

REQUEST FOR PROPOSALS

ADDENDUM # 1

ISSUED: April 20, 2012

RFP NUMBER: CSP907112
INDEX NUMBER: DOH049

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

TRANSITION OF PRIMARY CARE PROVIDER PRACTICES IN OHIO TO
PATIENT- CENTERED MEDICAL HOME MODEL OF CARE

Reasons for Addendum: Add "or comparable" to NCQA certification and adjust tab numbers.

PROPOSAL DUE DATE: May 2, 2012
OPENING LOCATION: Department of Administrative Services
General Services Bid Desk
4200 Surface Road
Columbus, Ohio 43228-1395

<p>4. *Offerors must demonstrate a strong background and understanding of current PCMH theory and practice, including knowledge of the challenges and opportunities inherent in PCMH practice transformation. Group facilitation skills as well as the ability to provide one-on-one practice level transformation assistance is essential as well as a comprehensive knowledge and understanding of the National Committee for Quality Assurance (NCQA) or comparable, PCMH recognition standards and process.</p>	20		
Offeror References			
<p>1. Offeror must provide a minimum of three (3) references (not to include the Ohio Department of Health) from previous jobs similar to this Project and provide details of similarities. Offeror must complete all areas of Attachment Six for each of the three (3) references provided. These references must relate to work that was completed within the past five (5) years. If fewer than three (3) references are provided, the Offeror must include information as to why fewer than three (3) references were provided.</p>	15		
Scope of Work			
<p>1. The Offeror must:</p> <ul style="list-style-type: none"> a. Provide a Work Plan that demonstrates an understanding of the requirements of the project as described in Attachment One, Part One, Work Requirements. b. Describe the methodologies, processes and procedures it will utilize in the implementation and production of the Scope of Work. c. Provide a comprehensive Work Plan that gives ample description and detail as to how it proposes to accomplish this project and what resources are necessary to meet the deliverables. d. Demonstrate, in its proposal, a clear understanding of the requirements of this project and have a clear vision of the solution. 	20		
<p>2. The Offeror must:</p> <ul style="list-style-type: none"> a. Suggest suitable delivery process and timeline for the proposed Deliverables. b. Provide a key personnel staffing plan, complete Attachment Seven for key personnel and illustrate the amount of time that will be dedicated by each to the Work. c. Describe any anticipated difficulties in performing the specified project requirements and proposed solutions to those difficulties. d. Describe a contingency plan for completing the Project, should the key project personnel become unavailable to work on this project for any reason. e. Demonstrate sufficient resources and financial stability to meet the requirements and deadline of the Project. 	20		

Total Technical Score: _____

In this RFP, DAS asks for responses and submissions from Offerors, most of which represent components of the above criteria. While each criterion represents only a part of the total basis for a decision to award the Contract to an Offeror, a failure by an Offeror to make a required submission or meet a mandatory requirement will normally result in a rejection of that

*Add "or comparable" in number 4 above.

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

This attachment describes the Project and what the Contractor must do to complete the Project satisfactorily. It also describes what the Offeror must deliver as part of the completed Project (the "Deliverables"), and it gives a detailed description of the Project's schedule.

