STATE OF CONNECTICUT

OFFICE OF THE HEALTHCARE ADVOCATE

STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE

REQUEST FOR APPLICATIONS (RFA) FOR THE ADVANCED MEDICAL HOME VANGUARD PROGRAM

The State Innovation Model (SIM) Program Management Office (PMO) announces the release of a Request for Applications (RFA) for the Advanced Medical Home Vanguard Program. Eligible applicants are advanced networks with primary care practices who are not currently recognized under an existing national medical home standard.

The Advanced Medical Home Vanguard Program will test transformation methods aimed at improving practice and patient experience, allowing for flexibility in the application of these methods so that participating practices can help us to identify the optimal approach. A total of 50 practices will receive state funded practice transformation support for up to 15 months, as wells as discounted 2014 NCQA PCMH application fees.

The PMO seeks to implement this program with selected advanced networks and practices on or before June 1, 2015. Applications will be accepted as of this release. Once a total of 50 eligible practices have been identified, the application period will close. The final deadline to submit an application is April 16th, 2015 at 3:00 p.m. We encourage submitting an application as soon as possible to increase chance of inclusion in the program. The Request for Applications is available in electronic format on the PMO website at: www.healthreform.ct.gov

The Request for Applications is also available in electronic format on the DAS State Contracting Portal at:

http://www.biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=35324

A printed copy of the RFA can be obtained from the Official Contact upon request.

Official Contact:

Name:	Mark Schaefer
Address:	P.O. Box 1543
	Hartford, CT 06144
E-Mail:	mark.schaefer@ct.gov

Final Deadline for submission of applications:
3:00 PM EST on April 16th, 2015

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I. INTRODUCTION

Today's health care environment presents enormous challenges to primary care practices. Payers are migrating rapidly to models of payment that place greater responsibility for managing quality and costs on practices. At the same time, practices are confronted with ever increasing demands for adoption and use of electronic health records and administrative requirements such as ICD-10. Many physicians recognize the need to advance in order to participate successful in new care delivery and payment models, yet the burden of organizing and undertaking advancement is too great to do without assistance. Moreover, the change process does not necessarily address the inefficiencies and frustrations that can sometimes make primary care practice unrewarding.

Recognizing these challenges, the State Innovation Model (SIM) Program Management Office (PMO) convened a Practice Transformation Task Force charged with designing the state's first, ***multi-payer endorsed***, Advanced Medical Home (AMH) Glide Path Program. The goal of this program is to ease the burden of transformation while improving the primary care experience for patients and every member of the primary care team. The Task Force participants included all five of Connecticut's major commercial payers, the Department of Social Services, physicians and other providers, and consumer advocates. The Task Force developed AMH standards that are responsive to care delivery goals under SIM.

The Task Force recommended that the PMO undertake a pilot of the AMH Glide Path, called the AMH Vanguard Program, prior to introducing it on a statewide scale in 2016. That is the purpose of this RFA. The AMH Vanguard Program will test transformation methods aimed at improving practice and patient experience, allowing for flexibility in the application of these methods so that participating practices can help us to identify the optimal approach. We are especially interested in developing methods of assistance and tools to make the process less challenging and resource intensive. At various points in the process, we intend to assess the impact on the primary care team in order to adjust our approach.

AMH Program Standards

The AMH Vanguard Program is based on the **NCQA 2014** standards and achievement of these standards at Level II or III is the program's goal. The transformation process will help providers meet the new NCQA standards, while tuning the approach to ensure the achievement of capabilities that are consistent with SIM. The transformation process also includes the assistance of **Planetree**, which will focus on patient centered care. Patient centered care and improving care experience are likely to be a major feature of value-based payment programs in Connecticut.

Qualidigm and their subcontractor Planetree will be the provider of practice transformation services to practices that are selected to participate in the program. Qualidigm will undertake an intervention strategy that is multifaceted consisting of an

interactive learning collaborative, practice facilitation visits from SIM personnel, and implementation of a variety of evidence-based Quality Improvement (QI) interventions.

Benefits of Participation

The Benefits of participation include the opportunity to:

- Better position your practices for value-based payment initiatives;
- Receive free practice-specific technical support and assistance from local and national experts;
- Assistance with the implementation of evidence-based processes to improve clinical outcomes, empower healthcare consumers and reduce healthcare disparities;
- Enhance clinician and staff experience with the care delivery by building and maintaining a supportive workplace culture;
- Learn with and from peers with similar goals and challenges;
- Achieve NCQA PCMH recognition and CT Advanced Medical Home designation, with the opportunity to receive Planetree's Patient-Centered Bronze recognition; and
- Differentiate your practices and your organization as a leader in Connecticut and in the nation.

Practices will receive PMO funded practice transformation support for up to 15 months, including virtual and in-office technical assistance. In addition, the PMO will arrange for discounted application fees with NCQA. Practices will not otherwise receive direct funding for their participation.

Practices that participate in the AMH Vanguard Program may be eligible for the enhanced fees available to practices that are enrolled in the Medicaid PCMH program, while pursuing NCQA recognition and once such recognition is achieved. Such practices will be expected to formally enroll and actively participate in the Medicaid PCMH and must follow all associated program rules. More information will be provided regarding this process when the successful applicant is selected.

