

## Questions and Answers for RFP for Evaluation Services Related to Vermont's State Innovation Model Grant

October 4, 2013

### Background Questions:

1. Which contracts from the SIM budget summary ([http://gmcboard.vermont.gov/sites/gmcboard/files/SIM\\_Summary030613.pdf](http://gmcboard.vermont.gov/sites/gmcboard/files/SIM_Summary030613.pdf)) are included in this RFP? ***Independent Evaluation.***
2. Please provide the grant application package submitted to CMS / CMMI for both Model Design and Model Testing. ***See [http://gmcboard.vermont.gov/sim\\_grant](http://gmcboard.vermont.gov/sim_grant) for the grant application.***
3. Would you please provide a copy of the Appendix to the Operational Plan (referenced on the top of page 6)? ***This Appendix will be provided to the successful vendor once they have been selected.***
4. Please provide details on the proposed procurement activities between October 18<sup>th</sup> and November 15<sup>th</sup>? ***Activities will include the bid opening, bid review, bid review team recommendation, vendor approval, and vendor selection notification.***
5. Please provide any quarterly or semi-annual progress/status reports prepared since the grant was awarded in February 2013. ***The State of Vermont has submitted one Quarterly Report to CMMI as required by the grant terms and conditions. This is posted on the website with this Q and A.***
6. Please describe the GMCB resources identified to support the selected contractor with this new initiative. Please address personnel assets (including project oversight), established processes, and existing IT systems. ***Governance structure and processes are in place: the SIM Core Team and the Green Mountain Care Board will provide project oversight. State health care payment reform and data staff will provide support. Multi-stakeholder work groups have been established in the areas of Payment Models, Quality and Performance Measures, Health Information Exchange, Care Management and Care Models, Duals Demonstration, Population Health, and Workforce. There is also a Steering Committee with broad stakeholder representation. Existing evaluation efforts and data sources will contribute to the effort. The State's Operational Plan, Sections D and E, discusses the IT and data systems in detail.***

## General Questions:

7. Why was the original RFP for this project re-released? It appears this RFP was revised and is being reissued. Can you provide insight into how the RFP was revised and why the RFP is being reissued? ***This RFP is soliciting proposals for evaluation of the entire SIM project as well as for individual payment reform pilots. We have revised the RFP to make this clearer. Due to this change, we have also modified the RFP submission deadline.***
8. Section 7.3 specifies the location of project work to be Montpelier, VT, “as a general rule.” This would suggest that bids from firms that are located outside of Vermont and that involve staff working in locations outside of Vermont would be non-responsive to this section of the RFP. Could you please confirm the intent and implication of this section of the RFP? ***The Vermont Green Mountain Care Board (GMCB) is located in Montpelier, VT. Since the GMCB and other state entities are responsible for the implementation of the SIM grant, the project work will be done in Montpelier and other Vermont locations. That does not preclude vendor staff from being located elsewhere. There may be occasional travel to Vermont, but for most of the work, the vendor will be able to work remotely.***
9. Will bidders who are not based in Vermont be disadvantaged in the evaluation process? ***Bidders not based in Vermont will not be disadvantaged. The RFP indicates that the bid should include a general understanding of the health care system and health insurance in Vermont.***
10. In the general terms and conditions on page 15 of the RFP, item 7.3 covers the location of work. The terms indicate that project work will be performed in Montpelier.
  - a. Will a member of the project team be required to be located in Montpelier on a regular basis over the duration of the contract or will the project team members be able to work from their respective home offices with travel to Montpelier as needed? ***Project team members will be able to work from their respective home offices with travel to Montpelier as needed.***
  - b. If work will be able to be performed at the bidder’s home offices, how many times per month do you anticipate the need for someone to be on-site in Montpelier? ***If the home office location requires travel to Vermont, the bidder should indicate how often they believe they need to travel to Vermont to accomplish the scope of work. There are likely to be occasional meetings (perhaps 2 per year) in Vermont that require the vendor’s participation.***
11. Location of work (p. 14 section 7.3) – is the GMCB open to allowing discrete portions of the engagement to be completed offsite (e.g. Data analysis, report preparation)? ***Yes.***
12. What specific activities need to be done on site in the provided space? Is it acceptable for the vendor to use additional support staff at an offsite location? Is there a target



percentage of the work effort that should be performed in Montpelier? ***There may be a need for some in-person meetings in Montpelier, although the majority of the work could be performed off-site.***