I. SCOPE OF WORK.

- A. The Contractor must provide comprehensive training and technical assistance to each of the 50 identified practice sites that includes at a minimum the following services:
 - 1. PCMH initial assessment to identify practice expectations, define processes and clarify objectives.
 - 2. Gap analysis to identify each practice's current state and identify PCMH opportunities that can begin immediately.
 - 3. Development of a comprehensive transformation plan to prioritize and operationalize roadmaps and timelines that meet the individual practices PCMH needs and objectives.
 - 4. Dedicated program advisor(s) to provide guidance and feedback, either by phone, e-mail and/or on-site with all 50 practices.
 - 5. *Assistance with securing NCQA Level 1 or comparable higher recognition.
- B. The Contractor must develop and enter into contracts with all 50 identified practice sites that outlines the comprehensive training and technical assistance that bidder will provide. The Contractor must also require the practice to participate in the training of medical students, APN students, and/or medical residents in the PCMH model of care.
- C. The Contractor will be responsible for working with the ODH, EAG and identified practices in evaluating a set of expected outcomes for the pilot project (see Attachment Eleven for sample practice and curriculum metrics).
- D. The Contractor will prepare and submit to ODH 3 reports of findings and recommendations relative to the process of transitioning the pilot practices to the PCMH model of care. Each report shall include an evaluation of the learning opportunities generated, current information on the process of training physicians and APNs in the PCMH model, the time and costs involved in the training and consultation of, and provision of Technical Assistance (TA) to the pilot practices, and the extent to which the training and assistance has met expected outcomes for that time period. The reports also shall provide an evaluation of the operation of a PCMH, as well as any learning opportunities generated by the provision of training, consultation and technical assistance to the pilot practices, and the identification of necessary financial and operational requirements and any barriers or challenges associates with transitioning to the PCMH model of care. Reports will be due beginning 6 months after the start of the project, upon conclusion of year one, and a final report at the end of year two.
- E. The Contractor will plan, conduct, and evaluate at least one, day-long meeting annually, in each of the four identified project regions, with pilot practice sites from those regions, to provide a learning, and sharing opportunity for regional pilot practices, to address any noted issues and challenges, and to answer questions from pilot sites.
- F. The Contractor will meet at least monthly by phone with representatives from the Ohio Department of Health and the H.B. 198 identified Education Advisory Group (EAG), and at least twice per year, in person, with these same representatives.

CONTRACTOR RESPONSIBILITIES. The Contractor must meet all RFP requirements and perform Work as defined in the Scope of Work.

*Add "or comparable" in paragraph 1A5.

*At least one (1) original of each form (signed in blue ink) must be submitted in the "original" copy of the Proposal. All other copies of the Proposal may contain duplicates of these completed forms. If a subsidiary company is involved, Offerors must have an original W-9 and OBM-5657 for both the parent and subsidiary companies. These documents and directions can be found on the OBM Web site under the heading "Vendor Forms" at <http://www.ohiosharedservices.ohio.gov/Vendors.aspx>

*16. Declaration Regarding Material Assistance/Non-assistance to a Terrorist Organization (DMA). The Offeror being awarded this Contract must be registered with the Ohio Business Gateway (OBG) at <http://obg.ohio.gov> to file for DMA pre-certification; if you are not already registered you must:

- a. Register with the Ohio Business Gateway (OBG) at:
<http://obg.ohio.gov>
- b. Review the Terrorist Exclusion List at:
http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf
- c. Complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form at:
<http://www.publicsafety.ohio.gov/links/HLS0038.pdf>

Submit a hardcopy of this completed form with your RFP response. You must then return to the OBG and complete the form for online submission under "Electronic Filing." It is important that you submit the DMA form online at OBG and in hardcopy with the Proposal.

Failure to complete the certification may result in the Offeror being deemed not responsive and/or may invalidate any Contract award. If not submitted with the proposal response, the Offeror will have seven (7) calendar days, after notification, to submit the form.

17. Affirmative Action. Before a contract can be awarded or renewed, an Affirmative Action Program Verification Form must be completed using:

<http://das.ohio.gov/Divisions/EqualOpportunity/AffirmativeActionProgramVerification/tabid/133/Default.aspx>.

Approved Affirmative Action Plans can be found by going to the Equal Opportunity Department's Web site:

<http://eodreporting.oit.ohio.gov/searchAffirmativeAction.aspx>

Copies of approved Affirmative Action plans shall be supplied by the Offeror as part of its Proposal or inclusion of an attestation to the fact that the Offeror has completed the process and is pending approval by the EOD office.

18. Banning the Expenditure of Public Funds on Offshore Services. The Offeror must complete the Contractor/Subcontractor Affirmation and Disclosure form (Attachment Nine) to abide with Executive Order 2011-12K issued by the Governor of Ohio, affirming no services of the Contractor or its subcontractors under this Contract will be performed outside the United States.