A. ABBREVIATIONS/ ACRONYMS

AMH	Advanced Medical Home
BFO	Best and Final Offer
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare and Medicaid Services
CT	Connecticut
DAS	Department of Administrative Services (CT)
DMHAS	Department of Mental Health and Addiction Services (CT)

DPH	Department of Public Health (CT)
EEO	Equal Employment Opportunity
EST	Eastern Standard Time
FOIA	Freedom of Information Act (CT)
HIE	Health Information Exchange
HIT	Health Information Technology
HIX	Health Insurance Marketplaces
NCQA	National Committee for Quality Assurance
NQF	National Quality Forum
PMO	Program Management Office
PTTF	Practice Transformation Taskforce
RFA	Request for Applications
SIM	State Innovation Model

II. APPLICATION INFORMATION

A. APPLICATION DEADLINE

Applications for the Advanced Medical Home Vanguard Program are due to the following email address no later than **3:00 p.m. on April 16, 2015**: mark.schaefer@ct.gov

B. SUBMITTAL OF APPLICATIONS; ORIGINAL COPY AND COPIES

The Applicant must submit the application electronically to the attention of Mark Schaefer, at email address mark.schaefer@ct.gov. Responses should be entered into the Application Form. Submission file should be named "CT SIM Advanced Medical Home Vanguard Program Application" and must be submitted by the deadline.

The original submission must carry original or electronic signatures. Unsigned submissions will not be evaluated. The submission must be complete, properly formatted and outlined, and ready for review by the PMO. Parts 1 and 3 of the application may be scanned and submitted in Portable Document Format (PDF) or similar file format. Part 2 should be submitted as an Microsoft Excel spreadsheet.

C. SELECTION AND AWARD PROCESS

The PMO will review completed applications as they are received. The application period may close prior to April 16th if the PMO receives completed applications that

meet all eligibility criteria area from one or more Advanced Networks representing a combined total of 50 practices. Applications will be vetted for completeness before they are approved for participation. The final selection of any application (s) is at the sole discretion of the Director of the PMO. Any selected applicant will be notified by the PMO and awarded the right to negotiate a contract.

D. OFFICIAL CONTACT

The PMO has designated the individual below as the Official Contact for purposes of this RFA. The Official Contact is the only authorized contact for this procurement and, as such, handles all related communications on behalf of the PMO. Respondents, prospective Respondents and other interested parties are advised that any communication with any other PMO employee(s) (including appointed officials) or personnel under contract to the PMO about this RFA is strictly prohibited. Respondents or prospective Respondents who violate this instruction may risk disqualification from further consideration.

Name:	Mark Schaefer
Address:	P.O. Box 1543
	Hartford, CT 06144
E-Mail:	mark.schaefer@ct.gov

E. RFA INFORMATION

The RFA, including all necessary application materials and addenda are available in electronic format at the following location:

http://www.biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=35324

F. ELIGIBLE APPLICANTS

Eligible **practice sites** for the CT AMH Vanguard Program:

a) Internal medicine, family medicine, pediatrics, geriatrics, hospital outpatient clinics,
b) School-based health centers (provided if they close for part of the year the group sees their patients at another site with access to the medical records), and
c) Medical specialty practices that can demonstrate the provision of whole person care and meet the other elements of the NCQA joint principles for most of its patients (at least 75 percent) can be eligible for PCMH recognition by NCQA even if it is not a traditional primary care practice.

Eligible **practitioners** for the CT AMH Vanguard Program:

- Physicians (MDs and DOs), APRNs, Physician Assistants (provided they manage their own panel),
- Medical specialists (e.g., Ob-Gyns, Cardiologists, Endocrinologists), on the condition that they meet c) from above, and

- Medical residents and preceptors (the resident will not be listed and preceptor must be physically at the practice site).

Eligible applicants must be an Advanced Network[1] with primary care practices that meet the above qualifications. Advanced networks must compile and submit individual primary care practice applications in their network as one package (more details in Section V. APPLICATION CONTENTS AND APPLICATION FORM).

One or more Advanced Networks will be selected, along with their affiliated practices (target total of 50 practices) to participate in this program.

In addition to the commitment and support of the Advanced Network(s), we will base individual practice eligibility for the program on the following criteria:

1. Not currently recognized under an existing national medical home standard including NCQA 2011 or 2014. Practices that have NCQA 2008 are permitted to apply;[2]
2. Have an identified lead physician or APRN;
3. Have an established ONC Certified electronic health record (EHR), which they have utilized for at least 6 months;
4. Commitment to complete or apply for:
    a. NCQA 2014 medical home recognition and obtaining NCQA recognition;
    b. CT Advanced Medical Home must pass and critical factors; and
    c. Bronze Recognition for Achievement in Patient Centered Care;
5. Commitment to participate in the Learning Collaborative.

G. APPLICANTS' QUESTIONS

The PMO encourages applicants to submit questions seeking clarification of the RFA requirements. The PMO will respond to all questions in one or more official addenda that will be posted to the Department of Administration (DAS) website.

Applicants should submit questions to the PMO as they arise. The PMO will accept questions submitted to the PMO until **3:00 PM EST on April 13, 2014**. Questions must be submitted to the PMO by e-mail (mark.schaefer@ct.gov). The PMO will not respond to questions received after the above deadline. The PMO will make every effort to respond to questions within 3 business days of receipt. Applicants are advised to raise

[1] Advanced Networks are defined as independent practice associations, large medical groups, clinically integrated networks, and integrated delivery system organizations that have entered into shared savings plan (SSP) arrangements with at least one payer. This definition includes entities designated as Accountable Care Organizations for the purpose of participating in Medicare's SSP.

[2] Exceptions may be made for practices that have recently applied to NCQA 2011 or NCQA 2014

questions early in the process so that responses will be received well in advance of the proposal due date.