13. While the RFPs states that "preference will be given to firms located in the State", will any consideration/preference be given to firms that are seriously considering expanding there? ***All bids will be reviewed based on the criteria described in the RFP.***
14. Section 7.12 (Business Registration, p. 17) specifies that the Contractor must be, "registered with the Vermont Secretary of State's office... and obtain a Contractor's Business Account Number...". Do these requirements include subcontractors, or only the prime Contractor? ***These requirements apply to the primary Contractor.***
15. Can you please clarify the period of performance for this RFP? Through June 2016 or December 2016? What is the testing period for the Model Testing Grant? ***The testing period for the grant is October 1, 2013-September 30, 2016. We anticipate this contract to run for the duration of that testing period plus a few additional months. This is because evaluation for this project will be for the entire period and that requires the testing period to end before the evaluation can be completed.***
16. What is the contract period of performance? ***This contract will run for the duration of the SIM grant - approximately 40 months.***
17. Is there a support or technical assistance contractor for the SIM grant programs including the pilot studies? Is the contractor precluded from the evaluation RFP? ***There are contractors for other aspects of the SIM grant. These contractors are precluded from the Evaluation contract because the Evaluation must be independent. Contractors engaged as part of the federal technical assistance team or evaluation team are also precluded from bidding on this contract.***
18. Please provide a list of contractors that have assisted VT with its SIM grant activities and their roles. Are any of these contractors precluded from bidding on the RFP due to previous work on the VT SIM? ***Current SIM contractors include Bailit Health Purchasing; Global Health Purchasing; Burns and Associates, Inc.; and Vermont Information Technology Leaders. These contractors cannot bid on this RFP because the RFP requires an independent evaluator.***
19. Will the winning firm for this RFP be precluded from any of the subsequent contracting opportunities arising from the SIM Grant? ***Yes. We are seeking independent evaluation of the SIM project.***



20. Is the vendor responsible for conducting the independent evaluation and the internal evaluation or only the independent evaluation? ***The vendor is responsible for conducting the independent evaluation.***
21. Has the GMCB received any lessons learned or best practices from other states through CMS/CMMI? If so, will you please provide? ***Vermont is part of the initial round of testing states for the SIM grants, so it is too soon to identify lessons learned or best practices.***
22. Section 4 (Method of Award, p. 9) notes that, “The State may award one or more contracts...”. Does this mean that awards may be made for different parts of the work described in the Scope of Work, e.g. Phase I to one Contractor, and Phase II to another? Please clarify. We observe that on page 10 of the RFP (in para 4) the State makes a provision for multiple awards. How may this project be split among multiple successful bidders? ***This is standard State of Vermont RFP language. It is intended to allow flexibility to the State in contracting. We do not anticipate awarding this contract to different bidders by phase; however, we may request contractors to work together in a primary Contractor-subcontractor relationship should that be the optimal way to fulfill this RFP.***
23. What is the State’s expectation for periodic formal project updates to the GMCB? ***Bidders should include parameters for project updates in their proposals. These project updates should be sufficient to support the reporting requirements for the State to CMMI. The State is required to submit quarterly reports and annual reports to CMMI. More detail on the reporting requirements is available in the FOA.***
24. Attachment B - Offshore Outsourcing Questionnaire: Does GMCB believe the type of PHI and PII that may be involved in the scope of this engagement would allow a vendor to use offshore/outsourced locations? ***Potential outsourcing relationships and security provisions related to PHI and PII (regardless of whether outsourcing occurs) should be outlined in the bidder’s response.***
25. How will the GMCB address contractor deliverables that contain pre-existing contractor intellectual property? Will those be kept confidential? ***Evaluation methods should be transparent. Any aspects of the evaluation that might be considered confidential should be noted in the proposal.***

