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

THIRD Addendum

Release Date: 09/16/2016

1. DEADLINE FOR RESPONSES

The deadline for submission of responses has been extended to 12:00PM on September 30, 2016.

2. SECTION "APPLICATION DETAILS, B. PROJECT NARRATIVE IS AMENDED AS FOLLOWS:

The RFP is hereby amended to include the following information in Section B. Project Narrative requirements. The vendor must respond to the following additional two questions as a supplement to the Project Narrative. The response will not be counted toward the page limit for the Project Narrative.

Context: In October of this year, CMS will finalize its new Quality Payment Program (QPP), which is part of the federal MACRA legislation. QPP will impact the majority of Connecticut's physician providers beginning in 2017. Medicare Part B providers will participate in the Quality Payment Program in one of two tracks:

1) Merit-based Incentive Payment Program (MIPS): Providers will receive one composite score for their performance across four categories:

   a. Quality (50%)
   b. Advanced Care Information (25%)
   c. Clinical Practice Improvement Activities (15%): Note that PCMH recognition gives providers full credit in this category
   d. Resource Use (10%)

2) Advanced Alternative Payment Models (Advanced APMS): Qualified participants in this track must perform well on process and outcome quality measures, must use CEHRT effectively, and must bear more than nominal financial risk on quality and spending.

Question 1: Please describe how the Respondent will build methods into their transformation process which would ALSO enable providers to meet requirements of the Quality Payment Program. Please indicate whether and to what extent this would impact their proposed per practice cost. In particular, describe how methods will assist providers in meeting the three categories described above, especially Quality, Advanced Care Information, and Resource Use as part of the MIPS program. (Category C is met in its entirety via the achievement of PCMH recognition.)

Also, please describe how the technical assistance process and methods might be designed to help Qualified Participants in succeed in the Advanced APM track by meeting quality and cost targets,

and utilizing CEHRT effectively. With respect to CEHRT, we have received feedback from physician stakeholders that they are in need of assistance in using their EHRs and associated data to maximum benefit— to enable the practice to operate efficiently, with minimum burden to the care process, and to use data to drive improvement.

Note: The PMO is seeking to maximize the AMH program's ability to support physicians in the proposed timeframe by aligning as much as possible the foundational AMH/PCMH requirements with the new requirements that will be important for success under QPP. Respondents should keep their proposed approach simple and efficient.

Context: The Connecticut State Innovation Model has elevated improvement among the following priority areas for the purpose of increasing alignment among SIM initiatives:

1. Individuals with complex health needs
2. Diabetes prevention and control
3. Hypertension prevention and control
4. Asthma
5. Depression

It is intended that the AMH transformation process drive improvement in these areas. For example, by enabling the use of the PHQ-9 to support depression screening *and* follow-up assessment, the intervention may also enable the reporting of depression measures recommended by the Quality Council. Please refer to the draft alignment grid which illustrates how different SIM initiatives align around these priority areas. Note that PCMH is currently described simply as a foundational capability that does not specifically enhance performance in the target populations or conditions.

Question 2: Please describe how the Respondent can tailor the AMH transformation process to impact any of the five priority areas.

Note well: The evaluation of proposals will take into consideration the extent to which the proposed approach leverages the AMH transformation process to support the achievement of Quality Payment Program requirements, as described in Question 1, and efficiently achieves alignment in support of the target populations and conditions, as described in Question 2.

3. RESPONSE TO QUESTIONS

The following responses are offered to questions that were received as of noon, September 14, 2016.

1. **Based on the second amendment indicating that the vendor will now be required to have practices recognized on the NCQA 2017 Standards, will the time table and evaluation be adjusted because NCQA has changed their criteria to "Recognized" vs Recognized at a level (1,2,3)?**

   Response: At this time, the SIM PMO will not be making changes to the evaluation or timetable found on page 10 of the RFP for practices to meet 2017 NCQA PCMH standards. This is because PCMH recognition is a requirement for practices to participate in the DSS PCMH+ program, the second wave of which is scheduled to begin January 1, 2018. We would be interested in any clarification that you can offer as to why the change in NCQA might warrant an adjustment to our timetable.

2. **Per the RFP, it speaks to "participating practices". However, I believe that we are speaking to individual offices or sight locations within a practice. For example I practice may have 100 office sights, while another may be a single entity.**

   Response: For the purpose of this RFP, "participating practices" generally refers to individual offices. A large medical group may have 50 or more individual "participating practices" or offices that are part of the medical group. A single "participating practice" may include more than one address or site location if those locations are, for the most part, comprised of the same practicing physicians, are on the same EHR, and operate according to the same policies and procedures.