H. LETTER OF INTENT

Interested Applicants may submit a Letter of Intent to the PMO to advise the PMO of their intention to present an application to this RFA. Letters of intent should be directed to the PMO by **3:00 PM EST on March 27, 2015.** Letters of intent may be sent via mail, e-mail or fax. Submission of a letter of intent is not required in order to submit an application.

I. TIMEFRAMES

Milestones	Ending Dates
RFA Released	March 16, 2015
Deadline for Letter of Intent 3:00 PM EST	March 27, 2015
Any questions must be submitted by 3:00 PM EST	April 13, 2015
Applications Due by 3:00 PM EST	April 16, 2015
Successful Applicants Announced	April 30, 2015
AMH Vanguard Program Begins	On or before June 1, 2015

J. APPLICATION CONTENTS

The Application contains three parts. Part 1 and 2 must be completed by the Advanced Network. Part 3 must be completed by each primary care practice that is being proposed to be part of the program. All three parts of the application, including Part 3 applications, must be compiled by the advanced network and submitted as a complete package electronically to the attention of Mark Schaefer, at email address mark.schaefer@ct.gov.

The application parts are:

Part 1: Advanced Network Profile

To be completed by advanced network representative. This is a PDF form that can be saved and emailed once completed.

- General information
- Participation of organization in shared savings plans
- Capability of risk stratification
- Care coordination resources

- Capability to provide clinical performance data
- Specialties included
- Types of patients
- Risk of organizational changes

Part 2: Participating Primary Care Practices

To be completed by advanced network representative. This is a Microsoft Excel spreadsheet that can be saved and emailed once completed.

Complete table listing all participating practices, including their name, location, telephone, lead physician name, and e-mail address.

- Total number of eligible primary care offices
- Total number of clinicians

Part 3: Individual Primary Care Practice Profile

*To be completed by each participating primary care practice. This is a PDF form. The Advanced Network should compile all forms **into a single document** and submit electronically to the PMO.*

- General information
- EHR capability
- National accreditation status
- Commitment to apply for recognition
- Commitment to participate in Learning Collaborative
- PCMH Glide Path participation
- Describe why you are interested in pursuing medical home recognition through the Advanced Medical Home Vanguard Program

III. OVERVIEW OF THE APPLICATION PROCESS

A. EVALUATION AND SELECTION

1. **Evaluation Process:** It is the intent of the PMO to conduct a comprehensive, fair, and impartial review of applications received.
2. **Minimum Submission Requirements.** Only applications found to be responsive (that is, in compliance with all instructions and requirements) will be reviewed and considered. At its sole discretion, the PMO may allow applicants to correct applications in order to ensure minimum submission requirements are met.
3. **Screening Committee:** The PMO will designate a Screening Committee to review applications in response to this RFA. The PMO reserves the right to alter the composition of this Committee. The Screening Committee, after screening the

applications based on the below evaluation criteria will then be responsible for the recommendation to the Program Director. The Program Director will notify the selected Applicant(s) that the organization(s) has been awarded the right to negotiate a contract with the PMO for this project. The State reserves the right to reject any and all Applications.

4. **Evaluation Criteria.** The PMO will review applications for completeness. Applicants will be reviewed for:
    a. The date and time the application was submitted
    b. Completeness and quality of the application including:
        i. Questions answered in full;
        ii. All three parts of the Application completed and submitted by the advanced network;
        iii. Responses sufficient to allow the PMO to determine whether the applicant has met the established eligibility and criteria.
5. **Meetings with Applicants.** The PMO may request a meeting with an applicant in order to ensure the eligibility requirements have been met. An applicant must not use a meeting with the PMO to supplement, improve, or amend the application.
6. **Selection by the Director of the PMO.** The final selection of any application is at the sole discretion of the Director of the PMO.
7. **Notification by the PMO.** Applicants will be notified by the PMO as to the status of their applications both for awards and non-awards. Any selected applicant notified by the PMO for an award will be given an opportunity to negotiate a contract. As part of this process, the applicant will be required to submit such additional information and documentation as required by the PMO. Contracts shall not become final until fully consummated by all required parties.
8. **Conflict of Interest:** A conflict of interest exists when a relationship between an applicant and a public official (including an elected official) or State employee may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if an applicant tries to influence, or succeeds in influencing, the outcome of an official decision for personal or corporate benefit. Applicants are required to disclose any current business relationships (within the last three years) that pose a conflict of interest. The PMO will determine whether the conflict of interest poses a substantial advantage to the applicant over the competition, decreases the overall competitiveness of the application, or is not in the best interests of the State.

9. **Appeal Process:** The Applicant may appeal any aspect of the competitive procurement; however, such appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the PMO to determine whether – during any aspect of the competitive procurement – there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the Procurement Document. Appeals must be submitted by the Applicant to the Contract Administrator.

   Applicants may submit an Appeal to the PMO any time after the submission due date, but not later than thirty (30) days after the PMO notifies Applicants about the outcome of a competitive procurement. The e-mail sent date will be considered "day one" of the thirty (30) days.

   Following the review process of the documentation submitted, but not later than thirty (30) days after receipt of any such Appeal, a written decision will be issued and delivered to the Applicant who filed the Appeal and any other interested party. The decision will summarize the PMO's process for the procurement in question; and indicate the Agency Head's finding(s) as to the merits of the Applicant's Appeal.

   Any additional information regarding the Debriefing and/or the Appeal processes may be requested from the Official Contact for this RFA.

