

Green Mountain Care Board
RFP: Vermont Health Care Innovation Project State-led Evaluation
Questions & Answers

1. Given the very tight time frame between pre-bid meeting (11/30)/responses to questions (12/1) and the due date for the proposal (12/4), would the state consider an extension of the due date in order to allow firms to submit competitive bids?

Yes. The due date for proposals has been extended to Friday, December 11th at 1:00pm.

2. In reading through the available documentation, I see that the State is currently contracted with IMPAQ International to develop the research design for the evaluation. My question is: Is IMPAQ International permitted to respond to this request for bids?

Yes. IMPAQ is permitted to respond to the bid, but will not receive preferential treatment in the bid review process.

3. Would this opportunity pose a conflict of interest with The Lewin Group's current contract with VT GMCB, Vermont SIM Statewide Analytics (contract #27060).

No. This opportunity will not pose a conflict of interest with the Lewin Group's current contract #27060 with Vermont.

4. In our evaluation of the RFP, we had a question regarding the flexibility to modify the construction and analysis of the interviews and surveys without impacting cost or timelines. With a breadth of experience in projects similar to this, we wanted to inquire if the steering committee was at all open to alternate methods of analysis, and slightly revised development of the survey or must the contractor adhere to the specific requirements?

The State is minimally flexible on modification of proposed interview construction and analysis techniques and survey methodology.

5. Although the RFP does not label Attachments A, B, C, and D, it seems that the sample contract can be found on page 39, while Attachment E is missing. The Attachments referred to in the sample contract do not match the Submission Checklist on pages 27-28. Please clarify the listing of Attachments for submission in relation to the sample contract.

Please include all of the information referenced in the submission checklist in the RFP (pg. 27) and disregard the lettered attachment list.

6. Are there specific format requirements for the proposal?

There are no specific formatting requirements beyond those detailed in the RFP.

7. Do the evaluation plan/materials need to go through the State's IRB or any other state reviews?

The SIM evaluation is not subject to an Institutional Review Board (IRB) process; however, the proposal should reflect robust consumer and provider privacy protections such as those required in an IRB review.

8. Can the bidder assume that the budget should include a nominal incentive payment to consumers for their time and participation in focus groups?

Yes. The State has received preliminary permission from CMMI to offer nominal incentive payments and consumer supports such as childcare during focus groups. These should be included in proposals.

9. Can VHCIP clarify the request for references. Page 25 requests references for the "individuals you are proposing" and page 26 is also requesting references of the bidder's organization. In many cases these will be the same list of references. And can VHCIP confirm that 3 references are required?

The State would like proposals to include 3 references; at least one of those should be specific to the proposed project lead.

10. Please clarify the number of focus groups to be conducted. The RFP suggests a "minimum of two" (p. 15) and "at least 5" (p. 13).

Proposals should include focus groups with consumers in at least five different HSAs in the State.

11. Page 16 states, "One survey will focus on primary care and specialty physicians/midlevel providers and a second survey will focus on providers involved in care integration/coordination activities." All subsequent references describe the first survey as a "physician" survey. Please clarify if the first survey is intended to include physicians and mid-levels or just physicians?

Final decisions on the specifics of which providers to include, based on the three areas of study, will be finalized during the site visit phase of the study. The State would prefer a broader target than physicians only in the first survey, including mid-levels.

12. Can VHCIP provide further elaboration on its expectations of the types of providers involved in care integration/coordination activities and potential sources for the sample frame for the second provider survey?

Final decisions on the specifics of which providers to include, based on the three areas of study, should be finalized based on the site visit phase of the study. The Study should

include providers participating in care integration models in the State, and the State will actively work with contractors to obtain lists and/or access to providers from which samples or target populations can be drawn.

13. Please clarify the total number of site visits versus the total number of trips (first paragraph pg. 11 of the RFP). Is it the intent that each “trip” will incorporate multiple sites; i.e., 20 sites but perhaps only 5 trips? Or is it the intent that each of the 20 site visits/20 trips may include multiple visits to relevant partners at the site selected during the same trip?

