



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: July 28th 2015

HSS-15-030

Practice Transformation Services

for

Delaware Health Care Commission

Date Due: August 12<sup>th</sup>, 2015  
By 11:00 am Local Time

**ADDENDUM # 2 – RFP Q&A**

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**STATE OF DELAWARE  
DELAWARE HEALTH CARE COMMISSION  
REQUEST FOR PROPOSALS (RFP)  
HSS-15-030  
PRACTICE TRANSFORMATION SERVICES**

**Tentative Schedule**

RFP Issued: 6/17/2015

Vendor Questions: 7/01/2015

Answers to Questions published: 7/29/2015

Responses to RFP Due: 8/12/2015 by 11:00 AM (Local Time)

**DE RFP HHS-15-030-Practice Transformation Services - QUESTIONS**

1. What information will DHCC provide to selected vendors on the eligible provider practices (mailing address, email, names, titles, in-person conference, etc) to support the vendor's outreach and enrollment efforts? What type of marketing of the program and the selected vendors will DHCC conduct to help engage the provider community, if any?

HCC would be interested in understanding bidder perspectives on what could be helpful/ needed.

2. We are interested in better understanding what existing and/or standardized data would be available to support the initial and semi-annual assessments. Reference is made to using data available through the Delaware Health Information Network. Can DHCC describe:
  - a. What information would be made available to vendors (e.g. will it be standardized clinical metrics only? Total cost of care data? etc);
  - b. In what format it will be provided (e.g. in drillable reports, flat files, summaries, etc); and
  - c. When it will be provided (e.g. at the time of notification of selection as a vendor or at the time a provider chooses the vendor, etc)?

As the RFP states in section "Eligibility for Care Coordination Funding and Outcomes-Based Payments" on page 70:

"As noted, practice transformation support is one of the three forms of support to help primary care providers improve capabilities and performance, the other two being funding for care coordination funding and outcomes-based payments. DCHI strongly recommends that all payers offer some form of care coordination funding as well as outcomes-based payments for primary care providers tied to the DCHI Common Scorecard, based on detailed design still in development by DCHI in consultation with the DHIN and local stakeholders." In addition, HCC would be interested in understanding bidder perspectives on what could be helpful/ needed.

3. Is it possible to provide a call-in/webinar option for the July 17<sup>th</sup> pre-bid conference?

Only physical, on site attendance will be permitted for this meeting.

4. Does the RFP include examining ways of improving how primary care providers staff and schedule themselves and others responsible for delivering services? Also, does the RFP include examining new unique and controversial methodologies on how primary care providers can achieve better long term practice transformation services?

**Answer:**

Please refer to section “New Capabilities Required in Primary Care” on pages 66-67 and section “Transformation Milestones and Pace” on pages 68-70.

5. We are interested in exploring partnerships with the organizations that will bid on Practice Transformation Services, HSS-15-030. I am not familiar with DE procurement. Is there a way for us to find out who the interested potential bidders are?

**Answer:**

Delaware will not know in advance who the potential bidders are for the RFP. Please watch for supporting documents on the Bids.Gov website links provided below.

Practice Transformation Services RFP:

[http://www.bids.delaware.gov/bids\\_detail.asp?i=3193&DOT=N](http://www.bids.delaware.gov/bids_detail.asp?i=3193&DOT=N)

The Pre-Bid attendance list will be eventually posted to this link. Thank you for your interest in Delaware’s RFP.

6. I am writing to inquire about a call-in number for the pre-bid meeting on July 17 at 1 p.m. for RFP # HSS-15-030?

**Answer:**

There is no call in option for this meeting.

7. We are preparing to send you questions for the RFP for Professional Services – Practice Transformation Services (RFP # HSS-15-030). The RFP doesn’t indicate a time deadline for today. Is there a time... or just by end of day?

**Answer:**

When no time is given the default deadline for time is close of business or 4:30pm local time.

8. Please confirm the budget expectations if a single practice site has multiple providers engaged in practice transformation support, in addition to the lead provider and practice administrator. Do we multiply the \$12K budget times the number of engaged providers, or is there another method for calculating the budget for a larger site?

**Answer:**

As the RFP states in section “6. Budget” on page 9:

“For purposes of evaluating vendor proposals, vendors should submit proposals based on a budget of \$12,000 per year of transformation support, on average, per primary care “site” enrolled, where a “site” is defined as a physical location with one lead clinician and one administrator who will be most actively involved in practice transformation support. HCC reserves the right to enter into negotiations with selected vendors that may modify this planning assumption, including scaling up or down the intensity of support in proportion with changes in the budget.”

9. Delaware HCC expects that transformation coaches, experts, and project leadership will be onsite in Delaware on a regular basis. What is considered regular basis, onsite in Delaware?

**Answer:**

HCC would be interested in understanding bidder perspectives on this question.

10. What factors will motivate providers to engage in the Year 1 transformation efforts? Are incentives immediately available to providers?

**Answer:**

As the RFP states in section “Eligibility for Care Coordination Funding and Outcomes-Based Payments” on page 70:

“As noted, practice transformation support is one of three forms of support to help primary care providers improve capabilities and performance, the other two being funding for care coordination funding and outcomes-based payments. DCHI strongly recommends that all payers offer some form of care coordination funding as well as outcomes-based payments for primary care providers tied to the DCHI Common Scorecard, based on detailed design still in development by DCHI in consultation with the DHIN and local stakeholders.

Outcomes-based payments may enable practices to make long-term investments in more advanced practice transformation and to self-fund care coordination. But for many providers new to population health management — particularly small independent physician practices who lack working capital — outcomes-based payments may seem too uncertain to justify investments in care coordination. We, therefore, recommend that payers offer some form of up-front funding for care coordination.

Funding of care coordination represents a meaningful investment that has the potential to reduce the total cost of care, but many practices will find that the costs associated with care coordination may not be fully offset by savings in the first year. Payers and purchasers of health insurance may therefore wish to establish criteria for determining which primary care providers have the basic capabilities in place to maximize the potential for return on investment from care coordination funding. We recommend that they use the practice transformation milestones defined by DCHI, with input from practice transformation vendors, to assess practices’ readiness for care coordination funding.”

**11. Are there incentives available to providers from both private and public payers?**

**Answer:**

As the RFP states in section “Eligibility for Care Coordination Funding and Outcomes-Based Payments” on page 70:

“As noted, practice transformation support is one of the three forms of support to help primary care providers improve capabilities and performance, the other two being funding for care coordination funding and outcomes-based payments. DCHI strongly recommends that all payers offer some form of care coordination funding as well as outcomes-based payments for primary care providers tied to the DCHI Common Scorecard, based on detailed design still in development by DCHI in consultation with the DHIN and local stakeholders.

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**12. Is NCQA PCMH recognition a required milestone? Is it expected at completion of Year 2 transformation support, or on a different timeline? Please define.**

**Answer:**

Practice transformation milestones are described in section “Transformation Milestones and Pace” on pages 68-70 of the RFP.

**13. Does the recommended \$12K budget per site cover transformation support for 1 year? If a practice engages in Year 1 and Year 2 transformation support, is the total site budget \$24K?**

**Answer:**

As the RFP states in section “6. Budget” on page 9:

“For purposes of evaluating vendor proposals, vendors should submit proposals based on a budget of \$12,000 per year of transformation support, on average, per primary care “site” enrolled, where a “site” is defined as a physical location with one lead clinician and one administrator who will be most actively involved in practice transformation support. HCC reserves the right to enter into negotiations with selected vendors that may modify this planning assumption, including scaling up or down the intensity of support in proportion with changes in the budget.”

Also, as the RFP states in section Transformation Milestones and Pace on page 68:

“Practices should reach all transformation milestones in 18-24 months. Timelines should be used for reference only; they reflect the maximum expected amount of time for practices to

achieve the milestones without previous transformation efforts. At the beginning of transformation, practices will work with vendors to develop individual transformation plans that adjust these timelines”

- 14.** Is there a preferred method to aggregate practices in transformation groups or cohorts; for example, a group of health-system affiliated practices, a group of non-affiliated, independent practices?

**Answer:**

HCC would be interested in understanding bidder perspectives on this question.

- 15.** What was the basis for the \$12,000 per site per year budget?

**Answer:**

\$12,000 is a working estimate used by Delaware in its CMMI model test grant application.

- 16.** The RFP insinuates that the initial, rapid, standardized assessment of the current needs of each practice would be remote. Are there any limitations on the selected vendors for how this assessment needs to be conducted?