10. **Debriefing:** The PMO will notify all Applicants of any award issued as a result of this RFA. Unsuccessful Applicants may, within thirty (30) days of the signing of the resultant contract(s), request a Debriefing of the application process and its submission by contacting the Official Contact in writing at the address previously given. Debriefing information that has been properly requested shall be released within five (5) business days of the PMO's receipt of the request. Applicants may request a debriefing meeting to discuss the application process by contacting the Official Contact in writing at the address previously given. Debriefing meetings that have been properly requested shall be scheduled within fifteen (15) days of the PMO's receipt of a request. A debriefing will not include any comparisons of unsuccessful applications with other applications.

IV. PROJECT BACKGROUND

A. CONNECTICUT'S STATE INNOVATION MODEL INITIATIVE (SIM)

Created by the Affordable Care Act, the Center for Medicare and Medicaid Innovation (CMMI) aims to explore innovations in health care delivery and payment that will improve the health of the population, enhance the quality of care and lower costs through improvement (the "Triple Aim"). CMMI's State Innovation Model initiative awards model design and testing grants to states in order to align multiple stakeholders (including providers, consumers, employers, payers and state leaders) around health

care reforms. For more information, see: http://innovation.cms.gov/initiatives/state-innovations/.

In December of 2014, the state of Connecticut was one of 11 states selected to receive a SIM Test Grant. Connecticut was awarded $45 million to implement a number of initiatives to improve population health, strengthen primary care, promote value-based payment and insurance design, and obtain multi-payer alignment on quality, health equity and care experience measures. The Advanced Medical Home program is part of Connecticut's SIM initiative. Connecticut's SIM grant application can be viewed at:

http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2741&q=335460

Final approved program documents are dated November 12, 2014.

B. ADVANCED MEDICAL HOME GLIDE PATH PROGRAM

Connecticut's SIM initiative emphasizes the importance of investing in primary care transformation in order to reduce health disparities, improve care experience, and to provide for a more whole-person centered and effective care process. Our SIM initiative will launch an Advanced Medical Home (AMH) Glide Path program as part of our strategy to support primary care practices in achieving these goals. We are projecting to enroll up to 185 practices in the first wave beginning in late 2015 or early 2016.

The AMH Vanguard Program will precede the launch of the AMH Glide Path before the Glide Path is brought to scale in order to identify transformation initiatives that work best. The practices participating in the program will be able to provide critical feedback on transformation approaches that will then be the foundation for the methods used to transform the primary care practices entering the SIM funded Glide Path.

In recent years, there has been increasing attention to the level of satisfaction of members of the primary care team. This is important for several reasons: 1) the future of the primary care workforce depends on primary care being a rewarding setting within which to work, 2) a satisfied and high functioning clinical team is likely to lead to higher quality performance, improved care coordination and better patient care experience, and 3) we will only be successful at accelerating primary care advancement if primary care practitioners are willing to invest the time, effort, and resources. Accordingly, our methods must deliver greater efficiency, provide a more meaningful clinician experience, and lessen or ease administrative burden, while supporting the implementation of standards that protect consumers and medically vulnerable populations.

C. PROGRAM MANAGEMENT OFFICE

The SIM PMO is located within the Connecticut Office of the Healthcare Advocate (OHA) and is responsible for administering the Connecticut State Innovation Model Grant, the Advanced Medical Home Glide Path, and the Advanced Medical Home Vanguard Program. The PMO will be accountable for the conduct of specific SIM initiatives and will work closely with agencies that hold accountability for components of the plan.

D. PRACTICE TRANSFORMATION TASKFORCE

The Practice Transformation Task Force is a workgroup within the State Innovation Model governance structure that focuses on advancing primary care in Connecticut. This taskforce is comprised of healthcare providers, health centers, consumer advocates, state agencies, health plans and others. The Task Force will be a key partner in advising on the implementation, oversight, and evaluation of the program.

E. PRACTICE TRANSFORMATION VENDOR (QUALIDIGM & PLANETREE)

The PMO has contracted with Qualidigm to be the designated practice transformation vendor for the AMH Vanguard Program. Qualidigm is responsible for providing all transformation services and support. Planetree is Qualidigm's subcontractor with a focus on patient-centered care.

Qualidigm is the state's Medicare designated Quality Improvement Organization with a long history of practice transformation including supporting practices in achieving recognition under NCQA's Patient Centered Medical Home Standards. Planetree is owned by Griffin Hospital and is the first organization to focus on patient centered care as a core competency in health care delivery (especially hospital care) and is currently a global leader in this area. The combined approach proposed by Qualidigm and Planetree has many attractive features:

- Qualidigm is experienced and expert in medical home transformation with a track record of helping more than 400 clinicians achieve NCQA recognition.
- Qualidigm's approach establishes an efficient, practice friendly way to meet the new, challenging NCQA standards introduced in 2014.
- Planetree fully integrates patient centered care into the transformation process promises to provide a unique, truly innovative approach within the Connecticut Advanced Medical Home program that aligns with our state aim to be whole person centered, and to improve the satisfaction of the primary care team.

Developed and operated by Planetree, the Patient-Centered Designation Program® — which includes intermediate Bronze and Silver levels of recognition—distills patient-centered care down to actionable criteria that address not only the patient experience, but also the staff experience and organizational culture. The program is recognized by The Joint Commission as a merit badge on its Quality Check website. The impact of the Planetree approach, and specifically the Designation® framework, is supported by evidence. Based on results documented on CMS' Hospital Compare website, sites that have been recognized through the Patient-Centered Designation® Program are performing 23% better than non-Designated® sites on nationally standardized CAHPS patient experience measures. Leadership at Designated® sites validate that this success is driven less by specific interventions, and by an overarching culture of patient-centeredness. This shift toward integrating a shared mental model of patient-centered care within an organization and the intrinsic rewards that it offers to staff contributes to

increases in employee retention rates and a high level of employee satisfaction when compared with similar healthcare organizations.

