



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: February 5, 2014

HSS-15-022

Practice Transformation 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-15-022  
PRACTICE TRANSFORMATION SERVICES**

**Tentative Schedule**

RFI Issued: 1/21/2015

Vendor Questions: 1/28/2015

Answers to Questions published: 2/4/2015

Responses to RFI Due: 2/16/2015

**DE RFI HHS-15-022-Practice Transformation Services - QUESTIONS**

1. 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 are available at <http://dhss.delaware.gov/dhss/dhcc/cmami/files/workstreamsession0318.pdf> (slides 35-42).

As stated in the RFI, 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/cmami/files/choosehealthplan.pdf>). Independent of how practices are organized, we believe that most will require practice transformation support at the level of a physical office site, which is likely to comprise a handful of providers even if part of a larger organization. As stated in the RFI, Delaware's primary care providers work in a variety of contexts. Consider the following archetypes:

- Large health systems, medical groups, or independent practice associations (>25 PCPs) with relatively sophisticated capabilities to implement and maintain workflow changes
- Medium-sized practices (5-25 PCPs) that may be strong on one or more of the transformation elements listed above but require significant support to address all of them
- Small practices (<5 PCPs) with relatively less administrative/IT infrastructure and a limited track record in addressing the transformation elements listed above.

2. 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 and 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/cmmi/files/choosehealthplan.pdf>; <http://dhss.delaware.gov/dhss/dhcc/files/2014ProjectNarrative.pdf>).

3. 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.

4. 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.

5. 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 provider practice transformation. It is expected that many providers will use this funding to engage with expert vendors to support them in practice transformation activities – ranging from assessment of current capabilities, to on-site coaching and/or distance learning enabling refinements to practice workflow and operations over a 1-2 year period.

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 practice transformation services. HCC will NOT award a contract on the basis of this RFI. A subsequent Request for

Qualifications or Request for Proposal to formally pre-certify, pre-qualify, or select vendor(s) to work with practices in Delaware may follow this RFI.

6. 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:**

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 practice transformation services. HCC will NOT award a contract on the basis of this RFI. A subsequent Request for Qualifications or Request for Proposal to formally pre-certify, pre-qualify, or select vendor(s) to work with practices in Delaware may follow this RFI.

7. 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.

8. 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).

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

**Answer:**

Please see the response to question #5 above.

10. 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/cmml/files/choosehealthplan.pdf>; <http://dhss.delaware.gov/dhss/dhcc/files/2014ProjectNarrative.pdf>).

11. 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/cmml/files/choosehealthplan.pdf>; <http://dhss.delaware.gov/dhss/dhcc/files/2014ProjectNarrative.pdf>).

12. 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 practice transformation.

13. Is it envisioned that practices would engage Practice Transformation vendors directly or would the vendors contract with the state of Delaware?

**Answer:**

Please see the response to question #5 above.

14. Would the vendor provide ongoing support and resources beyond the initial transformation?

**Answer:**

As stated in the RFI, it is expected that many providers will use this funding to engage with expert vendors to support them in practice transformation activities – ranging from assessment of current capabilities, to on-site coaching and/or distance learning enabling refinements to practice workflow and operations over a 1-2 year period.

15. Is there an expectation that all physician practices must receive onsite support for patient engagement and care management?

**Answer:**

Delaware is interested to understand the full range of potential support models, and believes that practices may vary in their preferred approach.

16. Is HCC open to considering models that do not require onsite support for every physician practice?

**Answer:**

Delaware is interested to understand the full range of potential support models, and believes that practices may vary in their preferred approach.

17. Will standards and expectations around provider cooperation / engagement be set by HCC?

**Answer:**

As stated in the RFI, Delaware's providers will have direct incentives to demonstrate improvement in five areas (shown below) as part of Delaware's multi-payer performance scorecard.

- **Panel management.** Understanding the health status of a practice's patient panel and setting priorities for outreach and care coordination based on risk.
- **Care management.** Providing proactive care planning and management for high-risk patients.
- **Patient engagement.** Performing patient outreach, health coaching, and medication management.
- **Team-based care coordination.** Integrating care across providers within the practice, across the referral network, and in the community. This includes integration of primary care practices with behavioral health providers.
- **Access improvement.** Introducing changes in scheduling, coverage outside traditional hours of operation, telephone or electronic visits, or other means by which to enable greater access.

18. What, if any, funding will be made available for practices without adequate information technology to engage patients and manage patient relationships?

**Answer:**

The Health Care Commission would welcome vendor input on the minimum requirements for successful practice transformation.

19. Since the details of our transformation program are proprietary in nature, is the state willing to sign a non-disclosure agreement (NDA) based on information requested?

**Answer:**

The HCC will not be able to sign an NDA. The vendor has the option to declare parts of their response as corporate confidential. Corporate Confidential information is not disclosed to the public or other entities in situations such as Freedom of Information Act requests, etc.

20. The RFI references data from HRSA as it relates to federally designated shortage areas for primary care and dental care. Please provide documentation of this report and the date the data was published.

**Answer:**

Please refer to the HRSA website at <http://hpsafind.hrsa.gov>. Additional information about Delaware's Health Care Workforce can be found in Delaware's State Health Care Innovation Plan (<http://dhss.delaware.gov/dhss/dhcc/cmml/files/choosehealthplan.pdf>).