**Answer:**

HCC would be interested in understanding bidder perspectives on this question.

- 17.** The RFP is unclear as to whether or not HCC will lead a matching process between practices and selected vendors, or if the selected vendors will operate in a competitive environment to pursue and engage the practices. Please clarify.

**Answer:**

As the RFP states in section “B. Relationships of HCC, Vendors, and Providers” on page 6: “HCC will develop a process to match PCPs with their vendors based on PCP preference and selection. Each primary care practice site in Delaware can choose when to enroll for practice transformation support, based on the waves described in the DCHI Consensus Paper, and which vendor it wishes to engage. While practice sites will not need to have a formal contract with the vendor, they will be required to identify their preferred vendor during the enrollment process for practice transformation.”

- 18.** Document suggests vendors will be able to directly engage with practices. Are there any rules or guidelines for this process if multiple vendors are selected?

**Answer:**

HCC would be interested in understanding bidder perspectives on this question.

- 19.** Is HCC negotiating state-wide Care Coordination and Out-Comes Based Payments with all payers before the model starts?

**Answer:**

As the RFP states in section “A. Background on Health Innovation in Delaware” on page 2:

“Delaware will implement this strategy over the next 4 years. There are 7 core elements to Delaware’s approach to health system transformation:

1. Transformation of primary care through patient-centered medical homes (PCMHs), accountable care organizations (ACOs), and other innovative delivery models
2. A workforce learning and development program focused on delivering team-based, integrated care
3. Multi-payer transition to value-based payment models statewide (Pay for Value and Total Cost of Care), with 90% enrollment into value-based payment by primary care providers by the end of 2018”

**20.** Is the July 17<sup>th</sup> meeting only onsite or is a conference call or Webex an option?

**Answer:**

This meeting is on site only.

**21.** Does the reviewer offer any non-disclosure protection relative to the IP offered in the curriculum?

**Answer:**

Please refer to section “11. Confidentiality of Documents” on pages 16-17 of the RFP.

**22.** What promotional activities have been performed by HCC to inform the PCP community of this transformation program?

**Answer:**

Stakeholder engagement activities are described in the documents referenced in section “C. Additional information” on page 4 of the RFP.

**23.** The document insinuates that ACO practices are identified as being at an advanced level because of their participation in an ACO. If the initial assessment shows that these practices should fall within the basic curriculum, can they change?

**Answer:**

As the RFP states in section “B. Relationships of HCC, Vendors, and Providers” on pages 6-7: “Each primary care practice site in Delaware can choose when to enroll for practice transformation support, based on the waves described in the DCHI Consensus Paper, and which vendor it wishes to engage. While practice sites will not need to have a formal contract with the vendor, they will be required to identify their preferred vendor during the enrollment process for practice transformation. Practices may engage any vendor or none at all, but only vendors selected through this RFP will be funded by the Health Care Commission.”

**24.** What participation expectations have been communicated for the practices once they agree to enroll?

**Answer:**

As the RFP states in section “Eligibility for Care Coordination Funding and Outcomes-Based Payments” on page 70:

“As noted, practice transformation support is one of three forms of support to help primary care providers improve capabilities and performance, the other two being funding for care coordination funding and outcomes-based payments. DCHI strongly recommends that all payers offer some form of care coordination funding as well as outcomes-based payments for primary care providers tied to the DCHI Common Scorecard, based on detailed design still in development by DCHI in consultation with the DHIN and local stakeholders.

Outcomes-based payments may enable practices to make long-term investments in more advanced practice transformation and to self-fund care coordination. But for many providers new to population health management — particularly small independent physician practices who lack working capital — outcomes-based payments may seem too uncertain to justify investments in care coordination. We, therefore, recommend that payers offer some form of up-front funding for care coordination.

Funding of care coordination represents a meaningful investment that has the potential to reduce the total cost of care, but many practices will find that the costs associated with care coordination may not be fully offset by savings in the first year. Payers and purchasers of health insurance may, therefore, wish to establish criteria for determining which primary care providers have the basic capabilities in place to maximize the potential for return on investment from care coordination funding. We recommend that they use the practice transformation milestones defined by DCHI, with input from practice transformation vendors, to assess practices’ readiness for care coordination funding.”

25. Section II, A, Background on Innovation in Delaware, Bullet 1. Page 2: “Transformation of primary care through patient-centered medical homes (PCMHs), accountable care organizations (ACOs), and other innovative delivery models...”

**Question:** There are a variety of transformation options listed: PCMH, ACO, etc. Is PCMH necessary, as certified by NCQA?

**Answer:**

Please refer to section “Transformation Milestones and Pace” on pages 68-70 of the RFP.

26. Section III, G, Paragraph 5. Page 11: “Submissions of the required information described in Section G should not exceed 40 single-spaced pages in 12 point font, inclusive of any supporting exhibits but excluding Attachment 13, staff resumes and descriptions, and case examples”.

**Question:** Does the separate pricing proposal document requested on page 14 count against the 40 page limit for the proposal? Do required attachments 2, 3, 4, 5, 9, 14, 15, and 16 also count against the 40 page limit?

**Answer:**

The 40 page limit is for the technical proposal only, independent of the budget pricing file, and any required attachments or appendices.

27. Section IV, A, Paragraph 3. Page 12: “Complete all appropriate attachments and forms as identified within the RFP”.

**Question:** will the State release Microsoft Word versions of the Appendix files so bidders can complete and return with their submissions?

**Answer:**

The State will not release the attachments in MS Word.

**28.** Section V, B, Paragraph 2. Page 14: "To be considered, all proposals must be submitted in writing and respond to the items outlined in this RFP. The State reserves the right to reject any non-responsive or non-conforming proposals. Each proposal must be submitted with   1   paper copies and   8   electronic copy on CD or DVD media disk. Please provide a separate electronic pricing file from the rest of the RFP proposal responses."

**Question:** On page 14 it states to provide 1 paper copy and 8 electronic/CD copies. On page 61 (Appendix A) it states to provide 6 paper copies (one marked original) and 1 electronic/CD copy. Please confirm the required number of proposal copies by format.

**Answer:**

1 paper copy and 8 electronic CDs is the correct submission format.

**29.** Section V, B, Paragraph 2. Page 14: "Please provide a separate electronic pricing file from the rest of the RFP proposal responses."

**Question:** Please clarify the contents of the separate electronic pricing file? Does the State require a hard copy version of the separate pricing file, or only an electronic copy?

**Answer:**

Your electronic pricing file is your budget and costing worksheets, etc.

**30.** Section V, B, Paragraph 11. Page 16: "Vendor(s) may submit portions of a proposal considered to be confidential business information in a separate, sealed envelope labeled "Confidential Business Information" and include the specific RFP number." Please clarify if vendors that desire to identify confidential information in their proposals through this process, should redact or remove that confidential information from the formal hard copy and electronic submissions? If not, should we specifically indicate the location/page number of the confidential information included in our separate Confidential Business Information package?

**Answer:**

Vendors should protect their corporate confidential information by redacting before submitting to the State and by placing confidential information on a separate CD labeled Corporate Confidential and the HSS #. Please DO NOT submit hardcopies of corporate confidential information.

**31.** Attachment 11. Page 49: No specific citation.

**Question:** If bidders have exceptions/deviations to the sample contract, should those be included in Attachment 3 or is Attachment 11 provided for reference only at this time? Please also confirm that we are not required to execute and/or return Attachment 11.

**Answer:**

You may choose to list exceptions to the contract document however the contract document is for reference only and not required to be executed by the vendor at this time.

32. Appendix B, Attachment 13. Page 63. No citation.

**Question:** Attachment 13 comes before Attachment 12. Please confirm that Attachment 13 is the required document that must be returned with the RFP.

**Answer:**

Attachment 13 is the required document that must be returned with the RFP.

33. Attachment 13. Page 63. No citation.

**Question:** Attachment 13 request cost information. Please confirm that bidders should complete this worksheet, and also submit a budget using the format outlined in Attachment 17 beginning on page 80.

**Answer:**

Attachment 13 is the required document that must be returned with the RFP. In addition, bidders should submit a line item budget that is transparent and detailed resembling the Attachment 17 sample. The samples provided in the RFP are intended as samples only and not representative of a complete line item budget for use.

34. Section III, paragraph E., **Text in RFP:** Page 8, states the following: "PSPM is subject to successful performance (as described in Section III.C, vendors shall propose a set of metrics to demonstrate progress and measures success)."