### **Scope of Work Questions:**

26. Near the top of page 5 of the RFP it states that “in addition to the SIM grant, the State is engaged in numerous payment reform pilots in various stages of development.” Can you confirm our understanding that the GMCB is seeking a vendor to evaluate both the payment models being tested under the SIM grant and the additional payment reform pilots the State is already engaged in under this RFP? ***That is correct. There is significant interdependency between the payment models being tested under SIM and the additional payment reform models that are being implemented in Vermont.***



27. Can you provide the list of GMCB approved pilots? Please confirm our understanding that there are two State pilots approved at this time, the OneCare Vermont and St. Johnsbury Oncology. Further, in addition to programs being evaluated under the SIM grant will additional State pilots beyond these two be evaluated under this RFP? ***The following programs should be considered in the evaluation:***

**GMCB Approved Pilots:**

- ***OneCare, a Medicare ACO, now includes all 14 of the state's hospitals, Dartmouth Hitchcock, 2 FQHC's, 5 RHC's, Brattleboro Retreat, and Independent Physician Practices (Medicare Shared Savings Program, considering participation in Medicaid and Commercial Shared Savings Programs).***
- ***Oncology pilot in St. Johnsbury (Medicaid and Commercial Payers).***
- ***Northwestern Medical Center (NMC) Emergency Department program to reduce avoidable Emergency Room visits (proposed for Medicaid and Commercial Payers).***

**GMCB Pending Pilot Applications:**

- ***Community Health Accountable Care FQHC ACO Shared Savings Program (considering participation in Medicare, Medicaid and Commercial ACO Shared Savings Programs).***

**Other Payment and Delivery System Reforms:**

- ***Medicaid and Commercial Shared Savings Program (anticipated start 1/1/14).***
- ***Accountable Care Coalition of the Green Mountains, an ACO consisting of independent primary care and specialty practices (Medicare Shared Savings Program, considering participation in Medicaid and Commercial Shared Savings Programs).***
- ***Congestive Heart Failure Bundled Payment initiative in Rutland with possible expansion to COPD and Pneumonia (Medicare).***
- ***Blueprint for Health, Vermont's Multi-Payer Advanced Primary Care Practice initiative consisting of approximately 119 primary care practices and regional community health teams (Commercial insurers, Medicaid and Medicare [participant in CMMI's Multipayer Advanced Primary Care Practice Demonstration program]).***
- ***A Hub and Spoke initiative to provide services through community health teams and practices prescribing suboxone to people experiencing opioid dependence (currently Medicaid).***

***During the term of the RFP, it is likely that additional payment reform pilots will be initiated. It should be assumed that additional pilots will be evaluated as part of this contract.***

28. Please provide a general summary on the current state of the pilots and any evaluations that are currently underway, if any. ***See preceding answer for current state of pilots.***



***Proposed measure sets have been developed for the Oncology Pilot and the Medicaid and Commercial ACO Shared Savings Programs. Extensive evaluation is being conducted for the Blueprint by the state and by Medicare. The state will also evaluate the Hub and Spoke program. Medicare will be evaluating Medicare ACO Shared Savings Programs. CMMI will also independently evaluate the SIM project.***

29. Page 5 of the RFP states that “In addition to the SIM grant, the State is engaged in numerous payment reform pilots in various stages of development (see pilot information here: <http://gmcboard.vermont.gov/PaymentReform>).” The web page in the link only shows one approved pilot (St. Johnsbury Oncology Pilot). Elsewhere in the RFP, there is mention of pilots based on three payment models. How many approved pilots are there, and where are they described? ***See preceding answer for current pilots. The three payment models are described in the State’s SIM application, which can be found here: [http://gmcboard.vermont.gov/sim\\_grant](http://gmcboard.vermont.gov/sim_grant).***
30. Is this RFP soliciting proposals for evaluation of the entire SIM project or for just evaluation of individual payment reform pilots? ***This RFP is soliciting proposals for evaluation of the entire SIM project as well as for individual payment reform pilots. We have revised the RFP to make this clearer. Due to this change, we have also modified the RFP submission deadline.***

