

REQUEST FOR PROPOSALS  
ADDENDUM # 2

ISSUED: May 21, 2010

RFP NUMBER: CSP905710  
INDEX NUMBER: DOH024  
UNSPSC CODE: 80100000

The state of Ohio, through the Department of Administrative Services, Office of Procurement Services, for the Ohio Department of Health, is requesting proposals for:

**Consultant to Engage Health Plans in Reimbursement for Tobacco Cessation Services**

Reason for Addendum: This Addendum is issued to notify Offerors the Inquiry Period has been extended to May 26, 2010 on page 1 and 3 of the Request for Proposal and the Proposal Due Date has been extended to June 9, 2010 on page 1 and 3 of the Request for Proposal. The Contract Award Notification has been changed to July 1, 2010 on page 3 of the Request for Proposal.

Page 21, Section 5 "Offeror Profile and Prior Projects", paragraph three (3) reads - "Offeror must document at least 3 prior projects in the last eight (8) years." has been corrected to read "3 prior projects in the last three (3) years". Page 21, Section 6 "Offer References", paragraph one (1) reads - "These references must relate to work that was completed within the past five (5) years." has been corrected to read "within the past three (3) years".

The Method of Payment table on page 18 has been revised to align with Cost Summary table on page 54. The Method of Payment has also been revised from a dollar amount per payment to a percentage of the total award amount upon completion of the stated deliverables as outlined for payments one (1) through four (4) in the Method of Payment table on page 18.

The Cost Summary table on page 54 has been revised to align with the Method of Payment table on page 18.

This Addendum also corrects the following on Addendum 1, issued May 13, 2010:

The Proposal Due Date has been changed to June 9, 2010 on the cover page.

A typo adding an extra "13" at the top of the table on page 13 has been removed.

PROPOSAL DUE DATE: June 9, 2010 at 1:00 p.m.

OPENING LOCATION: Department of Administrative Services  
Office of Procurement Services  
4200 Surface Rd.  
Columbus, OH 43228-1395

## REQUEST FOR PROPOSALS

**RFP NUMBER: CSP905710**  
**INDEX NUMBER: DOH024**  
**UNSPSC CATEGORY: 80100000**

The state of Ohio, through the Department of Administrative Services, Office of Procurement Services, for the Ohio Department of Health, is requesting proposals for:

### Consultant to Engage Health Plans in Reimbursement for Tobacco Cessation Services

RFP ISSUED: May 7, 2010  
INQUIRY PERIOD BEGINS: May 7, 2010  
\*INQUIRY PERIOD ENDS: May 26, 2010, 2010 at 8:00 a.m.  
\*PROPOSAL DUE DATE: June 9, 2010 by 1:00 p.m.

**Proposals received after the due date and time will not be evaluated.**

**OPENING LOCATION: Department of Administrative Services  
Office of Procurement Services  
4200 Surface Rd.  
Columbus, OH 43228-1395**

Offerors must note that all proposals and other material submitted will become the property of the state and may be returned only at the state's option. Proprietary information should not be included in a proposal or supporting materials because the state will have the right to use any materials or ideas submitted in any proposal without compensation to the offeror. Additionally, all proposals will be open to the public after the award of the contract has been posted on the State Procurement Web site. Refer to the Ohio Administrative Code, Section 123:5-1-08 (E).

**This RFP consists of five (5) parts and nine (9) attachments, totaling 54 consecutively numbered pages. Please verify that you have a complete copy.**

\*The Inquiry Period has been extended to May 26, 2010 and the Proposal Due Date to June 9, 2010.

CALENDAR OF EVENTS. The schedule for the Project is given below, and is subject to change. DAS may change this schedule at any time. If DAS changes the schedule before the Proposal due date, it will do so through an announcement on the State Procurement Web site area for this RFP. The Web site announcement will be followed by an addendum to this RFP, also available through the State Procurement Web site. After the Proposal due date and before the award of the Contract, DAS will make scheduled changes through the RFP addendum process. DAS will make changes in the Project schedule after the Contract award through the change order provisions located in the general terms and conditions of the Contract. It is each prospective Offeror's responsibility to check the Web site question and answer area for this RFP for current information regarding this RFP and its calendar of events through award of the Contract. No contact shall be made with agency/program staff until contract award is announced.

DATES:

Firm Dates

RFP Issued:	May 7, 2010
Inquiry Period Begins:	May 7, 2010
*Inquiry Period Ends:	May 26, 2010, at 8:00 a.m.
*Proposal Due Date:	June 9, 2010 by 1:00 p.m.