**Question:** Please advise if there is a subsection to reference in Section III.C ?

**Answer:**

As the RFP states in section "E. Vendor performance management and incentive structure" on page 8:

"HCC will engage with selected vendors to structure a contract that incentivizes efficient delivery of high-quality services. HCC and DCHI will jointly monitor vendor performance through vendor reporting and surveys of participating practices. Vendor payments will be based on a fixed fee paid per site per month (PSPM) for each practice enrolled in practice transformation efforts with a vendor. The PSPM amount is fixed for all practice sites regardless of their transformation status. PSPM is subject to successful performance (as described in Section III.C, vendors shall propose a set of metrics to demonstrate progress and measures success)."

35. Section. III, paragraph 2,

**Text in RFP:** Page 10, states in part..."Describe vendor's ability to increase resources, if necessary, due to higher than expected enrollment and/or launching a new wave of practice site participation."

**Question:** Which resources specifically are referred to in this section?

**Answer:**

Any resources that would be need to provide services described in this RFP under higher than expected enrollment and/or launching a new wave of practice site participation.

**36.** Section V. paragraph 11, **Text in RFP:** Confidentiality of Documents (page 16) states “Vendor(s) may submit portions of a proposal considered to be confidential business information in a separate, sealed envelope labeled “Confidential Business Information” and include the specific RFP number.”

**Question:** Will the DHSS/DHCC enter into NDAs with Offerors to protect our confidentiality, proprietary, and trade secret information from disclosure? In addition, after the evaluation and award of the contract, what happens to the Confidential Business Information submitted in the proposal? Is the information available for review and copy subject to FOIA’s public disclosure? Or is the Confidential Business Information redacted from the proposal?

**Answer:**

Confidential information is redacted or when applicable not disclosed in entirety through FOIA requests. No, the State will not engage in an NDA during the bidding process. Offerors should use their own discretion when submitting confidential information and only do so if it is necessary.

**37.** Section V, paragraph, D item 3.b., **Text in RFP:** General Information (page 23) states: “The State of Delaware reserves the right to incorporate standard State contractual provisions into any contract negotiated as a result of a proposal submitted in response to this RFP. Any proposed modifications to the terms and conditions of the standard contract are subject to review and approval by the State of Delaware.”

**Question:** May a vendor propose deviations to the standard State contractual provisions in its proposal and still qualify for award of contract?

**Answer:**

Yes. Please see Attachment 3 in the RFP.

**38.** Section F and II.A.; Paragraph 5, #5; Page 9, 3

**Text in RFP:** 5. Technology

HCC expects that, where appropriate, technology and services provided by the Delaware Health Information Network will be utilized to support practice transformation

5.A statewide population health improvement program linking community-based health initiatives with the delivery system

**Question:** How will this initiative integrate with other transformation focused initiative? What are they?

**Answer:**

Please refer to sources listed in section “C. Additional information” on page 4 of the RFP.

**39.** Section F; Paragraph 3; Page 9

**Text in RFP:** Vendors should assume that each vendor will provide services to 40-100 practice sites in the first wave, depending on the number of vendors selected and practice enrollment

**Question:** Practices can choose when to engage in the program and which vendor. When will the chosen vendors be informed of the practices in which they will be engaged?

**Answer:**

As the RFP states in section “3. Practice participation” on page 9:

“Delaware’s Model Testing grant application assumes that the majority of Delaware primary care practice sites will enroll for practice transformation support organized through this RFP over the next 4 years. There are expected to be 2 to 3 waves of enrollment for practice transformation support, with the first beginning in Fall 2015 and subsequent wave(s) following in 6-month increments after the initial enrollment. For purposes of this RFP, vendors should assume that each vendor will provide services to 40 – 100 practice sites in the first wave, depending on the number of vendors selected and practice enrollment. This is an assumption meant to inform vendor responses only.”

**40. Section III.A.; Paragraph 3; Page 5**

**Text in RFP:** ...HCC seeks expertise from 2 to 4 organizations (vendors) to support primary care practice transformation....

**Question:** Delaware anticipates awarding 2-4 vendors to support PCP practice transformation. To what extent should the vendor programs be coordinated? Other than providing these services under the grant are there any other incentives to the practices for participation?

**Answer:**

As for the first question: The Delaware Center for Health Innovation consensus view on practice transformation is described in the DCHI Primary Care Practice Transformation Consensus Paper, referenced on pages 65-74 of the RFP.

As the RFP states in “Eligibility for Care Coordination Funding and Outcomes-Based Payments” on page 70:

“As noted, practice transformation support is one of three forms of support to help primary care providers improve capabilities and performance, the other two being funding for care coordination funding and outcomes-based payments. DCHI strongly recommends that all payers offer some form of care coordination funding as well as outcomes-based payments for primary care providers tied to the DCHI Common Scorecard, based on detailed design still in development by DCHI in consultation with the DHIN and local stakeholders.

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Funding of care coordination represents a meaningful investment that has the potential to reduce the total cost of care, but many practices will find that the costs associated with care coordination may not be fully offset by savings in the first year. Payers and purchasers of health insurance may therefore wish to establish criteria for determining which primary care providers have the basic capabilities in place to maximize the potential for return on investment from care coordination funding. We recommend that they use the practice transformation milestones defined by DCHI, with input from practice transformation vendors, to assess practices’ readiness for care coordination funding.”

**41.** Attachment 12; New Capabilities; 65+

**Text in RFP:** “Primary care providers, regardless of their coordinated care model, should demonstrate the following nine capabilities to be supported by all payers across Medicare, Medicaid and commercial segments:....”

**Question:** Is practice transformation inclusive of care management as outlined in the consensus paper?

**Answer:**

As the RFP states in section “Transformation Milestones and Pace” on page 68:  
“DCHI envisions a primary care model that effectively treats and coordinates the care of a population of patients throughout their health care experience. The capabilities and support model described earlier are meant to accelerate progress toward this vision. DCHI recommends a standard set of “transformation milestones” to measure progress towards this vision over a given period.”

**42.** Section II.A.; Paragraph 3; Page 2

**Text in RFP:** Delaware’s approach to delivery system transformation will focus on better integrating and coordinating care for high risk individuals – the 5 to 15% of individuals with the greatest need for care coordination, typically those with multiple, complex chronic conditions and/or behavioral health needs

**Question:** Is there a standard process for identification of high risk populations for support in care management programs?

**Answer:**

Please refer to section “Transformation Milestones and Pace” on pages 68-70 of the RFP. In addition, please refer to section “Conditions For Reaching Transformation Milestones” on pages 70-74 of the RFP.

**43.** Section III; Paragraph A.1.

**Text in RFP:** Conduct an initial assessment of each primary care practice site to identify current capabilities and progress against the transformation milestones. Across the landscape of primary care practices in Delaware, HCC anticipates a range of readiness and starting states for practice transformation. Therefore, vendors should conduct an initial, rapid, standardized assessment of the current needs of each practice site. Vendors should then use the outputs of the assessment to develop a tailored curriculum for each site (described further in #2 below). Assessments should identify strengths and gaps in workforce, infrastructure, and workflows as they relate to capabilities and transformation milestones, prioritizing areas for improvement.

**Question:** How will the vendor access practice site specific quality and performance data (benchmark) during the assessment phase for each practice? At what intervals will quality and performance data be made available to the vendor during the implementation process?

**Answer:**

HCC would be interested in understanding bidder perspectives on these questions.

**44.** Section III; Paragraph A.2.

**Text in RFP:** Vendors should develop and execute a standard curriculum that can be tailored for each primary care practice site based on the needs identified in the pre-transformation assessment. Vendors should provide a standard curriculum for each of the first and second years of transformation, including frequency and structure of learning activities.

**Question:** Has the State determined the minimum and maximum numbers of in-person trainings, webinars, recorded trainings, or on-site coaching sessions? If, so how were those numbers determined?

Is the vendor expected to provide physician education (small group meetings or webinars)?

**Answer:**

HCC would be interested in understanding bidder perspectives on these questions.

**45.** Section III; Paragraph A

**Text in RFP:** Depending on the availability of qualified candidates, HCC seeks expertise from 2 to 4 organizations (vendors) to support primary care practice transformation in Delaware as described in this document.

**Question:** Is there an opportunity for a single vendor to become the sole source recipient of this Professional Services Contract?