V. PROGRAM COMPONENTS

A. PRACTICE TRANSFORMATION SUPPORT

Practices will receive PMO funded practice transformation support for up to 15 months. The program includes an intervention strategy that is multifaceted consisting of an interactive learning collaborative, practice facilitation visits from SIM personnel, and implementation of a variety of evidence-based Quality Improvement (QI) interventions. Virtual and in-office technical assistance will be provided.

There is flexibility in methods used to allow for tailoring and innovation. The program will emphasize methods that hold promise in reducing physician "burn out" such as by promoting greater efficiency, a more meaningful clinician experience, and methods to address the administrative burden on primary care providers. We also emphasize:

- Patient care experience, engagement and shared decision making,
- Health equity,
- Integrated oral health,
- Prevention and
- Integrated behavioral health.

Training and technical assistance will be provided to support implementation of the following and other evidence-based quality improvement interventions:

a. performance measurement and feedback of patient care, survey, and office process data;
b. team care;
c. standing orders;
d. clinician reminders;
e. patient reminders;
f. patient self-management education; and
g. use of shared decision aids via an electronic platform at the point of care or remotely.

B. STANDARDS

Qualidigm will conduct practice transformation interventions for the purpose of assisting practices in the achievement of 2014 NCQA recognition at Level 2 or Level 3, AMH Must Pass elements and Critical Factors, and Planetree Bronze Recognition.

The State recognizes that patient-centered care may entail the development of skills and capabilities that transcend the written standards associated with NCQA and other national accrediting bodies. Accordingly, the State is interested in practice and primary care team development approaches that fully realize the spirit of patient centered care.

The program standards for the Vanguard Program are the NCQA 2014 PCMH standards. A few of the optional elements and factors have been established as mandatory standards for the Advanced Medical Home (AMH) designation. The AMH transformation process also prioritizes a subset of "core" areas of emphasis that will be included in the core curriculum as well as "elective" areas of emphasis that the practice may include at its option. Please refer to **ATTACHMENT A** and **ATTACHMENT B** for additional information on the AMH standards.

C. PROGRAM GUIDELINES

The Successful Applicant will be expected to commit to all aspects of the AMH Vanguard Program including the following:

1. Agreement to complete an in-person office Needs Assessment with the assistance of the transformation vendor and completion of a Patient-Centered Medical Home-Assessment (PCMH-A);
2. Collaborate with the transformation vendor in the creation of an office-specific Transformation Plan that addresses PCMH Standards, AMH must pass and critical factors, and the criteria required to fulfill Bronze Recognition for Achievement in Patient-Centered Care. The plan will include specific action steps with a timeline, milestones, and designated clinical, patient and practice satisfaction and procedural measures. This plan will include a schedule of planned interactions with the transformation vendor.
3. Commitment of an inter-professional office team to work on the project. The team shall consist of a designated lead physician and the office manager or other designated staff and potentially other staff members as part of the team with a commitment to spending four to five hours per week (total time) throughout the 15 month Transformation Phase and to interact with the transformation vendor on an agreed-upon schedule;
4. Agreement to provide quarterly clinical performance data from the office EHR or registry to the transformation vendor during the 15-month Transformation Phase;
5. Agreement to participate in an on-site validation assessment at the conclusion of the Transformation Phase. This assessment visit shall mirror the on-site assessment performed at project baseline. It will focus on gauging progress against the criteria for Bronze Recognition, celebrating successes and identifying actionable next steps for maintaining the gains achieved and further advancing the transformation effort. This information shall inform the design of the finalized statewide approach to practice transformation, and;

6. Practices will be required to apply for the Planetree Bronze Recognition and to meet the AMH Must Pass and Critical Factors requirements. Practices will also be required to apply for and obtain NCQA recognition according to the 2014 standards. The transformation vendor will provide support to the practice to ensure the most efficient process for meeting the administrative requirements of the application process. The practice will be responsible for associated PCMH application and survey tool fees from NCQA at the state's discounted rate.

D. LEARNING COLLABORATIVE

The participants of the AMH Vanguard Program will be required to participate in a Learning Collaborative organized and conducted by Qualidigm. The Learning Collaborative will assist primary care practices in moving along a continuum toward more person-centered care by helping them make important changes in leadership approaches, culture, and systems. The collaborative will foster continuous learning through webinars, workshops, an online collaboration site, and phone support. The approach will maximize the sharing among practices of resources, tools, and strategies for practice transformation.

The Learning Collaborative consists of in-person meetings, virtual group education meetings, and technical assistance. Interactive webinar series and other means will be used to provide virtual technical assistance to the practices as they prepare for NCQA 2014 PCMH Level II or Level III Recognition and achievement of Planetree Bronze Recognition.

E. EVALUATION

Feedback and evaluation will be an integral component of the AMH Vanguard Program. Ongoing evaluations will be conducted throughout the life of the program. A summative evaluation will be conducted at the end of the Transformation Phase and will cover the domains described below:

a. Participant/team satisfaction with training and technical assistance;

b. Office team participation in all intervention phases;

c. Quality improvement interventions utilized by offices;

d. PCMH-A results: engaged leadership; quality improvement strategy; empanelment; continuous and team-based healing relationships; organized, evidence-based care; patient-centered interactions; enhanced access; care coordination; overall program score;

e. Patient care experience (via PCMH-A tool, patient survey and patient interviews);

f. Staff experience (via staff engagement survey measures);

g. Process of care performance;

h. Level II or Level III NCQA PCMH Recognition achieved;

i. Success rates of AMH Designation; and

j. Success rates of Planetree Bronze Recognition applications.

