

**STATE OF CONNECTICUT
OFFICE OF THE HEALTHCARE ADVOCATE
STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE**

REQUEST FOR PROPOSAL (RFP) FOR CCIP TRANSFORMATION Vendor

FOURTH Addendum

RELEASE DATE – 08-11-2016

The SIM PMO's official responses to questions submitted as of noon, August 11, 2016 are as follows:

1. **Question:** If an organization has the required forms from Section VII already completed and filed on BizNet, does the organization still need to complete the forms for this response, or is it acceptable that the organization reference those completed forms?

Response: The PMO recommends that the applicant re-execute and submit each of the required forms for the purpose of this proposal. If the form on file has been signed and dated within four weeks of the date of submission of the CCIP Transformation Vendor proposal and the substance of the attestation, certification or assurance is accurate and up-to-date as of the date of submission of the proposal, the applicant may submit a PDF copy of the recently executed form with the proposal.

2. **Question:** In the response, is it acceptable to use tabs between the required sections? Will those tabs count toward the overall page limits of the individual sections?

Response: The question is not entirely clear. If the questioner is asking whether a blank page can be inserted between sections, this is acceptable.

3. **Question:** The instructions for the summary table on the first page of Attachment C: Budget Narrative Guidance, number 1, indicate that the table should be included on the "first page of the document". Does this mean the first page of the Budget Narrative section??

Response: Yes, this refers to the first page of the Budget Narrative section.

4. **Question:** My question and comment are on behalf of the Southern New England Practice Transformation Network (SNEPTN) and the Transforming Clinical Practices Initiative (TCPI), and concern the following language in the Request for Proposal (RFP) for the Community & Clinical Integration Program (CCIP) Transformation Vendor:

***2.4.1.3 Harmonize with the Transforming Clinical Practices Initiative (TCPI)
The vendor should examine the approach and supporting materials that comprise the federal TCPI practice transformation effort and harmonize to the extent that it is beneficial to the technical assistance process.
The Centers for Medicare and Medicaid Services (CMS) recently launched TCPI to help clinicians achieve health transformation. TCPI funds Practice Transformation Networks (PTNs) to lead practice transformation and peer learning activities across primary care and specialty practices. Two entities***

that are recruiting practices in Connecticut have been awarded TCPI funding: Community Health Center Association of Connecticut (CHCACT PTN), and UConn Health (Southern New England PTN). Due to the similarity between TCPI and CCIP, practices and FQHCs that participate in TCPI are not eligible to participate in CCIP.

SIM and TCPI are federally funded programs, both of which include a focus on practice transformation and technical assistance. CMMI has instructed SIM and PTN grant recipients to work together to coordinate the administration of these programs with the aim of promoting harmonization and ensuring that duplication is avoided. Although the PMO will not provide CCIP transformation services to TCPI participants, the SIM PMO wishes to leverage and align with TCPI approaches so that statewide transformation efforts present a more unified approach.

How would a Connecticut based Federally Qualified Health Center's (FQHC's) enrollment in the Southern New England Practice Transformation Network (SNEPTN) impact that FQHC's eligibility under CCIP for a transformation award and for services provided by the CCIP Transformation Vendor? The language above indicates that this FQHC would become ineligible for CCIP assistance. If this is the case, I question the practicality and necessity of this prohibition.

It is possible that every FQHC in Connecticut will become part of either the Community Health Center Association of Connecticut's (CHCACT's) PTN or SNEPTN. Currently, only one of the state's FQHCs is outside of the former. If all become engaged with TCPI, what then? Even if the sole unaffiliated FQHC remains outside a PTN, how is it reasonable to limit CCIP services to only one FQHC?

I suggest that not only is this unreasonable, it is also unnecessary. What matters is that what is provided by SIM and PTN not be redundant. If the services supported by each program are complementary, not only would this meet CMMI's criteria, it would also exemplify what CMMI has asked to two programs to do. SNEPTN is interested in clinical community integration, but the priorities of our program are such that no or virtually no resources are being devoted expressly to this purpose. For us as for you, available resources are insufficient to do everything that should be done. If SIM could help fill this gap for our practices, that would be welcome.

We would have to demarcate clearly which program is supporting what in each instance. But we should be able to do that. Most of the UConn Health professionals now engaged in SNEPTN have also been deeply engaged in CT SIM.

Response: The PMO, CHCACT and SNEPTN agreed to limit access to CCIP Transformation Awards to practices that are not participating with a PTN in order to maximize the combined effect of the PTN and SIM grant funds in support of practice transformation. The PMO is not prepared to revisit this agreement at this time in the interest of ensuring resources are available to support the transformation activities of non-PTN participants.

The parties further agreed that SIM funded technical assistance and the SIM CHW initiative may be available to support interested entities/clinicians that are participating in PTN in areas that are not otherwise within the scope of PTN. We agreed to make good faith efforts to examine the extent to which this can be achieved to mutual advantage and within available resources.

The PMO would be interested in undertaking this examination with CHCACT and SNEPTN after the procurement for a CCIP Transformation Vendor is concluded. At that time, we will have a better understanding of our transformation assistance model,

associated costs, available resources, and number and size of non-PTN Participating Entities.

Accordingly, Respondents to this RFP should remain focused on the scope and target Participating Entities as established in the RFP. Respondents are requested not to provide for any adjustment to the qualifications of the Participating Entities at this time.

Question: We understand that there is no indirect cap in the RFP as stated; however there appears to be a cap in the required spreadsheet. Please verify that we can exceed the indirect rate provided that we have an indirect rate approval letter from a cognizant government agency?

Response: Indirect costs are limited to 10%. CMMI provides for no exceptions.

Question: Will this contract be fixed-price, time and materials or another contract type?

Response: The contract will not be fixed-price. As noted on page 40, Section 5.2:

“The resultant Contract shall include a maximum cost for the contract period for the services of the Contractor team. It is anticipated that the Contractor’s team will be dedicated in full or in part, to support the contracted scope, and that the Contract will specify the expected percent effort associated with each team member. Payment shall be based on actual costs incurred not to exceed the Contract maximum for each budget category, and for the Contract overall.”

As noted, payment shall be based on invoices for actual costs, plus indirect, less the withhold. While other options may be considered during the negotiation, we believe that this approach provides the most flexibility in the current environment. The contract will need to allow for flexibility in the use of resources, recognizing that the level of effort may vary based on the initial readiness/gaps of the Participating Entities, the number and size of Participating Entities and whether the Participating Entities choose to pursue elective standards. The contract will contain provisions that permit re-allocation of the projected costs across budget categories.