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 express written authorization of the Department of Administrative Services.

19. Cost Summary Form. The Cost Summary Form (Attachment Ten) must be submitted with the Offeror's Proposal. The Offeror's total cost for the entire Project must be represented as the firm fixed price, for a not-to-exceed fiscal year cost. Offerors shall provide a comprehensive cost analysis; this cost must include all ancillary costs. All costs for furnishing the services must be included in the Cost Proposals as requested. No mention of or reference to, the Cost Proposals may be made in responses to the general, technical, performance, or support requirements of this RFP.

All prices, costs, and conditions outlined in the proposal shall remain fixed and valid for acceptance for 120 days, starting on the due date for proposals. The awarded contractor must hold the accepted prices and/or costs for the entire contract period. No price change shall be effective without prior written consent from DAS, OPS.

NOTE: Offeror's should ensure Cost Proposals are submitted separately from the Technical Proposals, as indicated the Proposal Submittal paragraph of this RFP (see Part Three). This information should not be included in the Technical Proposal.

The State shall not be liable for any costs the Offeror does not identify in its Proposal.

*Remove the number 16 from the first line and change the number 17 to 16 due a numbering error.

ATTACHMENT TEN
COST SUMMARY FORM

RFP Title: Primary Care Provider Practices in Ohio to Patient-Centered Medical Home Model of Care

RFP Number: CSP907112 UNSPSC CATEGORY CODE: 85120000

BUDGET: \$ To be determined

Description	Cost
1. *The Contractor must provide comprehensive training and technical assistance to each of the 50 identified practice sites that include a minimum of the following services: PCMH initial assessment to identify practice expectations, define processes and clarify objectives; gap analysis to identify each practice's current state and identify PCMH opportunities that can begin immediately; development of a comprehensive transformation plan to prioritize and operationalize roadmaps and timelines that meet the individual practice's PCMH needs and objectives; dedicated program advisor(s) to provide guidance and feedback, either by phone, e-mail, and/or on-site with all 50 practices; assistance with securing NCQA Level 1 or comparable higher recognition.	\$
2. The Contractor must develop and enter into contracts with all 50 identified practice sites that outlines the comprehensive training and technical assistance that bidder will provide. The Contractor must also require the practice to participate in the training of medical students, APN students, and medical residents in the PCMH model of care.	\$
3. The Contractor will be responsible for working with the ODH, EAG and identified practices in evaluating a set of expected outcomes for the pilot project (see attached for sample practice and curriculum metrics).	\$
4. The Contractor will prepare and submit to ODH 3 reports of findings and recommendations relative to the process of transitioning the pilot practices to the PCMH model of care. Each report shall include an evaluation of the learning opportunities generated, current information on the process of training physicians and APNs in the PCMH model, the time and costs involved in the training and consultation of, and provision of TA to the pilot practices, and the extent to which the training and assistance has met expected outcomes for that time period. The reports also shall provide an evaluation of the operation of a PCMH, as well as any learning opportunities generated by the provision of training, consultation and technical assistance to the pilot practices, and the identification of necessary financial and operational requirements and any barriers or challenges associates with transitioning to the PCMH model of care. Reports will be due beginning 6 months after the start of the project, upon conclusion of year one, and a final report at the end of year two.	\$
5. The Contractor will plan, conduct, and evaluate at least one day long meeting annually in each of the four identified project regions with pilot practice sites from those regions to provide a learning and sharing opportunity for regional pilot practices, to address any noted issues and challenges, and to answer questions from pilot sites.	\$
6. The Contractor will meet at least monthly by phone with representatives from the Ohio Department of Health and the H.B. 198 identified Education Advisory Group (EAG), and at least twice per year in person with these same representatives.	\$
7. Other (Identify details)	
NOT TO EXCEED COST	\$

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 expense.

*Add "or comparable" in number 1 above.