



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: February 23, 2015

HSS 15 001

IMPLEMENTATION OF SERVICES TO REDUCE INFANT MORTALITY IN DELAWARE

FOR

DIVISION OF PUBLIC HEALTH

Date Due: March 24, 2015
11:00AM

ADDENDUM # 1 Please Note:

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

Responses to questions discussed at the pre-bid meeting on February
11, 2015 are attached.

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RFP HSS 15 001

Implementation of Services to Reduce Infant Mortality

Questions and Answers

	QUESTION	RESPONSE
1.	On page 9 of the RFP, bidders are asked to provide “proof of arrangements for referral for services that they will not directly provide.” What is mean by “proof”? Can we say we’ll be referring out patients to Nurse Family Partnership or do you need something in writing?	A contract or a letter of agreement will meet this requirement. A verbal agreement to work together will not suffice.
2.	How many providers do you currently have? Are they statewide? Are you looking to add?	There are currently 7 providers with 20 locations statewide. We are looking to add.
3.	On page 10 of the RFP, bidders are asked to provide “evidence of partnerships with state agencies”. Does that mean we should provide the contracts?	You should provide something in writing, it could be a contract, but it should be signed by the partner.
4.	For those providers renewing contracts, will you renegotiate for additional funds if we are able to see more patients?	The program reviews performance against projections periodically and when necessary will negotiate an increase or decrease in funding on a provider by provider basis.
5.	Are bidders no longer required to make hard copies?	Bids are no longer accepted in hard copy. The State changed to an electronic submission based on CDs several years ago. The only hard copies still required are a cover letter and Appendices C, D, and E as stated on Page 3 and Page 18 of the RFP.
6.	Will dental services continue to be an addendum to the contract?	Yes. These addenda will be negotiated separately.
7.	When will addenda be negotiated?	After the primary contracts have been negotiated.
8.	Can you comment on the status of the Health Ambassadors contract, as it may impact the ability to provide services for this contract?	According to the program, there is funding in place for the Health Ambassador program through next year. The program is not aware of any pending problems.
9.	Will the reimbursement for bundle visits remain the same?	The reimbursement rates indicated in the RFP are the current rates but they are subject to periodic review based on changing circumstances. Any changes necessitated by these reviews will be negotiated with providers before implementation.

10.	If there is a shift in funding, will providers be notified?	Any changes in funding that will adversely affect providers will be discussed with them before implementation.
11.	Why are budget projections not mentioned in the RFP but staff salaries are?	Budget projections will be part of contract negotiations with providers who make the cut from the RFP process.
12.	To clarify, projection numbers should be included in bidder proposals?	Yes, include them. Their final status, however, will be determined in negotiations.
13.	On page 23-24 of the RFP, the scoring shows bidders are rated out of 25 points on their ability to show “past experience in successfully operating quality programs of a similar type and with a similar population. Should this be displayed through program reports?	That is one way. Those who have not previously been HWHB providers may provide other evidence that makes the case that they have successfully operated a similar quality program for a similar population.
14.	Should we use previous program outcomes to demonstrate success?	That is one way. Other evidence that the prospective provider has successfully operated quality programs of a similar type with a similar population is also acceptable.
15.	Will participation data be made available to aid in budget projections?	Yes. Please see pages 4 through 6 of this document for details.
16.	What is the reach? Statewide? County?	The reach is as far as each provider can manage. If a provider has locations throughout the state, each location can participate.

Visits and Unique HWHB Patients

As shown in Table 1, the HWHB program had 39,209 visits in CY 2012. These visits represent 13,696 unique HWHB patients in this year. This compares to 36,415 visits and 12,146 unique HWHB patients in CY 2011 and 14,467 visits and 5,200 unique HWHB patients in CY 2010. The ratio of visits per unique HWHB patient varied among the sites.

Table 1. HWHB Visits and Unique Patients, CY 2010, CY 2011, and CY 2012.

Site ¹	CY 2010			CY 2011			CY 2012		
	Visits	Patients	Visits/ Patient	Visits	Patients	Visits/ Patient	Visits	Patients	Visits/ Patient
	N/A	N/A	N/A	711	500	1.42	1,510	864	1.75
	5,935	1,180	5.03	11,418	1,526	7.48	9,097	1,430	6.36
	1,351	468	2.89	2,390	564	4.24	2,984	765	3.90
	2,417	739	3.27	3,865	987	3.92	3,932	1,187	3.31
	1,728	1,652	1.05	3,000	2,669	1.12	2,696	2,454	1.10
	2,018	332	6.08	2,093	318	6.58	1,958	277	7.07
	1,018	829	1.23	12,938	5,582	2.32	17,032	6,719	2.53
Total	14,467	5,200	2.78	36,415	12,146	3.00	39,209	13,696	2.86

Table 2 lists the percentage growth² in the number of unique HWHB patients between CY 2011 and CY 2012 for each of the participating sites.³

¹ See “Table of Abbreviations” on page 6 for the site name that corresponds to each of these abbreviations.

² Percentage growth is calculated as $(\text{Unique Patients in CY 2012} - \text{Unique Patients in CY 2011}) / \text{Unique Patients in CY 2011}$. Therefore, a percentage growth of 100% means the number of unique patients reported in CY 2012 was twice the number of unique patients reported in CY 2011.

³ The *Healthy Women, Healthy Babies (HWHB) January 2012 Report* presents the percentage growth between CY 2010 and CY 2011.

Table 2. Percentage Growth in Number of Unique HWHB Patients between CY 2010 and CY 2011.

Site	CY 2011	CY 2012	Growth
	500	864	72.80%
	1,526	1,430	-6.29%
	564	765	35.64%
	987	1,187	20.26%
	2,669	2,454	-8.06%
	318	277	-12.89%
	5,582	6,719	20.37%
Total	12,146	13,696	12.76%

Table 3A lists the number of unique HWHB patients enrolled in both CY 2011 and CY 2012 by site.

Table 3B lists the number of unique HWHB patients enrolled in CY 2010, CY 2011, and CY 2012

Table 3A. Unique HWHB Patients Enrolled in both CY 2011 and CY 2012.

Site	Patients Enrolled in Both Years	Percentage of CY 2011 Patients	Percentage of CY 2012 Patients
	283	56.40%	32.64%
	545	35.71%	38.11%
	303	53.72%	39.61%
	428	43.36%	36.06%
	413	15.47%	16.83%
	104	32.70%	37.55%
	2,771	49.64%	41.24%
Total	4,847	39.91%	35.39%

Table 3B. Unique HWHB Patients Enrolled in CY 2010, CY 2011, and CY 2012.

Site	Patients Enrolled in All Three Years	Percentage of CY 2010 Patients	Percentage of CY 2011 Patients	Percentage of CY 2012 Patients
	92	7.80%	6.03%	6.43%
	111	23.72%	19.68%	14.51%
	154	20.84%	15.60%	12.97%
	30	1.82%	1.12%	1.22%
	23	6.93%	7.23%	8.30%
	257	31.00%	4.60%	3.82%
Total	667	12.83%	5.49%	4.87%