### **Staffing Questions:**

31. In the Evaluation Factors, one item that is listed is “Licenses and certifications.” Since this is the only reference to Licenses and Certifications in the RFP, can you provide some details on the licenses and certifications that you are expecting the staff of successful bidder to hold? On page 10, Evaluation Factors lists Licenses and Certifications – please describe what the State means by this? ***The scope of work includes evaluation based on statistical analysis of financial and clinical measures. It is conceivable that vendor staff could hold licenses and certifications relevant to such analysis.***
32. Is a bidding firm’s “bench strength” a factor that Vermont will be considering in its evaluation of responses? ***The proposed staff’s education and experience and the organization’s skills will be considered when evaluating proposals. To the extent that “bench strength” contributes to staff education and experience and organizational skill, it will be a factor.***

### **Measurement and Data Questions:**

33. Are the measures mentioned in the RFP the ones that will actually be measured or are these simply examples? ***They are examples; as the RFP notes, the list of measures is not exhaustive. There will likely be additional measures. Bidders should outline their ideas for evaluating the payment and delivery system projects that have been approved by the Green Mountain Care Board.***



34. Have any of the organizations affiliated with this project gone through PCMH recognition? If so, is it possible to leverage their data? ***Approximately 119 Vermont primary care practices are currently recognized as patient centered medical homes by NCQA. It is possible that information related to PCMH recognition would be available to the vendor.***
35. On page 7 the RFP indicates the selected vendor must determine appropriate measures to evaluate the success of the project/pilot as it relates to patient satisfaction/experience, and provider satisfaction. What are the GMCB's expectations regarding the vendor's role with regard to surveys? In particular:
- a. Does the GMCB anticipate that the vendor will need to design/develop survey(s)? ***The GMCB does not anticipate that the vendor will need to design or develop surveys; the vendor may need to research provider satisfaction surveys.***
  - b. Does the GMCB anticipate that the vendor will be responsible for administering survey(s)? ***The vendor will not be responsible for administering large-scale surveys; it may be responsible for administering surveys for smaller pilots.***
  - c. Does the GMCB anticipate that the vendor will be responsible for collecting and cleaning survey data? ***The GMCB does not anticipate that the vendor will be responsible for collecting and cleaning patient satisfaction/experience data for the larger pilots; the vendor may be responsible for collecting and cleaning provider satisfaction survey data and patient satisfaction/experience survey data for smaller pilots.***
  - d. Does the GMCB anticipate that the vendor will be responsible for analyzing survey data? ***The GMCB does not anticipate that the vendor will be responsible for analyzing patient satisfaction/experience data for larger pilots. The vendor may be responsible for analyzing provider satisfaction survey data and patient satisfaction/experience data for smaller pilots. The vendor may recommend or be asked to use the analyzed data in evaluation activities.***
36. Does VHCURES or other data sources contain the Medicare data? ***VHCURES contains Medicare data. VHCURES will be available to Vermont state agencies and state contractors performing work directed by the state for uses approved by the GMCB.***
37. Can we leverage the VHCURES dataset? ***Yes, we hope to leverage the VHCURES dataset with this evaluation. At this time the dataset has Medicare, Medicaid and Commercial data.***