**Answer:**

As the RFP states in section "A. Overview of Practice Transformation Support" on page 5: "Depending on the availability of qualified candidates, HCC seeks expertise from 2 to 4 organizations (vendors) to support primary care practice transformation in Delaware as described in this document. For the purposes of this RFP, vendors may include, but are not limited to, any of the following types of organizations: health systems or health plans with experience in assisting with practice transformation, organizations specializing in practice transformation services, organizations for which practice transformation is just one component of a suite of other services. The list is not exhaustive and serves as an example to provide clarity on the definition of a vendor."

**46.** Section III; Paragraph A

**Text in RFP:** Depending on the availability of qualified candidates, HCC seeks expertise from 2 to 4 organizations (vendors) to support primary care practice transformation in Delaware as described in this document.

**Question:** Who will perform Project Management Office (PMO) functions for this initiative?

Can a vendor propose to provide PMO services for this project as additional optional work beyond the current project scope?

**Answer:**

HCC seeks proposals for services described in the RFP.

**47.** Section III; Paragraph E

**Text in RFP:** Vendor payments will be based on a fixed fee paid per site per month (PSPM) for each practice enrolled in practice transformation efforts with a vendor. The PSPM amount is fixed for all practice sites regardless of their transformation status.

**Question:** Is it correct that the vendor payments are only based on the PSPM payments

(\$12,000 per year per site or \$1,000 PSPM according to Section III.F), and these payments should cover all professional fees and other direct costs (e.g., travel, facility rental, etc.)? Based on the assessment of each practice site, those without an EMR will require more support, especially if an EMR selection process needs to occur. Will this additional effort and cost be considered in a proposal for these “resource intensive” sites rather than averaging out to \$12,000 per practice?

**Answer:**

As the RFP states in section “6. Budget” on page 9:

“For purposes of evaluating vendor proposals, vendors should submit proposals based on a budget of \$12,000 per year of transformation support, on average, per primary care “site” enrolled, where a “site” is defined as a physical location with one lead clinician and one administrator who will be most actively involved in practice transformation support. HCC reserves the right to enter into negotiations with selected vendors that may modify this planning assumption, including scaling up or down the intensity of support in proportion with changes in the budget.”

**48. Section III; Paragraph F.3.**

**Text in RFP:** There are expected to be 2 to 3 waves of enrollment for practice transformation support, with the first beginning in Fall 2015 and subsequent wave(s) following in 6-month increments after the initial enrollment. For purposes of this RFP, vendors should assume that each vendor will provide services to 40 – 100 practice sites in the first wave, depending on the number of vendors selected and practice enrollment. This is an assumption meant to inform vendor responses only.

**Question:** Is there a minimum and/or a maximum number of practice sites that vendors are expected to serve in Wave 1 or other waves?

In addition to the first wave starting in Fall 2015, are there required or expected start dates for the second and third waves within the one year contract?

**Answer:**

As for the first question, as the RFP states in section “3. Practice participation” on page 9:

“For purposes of this RFP, vendors should assume that each vendor will provide services to 40 – 100 practice sites in the first wave, depending on the number of vendors selected and practice enrollment. This is an assumption meant to inform vendor responses only.”

As for the second question, as the RFP states in section “3. Practice participation” on page 9:

“There are expected to be 2 to 3 waves of enrollment for practice transformation support, with the first beginning in Fall 2015 and subsequent wave(s) following in 6-month increments after the initial enrollment.”

**49. Section V; Paragraph D.3.a.**

**Text in RFP:** The term of the contract between the successful bidder and the State shall be for one (1) year with three (3) optional extensions for a period of one (1) year for each extension.

**Question:** Three waves are expected for the practice site transformations and six month increments was described, however the initial contract is for one year. Would an initial two year contract be considered?

**Answer:**

The current language of the RFP will govern until a contract is executed, at that time if it is in the best interest of the State to extend the initial term to 2 years a determination will be made depending on funding and deliverables.

**50.** Section V; Paragraph D.3.a.

**Text in RFP:** The term of the contract between the successful bidder and the State shall be for one (1) year with three (3) optional extensions for a period of one (1) year for each extension.

**Question:** If an organization is selected, during this contract period, will vendors be allowed to be considered for other State RFPs related to this healthcare program, and contract for work with provider systems in Delaware and payers that cover the population in Delaware? Are there any restrictions?

**Answer:**

This is a technical question and it remains to be reviewed depending on the depth of affiliation the selected vendor has with the development of other related RFPs.

**51.** Section D.7.e.1; Page 25-26

**Question:** Would the Department accept the following alternate language to the Contract Terms and Conditions:

The Contractor will defend, indemnify and save harmless the State from and against all liability, damages, costs or expenses, causes of actions, suites, judgments, losses, and claims including reasonable attorney's fees, brought against the State directly arising out of or resulting from the negligence or other wrongful conduct of the Contractor, its agents or employees, or the Contractor's breach of any material provision of this Contract. In no event will Contractor indemnify and hold harmless the State from any claims or liabilities resulting from the acts or omissions of the State, its officers, agents or employees. Further, the Contractor's indemnity obligation shall be limited to an amount equal to the fees actually received by the Contractor under the Contract.

**Answer:**

At this time we ask that you submit any objections to language on Attachment 3 and submit with your proposal.

**52.** Section D7.f.3; Page 27-28

**Question:** Are the insurance limits amendable?

**Answer:**

The insurance limits are set by the State and are not amendable.

**53.** Attach 12; Paragraph 8 and No. 1-9; Page 65, and 66 & 67

**Text in RFP:** Care Coordination Funding; New Capabilities Required in Primary Care

**Question:** Can vendors offer care coordination solutions to provider sites outside of transformation services in order to enable new capabilities that support DHSS/DHCC milestones?

**Answer:**

HCC seeks proposals for services described in the RFP.

**54. Section II A; Bullet 7 and Paragraph 5; Page 2 and 3**

**Text in RFP:** Leveraging Delaware Health Information Network (DHIN) to support health system transformation

**Question:**

- a. Is use of DHIN for provider information and access a cost that must be addressed in the vendor budget?
- b. What's the current state and timeline of HIE features to support care coordination?
- c. How much provider reliance on the state HIE do you expect as a factor to meet "transformation"?
- d. What percentage of primary care sites are connected to DHIN?

**Answer:**

As for the first question, as the RFP states in section "6. Budget" on page 9:

"For purposes of evaluating vendor proposals, vendors should submit proposals based on a budget of \$12,000 per year of transformation support, on average, per primary care "site" enrolled, where a "site" is defined as a physical location with one lead clinician and one administrator who will be most actively involved in practice transformation support."

As for the second and the fourth questions, please refer to sources listed in section "C. Additional information" on page 4 of the RFP.

As for the third question, as the RFP states in section "A. Overview of Practice Transformation Support" on page 9:

"HCC seeks vendors who can support primary care practices in building the capabilities to achieve the milestones described in the DCHI Consensus Paper."

Also, practice transformation milestones are described in section "Transformation Milestones and Pace" on pages 68-70 of the RFP.

**55. Attach 17; Page 80 & 81**

**Text in RFP:** Budget Summary Sheet

**Question:** Is the \$12,000 per practice budget required an annual 12 month budget?

**Answer:**

As the RFP states in section "6. Budget" on page 9:

"For purposes of evaluating vendor proposals, vendors should submit proposals based on a budget of \$12,000 per year of transformation support, on average, per primary care "site" enrolled, where a "site" is defined as a physical location with one lead clinician and one administrator who will be most actively involved in practice transformation support."

**56.** Attach 13; Paragraph 1; Page 63

**Text in RFP:** Basic Curriculum; Modality of Service

**Question:**

- a. Is the intent that the total budget annual be allocated to these services for the estimated number of PCP Sites?
- b. Can other modalities be developed and added?
- c. Is it mandatory that all modalities defined in the table be delivered?

**Answer:**

Please refer to section “A. Overview of Practice Transformation Support” on pages 5-6 of the RFP.

**57.** Section II A; Paragraph 4; Page 3

**Text in RFP:** While some practices in the state have already initiated practice transformation activities

**Question:**

- a. Are outcomes from current transformation programs being measured against the metrics recommended in the DCHI Consensus paper
- b. Will vendor get access to current practice transformation efforts that can be leveraged during the course of the engagement?

**Answer:**

Practice transformation milestones are described in section “Transformation Milestones and Pace” on pages 68-70 of the RFP. In addition, please refer to sources listed in section “C. Additional information” on page 4 of the RFP.