VI. GENERAL PROVISIONS

A. STANDARD CONTRACT

1. **Awardee Contract Term.** Once the successful applicants are selected, the PMO, or another state agency selected by the PMO, will seek to execute the agreement with the successful applicant. The PMO seeks to implement this agreement on or before June 1, 2014 for a period ending on or before August 31, 2016. The program is expected to last up to 15 months.

2. **Contract execution.** The contract developed as a result of this RFA is subject to State contracting procedures for executing a contract which may include approval by the Connecticut Office of the Attorney General. Contracts become executed upon the signature of the Office of the Attorney General and no financial commitments can be made until and unless the contracts have been approved by the Office of the Attorney General. The Office of the Attorney General reviews the contract only after the Program Director and the Contractor have agreed to the provisions.

3. **Acceptance of content.** If acquisition action ensues, the contents of this RFA and the Response of the successful Applicant will form the basis of contractual obligations in the final contract. The Applicant's submission must include a Statement of Acceptance, which is located in the Application Form Part 1, without qualification of all terms and conditions within this RFA and the Mandatory Terms and Conditions, embedded as a hyperlink, mandatory terms and conditions (Appendix A).

   Any Response that fails to comply in any way with this requirement may be disqualified as non-responsive. The PMO is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

4. **Contest of solicitation or award.** Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any Applicant or APPLICANT on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board…" Refer to the State Contracting Standards Board website at **www.ct.gov/scsb**.

5. **Other:** Bidding on and/or being awarded this contract shall not automatically preclude the Respondent from bidding on any future contracts related to the SIM. Continued funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services. Applicants should note that any contracts developed as a result of this RFA are subject to the PMO's contracting procedures that may include approval by the Office of the Attorney General.

B. ASSURANCES

By submitting Applications in response to this RFA, a Respondent implicitly gives the following assurances, and certifies that in connection with this RFA the following requirements have been met:

1. **Collusion**. The Respondent represents and warrants that the Respondent did not participate in any part of the RFA development process and had no knowledge of the specific contents of the RFA prior to its issuance. The Respondent further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the Respondent's submission. The Respondent also represents and warrants that the submission is in all respects fair and is made without collusion or fraud.
2. **State Officials and Employees**. The Respondent certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFA. Any contract arising from this procurement may be terminated by the State if it is determined that gratuities of any kind were either offered to or received by any of the aforementioned officials or employees from the contractor, the contractor's agent or the contractor's employee(s).
3. **Competitors.** The Respondent assures that the submission is not made in connection with any competitor submitting a separate submission in response to this RFA. No attempt has been made, or will be made, by the Respondent to induce any competitor to submit, or not submit, Applications for the purpose of restricting competition
4. **Validity of Submission**. The submission shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the PMO may include the submission, by reference or otherwise, into any contract with the successful Respondent.
5. **Press Releases**: The Respondent agrees to obtain prior written consent and approval from the PMO for press releases that relate in any manner to this RFP or any resulting contract.
6. **Restrictions on Communications with PMO Staff:** The Respondent agrees that from the date of release of this RFA until the PMO makes an award that it shall not communicate with PMO staff on matters relating to this RFA except as provided herein through the PMO. Any other communication concerning this RFA with any of the PMO's staff may, at the discretion of the PMO, result in the disqualification of that Respondent's Submission.
7. **Acceptance of the PMO's Rights Reserved:** The Respondent accepts the rights reserved by the PMO.

C. OTHER TERMS AND CONDITIONS

By submitting Applications in response to this RFA, a Respondent implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action**. The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.

2. **Response Date and Time:** To be considered for selection a Response must be received by the PMO by the date and time stated in the Application Schedule of this RFA. Respondents should not interpret or otherwise construe receipt of a Response after the closing date and time as acceptance of the Response, since the actual receipt of the document is a clerical function. The PMO suggests the Respondent e-mail the proposal with receipt confirmation. Respondents must address all RFA communications to the PMO.

3. **Preparation Expenses**. The PMO assumes no liability for payment of expenses incurred by Respondents in preparing and submitting Responses in response to this RFA. The PMO is not liable for any cost incurred by the Respondent prior to the effective date of a contract.

4. **Exclusion of Taxes**. The PMO is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Respondents are liable for any other applicable taxes.

5. **Changes to Submission**. No additions or changes to the original submission will be allowed after submission. While changes are not permitted, the PMO may request and authorize Respondents to submit written clarification of their submissions, in a manner or format prescribed by the PMO, and at the Respondent's expense.

6. **Supplemental Information**. Supplemental information will not be considered after the deadline for submissions, unless specifically requested by the PMO. The PMO may ask a Respondent to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a submission. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the PMO. At its sole discretion, the PMO may limit the number of Respondents invited to make such a demonstration, interview, or oral presentation.

7. **Presentation of Supporting Evidence**. If requested by the PMO, a Respondent must be prepared to present evidence of experience, ability, data reporting capabilities, or other information necessary to satisfactorily meet the

requirements set forth or implied in this RFA. At its discretion, the PMO may also check or contact any reference provided by the Respondent.