Estimated Dates

*Contract Award Notification:	July 1, 2010
-------------------------------	--------------

NOTE: These dates are subject to change.

There are references in this RFP to the Proposal due date. Prospective Offerors must assume, unless it is clearly stated to the contrary, that any such reference means the date and time (Columbus, OH local time) that the Proposals are due.

Proposals received after 1:00 p.m. on the due date will not be evaluated.

\*The Inquiry Period has been extended to May 26, 2010 and the Proposal Due Date to June 9, 2010. The Contract Award Notification has been changed to July 1, 2010.

ATTACHMENT ONE: WORK REQUIREMENTS AND SPECIAL PROVISIONS  
PART TWO: SPECIAL PROVISIONS

THE OFFEROR'S FEE STRUCTURE. The Contractor will be paid as proposed on the Cost Summary Form after the Agency approves the receipt of product(s) and continued completion of all deliverables.

REIMBURSABLE EXPENSES. None.

BILL TO ADDRESS.

Ohio Department of Health  
 Tobacco Prevention and Cessation Program  
 246 North High Street P.O. Box 118  
 Columbus, Ohio 43216-0118

*Method of Payment:		
1 <sup>st</sup> Payment	25% of award amount	<p>Upon receipt and approval of initial Implementation Plan.</p> <p>This document will be revised as necessary (with ODH approval) on an on-going basis throughout the life of the project.</p> <p>Acceptable reports for each Cessation Benefits Team meeting providing the name of the Offeror's meeting facilitator, meeting agendas, handouts, meeting notes, and roster of members (This task will be completed throughout the life of the project).</p>
2 <sup>nd</sup> Payment	30% of award amount	<p>Upon receipt of acceptable Data Analysis and report of findings.</p> <p>Data analysis to include background to support Cessation Benefits Team, analysis of 2009 eValue8 data, baseline with 2008 and 2007 data, analysis of the HEDIS and CAHSP data and Return on Investment calculators and how to use the tools to communicate to employers, health plans, and agents/brokers and creation and provision of resources such as health plan and employer fact sheet, talking points for community partners, presentation, employers ROI guides, etc. for outreach and marketing to Ohio health plans, and insurers.</p> <p>Upon receipt of an acceptable report to include creation and provision of resources such as health plan and employer fact sheet, talking points for community partners, presentation, employers ROI guides, etc. for outreach and marketing to Ohio health plans, and insurers.</p> <p>Acceptable reports for each Cessation Benefits Team meeting providing the name of the Offeror's meeting facilitator, meeting agendas, handouts, meeting notes, and roster of members (This task will be completed throughout the life of the project).</p>
3 <sup>rd</sup> Payment	20% of award amount	<p>Upon receipt of an acceptable log and report of outreach efforts. The content of the report will include:</p> <ol style="list-style-type: none"> <li>Three meeting with employer organizations;</li> <li>Three meetings with employers;</li> <li>Three meetings with brokers and agents or their organizations (e.g. Ohio Association of Health Plans);</li> <li>Three other organizations to be determined.</li> </ol> <p>Acceptable reports for each Cessation Benefits Team meeting providing the name of the Offeror's meeting facilitator, meeting agendas, handouts, meeting notes, and roster of members (This task will be completed throughout the life of the project).</p>
4 <sup>th</sup> Payment	25% of award amount	<p>Acceptable reports for each Cessation Benefits Team meeting providing the name of the Offeror's meeting facilitator, meeting agendas, handouts, meeting notes, and roster of members (This task will be completed throughout the life of the project).</p> <p>Final report</p>

Please Note: The actual amount of payment will be determined by the cost summary submission (Attachment Four).

\*The Method of Payment table has been revised to align with the Cost Summary table on page 54.

- a. The location(s) where all services will be performed.
- b. The location(s) where any State data applicable to the Contract will be maintained or made available.
- c. The principal location of business for the Contractor.

During the performance of this Contract, the Offeror must not change the location(s) of the country where the services are performed, change the location(s) of the country where the data are maintained, or made available without prior written approval of the Department of Administrative Services.