**58.** Section III B; Paragraph 2; Page 6

**Text in RFP:** Practices may engage any vendor or none at all

**Question:**

- a. Will HCC ensure that a chosen vendor would work with at least 1 primary care practice enrolled in the practice transformation initiative?
- b. Is there any contingency plan in case a vendor is not selected by any primary care site for practice transformation efforts?

**Answer:**

As the RFP states in section “B. Relationships of HCC, Vendors, and Providers” on page 6: “The contract for practice transformation support will be between HCC and each vendor. HCC will develop a process to match PCPs with their vendors based on PCP preference and selection. Each primary care practice site in Delaware can choose when to enroll for practice transformation support, based on the waves described in the DCHI Consensus Paper, and which vendor it wishes to engage. While practice sites will not need to have a formal contract with the vendor, they will be required to identify their preferred vendor during the enrollment process for practice transformation. Practices may engage any vendor or none at all, but only vendors selected through this RFP will be funded by the Health Care Commission.”

59. Section III A, #2; Paragraph 1; Page 6

**Text in RFP:** Vendors should provide a standard curriculum for each of the first and second years of transformation, including frequency and structure of learning activities.

**Question:**

- a. What is the mechanism to ensure uniformity of learning content across vendors?
- b. Are chosen vendors expected to collaborate among themselves to ensure uniformity of content for learning initiatives?

**Answer:**

HCC would be interested in understanding bidder perspectives on this question.

60. Section III A, #2; Paragraph 2; Page 7

**Text in RFP:** Modality of services

**Question:** Can current learning platforms be leveraged in the course of transformation efforts by a vendor?

**Answer:**

HCC would be interested in understanding bidder perspectives on this question.

61. Section III A; Paragraph 1; Page 5

**Text in RFP:** Approximately 90% of primary care practice sites will adopt new payment models by the end of 2018

Section III D; Paragraph 2; Page 8

**Text in RFP:** DCHI has also recommended that payers use the achievement of the transformation milestones as an input for determining practice readiness to receive care coordination funding;

**Question:** Will the vendor be expected to work with health plans as well to ensure that the practice transformation efforts are aligned with other care coordination and VBP initiatives?

**Answer:**

HCC would be interested in understanding bidder perspectives on this question.

62. Scope of Services; 2<sup>nd</sup> paragraph, Page 5

**Text in RFP:** To receive support for care coordination, practices will need to demonstrate a minimum level of transformation.

**Question:** What's considered a "minimum level" of transformation? Does this mean certain investments will automatically be excluded from the grant (e.g.,EMR?) Or, does the "minimum level" depend on the relative transformation maturity of applicants?

**Answer:**

As the RFP states in section "Eligibility for Care Coordination Funding and Outcomes-Based Payments" on page 70:

"Funding of care coordination represents a meaningful investment that has the potential to reduce the total cost of care, but many practices will find that the costs associated with care coordination may not be fully offset by savings in the first year. Payers and purchasers of health insurance may, therefore, wish to establish criteria for determining which primary care providers have the basic capabilities in place to maximize the potential for return on investment from care coordination funding. We recommend that they use the practice transformation

milestones defined by DCHI, with input from practice transformation vendors, to assess practices' readiness for care coordination funding.

Between June and August, DCHI will continue to work with payers and other stakeholders to align eligibility for care coordination funding with achievement of DCHI-recommended practice transformation milestones. We will also work to define in further detail our expectations for the scope and intensity of care coordination, as well as the associated costs, so that payers and providers entering into new arrangements have a shared understanding of what will be expected of providers, and the funding level necessary to match those expectations."

**63. Attach 12; Paragraph 7; Page 65**

**Text in RFP:** While the transformation of primary care practices to population-based models of care delivery may be a journey of continuous improvement, we refer here to finite support over one or two years.

**Question:** Any expectations on how providers will maintain transformation investments after 2 years into the program?

Are providers then responsible for maintenance, licenses and enhancements?

**Answer:**

As the RFP states in section "Eligibility for Care Coordination Funding and Outcomes-Based Payments" on page 70:

"As noted, practice transformation support is one of three forms of support to help primary care providers improve capabilities and performance, the other two being funding for care coordination funding and outcomes-based payments. DCHI strongly recommends that all payers offer some form of care coordination funding as well as outcomes-based payments for primary care providers tied to the DCHI Common Scorecard, based on detailed design still in development by DCHI in consultation with the DHIN and local stakeholders."

**64. Attach 12-Transformation Milestones and Pace; 1<sup>st</sup> item; Page 68/69**

**Text in RFP:** This milestone describes a practice's ability to develop and maintain a registry of patients likely to benefit from care coordination.

**Question:** Will the state recommend standards for stratification and registries to be shared across PCPs?

Does the state host registries which can be leveraged to track a central view of patient risk?

**Answer:**

As the RFP states in section "Conditions for Reaching Transformation Milestones" on page 70:  
"1. Identify 5% of panel that is at the highest risk and highest priority for care coordination (6 months)

– Definition: The practice has a documented definition of which patients it considers the highest risk and the highest priority for care coordination. Practices may choose to prioritize the highest-cost or highest-utilization patients, but each practice must develop a definition that suits its population and priorities. The practice should document an evidence-based rationale for its definition.

– Criteria: The practice has specific documented criteria for identifying the highest-risk patients. These criteria may include the frequency of ER visits, hospital readmissions, numbers of imaging or lab tests ordered, numbers of prescriptions, high-cost medications, secondary specialist referrals, and notifications from health plans indicating high cost or high utilization.

- Data sources and processes: The practice has established documented data sources and data-handling processes to identify the highest-risk patients. The most basic version could imply working with a payer to source a list of the 5% of patients with the highest risk. Practices may develop or tailor the list of highest-risk patients using claims information, electronic medical records, practice management systems, recommendations of key staff, or other data sources. In addition, the practice has a process to allow for referrals by external entities and/or families and caregivers.
- Data lag: The lag in the data that the practice uses to develop its list of highest-risk patients is short enough (e.g., 6 months or shorter) to allow for timely identification of patients needing focused care coordination.
- Frequency: The practice updates its documented list of the top 5% highest-risk patients at least semi-annually.”

**65. Attach 12- Eligibility for Care Coordination Funding and Outcomes-Based Payments; 1<sup>st</sup> paragraph; Page 70**

**Text in RFP:** We therefore recommend that payers offer some form of up-front funding for care coordination.

**Question:** It may be challenging to influence payers to provide a care coordination investment upfront for providers.

Will the grant be used to:

1. Educate payers how to structure the payment model?
2. Provide initial care coordination payments upfront for providers?

**Answer:**

Please refer to sources listed in section “C. Additional information” on page 4 of the RFP for additional information related to activities of the Payment Model Monitoring Committee of the DCHI.

**66. Section II B; Bullet 8; Page 4**

**Text in RFP:** Electronic medical records penetration of approximately 80%

**Question:** For care management initiatives, will there be efforts for the EMR penetration to be 100%? Is vendor support required for this aspect?

**Answer:**

Please refer to sources listed in section “C. Additional information” on page 4 of the RFP.

**67. Section III C; Paragraph 2; Page 7**

**Text in RFP:** Reporting Requirements

**Question:** The transformation works at all the practice sites are required/ preferred to be carried out in parallel?

**Answer:**

As the RFP states in section “F. Planning assumptions” on pages 8-9:

“2. Expected schedule of transformation services

HCC expects selected vendors to be prepared to: (a) initiate provider outreach and practice enrollment within 30 days of contract execution; (b) initiate at a minimum large-format introductory presentations to enrolled practices within 60 days of contract execution; and (c) initiate pre-transformation assessments and on-site coaching within 90 days of contract

execution. Vendors who demonstrate the capacity and capability to initiate practice transformation support more quickly may be advantaged either in award of a contract with HCC and/or provider enrollment.

### 3. Practice participation

Delaware's Model Testing grant application assumes that the majority of Delaware primary care practice sites will enroll for practice transformation support organized through this RFP over the next 4 years. There are expected to be 2 to 3 waves of enrollment for practice transformation support, with the first beginning in Fall 2015 and subsequent wave(s) following in 6-month increments after the initial enrollment. For purposes of this RFP, vendors should assume that each vendor will provide services to 40 – 100 practice sites in the first wave, depending on the number of vendors selected and practice enrollment. This is an assumption meant to inform vendor responses only."

