance matrix.

We would welcome the chance to walk your team through the plan in person.

Sincerely,
[Name]
[Title]

2. Executive Summary

Most members only call their health plan when something has gone wrong. It might be a claim that was denied, or an ID card that never arrived. The way that call is handled stays with them, and it often shapes whether they renew.

A change of contact centre puts those calls at risk for a while. New agents take time to learn your benefit plans, and members notice.

We have planned the move so they don't. Our team will train on your plans before go-live, and each agent will see a member's claims, coverage and past calls on one screen. Call queues will move to us one at a time, and only once each one meets the quality bar you set.

We will also sign up to service levels for how quickly calls are answered and how many are resolved on the first call. If we miss them, service credits apply.

3. Compliance Matrix

RFP Ref	Requirement	Response Section	Status
3.1.2	Bilingual English and Spanish support	5.2 Staffing	Fully compliant
3.2.4	HIPAA training for every agent before go-live	5.4 Compliance	Fully compliant
3.4.1	Average speed of answer within the RFP target	7 Performance Commitments	Fully compliant
3.5.3	Weekend coverage	5.2 Staffing	Partially compliant: Saturday from go-live, Sunday added after the first quarter

4. Understanding Of Your Needs

Read closely, the RFP asks for more than a team to answer calls. Behind the requirements, we see four needs.

- **Continuity for members -** Members shouldn't be able to tell the provider has changed. Hold times, answers and tone need to stay steady from the first day.
- **Health plan knowledge -** Agents have to understand claims, prior authorisation and benefit rules well enough to resolve a call without passing it on.
- **Visibility for your team -** Your operations leads need regular reporting on call volumes, quality scores and complaint trends, without having to ask for it.
- **Compliance you can rely on -** Every call involves protected health information, so HIPAA training, access controls and audit trails have to be in place before go-live.

5. Proposed Solution

5.1 Team Structure

Your members will be served by a team that works on your account only. Agents report to team leads, and the leads take the harder calls themselves. Quality analysts and a trainer sit with the team, and the trainer stays on after go-live. You'll have one account manager to call about anything.

5.2 Staffing

We'll have Spanish-speaking agents on every shift. A member who calls in Spanish gets help on that call and won't be asked to wait for a callback. Saturdays are covered from the first day. We'll add Sundays once the first few months of call data show us when members need them.

5.3 Technology

Each agent sees a member's claims, eligibility and past calls on one screen, pulled from your systems. While the call is live, an AI assistant brings up the article the agent is likely to need. When it ends, the assistant drafts a summary. The agent checks it and corrects it before saving, and the next agent who speaks to that member starts with the full picture.

5.4 Compliance

Agents can't see member data until they've finished HIPAA training. What each person can open depends on their role. Recordings hide protected health information, and we keep a log of every time a member record is viewed.

5.5 Quality Assurance

We'll score calls on the quality form your team already uses. Once a week, our analysts and yours will listen to the same calls and score them together. It's the quickest way for both teams to agree on what a good call sounds like.

6. Implementation Plan

The move happens in four phases. We only start the next phase once the current one has met its exit criteria, even if that takes longer than planned. A few extra days cost far less than a poor first month for your members.

Phase	What happens	Exit criteria
Discovery	Your team and your current provider walk us through how the work runs today. We set up and test system access.	Agents can open member records in a test environment
Training	Agents learn your benefit plans, then take supervised calls with a team lead listening in	Every agent passes your quality form on supervised calls
Phased go-live	Call queues move over one at a time, starting with the simplest	Each queue holds your quality standard before the next one moves
Stabilisation	Daily reports and joint reviews with	Service levels are met week after

	your operations team	week, and reviews move from daily to weekly

7. Performance Commitments

We'll sign up to the service levels in your RFP and report on each one every month. If we miss one, the service credit comes off the next invoice without you having to ask for it.

Measure	What it tracks	How we report it
Speed of answer	How quickly a member reaches an agent	Daily in the first quarter, then weekly
First-contact resolution	Calls resolved without the member calling back	Monthly, checked against repeat calls
Quality score	Calls scored on your quality form	Weekly, from the joint scoring sessions
Complaints	Complaints about our service, by cause	Monthly, with the fix for each cause

We'll also tell you about a problem as soon as we see it, rather than waiting for the monthly report.

8. Pricing Approach

We price per productive agent hour, and the full breakdown is in the separate pricing workbook. Training time before go-live is billed at a reduced rate, so you aren't paying full price while our team learns your plans. Volume bands are set out in advance. If call volumes rise or fall outside the forecast, you'll already know what it costs.

9. Relevant Experience

Case Study	Client	What we did	Result
[Case study 1]	[A health plan of similar size]	[The transition or service we delivered]	[The measured outcome, with a timeframe]
[Case study 2]	[A client in a related regulated industry]	[The service we delivered]	[The measured outcome, with a timeframe]

References for each client are available on request.

10. Finalist Presentation

Provided separately as a PowerPoint deck.