It is the State’s intent that each trip will incorporate visits to multiple sites, with multiple interviews and/or focus group per site. The State encourages bidders to propose site visit/trip structures that minimize travel costs to the greatest extent possible.

14. What is the annual budget for this scope of work?

The RFP does not include a budget; the State requests proposals include detailed cost estimates for the work.

15. Will the care coordinator survey focus on care coordinators based in primary care clinical practices, or is it anticipated that the survey reach care coordinators based in other settings, for example those based out of health plans that provide telephonic service, hospitals, etc.? If it is expected to reach those in other settings, can more details be provided on which settings to help determine the size and complexity of the survey?

The survey should focus on professionals involved in integrated care models across the care continuum, not limited to care coordinators as defined in the traditional sense. The target population for the second survey will be finalized during the site visits intended to study care integration efforts in the State across medical and non-medical providers.

16. The RFP states that focus groups should be conducted in public spaces such as libraries. Would the State consider the use of formal focus group facilities instead of public spaces?

Yes. The State would consider any settings that provide the best opportunity for consumer engagement and participation. If bidders anticipate that these formal facilities will have a cost, they should include that in the detailed cost proposal.

17. May financial incentives be offered to individuals for participating in the evaluation (i.e. survey respondents)? If so, is the contractor responsible for including the cost of those incentives in the evaluation budget?

Financial incentives to providers are not permitted per grant rules. Special permission was obtained to allow for stipends and supports for consumer participation. Bidders should include this cost in the detailed cost proposal.

18. The issue briefs mentioned on page 19 are not included on the deliverables list on page 20. Is there an opportunity to publish more than 3? These are non-technical, but what about the opportunity to publish more technical reports/papers? Additionally, are presentations at conferences by the evaluator allowable?

Yes. Three is a minimum. There are opportunities to publish more technical reports/papers and present at conferences as appropriate to share learnings in Vermont and nationally. This evaluation is funded through a federal State Innovation Models Testing Grant and there are some publication restrictions. Bidders should review the federal guidance for CDFA 93.624 for more information on publication.

19. Can the State describe the level of detail available in provider grant-reported data (i.e. patient-level, provider-level) and the format the data will be supplied in? Will the contractor need to coordinate with each grantee and their respective IRB to obtain permission to utilize these data, or will the State handle these negotiations and be responsible for assembling the data and providing them to the evaluation contractor?

The State will be responsible for providing provider grant evaluation results data to the contractor. These results will come in a variety of formats, and levels of specificity.

20. Are the “Field Reports” listed as a deliverable the same as the 6 “just-in-time” monthly reports referred to on page 19?

Yes, the “just-in-time” and “field reports” are the same.

21. How will the state-led evaluation contractor be involved in diffusion activities? On page 21 the RFP states the “contractor will work collaboratively with Vermont to implement the plan.”

The contractor will be tasked with writing the diffusion plan, and helping Vermont maximize learning diffusion in the State. The State is open to the contractor proposing the best way to partner to diffuse learning.

22. Can the State clarify the format for submission of the technical proposal? Specifically, is there a page limit? Are there any format requirements such as margins or font size? Should the technical proposal include the Organizational Experience or is this intended to be a separate volume?

There are no additional formatting requirements other than what is listed in the RFP, including specific page limits, font or margin sizes. The organization experience can be part of the technical proposal or a separate volume, as the bidder prefers.

23. Under the Cost section, is the 10% indirect rate limit referenced 10% of the total FFP or T&M price or does it limit bidders to only use 10% of their indirect rates as established under their NICRA for budgeting? The link for the guidelines referenced in this section will not open the document.

The 10% indirect rate limit reference in the RFP is for the total expected cost. Please see 'Funding Restrictions' on page 38 of the FOA for CDFA #93.624:

https://innovation.cms.gov/Files/x/StateInnovation_FOA.pdf

24. Will the State allow bidders to provide exceptions to terms and conditions for review and consideration?

Yes. Bidders should provide any requested exceptions in their proposal.

25. Did Vermont retain a contractor to design the State-led evaluation? If so, is that organization eligible to bid on this procurement as either a prime or a subcontractor?

Yes. The contractor who designed the State-led Evaluation Study is permitted to bid on the contract with no preferential status.