#### 68. Section III F; Paragraph 6; Page 9

**Text in RFP:** Vendors should submit proposals based on a budget of \$12,000 per year of transformation support, on average, per primary care "site" enrolled

**Question:** How does the \$12,000/year budget apply to the 5 hospital locations where 75% of the PCPs are present

**Answer:**

As the RFP states on page 4:

"Approximately 1,200 PCPs across an estimated 400-600 practice sites, with approximately 75% of PCPs in groups of 5 or fewer. The State estimates that fewer than 20% of practices in the state have undertaken significant practice transformation efforts, and that more than 80% of primary care practices would benefit from the practice transformation services described in this RFP."

#### 69. Section III F; Paragraph 3; Page 9

**Text in RFP:** Practice Participation

**Question:** We understand first wave would include 40-100 Practices. Would this include a mix of Medium & Small Size practices? If practices are not willing to change, what kind of support we can expect from HCC?

**Answer:**

As the RFP states on page 4:

"Approximately 1,200 PCPs across an estimated 400-600 practice sites, with approximately 75% of PCPs in groups of 5 or fewer. The State estimates that fewer than 20% of practices in the state have undertaken significant practice transformation efforts, and that more than 80% of primary care practices would benefit from the practice transformation services described in this RFP."

In addition, as the RFP states in section "B. Relationships of HCC, Vendors, and Providers" on page 6:

"The contract for practice transformation support will be between HCC and each vendor. HCC will develop a process to match PCPs with their vendors based on PCP preference and selection. Each primary care practice site in Delaware can choose when to enroll for practice transformation support, based on the waves described in the DCHI Consensus Paper, and which vendor it wishes to engage. While practice sites will not need to have a formal contract with the vendor, they will be required to identify their preferred vendor during the enrollment process

for practice transformation. Practices may engage any vendor or none at all, but only vendors selected through this RFP will be funded by the Health Care Commission.”

**70.** Section III B; Paragraph 2; page 6

**Text in RFP:** While practice sites will not need to have a formal contract with the vendor, they will be required to identify their preferred vendor during the enrollment process for practice transformation

**Question:** Since free choice will be encouraged for each practice to choose its transformation support partner, how will HCC assure that each vendor will have a fair number of practices to work with

**Answer:**

As the RFP states in section “B. Relationships of HCC, Vendors, and Providers” on page 6: “The contract for practice transformation support will be between HCC and each vendor. HCC will develop a process to match PCPs with their vendors based on PCP preference and selection. Each primary care practice site in Delaware can choose when to enroll for practice transformation support, based on the waves described in the DCHI Consensus Paper, and which vendor it wishes to engage. While practice sites will not need to have a formal contract with the vendor, they will be required to identify their preferred vendor during the enrollment process for practice transformation. Practices may engage any vendor or none at all, but only vendors selected through this RFP will be funded by the Health Care Commission.”

**71.** Section III F; Paragraph 3; Page 9

**Text in RFP:** Delaware’s Model Testing grant application assumes that the majority of Delaware primary care practice sites will enroll for practice transformation support organized through this RFP over the next 4 years.

**Question:** What is the process for Practice enrollment into this program?

**Answer:**

As the RFP states in section “3. Practice participation” on page 9: “Delaware’s Model Testing grant application assumes that the majority of Delaware primary care practice sites will enroll for practice transformation support organized through this RFP over the next 4 years. There are expected to be 2 to 3 waves of enrollment for practice transformation support, with the first beginning in Fall 2015 and subsequent wave(s) following in 6-month increments after the initial enrollment. For purposes of this RFP, vendors should assume that each vendor will provide services to 40 – 100 practice sites in the first wave, depending on the number of vendors selected and practice enrollment. This is an assumption meant to inform vendor responses only.”

**72.** Section III G; Paragraph 3; Page 10

**Text in RFP:** Plan to ensure that the vendor’s best expertise is engaged in Delaware

**Question:** HCC’s preference would be for consultants to be based in DE. Would it be ok for consultants to travel in from other parts of the US?

**Answer:**

As the RFP states in section “F. Planning assumptions” on page 9:

“4. Vendor presence in Delaware

HCC expects that transformation coaches, experts, and project leadership will be onsite in Delaware on a regular basis. HCC expects that vendors will demonstrate familiarity with Delaware and will be able to meet timelines for roll-out across the state.”

**73.** Appendix B; Attachment 12; Page 65

**Text in RFP:** Primary Care Practice Transformation

**Question:** If the practice is not willing to make the changes recommended, what recourse will the vendor have in meeting its numbers for success

**Answer:**

As the RFP states in section “C. Reporting requirements” on page 7:

“Risks: The vendor shall submit a Risks Report on “at-risk” practices that are unlikely to achieve some or all milestones on the required timeline. For each at-risk practice site, the vendor shall submit a corrective action plan jointly developed with the practice site. The Risks Report shall be submitted quarterly. The vendor shall include an addendum to the monthly progress report for all practice sites that have a corrective action plan describing progress against the plan.”

**74.** Appendix B; Attachment 17; Page 80

**Text in RFP:** Budget Summary Sheet

**Question:** Should a vendor include costs to setup Learning/Best Practice Symposia, conferences etc?

**Answer:**

Bidders should submit a line item budget that is transparent and detailed resembling the Attachment 17 sample. The samples provided in the RFP are intended as samples only and not representative of a complete line item budget for use. In addition, as the RFP states in section “2. Practice transformation support curriculum” on pages 5-6:

**75.** Attachment 12; Appendix; Page 73

**Text in RFP:** Implement a multi-disciplinary team working with highest-risk patients to develop care plans

**Question:** Would the vendor be responsible for enrolling practices into various VBP, P4P plans?

**Answer:**

As the RFP states in section “E. Vendor performance management and incentive structure in Delaware” on page 8:

“HCC will engage with selected vendors to structure a contract that incentivizes efficient delivery of high-quality services. HCC and DCHI will jointly monitor vendor performance through vendor reporting and surveys of participating practices. Vendor payments will be based on a fixed fee paid per site per month (PSPM) for each practice enrolled in practice transformation

efforts with a vendor. The PSPM amount is fixed for all practice sites regardless of their transformation status. PSPM is subject to successful performance (as described in Section III.C, vendors shall propose a set of metrics to demonstrate progress and measures success). It is understood that vendors will have an implicit incentive to ensure high service levels given the potential for high satisfaction to lead to a higher share of provider participation in successive waves of enrollment.”

**76.** Attachment 12; Appendix; Page 73

**Text in RFP:** Implement a multi-disciplinary team working with highest-risk patients to develop care plans

**Question:** Will vendors be able to provide various technologies/solutions for Care Coordination, Panel management, Healthcare Analytics etc.? Will this be supported by Delaware Health Information Network as given in III F?

**Answer:**

HCC would be interested in understanding bidder perspectives on what could be helpful/ needed.

**77.** Attachment 12; Appendix; Page 72

**Text in RFP:** Conditions for reaching transformation milestones

**Question:** Will Vendor Coaches be required to assist practices with their coordination efforts? (E.g., Calling patients to follow-up, making appointments, care planning etc?)

**Answer:**

Please refer to section “A. Overview of Practice Transformation Support” on pages 5-6 of the RFP.

**78.** Attachment 12; Appendix 7; Page 73

**Text in RFP:** Reporting

**Question:** Are there certain tools that will be provided for practices to use for reporting or can a vendor provide these tools outside of HCC contracting?

**Answer:**

As the RFP states in section “C. Reporting requirements” on page 7:

“Vendors shall be responsible for providing the following reports in a format provided by HCC including content requirements. At its discretion, HCC may share vendor reports with the Board of the DCHI.”

**79.** Attachment 12; Paragraph 3; Page 70

**Text in RFP:** Eligibility for Care Coordination Funding and Outcomes-Based Payments

**Question:** Will vendors be provided access to practice budget and financials in order to provide financial forecasting, and understand practice efficiency and productivity?

Do vendor need to provide their own tools to assess this?

**Answer:**

HCC would be interested in understanding bidder perspectives on what could be helpful/ needed.

**80.** Attachment 12; Paragraph 6; Page 68

**Text in RFP:** Care Coordination Funding

**Question:** In the event that funding is not available mid-stream, how will HCC assure Practice Transformation Support can continue

**Answer:**

As the RFP states in section "3. General Information" on page 23:

"The term of the contract between the successful bidder and the State shall be for one (1) year with three (3) optional extensions for a period of one (1) year for each extension."