38. Will we be evaluating Shared Savings Program and pilots that include Medicare patients? If so, do we have access to Medicare data annually like with the Pioneer ACO or more frequently? ***We will be receiving Medicare data quarterly.***
39. The RFP describes use of qualitative data for which the State has not identified data sources. Did we have any data sources in mind for this work or are we willing to obtain new data? ***We are anticipating introducing some new data sources for this work around patient and provider experience measures. We are also trying to coordinate with existing tools as much as possible. Vendors should identify any national or Vermont data sources useful in this work in their submission.***
40. Our understanding is that the performance measures for some individuals and providers could be impacted by more than one intervention that is currently underway, and it is important to apply multiple regression techniques that consider this interaction in the evaluation process. Will the information collected such as that included in VHCURES, patient and provider satisfaction surveys, and other data sources allow the vendor to identify which programs given individuals or providers may be impacted by? ***Currently VHCURES includes the capacity to identify payer types and individual commercial insurers, flagging of members attributed to the Blueprint, and some flagging of Medicaid enrollees for specified programs. More granular flagging at diverse program levels would require providers and/or insurers to flag participating members and is possible. Patient and provider satisfaction surveys can also potentially be flagged.***
41. Claims information is inherently subject to a reporting lag. Can you provide any information on the lag between when claims are incurred and when the information for those claims will be collected, validated and available in VHCURES? For example, when would you anticipate claims for 2014 dates of service to be ready and available in VHCURES for use in evaluation? ***Major commercial insurers and Medicaid submit claims data monthly that are consolidated on a quarterly basis. The quarterly extract includes all historical incurred and paid claims data including claims incurred through the end of the preceding quarter. GMCB is putting the VHCURES program out for competitive bid as the current data aggregation contract expires in August 2014. The updated specification may include changes in automation and the schedule of data availability. Under the current system, data collection for first quarter 2014 closes July 31 and the quarterly consolidated file would not be available until September 2014 depending on the status of the new contract and specification.***
42. Given the lag until complete and validated data will be available for evaluation, do you anticipate that 2014 and 2015 calendar years will both be able to be evaluated in the timeframe available for evaluation under the SIM grant? ***It is likely that at least some claims, clinical and/or survey data relevant to 2015 will be available before the end of the contract period.***





43. Is the selected contractor expected to provide reports to GMCB based on the quarterly, semi-annual, annual, and final reports as described in the CMS grant? Do you anticipate the selected contractor creating reports to forward to CMS or provide data for the GCMC to consider and modify / augment in the course of assembling the final reports that will be sent to CMS? **Reporting should be expected to be a collaborative effort between the contractor and the GMCB, and it will follow the schedule required by CMS.**
44. Should the evaluation be quarterly in sync with the CMMI reporting cycle, annually or a different period? **We are seeking evaluation that is as close to real-time activities as possible understanding there may be data-related delays. Bidders should offer ideas about how to achieve this in their bids.**
45. Please confirm that the selected contractor would have access to all of the data sources mentioned in the RFP? If so, how will such access be granted and what restrictions/safeguards will we be expected to observe? **Yes, the selected vendor will have access to all of the data sources mentioned. Vendors will be required to comply with standard policies and procedures related to the data sources, including filing documents with the GMCB.**
46. Please provide more specifics on where the data sources are located and who maintains them e.g. VITL, VHCURES, etc. **VHCURES is administered by GMCB and data collection and aggregation is maintained by GMCB contractor(s). VITL hosts the State's Health Information Exchange. Covisint hosts the State's clinical registry (DocSite). The GMCB administers the Uniform Hospital Discharge Data Set. There are several other data sources available through the Department of Health and the Department of Financial Regulation. More detail on the data sources is available in the State's Operational Plan, sections D and E.**
47. Please describe the configuration and integrity of the data that will be necessary to support this effort. What can the selected contractor expect in terms of a starting point? **This information is provided in the State's Operational Plan, Sections D and E.**
48. Has the GMCB received any data collection and reporting requirements from CMS through the Innovation Center evaluator? If so, will you please provide? **Not yet. We anticipate receiving guidance in the Fall of 2013.**
49. Has the GMCB received key measures or core measure set for evaluations from CMS through the Innovation Center evaluator? If so, will you please provide? **Not yet. We anticipate receiving guidance in the Fall of 2013.**