8. **RFA Is Not An Offer**. Neither this RFA nor any subsequent discussions shall give rise to any commitment on the part of the State or the PMO or confer any rights on any Respondent unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the Respondent and the PMO and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the Respondent or for payment of services under the terms of the contract until the successful Respondent is notified that the contract has been accepted and approved by the PMO and, if required, by the Attorney General's Office.
9. **Contract Breach:** If the PMO or its vendor believes that the Contractor has not performed according to the Contract, the Agency may: temporarily discontinue all or part of the Services to be provided under the Contract; permanently discontinue part of the Services to be provided under the Contract; take such other actions of any nature whatsoever as may be deemed appropriate for the best interests of the State or the program(s) provided under this Contract or both; or any combination of the above actions.

D. RIGHTS RESERVED TO THE STATE

By submitting Applications in response to this RFA, a Respondent implicitly accepts that the following rights are reserved to the State:

1. **Timing Sequence**. The timing and sequence of events associated with this RFA shall ultimately be determined by the PMO.
2. **Amending or Canceling RFA**. The PMO reserves the right to amend or cancel this RFA on any date and at any time, if the PMO deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **Award and Rejection of Submissions**. The PMO reserves the right to award in part, to reject any and all submissions in whole or in part, for misrepresentation or if the submission limits or modifies any of the terms, conditions, or specifications of this RFA. The PMO may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The PMO reserves the right to reject the submission of any Respondent who submits Applications after the submission due date and time, or that do not comply with procurement requirements.
4. **Incomplete Business Section:** The PMO reserves the right to reject any Response in which the Business Section is incomplete or in which there are significant inconsistencies or inaccuracies. The State reserves the right to reject all Responses

5. **Prior contract default:** The PMO reserves the right to reject the submission of any Respondent in default of any prior contract or for misrepresentation of material presented.
6. **Written clarification:** The PMO reserves the right to require Respondents, at their own expense, to submit written clarification of their Response in a manner or format that the PMO may require
7. **Oral clarification:** The PMO reserves the right to require Respondents, at their own expense, to make oral presentations at a time selected and in a place provided by the PMO. Reserves the right to invite Respondents, but not necessarily all, to make an oral presentation to assist the PMO in their determination of award. The PMO further reserves the right to limit the number of Respondents invited to make such a presentation. The oral presentation shall only be permitted for clarification purposes and not to allow changes to be made to the submission.
8. **No changes:** Allow no additions or changes to the original Response after the due date specified herein, except as may be authorized by the PMO.
9. **Sole Property of the State**. All Applications submitted in response to this RFA are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFA shall be the sole property of the State, unless stated otherwise in this RFA or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
10. **Contract Negotiation**. The PMO reserves the right to negotiate or contract separately any service in any manner necessary to serve the best interest of the State. The PMO further reserves the right to contract with one or more Respondent for such services; to contract for all or any portion of the scope of work or tasks contained within this RFA
11. **Most advantageous Response:** The PMO reserves the right to consider cost and all factors in determining the most advantageous Response when awarding the right to negotiate a contract.
12. **Privileged and confidential communication:** The PMO reserves the right to share the contents of any Response with any of its designees for purposes of evaluating the Response to make an award. The contents of all meetings, including the first, second and any subsequent meetings and all communications in the course of negotiating and arriving at the terms of the Contract shall be privileged and confidential.
13. **Unacceptable Responses:** The PMO reserves the right to reopen the bidding process if the PMO determines that all Responses are unacceptable.

14. **Clerical Errors in Award**. The PMO reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a Respondent and subsequently awarding the contract to another Respondent. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial Respondent is deemed to be void ab initio and of no effect as if no contract ever existed between the State and the Respondent.

E. STATUTORY AND REGULATORY COMPLIANCE

By submitting Applications in response to this RFA, the Respondent implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their applications any confidential information. If the proposer indicates that certain documentation, as required by this RFA, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies §46a-68j-21 thru 43, inclusive**. CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a Respondent is offered an opportunity to negotiate a contract, the Respondent must provide the PMO with written representation or documentation that certifies the Respondent complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts regardless of type, term, cost, or value. Municipalities and CT

State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at OPM: Nondiscrimination Certification (http://www.ct.gov/opm/fin/nondiscrim_forms)

IMPORTANT NOTE: The selected Respondent(s) must upload the Nondiscrimination Certification through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division prior to contract execution, and the Department of Rehabilitation Services can review said document online. The DAS guide to uploading affidavits and nondiscrimination forms online is embedded in this section as a hyperlink.

4. **Certification Regarding Lobbying,**(embedded as a hyperlink)- To submit a responsive submission, the Respondent must provide a signed statement to the effect that no funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

ATTACHMENT A

Connecticut Advanced Medical Home Standards

AMH Must Pass Elements and Critical Factors

Additional Must-Pass elements necessary for CT AMH designation are underlined below:

- **Standard 1: Patient-Centered Access**
  - Element A: Patient-centered Appointment Access
  - Element B: 24/7 Access to Clinical Advice
  - Element C: Electronic Access
- **Standard 2: Team-based Care**
  - Element A: Continuity
  - Element B: Medical Home Responsibilities
  - <u>Element C: Cultural and Linguistic Appropriate Services</u>
  - Element D: The Practice Team
- **Standard 3: Population Health Management**
  - Element A: Patient Information
  - Element B: Clinical Data
  - Element C: Comprehensive Health Assessment
  - Element D: Use Data for Population Health Management
  - Element E: Implement Evidence-Based Decision Support
- **Standard 4: Care Management and Support**
  - Element A: Identify Patients for Care Management
  - Element B: Care Planning and Self-Care Support
  - Element C: Medication Management
  - Element D: Use Electronic Prescribing
  - Element E: Support Self-Care and Shared Decision Making
- **Standard 5: Care Coordination and Care Transitions**
  - Element A: Test Tracking and Follow-Up
  - Element B: Referral Tracking and Follow Up
  - Element C: Coordinate Care Transitions
- **Standard 6: Performance Measurement and Quality Improvement**
  - Element A: Measure Clinical Quality Performance

