



Request for Quotes

Field	Enter Details
Title / Short Description	Actuarial Services for Resolute Health Alliance of Alaska. MSSP Population Health Assessment and Clinical Prioritization
Department / Program	Resolute
Requestor & Procurement Lead	Nancy Merriman
Issue Date	April 20, 2026
Quote Due Date & Time (AKT)	May 8, 2026, 5pm AKDT
Submission Method (email/portal)	email

Summary Statement

The purpose of this engagement is to retain a qualified actuarial firm to support the Resolute Health Alliance of Alaska (Resolute) Accountable Care Organization (ACO) in analyzing population health status, healthcare utilization, and cost patterns for the population of Medicare patients attributed to Resolute clinics in the Medicare Shared Savings Program (MSSP).

The actuarial firm will use Medicare claims data and other approved data sources containing Protected Health Information (PHI) to:

1. Assess the overall health risk and cost drivers of the MSSP population
2. Identify high-risk, high-cost, and rising-risk subpopulations and individuals
3. Provide data-driven recommendations to guide clinical teams in prioritizing care management, care coordination, and population health interventions
4. Support improved health outcomes, cost containment, and performance under the MSSP

Background of Resolute

Resolute Health Alliance of Alaska is a wholly-owned subsidiary LLC of the Alaska Primary Care Association, a non-profit 501(c)(3) organization that provides training and technical assistance and policy analysis to Alaska's 29 Federally Qualified Health Centers (FQHCs, Community Health Centers or Look Alikes). Resolute is an Accountable Care Organization led by, and composed of, Alaska



Community Health Center organizations actively participating in the Centers for Medicare and Medicaid Services’ (CMS) Medicare Shared Savings Program (MSSP).

Resolute is composed of four Alaska Community Health Centers, each with the following estimated numbers of MSSP attributed lives:

- Anchorage Neighborhood Health Center: 3,344
- Kodiak Community Health Center: 716
- Mat-Su Health Services: 1,096
- Sunshine Community Health Center: 1,153

Quote Schedule

Milestone	Date
RFQ release	April 20, 2026
Deadline for vendor questions	April 28, 2026
APCA responses posted	May 1, 2026
Quotes due	May 8, 2026
Anticipated award	May 15, 2026

Quotes are due to APCA by 5:00 PM (AKDT). Quotes must be submitted via email to ShannonF@alaskapca.org.

Scope of Work

The selected actuarial firm will perform the following services:

A. Data Acquisition, Management, and Compliance

1. Utilize CMS-provided MSSP claims and eligibility files (e.g., LDS or RIF data, as applicable), including:
 - Inpatient, outpatient, professional, skilled nursing facility, home health, hospice, and Part D data (if available)
 - Beneficiary demographics and attribution files
2. Incorporate additional data sources as appropriate and available, such as:
 - Resolute-provided clinical or care management data
 - Quality measure data
 - Provider practice-level data
3. Ensure full compliance with:
 - HIPAA and HITECH requirements
 - CMS MSSP data use agreements
 - Any applicable state privacy laws
4. Establish secure data handling, storage, and access protocols.



B. Population Health and Risk Assessment

1. Perform actuarial and statistical analyses to assess:
 - Overall population health status
 - Disease prevalence and burden (e.g., chronic conditions, comorbidities)
 - Risk scores (e.g., HCC or equivalent models)
 - Utilization patterns across care settings
 - Total cost of care and per-member-per-month (PMPM) trends
2. Identify key cost and utilization drivers, such as:
 - Potentially avoidable hospitalizations and emergency department visits
 - Post-acute care utilization
 - High pharmacy spend
 - End-of-life care patterns

C. Risk Stratification and Segmentation

1. Segment the population into meaningful cohorts, including but not limited to:
 - High-cost / high-risk individuals
 - Rising-risk populations
 - Individuals with care gaps or unmanaged chronic conditions
 - Socially or clinically complex patients where identifiable in the data
2. Conduct predictive analyses to:
 - Identify individuals at risk of future high-cost events
 - Flag patterns suggestive of deteriorating health status or care fragmentation
3. Provide stratification outputs at multiple levels, such as:
 - Individual beneficiary
 - Condition-specific groupings
 - Provider or practice-level panels

D. Clinical Prioritization and Actionability

1. Translate actuarial findings into clinically actionable insights, including:
 - Lists or tiers of patients recommended for care management or outreach
 - Identification of conditions or utilization patterns most amenable to intervention
 - Guidance on where clinical time and resources are likely to have the highest impact
2. Align recommendations with MSSP success factors, including:
 - Quality performance
 - Cost reduction opportunities



- Care coordination and prevention strategies
- 3. Support Resolute in tailoring interventions by:
 - Patient segment
 - Practice or provider
 - Care setting (e.g., inpatient transitions, post-acute care, chronic disease management)

E. Reporting and Deliverables

The actuarial firm will provide the following deliverables, at a minimum:

1. Population Health Assessment Report
 - Summary of population risk, utilization, and cost patterns
 - Key drivers of spend and variation
 - Comparative benchmarks where appropriate
2. Risk Stratification Outputs
 - Structured files or dashboards identifying high-priority individuals and groups
 - Clear definitions of risk tiers and selection logic
3. Clinical Prioritization Recommendations
 - Narrative and quantitative guidance on where clinical teams should focus effort
 - Considerations for short-term versus longer-term intervention strategies
4. Executive-Level Summary
 - Concise briefing suitable for governance, leadership, or board review

Collaboration and Communication

1. The actuarial firm will collaborate with:
 - Resolute leadership & staff
 - Resolute Clinical Quality Committee
2. Expected engagement activities may include:
 - Initial scoping and alignment meetings
 - Periodic progress updates
 - Review and interpretation meetings to support operational use of findings

Term of Contract

Awarded contract will have a beginning term of May 18, 2026 until June 30, 2027 with two optional one-year extensions as necessary to complete the work.

