

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

**REQUEST FOR PROPOSAL (RFP) FOR PREVENTION SERVICE INITIATIVE - CBO
LINKAGE MODEL
TECHNICAL ASSISTANCE VENDOR**

FIRST Addendum

RELEASE DATE – 08-25-2017

The SIM PMO's official responses to questions submitted as of 4pm, August 25, 2017 are as follows:

1. Question: How will the state assist in the recruitment of CBOs and Advanced Networks/FQHC's?

Response: The state will release an RFP to solicit CBOs, accompanied by communications and outreach to CBOs informing them of the initiative and benefits of participation.

The state will leverage the Medicaid PCMH+ program (Medicaid Shared Savings Program) and the Community & Clinical Integration Program (CCIP) to assist in the recruitment of Advanced Networks/FQHCs.

See next question for more information.

2. Question: What incentives are there in place for participation?

Response: We anticipate leveraging current VBP initiatives in recruiting Advanced Networks/FQHCs. The initiative targets accountable providers because value-based payment incentives gives them a financial reason to invest in non-billable services to improve their quality and reduce costs. We anticipate that entities participating in the PCMH+ program will be required to enter into at least one contract for PSI designated prevention services. In addition, new CCIP award opportunities will offer eligible PCMH+ Participating Entities financial support to do this.

CBOs have an incentive to participate due to the opportunity to reach more eligible community members to achieve their mission, build a stronger partnership with healthcare organizations (who are significant stakeholders in communities), and receive financial reimbursement to do so. This initiative will allow them to diversify their funding portfolio and tap into a reimbursement mechanism that has previously not been available to them.

3. Question: Are the VBP metrics for diabetes and asthma established? If so, what are they? If not, when will they be available?

Response: The PSI targets Advanced Networks and FQHCs that are participating in accountable care arrangements with Medicaid, Medicare and/or commercial payers. These VBP arrangements include quality measures that vary by payer contract. The state conducted an analysis to ensure the services promoted under the PSI are tied to quality measures that are commonly used in these contracts. Such quality measures include: diabetes A1c poor control, all-cause unplanned admissions for patients with diabetes,

readmissions, ambulatory sensitive condition admissions for patients with COPD or asthma, and others.

4. **Question: Section 5.1.4, page 14: May header information and application page numbers be housed within the one-inch margins?**

Response: Yes.

5. **Question: Section 5.2, page 15: May the proposal face sheet and transmittal letter be excluded from the mandatory page numbering so that page 1 begins on the page after the transmittal letter?**

Response: As described in this section, the proposal face sheet is a one page mandatory form. The transmittal letter can be no more than 2 pages. The abstract is no more than 1 page. The narrative is 4 pages, with page 1 beginning after the abstract page. In other words, the transmittal letter, face sheet, and abstract page are not included in the narrative page limit.

6. **Question: Section 5.2, page 15: Should a table of contents be included? If so, should it be before or after the Project Abstract? Will it be excluded from page limits?**

Response: A table of contents page may be included after the abstract and will not be counted towards the page limits.

7. **Question: Attachment C: The narrative instructions state “Please include cost break down tables and a narrative justification for the following categories, A- I.” The table and the narrative only have categories A-H. Please confirm that the categories are only the ones A-H in the table.**

Response: Yes, the categories are only the ones A-H in the table.