- Element B: Measure Resource Use and Care Coordination
- Element C: Measure Patient/Family Experience
- Element D: Implement Continuous Quality Improvement
- Element E: Demonstrate Continuous Quality Improvement
- Element F: Report Performance
- Element G: Use Certified EHR Technology

NCQA factors that have been deemed **critical factors** necessary for CT AMH designation are identified below:

- **Standard 1: Patient-Centered Access**
  - No AMH Critical Factors
- **Standard 2: Team-Based Care**
  - Element A: Continuity
    4. Collaborating with the patient/family to develop/implement a written care plan for transitioning from pediatric care to adult care. (NEW CRITICAL)
- **Standard 3: Population Health Management**
  - Element C: Comprehensive Health Assessment
    7. Mental health/substance use history of patient and family. (NEW CRITICAL)
    8. Developmental screening using a standardized tool (NA for practices with no pediatric patients). (NEW CRITICAL)
    9. Depression screening for adults and adolescents using a standardized tool. (NEW CRITICAL)
- **Standard 4: Care Management and Support**
  - Element A: Identify Patients for Care Management
    1. Behavioral health conditions. (NEW CRITICAL)
  - Element B: Care Planning and Self-Care Support (MUST-PASS)
    1. Incorporates patient preferences and functional/lifestyle goals. (NEW CRITICAL)
  - Element C: Medication Management

5. Assesses response to medications and barriers to adherence for more than 50 percent of patients, and dates the assessment. (NEW CRITICAL)

- **Standard 5: Care Coordination and Care Transitions**
  - No AMH Critical Factors
- **Standard 6: Performance Measurement and Quality Improvement**
  - Element A: Measure Clinical Quality Performance
    4. Performance data stratified for vulnerable populations (to assess disparities in care). (NEW CRITICAL)
  - Element C: Measure Patient/Family Experience (NEW MUST-PASS)
    3. The practice obtains feedback on experiences of vulnerable patient groups. (NEW CRITICAL)

ATTACHMENT B: CONNECTICUT ADVANCED MEDICAL HOME STANDARDS

AREAS OF EMPHASIS

1) The following "core" areas of emphasis are required elements of the CT AMH transformation curriculum:

- **Standard 2: Element C**
  - The practice should be knowledgeable about culturally appropriate services in the practice's catchment area and health disparities among patient populations served by the practice
- **Standard 3: Element C: Factor 2, 6 & 10**
  - Provide practices with training and support for evaluation and assessment of family/social/cultural characteristics, behavioral health risk factors, and health literacy. Train practices to use this information to identify patients for care management and provide more individualized care incorporating a patients cultural norms, needs, and beliefs.
- **Standard 3: Element C**
  - Instruct practices in the provision of age appropriate oral health risk and disease screening. The practice should be advised how to implement age appropriate oral health risk and disease assessment, Including assessments for caries, periodontal disease and oral cancer.
  - Instruct practices how to better understand the health risks and information needs of patients/families and train practices to perform an accurate, patient-centered, culturally and linguistically appropriate comprehensive health assessment.
- **Standard 4: Element A-E**
  - Focus on empathetic care and communication between practitioners and patient/families. Provide training for techniques and best practices to support patients and improve care experience.
- **Standard 4: Element A**
  - Criteria for identifying patients for care management are developed from a profile of patient assessments and may include a combination of the following: A diagnosis of an oral health issue (e.g. oral health risk and disease assessment to include caries, periodontal disease and cancer detection); A

positive diagnosis by a dentist of an oral disease condition or risk of the disease.

- **Standard 4: Element E**
  - Focus on shared decision making communications between patient and practitioner (taking into account patient preferences) giving the patient the support they need to make the best individualized care decisions.
- **Standard 5: Element C**
  - Proactively identifies patients with unplanned hospital admissions and emergency department visits.
  - Shares clinical information with admitting hospitals and emergency departments.
- **Standard 6: Element D**
  - Set goals and address at least one identified disparity in care/service for identified vulnerable population.

2) The following "elective" areas of emphasis are optional elements of the CT AMH transformation curriculum:

- **Standard 2: Element D and Standard 6: Element C**
  - Implementation of Patient-Family Advisory Panels at the practice for quarterly feedback and continuous quality improvement. Patient-Family Advisory Panels will help to inform the practice team on how to provide better patient-centered care and improve patient satisfaction.
- **Standard 4: Element A**
  - Identify patients for care management that include 95% empanelment, with 75% risk stratification, and 80% of care management for high risk patients
- **Standard 4: Element E**
  - Improve educational materials and resources available to patients.
  - Identify two target health conditions for self-care and shared decision-making for the practice's population
- **Standard 5: Element B**
  - Focus on the development of collaborative agreements with at least 2 groups of high-volume specialties to improve care transitions

  - Focus on enabling the practice to track the percentage of patients with ED visits who receive follow-up

- **Standard 5: Element C**
  - Practice responsible to contact 75% of patients who were hospitalized within 72 hours
  - Obtains proper consent for release of information and has a process for secure exchange of information and for coordination of care with community partners with guardian or custodial relationship
- **CT AMH Specific (not in NCQA 2014)**
  - Track primary care team satisfaction pre- and post- AMH program