



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: February 5, 2014

HSS-15-021

Care Coordination Services

for

Delaware Health Care Commission

Date Due: February 16, 2015
By 11:00 am Local Time

ADDENDUM # 1 – Q&A

PLEASE NOTE:

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

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**STATE OF DELAWARE
DELAWARE HEALTH CARE COMMISSION
REQUEST FOR INFORMATION (RFI)
HSS-15-021
CARE COORDINATION SERVICES**

1. Is this to pre-qualify vendors or provider to contract with or will the State contract for services once an RFP is issued?

Answer:

As stated in the RFI, HCC issues this RFI in order to gain a better understanding of the nature and scope of services offered by high-quality service providers. The results of this RFI will inform development of detailed implementation plans for supporting clinicians in Delaware with delivering coordinated care. HCC will NOT award a contract on the basis of this RFI. A subsequent Request for Proposal to formally pre-certify, pre-qualify, or select vendor(s) to work with practices in Delaware may follow this RFI.

2. Delaware is planning to pre-qualify care coordination vendors.

Will Delaware expect all vendors to:

- A. Use a specific model(s) for care management?

Answer:

As stated in the RFI, Delaware's providers recognize that care coordination models may vary from one another, but have identified the following as common elements of most care coordination approaches:

- **Identification of high-risk patients.** Providers will have an attributed patient panel and rely on a validated risk prediction tool to segment the population. High-risk patients (5-15% of population) may have multiple chronic diseases and/or behavioral health challenges and are responsible for a substantial fraction (>50%) of total health care spend.
- **Enrollment of patients in care coordination programs.** Engage the patient and family on the concept of a care plan and help them understand how working closely with his/her care team can help the patient meet health goals.
- **Development of care plan.** Undertake a complete assessment of the patient's health status, background, and goals. Co-create care plans with patients, consolidating information from any external care plans.

- **Multidisciplinary team working together.** Bring together as a team the primary care provider, behavioral health provider, and other health professionals as appropriate, facilitating conversations and referrals as needed. Support for the team and help for the patient to navigate efficiently through the system are critical elements.
- **Real time identification of care gaps and follow-up.** Designate patients into groups with set of care needs, compare this to care actually received, and proactively close any gaps.
- **Access to specialists and population health support.** Ensure PCPs can engage specialists for timely advice on patient care. Routinely connect the care team and patients to social services and community resources.
- **Case conference discussions.** All members of the care team meet regularly to discuss complex cases, review acute admissions, refer patients for relevant services, and have discussions regarding changes to care plans.
- **Review of performance and process.** Hold regular performance reviews that extract insights from agreed upon indicators and experience-based learnings.

Recognizing that providers may vary significantly in their practice structure and current capabilities to deliver the above core elements of care coordination, Delaware seeks to learn more about services that can support providers to deliver those services.

B. Capture and report a set of specific measures/elements?

Answer:

As stated in the RFI, Delaware is interested to understand potential vendors' relative experience or interest in delivering services to meet provider needs. One of the needs is supporting providers in improving specific measures of quality of care.

C. Have a system that can be integrated with EHRs through DHIN?

Answer:

As stated in the RFI, Delaware is interested to understand potential vendors' relative experience or interest in delivering services to meet provider needs. One of the needs is providing care coordination tools and resources, including technology, protocols, care pathways, training, and subject matter experts.

Delaware is interested to understand vendor capabilities to integrate their systems with EHRs through the DHIN.

3. "Identification of high-risk patients" is included for RFI

In the DE SIM plan, the expectation was for the payers to identify the high risk patients using a set of criteria and claims data.

A. Is this still the plan?

Answer:

The HCC expects that one mechanism for identifying high risk patients is for payers to do so through their claims data. The HCC anticipates that other approaches may also be followed and will consult with the DCHI on these additional approaches. Delaware is interested to understand vendor experience with different approaches to identifying high-risk patients and vendor experience in supporting practices to meet this need.

B. Will vendors be expected to provide risk scores for the patients referred to them?

Answer:

As stated in the RFI, Delaware is interested to understand vendor capabilities to support practices in the identification of high-risk patients. Delaware is interested to understand vendor perspective and capabilities to provide risk scores.

C. Will vendors be expected to help providers identify high risk patients to refer for care coordination?

Answer:

As stated in the RFI, Delaware is interested to understand vendor capabilities to support providers in identifying high-risk patients.

4. To what extent are providers aware of this initiative?

Answer:

Providers have actively participated in shaping this initiative from the start. Delaware's State Health Care Innovation Plan and Project Narrative describe the approach to stakeholder engagement (<http://dhss.delaware.gov/dhss/dhcc/cmmi/files/choosehealthplan.pdf>; <http://dhss.delaware.gov/dhss/dhcc/files/2014ProjectNarrative.pdf>).

5. Which organizations and agencies have agreed to participate to date? If any...

Answer:

A cornerstone of Delaware's approach to innovation continues to be its highly collaborative and voluntary approach. Please refer to Delaware's State Health Care Innovation Plan and Project Narrative for further information about stakeholder engagement and participation (<http://dhss.delaware.gov/dhss/dhcc/cmmi/files/choosehealthplan.pdf>; <http://dhss.delaware.gov/dhss/dhcc/files/2014ProjectNarrative.pdf>).