21. What is the anticipated amount of dollars and subsequent flow of dollars to practices for transformation? Can you address these questions specifically:

**Answer:**

Delaware's plan assumes an average of \$18,000-\$24,000 per practice site for practice transformation. However, the level of funding may vary depending on the outcome of any procurement that is to follow this RFI process as well as the availability of funding from alternate sources to supplement funding from the SIM Testing grant.

- a. The RFI states there are 1200 PCPs across 500 practices: Please define PCP as it is applied in this reference (type of provider and specialty e.g. internal medicine, family, pediatric). Please identify the source of the data that shows this composition including the date in which the data was published.

**Answer:**

Please refer to Delaware's State Health Care Innovation Plan and Delaware's project narrative (<http://dhss.delaware.gov/dhss/dhcc/cmml/files/choosehealthplan.pdf>; <http://dhss.delaware.gov/dhss/dhcc/files/2014ProjectNarrative.pdf>).

- b. How much money will each practice receive for practice transformation services? Will this be an across-the-board amount or will there be further prerequisites and weighting based upon current IT infrastructure or level of health care reform efforts already underway in one's practice? Who will make this determination?

**Answer:**

Delaware's plan assumes an average of \$18,000-\$24,000 per practice site for practice transformation. The Health Care Commission would welcome vendor input on prerequisites or weighting.

Who will make this determination is outside the scope of this RFI.

- c. Will the practices receive this funding directly from the state?

**Answer:**

Please see the response to question #5.

d. Will the payers have any involvement in practice transformation funding? (ex: state suggests payers also contribute towards \$ for practice transformation above and beyond what the state offers practices)

**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.

- a. If YES, will the payers have any impact on the decision-making abilities of the practices in choosing a transformation vendor?

**Answer:**

This is outside the scope of this RFI.

22. The RFI states that an RFP “may” follow the RFI. What if one does not respond to the RFI but wishes to respond to the RFP? In other words, will limitations be placed on who may submit a proposal, should and RFP be disseminated?

**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 practice transformation services. HCC will NOT award a contract on the basis of this RFI. A subsequent Request for Qualifications or Request for Proposal to formally pre-certify, pre-qualify, or select vendor(s) to work with practices in Delaware may follow this RFI.

- a. If NO, what are the states plans for practice transformation if an RFP does not evolve from the RFI process?

**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 practice transformation services. HCC will NOT award a contract on the basis of this RFI. A subsequent Request for Qualifications or Request for Proposal to formally pre-certify, pre-qualify, or select vendor(s) to work with practices in Delaware may follow this RFI.

23. In previous SIM workgroup sessions, it was noted that the state intends to certify at least (3) organizations that can deliver practice transformation services:

a. Is the 3 or more organizations reference still accurate?

**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 practice transformation services. HCC will NOT award a contract on the basis of this RFI. A subsequent Request for Qualifications or Request for Proposal to formally pre-certify, pre-qualify, or select vendor(s) to work with practices in Delaware may follow this RFI.

24. Describe the certification process for the organizations: Who certifies and will the certifying agency have expertise in practice transformation programs?

**Answer:**

This is outside the scope of this RFI.

25. The RFI references “Referral Network Management” as one of the improvement areas in which providers will be scored. It references “promoting the use of high value providers...”. Define high-value providers.

**Answer:**

The overall goal of Delaware’s program is to improve the quality and affordability of care across the state. The HCC would be interested to understand vendors’ perspectives on how to identify the highest value providers.

26. What is the timeframe in which the RFP, if applicable, will be released?

**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 practice transformation services. HCC will NOT award a contract on the basis of this RFI. A subsequent Request for Qualifications or Request for Proposal to formally pre-certify, pre-qualify, or select vendor(s) to work with practices in Delaware may follow this RFI.

Vendors may consult the high-level timeline presented at the Delaware Center for Health Innovation’s January board meeting for further information. This document can be accessed at <http://www.dhss.delaware.gov/dhss/dhcc/dchi.html>.

27. In the request for a pricing model the question is asked what the “minimum scale” would be required for our organization to participate. How is it envisioned that would be measured, number of providers or dollars or both?

**Answer:**

The HCC would be interested to understand vendors’ perspective on both dimensions – providers and dollars.

28. What are the most common multiple complex chronic conditions?

**Answer:**

Please consult Delaware’s State Health Care Innovation Plan at <http://dhss.delaware.gov/dhss/dhcc/cmmi/files/choosehealthplan.pdf>.

29. What are the most common behavioral health needs?

**Answer:**

Please consult Delaware’s State Health Care Innovation Plan at <http://dhss.delaware.gov/dhss/dhcc/cmmi/files/choosehealthplan.pdf>.

30. Is long term care envisioned to be a part of this process?

**Answer:**

Yes, Delaware’s plan envisions a comprehensive approach to more integrated and coordinated care across the entire health system.

31. With Delaware’s exploding per capita health care spending, especially for prescription drugs and other medical non-durables, is a shift to FQHC 340B drug pricing an option to consider?

**Answer:**

This is outside the scope of this RFI.