**81.** Attachment 12; Paragraph 4; Page 72

**Text in RFP:** Supply voice-to-voice coverage to panel members 24/7

**Question:** Must a vendor provide solutions to conduct voice to voice coverage, reporting patient engagement and outreach?

**Answer:**

Please refer to section "A. Overview of Practice Transformation Support" on pages 5-6 of the RFP.

#### **Questions Received After the July 1 Deadline:**

**82.** Is this the link where the response to submitted questions will posted?

[http://www.bids.delaware.gov/bids\\_detail.asp?i=3193&DOT=N](http://www.bids.delaware.gov/bids_detail.asp?i=3193&DOT=N)

**Answer:**

Yes it is.

**83.** Will you make the pre bid meeting available over the phone? If so, can you please share the number with me!

**Answer: DHCC Response**

Your question was received and forwarded to the procurement office. Please refer the RFP for all information and questions relative to this RFP which were due in writing by 7/1/2015.

Vendors can be disqualified for making contact after the deadline (page 12-13). Procurement has allowed a response.

There will not be a conference call line provided for the pre-bid meeting.

**84.** Would you be able to clarify the requirement as to physical location of work?

I notice that the requirements for "Vendor Presence" (F.4, p. 9) state only that "transformation coaches, experts, and project leadership will be onsite in Delaware on a regular basis," which could be accomplished via regular site visits.

On the other hand, State of Delaware Business Licensure (Minimum Requirements, p. 12) appears to be tied to a physical location and seems to imply a physical location.

**Answer:**

As the RFP states in section "F. Planning assumptions" on page 9:

"4. Vendor presence in Delaware

HCC expects that transformation coaches, experts, and project leadership will be onsite in Delaware on a regular basis. HCC expects that vendors will demonstrate familiarity with Delaware and will be able to meet timelines for roll-out across the state.”

In addition, as the RFP states in section “A. Minimum Requirements” on page 12:

“1. Provide Delaware license(s) and/or certification(s) necessary to perform services as identified in the scope of work.

Prior to the execution of an award document, the successful vendor shall either furnish the Agency with proof of State of Delaware Business Licensure or initiate the application process if required.

2. Vendor shall provide responses to the Request for Proposal (RFP) scope of work as outlined in Section III.G above and clearly identify capabilities as presented in the General Evaluation Requirements below.

3. Complete all appropriate attachments and forms as identified within the RFP.

4. Proof of insurance and amount of insurance shall be furnished to the Agency prior to the start of the contract period and shall be no less than as identified in the bid solicitation, Section D, Item 7, subsection e.

5. Provide response to Employing Delawareans Report (Attachment 9)”

- 85.** Regarding the pre-bid meeting for RFP #HSS - 15 - 030 to be held at 1:00 PM EDT on Friday, July 17: Is there opportunity for bidders to participate by teleconference or web meeting?

**Answer:**

There will not be a teleconference line available for the pre-bid meeting.

Please refer to the RFP for all information and questions relative to this RFP. Vendors can be disqualified for making contact after the deadline (page 12-13). Procurement has allowed a response to this question.

- 86.** Section number: III

Paragraph number: F.4

Page number: 9

Text of passage being questioned: ***Vendor presence in Delaware*** HCC expects that transformation coaches, experts, and project leadership will be onsite in Delaware on a regular basis.

**Question:** Does the HCC require that vendors establish a physical office location in Delaware, or would regular site visits satisfy the “vendor presence” requirement?

**Answer:**

As the RFP states in section “F. Planning assumptions” on page 9:

“4. Vendor presence in Delaware

HCC expects that transformation coaches, experts, and project leadership will be onsite in Delaware on a regular basis. HCC expects that vendors will demonstrate familiarity with Delaware and will be able to meet timelines for roll-out across the state.”

**Questions Received at the July 17 Pre-Bid Meeting:**

**87.** Can I submit the proposal with One (1) paper copy (original) and a jump drive to satisfy the electronic versions?

**Answer:**

Please use the CD and/or DVD for electronic versions.

**88.** Is there a template for the transmittal letter for submission?

**Answer:**

No. Please develop your own. You must include the It may be helpful to include

**89.** The RFP references “the warranty” and I am curious about what that is in reference to?

**Answer:**

This is relative to IT related services. A statement attesting to this is sufficient. However, it is the expectation of the state that the selected vendor(s) will provide 100% of the requested services and the vendor is responsible for all aspects of achieving that expectation.

**90.** In reference to the 40-100 practice sites- does this estimate provide 2 or 4 vendors? What is the range associated with this reference?

**Answer:**

As the RFP states in section “3. Practice participation” on page 9:  
”Delaware’s Model Testing grant application assumes that the majority of Delaware primary care practice sites will enroll for practice transformation support organized through this RFP over the next 4 years. There are expected to be 2 to 3 waves of enrollment for practice transformation support, with the first beginning in Fall 2015 and subsequent wave(s) following in 6-month increments after the initial enrollment. For purposes of this RFP, vendors should assume that each vendor will provide services to 40 – 100 practice sites in the first wave, depending on the number of vendors selected and practice enrollment. This is an assumption meant to inform vendor responses only.”

**91.** Would a minimum of a monthly onsite visit or presence suffice for the winning bidder? **Text in**

**Answer:**

As the RFP states in section “4. Vendor presence in Delaware” on page 9:  
“HCC expects that transformation coaches, experts, and project leadership will be onsite in Delaware on a regular basis. HCC expects that vendors will demonstrate familiarity with Delaware and will be able to meet timelines for roll-out across the state.”

**92.** How many independent practices are in Delaware?

**Answer:**

As the RFP states on page 4:

“Approximately 1,200 PCPs across an estimated 400-600 practice sites, with approximately 75% of PCPs in groups of 5 or fewer. The State estimates that fewer than 20% of practices in the state have undertaken significant practice transformation efforts, and that more than 80% of primary care practices would benefit from the practice transformation services described in this RFP.”

93. Does the state anticipate 100% of the practices will participate in this transformation? If not, what percentage is expected?

**Answer:**

As the RFP states in section “A. Overview of Practice Transformation Support” on page 5: “Over the next 4 years, HCC expects the majority of primary care providers to transition to value-based payment models that incentivize more integrated and coordinated care for Delaware’s high-risk patients, with the ultimate goal of improving quality and reducing the growth in per capita costs. Potential value-based payment models may include, for example, utilization-based pay-for-value programs or total cost of care shared savings programs. Delaware’s Model Testing Grant estimates that approximately 90% of primary care practice sites will adopt new payment models by the end of 2018.”

94. Of the small practices that will participate, what incentive and/or support for their infrastructure building will be available?

What other capital vehicles are available for infrastructure building?

**Answer:**

As the RFP states in section “Eligibility for Care Coordination Funding and Outcomes-Based Payments” on page 70:

“As noted, practice transformation support is one of three forms of support to help primary care providers improve capabilities and performance, the other two being funding for care coordination funding and outcomes-based payments. DCHI strongly recommends that all payers offer some form of care coordination funding as well as outcomes-based payments for primary care providers tied to the DCHI Common Scorecard, based on detailed design still in development by DCHI in consultation with the DHIN and local stakeholders.

Outcomes-based payments may enable practices to make long-term investments in more advanced practice transformation and to self-fund care coordination. But for many providers new to population health management—particularly small independent physician practices who lack working capital—outcomes-based payments may seem too uncertain to justify investments in care coordination. We therefore recommend that payers offer some form of up-front funding for care coordination.

Funding of care coordination represents a meaningful investment that has the potential to reduce the total cost of care, but many practices will find that the costs associated with care coordination may not be fully offset by savings in the first year. Payers and purchasers of health insurance may therefore wish to establish criteria for determining which primary care providers have the basic capabilities in place to maximize the potential for return on investment from care coordination funding. We recommend that they use the practice transformation milestones defined by DCHI, with input from practice transformation vendors, to assess practices’ readiness for care coordination funding.”

95. Of those providers not using EMRs, what is the process or estimated support for the transition or is this a separate bucket of support falling outside the scope of this RFP?

**Answer:**

HCC would be interested in understanding bidder perspectives on this question.

96. Are vendors expected to recruit providers that will participate?

**Answer:**

As the RFP states in section "B. Relationships of HCC, Vendors, and Providers" on page 6: "HCC will develop a process to match PCPs with their vendors based on PCP preference and selection. Each primary care practice site in Delaware can choose when to enroll for practice transformation support, based on the waves described in the DCHI Consensus Paper, and which vendor it wishes to engage. While practice sites will not need to have a formal contract with the vendor, they will be required to identify their preferred vendor during the enrollment process for practice transformation."