6. IT infrastructure is identified as a major strength in the state...care coordination will require a very robust IT presence for all provider participants. To what extent have additional IT needs and funding sources been identified?

Answer:

Delaware's project narrative describes the current and expected IT requirements to successfully transition to more integrated and coordinated care. This can be accessed at <http://dhss.delaware.gov/dhss/dhcc/files/2014ProjectNarrative.pdf>.

The HCC would welcome vendor feedback on the IT requirements needed for successful care coordination.

7. Regarding the desire not to duplicate services already available: What percentage of practices are already participating in some form of care coordination, and what do you anticipate being the distribution (size/member/patient/payer mix) of practices needing coordination assistance (and /or transformation assistance).

Answer:

Precise information on the percentage of practices participating in some form of care coordination is not available. In early 2014, Delaware administered a survey to better understand care coordination patterns across the state. Summary results from this survey were presented are available at <http://dhss.delaware.gov/dhss/dhcc/cmml/files/workstreamsession0318.pdf> (slides 35-42).

As stated in the RFI, recognizing that providers may vary significantly in their practice structure and current capabilities to deliver the above core elements of care coordination, Delaware seeks to learn more about services that can support providers to deliver those services.

As stated in the RFI for practice transformation, some practices in the state have already begun practice transformation activities; however the current belief is that most practices have not yet started this process. Delaware's State Health Care Innovation Plan provides some summary statistics about practice sizes in the state (<http://dhss.delaware.gov/dhss/dhcc/cmml/files/choosehealthplan.pdf>).

8. What is the level of support you anticipate from the payer community? From the provider community?

Answer:

Delaware has pursued a highly collaborative process to develop its State Health Care Innovation Plan has continued that collaborative and inclusive approach as it moves towards the introduction of new payment models across the state. Please refer to Delaware's State Health Care Innovation Plan and project narrative for information about payer and provider support and participation, as well as about the State's approach to using its regulatory authority (<http://dhss.delaware.gov/dhss/dhcc/cmml/files/choosehealthplan.pdf>; <http://dhss.delaware.gov/dhss/dhcc/files/2014ProjectNarrative.pdf>).

9. You mention the VA hospital on both RFIs, do you anticipate this program will reach into the VA system?

Answer:

Delaware would welcome participation from the VA system. At this time, it is not known whether the program will reach into the VA system.

10. How do you anticipate funding the program in order to drive participation, compliance, and provider and patient satisfaction with the results?

Answer:

As stated in the RFI, combined with additional investments being made by purchasers, payers, and providers of care in Delaware, grant funds are intended to support changes in health care delivery to create more than \$1 billion in value through 2020.

The relative balance of funding across these sources has been structured to incentivize participation and ongoing compliance.

11. Does the state envision using an RFP to prequalify vendors that would then be hired and paid for directly by interested practices for either or both services (practice transformation and care coordination)?

Answer:

As stated in the RFI, Delaware's plan calls for significant commitment of funding to support care coordination on an ongoing basis. Both the State and multiple payers are interested in funding this initiative. While some Delaware payers already support care coordination through existing contracts, the goal is that a significantly greater number of primary care providers will begin accessing support across multiple payers by January 2016.

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12. As we've worked with accountable practices across the country, we've learned that the vast majority of practices need both care coordination bandwidth as well as transformation support to effectively integrate more robust care coordination capacity into practice clinical and business operations. For this reason, would the state consider merging the two capabilities into one RFP to streamline services access for practices?

Answer:

HCC issues this RFI in order to gain a better understanding of the nature and scope of services offered by high-quality service providers. The results of this RFI will inform development of detailed implementation plans for supporting clinicians in Delaware with delivering coordinated care. HCC will NOT award a contract on the basis of this RFI. A subsequent Request for Proposal to formally pre-certify, pre-qualify, or select vendor(s) to work with practices in Delaware may follow this RFI.

13. What impact might the placement of care coordinators directly in practices with direct responsibility for patient care have on malpractice policies in Delaware?

Answer:

This is outside the scope of this RFI. Nothing in this RFI or anything subsequent that may follow contemplates that anyone will operate outside of Delaware law.

14. What information will be available to primary care practices in particular about services delivered in hospital and non-primary care settings? How timely will such information be for practices? By what methods will such information be shared with practices?

Answer:

Delaware continues to build on its advanced Health Information Exchange capabilities through the Delaware Health Information Network (DHIN). Delaware's project narrative describes current and emerging capabilities related to information availability, including admission, discharge, transfer (ADT) (<http://dhss.delaware.gov/dhss/dhcc/files/2014ProjectNarrative.pdf>). Delaware's participating primary care practices will also have access to a common scorecard that provides performance data on quality, utilization, and cost measures across all payers for all of their patients' care (<http://dhss.delaware.gov/dhss/dhcc/files/boardmeetingoctober.pdf>; slide 7).