4. Signed Contracts. The Offeror must provide two (2) originally signed, blue ink copies of the included Contract, Attachment Four. Offeror must complete, sign and date both copies of the Contract and include it with their Proposal. (Attachment Four).
5. Offeror Profile and Prior Projects. Each Proposal must include a profile of the Offeror's capability, capacity, and relevant experience working on projects similar to this Work. The profile must also include the Offeror's legal name; address; telephone number; fax number; e-mail address; home office location; date established; ownership (such as public firm, partnership, or subsidiary); firm leadership (such as corporate officers or partners); number of employees; number of employees engaged in tasks directly related to the Work; and any other background information that will help the State gauge the ability of the Offeror to fulfill the obligations of the Contract. The financial stability of the company should also be described and is considered a necessary component of this portion of the Proposal's response. This RFP includes Offeror Profile Summary Form as Attachment Five A which must be completed for the Offeror. The Offeror must use this form and fill it out completely to provide the Offeror requirement information.

The Offeror shall also provide information on the firm's background as well as evidence that it has in place the personnel, internal procedures, and any other resources required under the terms of the Contract to ensure successful performance and contract compliance. Offerors must describe current operational capacity of the organization and the Offeror's ability to absorb the additional workload resulting from this Project. Failure to recreate the form accurately to include all fields, may lead to the rejection of the Offeror's Proposal.

The Offeror must document previous experience and expertise in providing a minimum of three (3) previous projects working with health plans for the provision of tobacco cessation with employers, analyzing health plan data and facilitating public sector groups in the previous \*three (3) years. These projects must be of similar size, scope and nature. Details of the similarities must be included. Attachment Five B, C, and D must be filled out completely for each of the three (3) projects provided. The Offeror must use these forms and fill them out completely to provide the Offeror requirement information. Failure to recreate the form accurately to include all fields, may lead to the rejection of the Offeror's Proposal.

6. Offeror References. The Offeror must include a minimum of three (3) references for organizations and/or clients for whom the Offeror has successfully provided services on projects that were similar in their nature, size, and scope to the Work. These references must relate to work that was completed within the past \*three (3) years. This RFP includes an Offeror Reference Form as Attachment Six. Failure to recreate the form accurately may lead to the rejection of the Offeror's Proposal.

The State does not assume that since the experience requirement is provided at the top of the page that all descriptions on that page relate to that requirement. Offerors must reiterate the experience being described, including the capacity in which the experience was performed and the role of the Offeror on the Project. It is the Offeror's responsibility to customize the description to clearly substantiate the qualification. Previous experience must include the conduct, management, and coordination of projects. Incumbents must ensure specifics are addressed. Evaluations will not be based on intrinsic knowledge of evaluation committee members.

The description of the related service shows the Offeror's experience, capability, and capacity to develop this Project's deliverables and/or to achieve this Project's milestones. Details such as the size of the contracting organizations, duration of involvement, level of responsibility, significant accomplishments, as well as a thorough description of the nature of the experience will be required for appropriate evaluation by the committee.

- a. Contact Information. The contact name, title, phone number, e-mail address, company name, and mailing address must be completely filled out. If the primary contact cannot be reached, the same information must be included for an alternate contact in lieu of the primary contact. Failure to provide requested contact information may result in the State not including the reference in the evaluation process.
- b. Project Name. The name of the project where the mandatory experience was obtained and/or service was provided.
- c. Dates of Experience. Must be completed to show the length of time the Offeror performed the experience being described, not the length of time the Offeror was engaged for the reference. The Offeror must complete these dates with a beginning month and year and an ending month and year.

\* Page 21, Section 5 "Offeror Profile and Prior Projects", paragraph three (3) currently reads - "Offeror must document at least 3 prior projects in the last eight (8) years." has been corrected to read "3 prior projects in the last three (3) years". Page 21, Section 6 "Offer References", paragraph one (1) currently reads - "These references must relate to work that was completed within the past five (5) years." has been corrected to read "within the past three (3) years".

ATTACHMENT NINE  
COST SUMMARY FORM

Company: \_\_\_\_\_

UNSPSC CATEGORY CODE: 80100000

BUDGET: Maximum \$100,000.00

* Description	Cost
1. Implementation plan (work plan/timeline) with specific outcomes and time lines -Initial plan for contract period, revised as necessary on an on-going basis with ODH approval.	\$
2. Data Analysis including a report and presentation on findings- Includes developing background to support the work of the Cessation Benefits Team, work analyzing the 2009 eValue8 data, establishing a baseline with the 2008 and 2007 data, analysis of the HEDIS and CAHSP data, and Return on Investment calculators to illustrate affordability and short term payoff of tobacco cessation and how to use these tools to communicate this to employers, health plans, and agents/brokers.  Creation and provision of resources such as health plan and employer fact sheets, talking points for community partners, presentations, employer ROI guides, etc. for outreach and marketing to Ohio health plans and insurers.	\$
3. Report and log of outreach efforts –Offeror should plan to meet with the following types of stakeholders (meetings will be in Columbus, OH or by teleconferencing): a. Three meeting with employer organizations. b. Three meetings with employers. c. Three meetings with brokers and agents or their organizations (e.g. Ohio Association of Health Plans). d. Three other organizations to be determined.  Because of the expense in face-to-face meetings, Offeror should utilize web cast or conference calls where possible.  The Offeror will provide meeting facilitation – meeting agendas, handouts, meeting notes, and roster of members (maintained) throughout the life of the project.	\$
4. Final report	\$
*TOTAL NOT TO EXCEED:	\$