Questions

All questions related to this RFQ must be in writing and directed to Shannon Farr at ShannonF@alaskapca.org and must include the inquirer's name, firm, telephone number, and email address.



Generally, questions are answered in one of three ways: (1) direct the questioner to a specific section of this RFQ (2) a complex answer that requires a written amendment to the RFQ; or (3) written clarification or added contextual information that improves the respondents' formation of methodology, scoping or pricing. APCA will review specific questions and determine which method is the appropriate resolution. All questions and answers will be provided to all potential proposers and are posted on the <http://www.alaskapca.org/rfps/> website, accompanying the public posting of the RFQ.

Evaluation of Quotes and Contractor Selection

An APCA Evaluation Committee will be established, composed of APCA and Resolute staff and consultants.

Quote Evaluation Criteria

Understanding the Scope of the Work (15%)

Evaluates how clearly the offeror demonstrates:

- Understanding of Resolute's needs and project objectives
- Awareness of key issues or challenges
- Understanding of required deliverables and timelines

Project Plan (30%)

Assesses the quality and feasibility of the offeror's proposed approach, including:

- Methods and strategies to complete the work
- Proposed timeline and ability to meet deadlines (including key personnel)
- Practicality and clarity of the work plan

Staffing Qualifications (25%)

Reviews the offeror's capacity to perform the work successfully. The actuarial firm should demonstrate:

- Experience with:
 - o Medicare Shared Savings Program (MSSP)
 - o Medicare fee-for-service claims analysis
 - o Population health analytics and risk stratification
- Demonstrated ability to:
 - o Work with PHI and CMS data securely
 - o Translate actuarial analyses into operational and clinical insights
 - o Staff with appropriate actuarial credentials and healthcare analytics expertise.

Cost (30%)

Evaluates whether the pricing is clear, reasonable, and aligned with the scope of work, including:

- Itemized costs for deliverables
- Any additional necessary costs (e.g., materials, supplies)

Proposed Payment Procedures

Contractor will submit invoices to Resolute upon completion of deliverables, or by progress payments not more frequently than monthly. Invoices should detail the work performed and completed and the dates during which work was performed. Invoices must be sent to AP@alaskapca.org



Subcontractors

Subcontractors may not be used to perform work under this contract.

Inspection of Work

The contractor is responsible for the satisfactory completion of all work and delivery of all goods set out in the contract. All work is subject to inspection, evaluation, and approval by the project director. Resolute may employ all reasonable means to ensure that the work is progressing and being performed in compliance with the contract. Resolute may reject the goods and require remedy to accomplish the contract's intent. The contractor will not unreasonably withhold such changes.

Substantial failure of the contractor to perform the contract may cause Resolute to terminate the contract. In this event, Resolute may require the contractor to reimburse monies paid (based on the identified portion of unacceptable work received) and may seek associated damages.

Confidentiality

Contractor agrees that all confidential information shall be used only for the purposes of providing the deliverables and performing the services specified herein and shall not disseminate or allow dissemination of confidential information except as provided by this section.

The contractor shall hold as confidential and will use reasonable care (including both facility physical security and electronic security) to prevent unauthorized access by storage, disclosure, publication, dissemination to and/or use by third parties of, the confidential information. "Reasonable care" means compliance by the contractor with all applicable federal and state law, including the Social Security Act and HIPAA.

Contract Terms (Federal & APCA)

Contracts awarded under this RFQ will include all required APCA and federal clauses (2 CFR Part 200 Appendix II). The contractor must flow down required clauses to lower-tier subcontracts.

- Termination for cause and for convenience
- Equal Employment Opportunity (41 CFR §60-1.4(b))
- Copeland Anti-Kickback Act (as applicable)
- Clean Air Act & Federal Water Pollution Control Act (as applicable)
- Byrd Anti-Lobbying Amendment (certification applicable over \$100,000)
- Debarment & Suspension (SAM.gov and OIG LEIE checks)
- Rights to Inventions (if applicable)
- Procurement of Recovered Materials (as applicable)
- HIPAA/Confidentiality and data security requirements (as applicable)

Offeror's Certification on Proposal

By signature on the proposal, offerors certify that they comply with the following:

- A. The laws of the State of Alaska;
- B. The applicable portion of the Federal Civil Rights Act of 1964;



- C. The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government;
- D. The Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government;
- E. All terms and conditions set out in this RFQ;
- F. A condition that the proposal submitted was independently arrived at, without collusion, under penalty of perjury;
- G. That programs, services, and activities provided to the general public under the resulting contract conform with the Americans with Disability Act of 1990, and the regulations issued thereunder by the federal government.

If any offeror fails to comply with [A] through [G] of the above paragraph, APCA reserves the right to disregard the proposal, terminate the contract, or consider the contractor in default.

Federal Funds Notice

This procurement is funded in whole or in part with Federal financial assistance. The Contractor shall comply with the Uniform Guidance (2 CFR Part 200) procurement and contract provisions, including §200.327 and Appendix II, and with all other applicable Federal statutes, regulations, and executive orders referenced herein. The clauses in APCA's Federal Clause Schedule are incorporated by reference as if set forth in full, and the Contractor shall flow them down to all lower-tier subcontracts as required.