In addition, as the RFP states in section "G. Materials Required For Submission" on page 9:

"1. Staffing ramp-up and provider outreach and enrollment plans

Describe a week-by-week operational plan for hiring and training required staff, establishing a presence in Delaware if one does not already exist, developing provider outreach materials, and promoting practice enrollment for transformation support statewide. Describe approach to ensuring familiarity with Delaware's payer and provider landscape. Describe vendor's recruitment approach for any new staff required.

The contents of section G.1 shall be organized as follows:

- > A summary timeline describing the overall ramp-up timeline
- > Provider outreach and enrollment plan that describes the overall promotion strategy, channels, materials, and number of practices intended to be reached
- > Recruitment plan for new staff and timeline by which new staff will be hired"

97. Will there be a standard reporting & assessment tool?

**Answer:**

As the RFP states in section "C. Reporting requirements" on page 7:

"Vendors shall be responsible for providing the following reports in a format provided by HCC including content requirements. At its discretion, HCC may share vendor reports with the Board of the DCHI."

98. Will there be a single measure set across vendors for quality utilization costs or patient experience?

**Answer:**

As the RFP states in section "A. Background on Health Innovation in Delaware" on page 2:

"Delaware will implement this strategy over the next 4 years. There are 7 core elements to Delaware's approach to health system transformation:

[...]

4. An innovative, multi-payer, provider performance scorecard, composed of quality, patient experience, utilization, and cost measures tied to new payment models"

In addition, as the RFP states in section "C. Reporting requirements" on page 7:

“Vendors shall be responsible for providing the following reports in a format provided by HCC including content requirements. At its discretion, HCC may share vendor reports with the Board of the DCHI.”

**99.** What is the EHR vendor penetration? Is it one or two or 10 or more?

**Answer:**

As the RFP states on page 4:

“Advanced health IT infrastructure, including:

- > Industry-leading Health Information Exchange (Delaware Health Information Network) with strong connectivity to acute care hospitals and labs, and emerging connectivity to other ambulatory care sites
- > Electronic medical records penetration of approximately 80%”

**100.** In the consensus paper transformation focuses more on whole transformation. Is the focus of the RFP whole transformation or just high-risk patients? **Answer:**

Please refer to section “Attachment 12: Primary Care Practice Transformation Consensus Paper adopted by the DCHI Board” on pages 65-74 of the RFP.

**101.** Is there any information or listing to identify where providers feel they are with respect to transformation? If so, will that be made available to winning vendors?

**Answer:**

Please refer to sources listed in section “C. Additional information” on page 4 of the RFP.

**102.** With respect to assignment of practices, will the state consider the distribution of size when assigning practices to a vendor? Will there be equal distribution to vendors?

**Answer:**

As the RFP states in section “B. Relationships of HCC, Vendors, and Providers” on page 6: “HCC will develop a process to match PCPs with their vendors based on PCP preference and selection. Each primary care practice site in Delaware can choose when to enroll for practice transformation support, based on the waves described in the DCHI Consensus Paper, and which vendor it wishes to engage. While practice sites will not need to have a formal contract with the vendor, they will be required to identify their preferred vendor during the enrollment process for practice transformation.”

**103.** The RFP states practices will select who [vendor] they will work with. What criteria will practices use to make that determination?

- Is there an ability to market yourself?
- What are the marketing/outreach materials that will be used?

**Answer:**

As the RFP states in section “B. Relationships of HCC, Vendors, and Providers” on page 6: “HCC will develop a process to match PCPs with their vendors based on PCP preference and selection. Each primary care practice site in Delaware can choose when to enroll for practice

transformation support, based on the waves described in the DCHI Consensus Paper, and which vendor it wishes to engage. While practice sites will not need to have a formal contract with the vendor, they will be required to identify their preferred vendor during the enrollment process for practice transformation.”

In addition, as the RFP states in section “G. Materials Required for Submission” on page 9:

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The contents of section G.1 shall be organized as follows:

> A summary timeline describing the overall ramp-up timeline

> Provider outreach and enrollment plan that describes the overall promotion strategy, channels, materials, and number of practices intended to be reached

> Recruitment plan for new staff and timeline by which new staff will be hired”

**104.** Is the budget of \$12,000 the expectation for each practice?

**Answer:**

As the RFP states in section “6. Budget” on page 9:

“For purposes of evaluating vendor proposals, vendors should submit proposals based on a budget of \$12,000 per year of transformation support, on average, per primary care “site” enrolled, where a “site” is defined as a physical location with one lead clinician and one administrator who will be most actively involved in practice transformation support.”

**105.** Once selections are made, will there be an opportunity for all vendors to collaborate and share once project period begins.

**Answer:**

HCC would be interested in understanding bidder perspectives on what could be helpful/ needed.

**106.** Is \$12,000 budget dependent on size of the practice (small, medium or large)? Is it expected that this budget include mileage, outreach and other expenses?

**Answer:**

As the RFP states in section “6. Budget” on page 9:

“For purposes of evaluating vendor proposals, vendors should submit proposals based on a budget of \$12,000 per year of transformation support, on average, per primary care “site” enrolled, where a “site” is defined as a physical location with one lead clinician and one administrator who will be most actively involved in practice transformation support.”

**107.** Is it the intention of the state to evaluate the vendors?

**Answer:**

Please refer to section “C. Reporting requirements” on pages 7 of the RFP.

**108.** Does the state anticipate this project will be sustained once the project period ends?

**Answer:**

Please refer to section “Eligibility for Care Coordination Funding and Outcomes-Based Payments” on pages 7 of the RFP. In addition, practice transformation support is designed for existing practices and is a transitional element of Delaware’s larger transformation plan. When the larger transformation is complete including workforce learning/relearning, delivery system, payment models, etc., the need for transformation support will be reduced/eliminated. Please refer to sources listed in section “C. Additional information” on page 4 of the RFP for more information on Delaware’s plan.

**109.** Is there an existing vendor in the state currently providing these types of services?

**Answer:**

Please refer to sources listed in section “C. Additional information” on page 4.

**110.** Who is responsible for identifying high risk patients?

**Answer:**

As the RFP states in section “Transformation Milestones and Pace” on pages 68-68:  
“1. Identify the 5% of panel at the highest risk and highest priority for care coordination (6 months)

This milestone describes a practice’s ability to develop and maintain a registry of patients likely to benefit from care coordination. This milestone is a foundation of coordinating care for a panel of patients. To reach it, a practice must have clear criteria for identifying people at “high risk” who require care coordination and develop a process for regularly maintaining and updating a registry of those patients.”

**111.** Is it the desire of the HCC that PCMH recognition be the desired outcome for all practices and if so at what level?

**Answer:**

Practice transformation milestones are described in section “Transformation Milestones and Pace” on pages 68-70 of the RFP.

**112.** Please explain the role of DHIN?

**Answer:**

Please refer to Delaware’s Model Test Project Narrative listed in section “C. Additional information” on page 4 of the RFP.

**113.** Will practices without an EMR be excluded from participating?

**Answer:**

As the RFP states in section “D. Provider participation in practice transformation” on page 8:  
“The DCHI Consensus Paper recommends that all PCPs be eligible for practice transformation support, although some practices that have already made investments into transformation may choose not to participate. Continued eligibility will be contingent on active engagement in all

aspects of the practice transformation program and on progress towards transformation milestones.”

- 114.** Considering that provider recruitment is part of this relative to payment models, how does care coordination fit into this RFP? Can you speak to these connections?

**Answer:**

Please refer to section “Practice Transformation As One Of Three Forms Of Support” on pages 65-66 of the RFP.

- 115.** Will the state be able to front-load the \$12,000 budget to help with set up expenses?

**Answer:**

No. As the RFP states in section “j. Costs and Payment Schedules” on page 29:

“All contract costs must be as detailed specifically in the Vendor’s cost proposal. No charges other than as specified in the proposal shall be allowed without written consent of the State of Delaware. The proposal costs shall include full compensation for all taxes that the selected vendor is required to pay.

The State of Delaware will require a payment schedule based on defined and measurable milestones. Payments for services will not be made in advance of work performed. The State of Delaware may require holdback of contract monies until acceptable performance is demonstrated (as much as 25%).”