

DVHA Responses to AHC Bidder's Conference on 7/21/14
RFP# 03410-144-15

Question: Are there any sets of issues or framework for bidders to continue thinking about?

Answer: Understanding that there is no perfect or complete AHC in US, we are looking for a model or examples to complement to the new health care system.

The leadership team is not committed to any one model and they are looking for recommendations that will align with the future of Vermont. Bidders may want to review a host of new and ongoing collaborative efforts exemplified by the Moving Health Care Upstream program run jointly by UCLA and Nemours Foundation and the Collaborative Health Network being organized by the Network for Regional Health Improvement.

Question: If the bidder submits a fixed price bid, can the hourly rates used to calculate the bid be based on hourly retail (not cost based) rates?

Answer: Yes.

Additional Information:

- Regarding Accountable Care Organizations as potential Accountable Health Communities: No one organization would be excluded. The work of the organization needs to relate to integrating public health programs and clinical services as a first step, but also look at community-focused models and examples, such as ReThink Health.
- The selected vendor will work closely with the Population Health leadership team however the specific details will be established once the vendor is selected.
- There is public health and community work that is available through the ACOs. The vendor will meet with the leadership team early on to identify those areas for detailed research and identify the gaps.
- The deliverable in this RFP is a design for the Phase II pilot program. The details will be refined during the vendor and leadership meetings but the design does not have to be operational at the end of Phase I.
- Questions resulting in new information related to the RFP submitted before proposals are due will be answered in writing and publically posted in a revised version of this document.