#### **Bid Content and Bid Evaluation Questions:**

50. Section 4 lists the evaluation factors. Are there weights/points associated with each factor? **Yes.**



51. Section 4 contains seven factors that will be used in evaluating bidders' proposals. Can you provide the weights for each factor? Please clarify the proposal evaluation criteria and weights for each section of the response. ***The Quality of the Bidder's Experience (which includes experience and references) is weighted at 20%. The Bidder's Capacity to Perform (which includes staff education, licenses or certifications, and availability and flexibility) is weighted at 20%. The Responsiveness to Specifications (which includes understanding of work, approach and methodology, and presentation) is weighted at 35%. The Program Cost (which includes wage requirements) is weighted at 25%.***
52. Please clarify the content and order of the proposal, in particular, how the items listed in Section 6.3, Submission Checklist cross-walk to in Section 5.3, Specific RFP Response. For example, does "Experience and Qualifications" in Section 6.3 refer to the "narrative description of the personnel" and "Organizational Experience" in Section 5.3? Where is "Technical Bid" in Section 5.3 reflected in Section 5.4? ***There is no Section 5.4 in the RFP. The checklist in Section 6.3 is intended to serve as a reminder of elements that should be included in the bid. The Technical Bid is not specifically noted in the checklist but it is assumed that it will be included.***
53. Page 15 of the RFP states that the State will not accept the vendor's terms and conditions in lieu of the standard state contract provisions but appears to indicate that bidders may suggest revisions to the standard State terms and conditions as part of their proposal.
- Please confirm our understanding is correct. ***The bidder can suggest revisions to the standard state language, but the State is under no obligation to accept them.***
  - Will including suggested exceptions or additional provisions to the contract terms in the proposal impact the bidder's score in any way? ***No.***
  - Does submitting a proposal bind a bidder in any way if the GMCB and the bidder cannot come to agreement on contractual terms? ***No.***
54. Please confirm that the State would like personal references for each key staff person proposed as well as for the firm overall. ***The state is seeking organizational references, but would not object to additional references for each key staff person.***
55. The subsection 'Timeline for work' (p. 9) specifies that, "All bids should include a GANTT chart outlining the project deliverables and deadlines." Would GMCB provide a schedule of deliverables for this project? ***The GMCB will not be providing a schedule of deliverables for this project. Bidders may use relative dates and estimates of length of time for components of the project to develop the chart. The successful bidder will work with the state to apply those relative dates to the project calendar.***
56. In the "Timeline for Work" the RFP states that "the state is required to report to CMMI on a quarterly bases beginning with a report on July 31, 2013. The successful bidder will



provide data and reports to the state prior to reporting deadlines.” Given the award date of this solicitation, what is the expectation for the initial and early quarterly CMMI reports? ***The expectation is that the contractor will not be required to participate in quarterly reporting until the contract is executed. At that point, the state will work with the successful bidder to develop a plan for this work.***

### **Cost Bid Questions:**

57. Our understanding is that bidders are to propose hourly rates for each staff class included in the proposal.
- a. Please confirm that bidders are not also required to agree to a maximum amount for which all services, many for which the exact effort is unknown at this time, will be performed. ***Bidders are required to agree to a maximum amount for which all services will be performed.***
  - b. If a maximum is required, does the GMCB have a budget for these services that it can share? ***Bidders should develop their own budgets based on resources needed to address the scope of work.***
58. Section 5.3, Cost Bid. This section requires bidders to propose hourly rates for each staff class identified in the proposal? Should bidders also propose total estimated costs, based on these rates, to perform the scope of work? ***Yes.***
59. Would GMCB please provide an estimated budget or level of effort for this project? ***The GMCB will not be providing an estimated budget or level of effort for this project. We suggest bidders review the CMMI FOA for SIM projects for federal guidance on how and what can be paid through this RFP, which is funded through that program. The FOA is available here: [http://innovation.cms.gov/Files/x/StateInnovation\\_FOA.pdf](http://innovation.cms.gov/Files/x/StateInnovation_FOA.pdf).***
60. Please confirm that the cost proposal should be separately packaged apart from the technical proposal? If so, how many copies are required? ***The cost proposal can be included in the same package as the technical proposal; it should, however, be clearly identified and in a separate section.***

