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

**REQUEST FOR PROPOSALS (RFP) FOR ADVANCED MEDICAL HOME
PRACTICE TRANSFORMATION SERVICES**

SECOND Addendum

Release Date: 08/30/2016

Note: The PMO is hereby amending the spreadsheet in **Attachment D: Budget**, which bidders are asked to complete in support of their proposed budget. The Respondent should complete the amended spreadsheet accessible through the following link:

[AMH Practice Transformation Services RFP Budget Spreadsheet](#)

1. The first page of the RFP as well as the table on page 4 indicates that the due date for the response is 9/26; however, the statement above the table on page 4 indicates that the due date is 9/29 at 3 PM. What is the correct due date and time?

Response: The due date and time for submission of proposals is on or before September 26, 2016 at 3:00pm.

2. If a bidder has recently submitted all of the required forms outlined on page 20, do these forms need to be re-executed, or would a copy of such forms be acceptable?

Response: The PMO recommends that the applicant re-execute and submit each of the required forms found on page 20 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 Advanced Medical Home Practice Transformation Services 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.

3. Is the required project plan and timeline included in the 3 page limit of the Organizational Qualifications section, or is it acceptable to include these items as an appendix?

Response: The project plan and timeline may be submitted as an appendix and excluded from the 3 page limit.

4. Are references included in the page limit for the Organizational Qualifications section, or should these be included as an appendix?

Response: References may be included as an appendix.

5. Is the institutional salary cap applicable to consulting organizations that will provide an hourly rate versus a salary and fringe in the cost proposal?

Response: We have received guidance from CMS that the salaries of professionals who are working for a consulting services organization and providing consulting services, typically based on hourly rates, are exempt from salary level limits. It is important that the respondent meet the definition of a consulting services organization, which should be evident from the organization's articles of incorporation.

We anticipate that the Advanced Medical Home Practice Transformation Services contract can be structured as a consulting services agreement, such that the aforementioned salary cap would not apply. For bidders interested in submitting a response based on their status as a consulting services organization, they should do the following:

- a) Provide a budget with a rate schedule (hourly rate for each consultant or consultant category) in lieu of salary and fringe.
- b) Provide the projected costs in Attachments C and D based on estimated hours per consultant for each project period and a total for the duration of the project.
- c) Eliminate the indirect cost line as indirect costs should be included in the hourly rates.

The contract will be a deliverable based contract based on per practice cost. However, the rate schedule and projected hours that are the basis for the per practice cost must be submitted to CMMI for review and approval as a condition for the release of funds. The State's ability to enter into the contract that results from this RFP is contingent on CMMI approval.

6. Is Attachment B an additional required form? If so, where should it be included in the response?

Response: Submission of Attachment B is required of all bidders to the RFP. Attachment may be submitted as an attachment to the proposal.

7. Is it the intention of the PMO that there is a likelihood of cohorts that run concurrently for a time that have practices completing the 2014 NCQA standards while others are working on the 2017 standards?

Response: The PMO is revising its expectations with respect to the standards that practices will be required to meet and which must be the basis for the Respondent's proposed approach outlined in the Project Narrative. The PMO will require that practices meet the **2017 NCQA PCMH** standards.

Although the 2017 NCQA standards will not be officially released until March 31, 2017, NCQA has agreed to release a high level draft version to the PMO and the AMH vendor selected as a result of this procurement. They note that the 2017 standards are substantially similar to the 2014 standards. They further note that they will be available to assist our vendor in adjusting the transformation curriculum and methods to align with the 2017 standards. The most significant change is the transition to ongoing, sustained recognition status (instead of the current program's three-year recognition cycle) with annual check-in and reporting. The following link has the latest information:

<http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-redesign/information-for-practices-not-currently-recognized-by-ncqa>

In light of the above, the PMO is amending three sections of the RFP as follows:

Background Information, Section C. b) on page 7 is deleted in its entirety and replaced with the following:

b) *Qualifications for Participating Practices*

Individual practice qualifications may include the following:

1. Engaged leadership, as evidenced in part by an identified lead physician or APRN,
2. Office of the National Coordinator-certified EHR,
3. Not currently recognized under an existing national medical home standard including NCQA 2011 or 2014,
4. Commitment to apply for NCQA **2017** medical home recognition and obtaining NCQA recognition as a condition for participating in and completing the pilot, and
5. Commitment to participate in the Learning Collaborative.

Required Services Component, Section A on page 9, second paragraph is deleted in its entirety and replaced with the following:

Components 1 and 2 above will be undertaken in conjunction with the PMO. Practices will be required to apply for and obtain NCQA recognition according to the **2017** standards. The Contractor will be expected to provide support to the practice to ensure the most efficient process for meeting the administrative requirements of the application process.

Application Details, Section D, b. on page 24 is deleted in its entirety and replaced with the following:

b. Completion Criteria for the purpose of determining final withhold payment to the Contractor shall be defined as a practice achieving CT AMH Designation, which includes achieving **2017** Level II or Level III NCQA PCMH Recognition and achieving the additional must pass elements and critical factors under the AMH Pilot Program (“Completion Criteria”) by December 2017.

8. How many of the additional “must pass” and “critical factors” must a practice pass to achieve AMH designation?

Response: A practice must pass all indicated additional “must pass elements” and “critical factors” to achieve AMH designation. Please refer to Attachment E: “AMH Must Pass Elements and Critical Factors,” where these additional “must pass elements” and “critical factors” are underlined. Please note that a practice must also achieve NCQA PCMH designation for the AMH designation.