



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: March 14, 2011

HSS 11 046

IMPLEMENTATION OF SERVICES TO REDUCE INFANT
MORTALITY

FOR

DIVISION OF PUBLIC HEALTH

Date Due: April 18, 2011
12:00PM

ADDENDUM # 2: Questions and Answers

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART
OF THE ABOVE MENTIONED BID.

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PROCUREMENT ADMINISTRATOR

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Division of Public Health

RFP HSS 11 046
Implementation of Services to Reduce Infant Mortality
Questions and Answers

	QUESTION	RESPONSE
1	On page 11 (1st paragraph) of the RFP bidders are asked to provide a work plan, timeline, and budget for the first eleven months of the project yet the contract term is 12 months. Should bidders prepare a plan for July 2011 - May 2012 or August 2011-June 2012?	The reference to an 11-month work plan is an error. Please submit a 12-month work plan for the first year instead of an 11-month work plan. For the period July 1, 2011 to June 30, 2012.
2	Will there be higher level of compensation for medically high risk patients who transfer from other HWHB contracted sites?	Generally speaking the reimbursement rate for the bundles is the same. If a provider can demonstrate that the case of a particular patient is materially different and warrants management so out of line with cases generally seen across providers, it may be possible to reimburse at a higher rate for services to that particular patient. But material difference must be demonstrated by a provider other than the one seeking higher reimbursement. One way to demonstrate material difference is by action of another provider in the HWHB program who makes that determination by referring the particular client for more intense/complicated management of a client for a bundle(s) of services which the referring provider also provides.
3	Please clarify the definition of Medicaid coverage for Registered Dietitian and Social Work visits.	Medicaid MCO and Medicaid FFS provide nutritional assessment, counseling and education under the Smart Start program. There is no coverage for psychosocial services.
4	The description of the content of Bundle C visits refers to "wrap around services" - can you clarify	For Bundle C visits, these would include Bundle B and D services.

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	the definition of these wrap around services?	
5	There is nothing in the RFP regarding guidelines or limitations regarding each of the bundled visits. Will there be guidelines released prior to RFP meeting so that it can be calculated for budgeting, and submission in the formal proposal.	The description of the HWHB model is Appendix I of the RFP. The reimbursement rates are on pages 64 and 65.
6	Is there going to be compensation for bringing patients in to complete vaccination series if needed.	Our hope is you would bring them in for a service bundle which includes the immunization. We plan to continue to provide the vaccines at no cost to HWHB providers.
7	There is no mention of vitamins being supplied to the contractor by the State, will they still be provided	We plan to continue to provide the multivitamins and prenatal vitamins at no cost to HWHB providers.
8	What are the specific ages of the targeted population, is there a cut off? It says "Women of childbearing age" That could be as broad as 12-50.	The eligibility criteria are on pages 61 and 62 of the RFP. In the life course perspective, we are using age not so much as an eligibility criterion but more as a risk factor.
9	Are there specific exclusions, such as Essure and Tubal ligations?	If the woman is otherwise eligible, she should not be excluded on account of these procedures given that some of them may be reversible.
10	Will there eventually be an opportunity for Dental Clinics to apply for grant monies to see HWHB patients?	We'd love to provide some certainty around dental funds but it is difficult to predict what is going to happen this far out.
11	We noticed that the RFP for Healthy Women Healthy Babies for 2011-2012 does not provide for a separate payment for data entry of the data collection, as was provided for in the current year. Is it possible that the contractors be awarded this payment along with the contract?	The transition to the new data system caused some delays in data collection and transmission. As the bugs are worked out and providers develop dexterity in navigating the system, these difficulties should largely disappear. The data collection and transmission funds were a one-time award intended to help providers

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		with additional staffing needs during the transition. DPH is committed to working with providers to deal with challenges associated with data collection, still direct services to patients remains the top priority and whatever funding becomes available will be allocated in a way that reflects that priority.
12	Is the State changing the current reporting format to include the number of referrals for each program service as required under the Reporting Requirements on page 11 of the RFP?	There are still some bugs being worked out of the existing data collection system. Until those issues are resolved, no changes to the data system are anticipated. HWHB providers will report on referral activity in quarterly reports. See Addendum 3 to this RFP for template (Appendix J).
13	If a provider has multiple sites, are they required to provide a separate application for each site.	A provider with multiple sites is required to submit one application that demonstrates the applicant's qualifications to provide the services but that application must provide an estimate of how many bundles by type will be provided at each site.
14	Does a provider need to submit information about staffing costs.	There is no need for staffing costs as reimbursement is based on the number of bundles of services provided. The provider must however demonstrate that they have appropriate staffing to provide the required services at the required standards.
15	Will providers still have access to the carved out services and supplies?	Providers will continue to have access to carved-out services and supplies i.e. Maternal Fetal Medicine Consults, Nutrition Counseling services, vaccines, intrauterine devices, prenatal and multivitamins at no cost to them. These services are for the exclusive use of Healthy Women Healthy Babies (HWHB) patients.
16	Can providers have access to program data to help prepare their proposals?	Current contractors have access to their own data. It is not the intent of DPH to provide data about providers to each other as part of this RFP process..
17	What is the timeline for resolving the problems of "slowness" associated with the data collection system.	Neometrics - the contractor- has developed a solution to the "slowness" problem with the data collection and transmission system. That solution is

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		currently being tested in the state's IT environment. If the solution proves successful in this environment, it will be made available to providers.
18	March 28, 2011, is that the last posting the RFP website?	Most likely, but it is still the bidders responsibility to monitor the RFP website for any additional information that may be posted.
19	If proposal is submitted early, would bidder still be made aware of addendums that came out after bid was submitted?	It is the bidder's responsibility to monitor the state procurement website (http://bids.delaware.gov) for any addenda up until the due date of the RFP. A bidder can make arrangements with the Procurement Administrator to pick up a proposal submitted in advance of the due date should the bidder wish to retract or revise their proposal. Final proposals must be submitted by the published due date and time.
20	What is the program model being published now?	Appendix I of the RFP
21	Are bidders locked into their 4 year projection? What happens if cases being seen increase or decrease?	There will be an opportunity to renegotiate the costs.
22	Will the funding stated in the RFP be split among the bidders selected?	Yes.