

## **Request for Proposal:**

### **Data Analysis and Community and Provider Engagement to Support Hospital Transformation**

#### **Questions and Answers:**

1. While the contractor can outline an “optimal timeline” it can be difficult to get community boards and administrators scheduled in a timely manner. What steps has or will have the Green Mountain Health Board taken to establish the timeframe for input with the stakeholder groups?

**Answer:** The GMCB will work closely with the contractor, provider and community leaders, and other key stakeholders to ensure meetings can be scheduled as needed and/or to repurpose existing meetings

2. We think review of the existing data for each Hospital Service Area with the appropriate hospital leadership will be an essential first step- before engaging the community or nonhospital health and social service providers. This is noted as happening as “requested by the State”. Can this be made an expectation?

**Answer:** This is the preferred approach, but will be directed by the State.

3. Additional data on numbers of current and past healthcare professionals, non-hospital facilities, etc. will also be needed and may be sourced outside the Agency for Human Services. Can these be made available in a timely way?

**Answer:** Bidders should provide a list in their proposal noting data sources they may need access to, to complete the work. The State shall make every effort to provide data in a timely manner.

4. Is there more description about or can you clarify the expectations around the content and form of the required Equity Plan? (Section 4.3.4)

**Answer:** The RFP requires that bidders submit an equity plan which details how they will intentionally incorporate and engage with disparately impacted populations such as the LGBTQ, BIPOC, refugee, immigrant, and other communities in each area of the scope of work. The successful bidder will indicate how they would be intentional in their work to incorporate equity and what principles, practices, skills or tools they would bring to support the use of an equity lens. There are no text limits to this section; the form and format are at



the discretion of the bidder.

5. Would GMCB have any concerns or feel there are any conflicts of interest if the successful bidder is currently providing or has historically provided consulting services to Vermont hospitals?

**Answer:** More information would be required to determine if there was an actual conflict of interest. Per the State's standard Attachment C the contractor "shall fully disclose, in writing, any conflicts of interest or potential conflicts of interest".

Bidders should include in their proposal a list of services they are currently providing, or have provided, to any Vermont hospitals, as well as staff assigned to those services. Bidders should discuss their internal processes to keep its teams from discussing the different work streams. The state will review and make a determination if the consulting services provided would prevent the bidder from impartially conducting the work in this RFP.

6. Please provide a list of data sources that will be available to the successful bidder in relation to this RFP.

**Answer:** GMCB is the steward for the Vermont Uniform Hospital Discharge Data Set (VUHDDS) and the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), Vermont's all-payer claims database (APCD). Under the contract, we can make both data sets available to the contractor. In addition, we can provide previous reports on the subject matter and work with other state agencies to provide relevant data sets, including licensing and workforce information.

7. Please define healthcare providers & professionals who will be participating in this project.
  - a. Will it include private Vermont providers (e.g. Urgent Cares, Imaging centers, medical groups), employer sponsored health plans, FQHC's, and NH/NY boarder hospitals and health systems (e.g. Dartmouth Hitchcock)?
  - b. If so, how will their data be available in the data sources?

**Answer:** For Tasks 1 and 2 the scope for provider engagement is potentially broad and voluntary. The successful bidder may suggest additional provider groups. The scope for Task 3 is largely focused on Vermont's hospitals.

GMCB has limited access to data from ERISA plans that choose not to submit claims to Vermont's APCD, or regarding the finances of non-regulated providers (non-hospital affiliated or out-of-state).

8. How would you define and measure the below outcomes along with the baseline for improved performance? Or is this something you would expect as a deliverable from the RFP?
  - a. Support Vermont hospitals in improving efficiency
  - b. Lowering costs
  - c. Improving population health outcomes
  - d. Reducing health inequities
  - e. Increasing access to essential services

- f. Improve health quality
- g. Improve access
- h. Improve affordability

**Answer:** The State seeks assistance with prioritizing these outcomes, recognizing the conflicting pressures facing the health care system.

9. For the “Collaborative Research Model”, is GCMCB expecting involvement from academic or public researchers? Or is industry expertise sufficient?

**Answer:** Academic or public researcher expertise is not required to meet this expectation; rather, this area of the scope speaks to the successful bidder’s plan to engage participants as collaborators/co-creators.

10. As part of the RFP, is the expectation that the successful bidder test the assumptions that the pandemic exacerbated Vermont hospital’s financial health related to suppressed revenues, increased acuity, and impacted capacity and workforce challenges?

**Answer:** This is not a current expectation, however if the work uncovered questions about the above, or other assumptions it may warrant investigation.

#### **Bidder Conference Q&A 10/31/2022**

1. Is there a targeted level of effort or budget for this contract resulting in this RFP?

**Answer:** GCMCB plans to finalize the total budget for this project after reviewing incoming proposals.

2. Should bidders budget for stipends or honoraria?

**Answer:** Bidders do not need to budget for stakeholder stipends as it is not the expectation of the State that a stipend or honoraria should be provided.

3. Expectations regarding subcontractors:

**Answer:** The State’s preference is to award one contract for the scope of work. Bidders submitting proposals with known subcontractors may submit a subcontractor reporting form with their proposal for review and approval from the State (section 3.3.2).

4. Regarding the findings in the hospital sustainability report: are there any primary questions bidders should focus on?

**Answer:** The successful bidder should be familiar with the Hospital Sustainability Report (Act 159 of 2020, Section 4). Bidders may address how they will build on the next phase of that work and support hospitals in how they transform.