



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: October 3, 2017

HSS 17 043

**CANCER SCREENING QUALITY IMPROVEMENT
FOR
DIVISION OF PUBLIC HEALTH**

Date Due: November 3, 2017
11:00AM

ADDENDUM # 1

Please Note:

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

Responses to questions received by the deadline of September 26, 2017
and those asked at the pre-bid meeting October 3, 2017.

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RFP HSS 17 043

CANCER SCREENING QUALITY IMPROVEMENT

Questions and Answers

- 1. Two evidence based interventions per year? Or per 5 years? If per year, should the providers select different Evidence Based Intervention's each year.**

Answer: The successful bidder should work to put two evidence based interventions in place at each partnering provider's office.

- 2. Is there a specific format that should be used to submit the budget?**

Answer: No.

- 3. Is there an award amount range that Division of Public Health would consider acceptable for this work effort?**

Answer: Bidders should submit a reasonable budget that corresponds with the effort it will take to carry out the activities in this contract.

- 4. Should the budget be for year one only? Or should it be for 5 years?**

Answer: An itemized budget should be submitted for year one, and annual budget totals for years 2-5.

- 5. Do all 30 non-Federally Qualified Health Center (FQHC) sites need to agree to participation in all 4 cancer screening initiatives? Or do 30 sites need to engage across the spectrum of the 4 cancer screening quality improvement programs? For example, GYNs typically would only participate in cervical and breast cancer screenings. Would that be permitted?**

Answer: The 30 non-FQHC sites do not need to agree to participate in all 4 cancer screening initiatives.

- 6. Are the 10 Medicaid provider sites in addition to the 30 non-FQHC sites, or can some/all of the 10 Medicaid sites be enrolled in the Cancer Screening Quality Improvement Initiative?**

Answer: The 10 Medicaid sites should be in addition to the 30 non-FQHC sites.

- 7. Are we limited to working with only 3 sites on Preventive Lung Cancer Screening? What if all 30 engaged cancer screening sites would like to participate, would that be permitted?**

Answer: Yes. Once a quality measure is developed we would like to recruit as many providers as possible for this initiative.

- 8. Is there a standard template for the monthly report? Or should we create a standard monthly reporting template? If we create, do you want that included in the proposal submission?**

Answer: Bidders should create a proposed reporting template for monthly reports and include it in their proposal submission.

- 9. Section II, B, page 4, it states that the Screening for Life program is looking for a Quality Improvement organization to do this work. Does this mean you are seeking a federally approved Quality Improvement Organization (QIO) that contracts with CMS to improve quality in the Medicare program, or are you looking for an organization that knows more generally how to improve healthcare quality?**

Answer: We are looking for an organization that specializes in Quality Improvement who can improve cancer screening rates among provider's offices statewide.

- 10. Section II, C, page 5, Do you require that the chart reviews be done in person, or could they be done remotely, coordinating with the practices and care sites for permission and access to medical records?**

Answer: Chart reviews could be done remotely if this is the bidder's standard practice and they have the mechanisms in place to do so.

- 11. Section II, B, page 5, item 4, is there a budget range the state has allocated for this work and, if so, what is it?**

Answer: No.

- 12. Section II, C, page 6, question 9, can you please clarify the types of provider assessment and feedback systems that may be in place at the time of the baseline? Who should be conducting the assessments and what is the mechanism for feedback?**

Answer: Provider feedback reports offer one way for providers to use their electronic health record data to understand aspects of their clinical performance and to improve quality of care. The vendor selected would be required to determine if a provider assessment/feedback report is in place at the time the baseline is conducted. This is a tool that the provider would or would not be already utilizing.

- 13. Section II, C, page 6, and question 11, what is meant by the term "small media"?**

Answer: Small media includes videos and printed materials such as letters, brochures and newsletters.

- 14. Section II, C, page 6, question 14, does the "patient navigation process" refer to the process that the provider/practice uses to manage/refer patients or to something else?**

Answer: A patient navigator is an individual trained to help identify and resolve real and perceived barriers to care, or in this case cancer screening.

15. Section II, C, page 6, question 15, do Health Information Technology (HIT) activities refer to EMR/EHR activities?

Answer: Yes

16. Is there an incumbent for this work?

Answer: Yes. It is Quality Insights.