All costs must be in U.S. Dollars.  
 The State will not be responsible for any costs not identified.  
 There will be no additional reimbursement for travel or other related expenses.

\*The Cost summary table has been revised to align with the Method of Payment table on page 18.

REQUEST FOR PROPOSALS  
ADDENDUM # 1

ISSUED: May 13, 2010

RFP NUMBER: CSP905710  
INDEX NUMBER: DOH024  
UNSPSC CODE: 80100000

The state of Ohio, through the Department of Administrative Services, Office of Procurement Services, for the Ohio Department of Health, is requesting proposals for:

**Consultant to Engage Health Plans in Reimbursement for Tobacco Cessation Services**

Reason for Addendum: This Addendum is issued to notify Offerors that we are adjusting pages for rollover on pages 13 through 16, 22 through 24, 30, 31 and 37 and changing the UNSPSC code and adding the words Not to Exceed on page 54.

\*PROPOSAL DUE DATE: June 9, 2010 at 1:00 p.m.

OPENING LOCATION: Department of Administrative Services  
Office of Procurement Services  
4200 Surface Rd.  
Columbus, OH 43228-1395

\*Extends the Proposal Due Date to June 9, 2010 on this page of Addendum 1, issued May 13, 2010.

\*

<p>1. The Offeror shall have at least three (3) years experience analyzing health plan evaluation data, including: National Business Coalition on Health's eVaulu8data, Healthcare Effectiveness Data and Information Set (HEDIS), and Consumer Assessment of Healthcare Providers and Systems (CAHPS),</p>		
<p>2. The Offeror shall have a least three (3) years experience facilitating public sector groups.</p>		
<p>3. The Offeror shall affirm in submitted cover letter they do not have any ownership in a particular health plan nor have staff residing on a board of health plan nor have any other professional relationship with a health plan that may be construed as a conflict of interest.</p>		

If the State receives no Proposals meeting all of the mandatory requirements, the State may elect to cancel this RFP.

**PROPOSAL EVALUATION CRITERIA.** If the Offeror meets the mandatory requirements, the Offeror's Proposal will be included in the next part of the evaluation process which involves the scoring of the Proposal Technical Requirements, followed by the scoring of the Cost Proposals. In the Proposal evaluation phase, the State rates the Proposals submitted in response to this RFP based on the following listed criteria and the weight assigned to each criterion. The possible points allowed in this RFP are distributed as indicated in the Table 2 - Scoring Breakdown.

**TABLE 2 - SCORING BREAKDOWN**

Criteria	Maximum Allowable Points
Proposal Technical Requirements	400 Points
Proposal Cost	100 Points
Total	500 Points

The scale below (0-5) will be used to rate each proposal on the criteria listed in the Technical Proposal Evaluation table.

DOES NOT MEET	WEAK	WEAK TO MEETS	MEETS	MEETS TO STRONG	STRONG
0 POINTS	1 POINT	2 POINTS	3 POINTS	4 POINTS	5 POINTS

The State will score the Proposals by multiplying the score received in each category by its assigned weight and adding all categories together for the Offeror's Total Technical Score in Table 3. Representative numerical values are defined as follows:

- DOES NOT MEET (0): Response does not comply substantially with requirements or is not provided.
- WEAK (1): Response was poor related to meeting the objectives.
- WEAK TO MEETS (2): Response indicates the objectives will not be completely met or at a level that will be below average.
- MEETS (3): Response generally meets the objectives (or expectations).
- MEETS TO STRONG (4): Response indicates the objectives will be exceeded.
- STRONG (5): Response significantly exceeds objectives (or expectations) in ways that provide tangible benefits or meets objectives (or expectations) and contains at least one enhancing feature that provides significant benefits.

\*Removed the extra "13" at the top of the table on this page to correct a typo in Addendum 1 issued May 13, 2010.