

## Questions & Answers

1. Page 30 of the RFP (Paragraph 1.8) states that the successful bidder will work with up to 120 practices and 3 ACOs, and will survey patients from these practices using the CAHPS PCMH survey protocol. How many practices should we assume in total for this effort, including the practices that are part of the 3 ACOs (we are assuming that the total number of practices to be included would be greater than 120 when we add in the practices that are in the ACOs)?

Answer: Bidders should assume up to 120 practices in total.

2. NCQA guidelines specify varying levels of sample size based on the number of clinicians in a practice. For instance, if a practice has 1 clinician, the required sample size of patients to be surveyed is 128 but if a practice has 4 to 9 clinicians, the required sample size is 343. Accordingly, can you provide the distribution of the total number of practices to be included in the research by their size (i.e., how many practices are in each size category: # of clinicians = 1, 2-3, 4-9, 10-13, 14-19, 20-28, 29 or more)? This information is necessary for us to estimate the total sample size required for this research.

Answer: Of 110 potential practices as of December 31, 2013, it appears that:

- 10 practices have 1 provider
  - 31 practices have 2-3 providers
  - 61 practices have 4-9 providers
  - 3 practices have 10-13 providers
  - 4 practices have 14-19 providers
  - 1 practice has 20-28 providers
3. The RFP mentions recruiting adult, family and pediatric primary care practices (Paragraph 1.8, Page 30). Of the total practices to be included, how many are pediatric, how many are adult, and how many are family?

Answer: Based on available information, it appears that about 60% of practices are family practices, 20% are pediatric practices, and 20% are internal medicine practices.

4. Related to Point 3 above, for family practices, do we need to survey both adult and pediatric populations? If so, can you provide the breakdown of providers by patient type within each of those practices? Note that according to NCQA guidelines, family practices may choose to survey only one population - adult or pediatric.

Answer: Family practices will determine whether they survey adult populations only, or adult and pediatric populations. They will not be required to survey both adult and pediatric populations.

5. Are any of the funds for this research federally sourced? This impacts our budgeting process.

Answer: Funds for this project are federally sourced. There is a 10% indirect cost limit for this

federal funding. More information about the federal funds can be found at:  
[http://innovation.cms.gov/Files/x/StateInnovation\\_FOA.pdf](http://innovation.cms.gov/Files/x/StateInnovation_FOA.pdf).

6. The deliverables timeline on Page 32 lists Submission to NCQA on 11/30/2014 and 11/30/2015. According to NCQA guidelines, the Fall reporting period is September 8-22. Please confirm that we can correct the dates to 9/8-22 and make any corresponding adjustments to the schedule if need be?

Answer: The submission dates should be corrected to September 8-22; the State will make technical corrections to the RFP.

7. On Page 40, Summary of Funds, our organization has hundreds of contracts and sources of funding. Would it be acceptable to include examples of these on the Summary of Funds form or are vendors required to provide all sources of funds?

Answer: It is acceptable for bidders to include examples of contracts.

8. Please confirm that the Schedule A: Budget Submittal Form, as well as Schedules B, C and D are not required to be submitted in a separately sealed envelope and can be included in the proposal package.

Answer: Schedules A, B, C and D can be included in the proposal package.

9. Given the potential benefits of contracting with an in-state vendor experienced in Vermont's health care landscape, systems, and policies, will the Department of Vermont Health Access consider contracting with a vendor that is not currently a Certified Vendor of CAHPS PCMH if their corporate capabilities demonstrate experience and expertise in conducting the scope of work outlined in the Patient Education request for proposals? Or, is current Certified Vendor of CAHPS PCMH status an eligibility requirement for bidders?

Answer: The successful bidder will need to demonstrate that it is capable of obtaining NCQA vendor certification for CAHPS PCMH prior to fielding the surveys.

10. Page 44 of 45, Schedule A: Summary of Costs, Form A Detailed Instructions, Line 7-Fringe Benefits indicates "(max 25-35%)." Please clarify if this is an example or an indication of maximum fringe benefits allowed under this contract.

Answer: Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

11. Page 11 of 45, Contract Development, 3.1 Contract Term indicates "Tentatively, the period of performance of the work to be performed as a result of this RFP is April 1, 2014 to March 31, 2015." This is in conflict with dates provided in Chapter 3, Technical Proposal/Program Specifications. On page 30 of 45, Technical Proposal 1.8 the proposal indicates "Data will be collected in spring of 2014 and 2015" and on page 31

of 45, 1.9 of the Technical Proposal, it is stated “Data collected in 2015 will be analyzed and submitted to NCQA and the State in State Fiscal Year 2016 (July 1, 2014 through June 30, 2015)” and in Section 2, Performance Standards (Deliverables), all deliverables indicate two periods of data collection and reporting. What is the period of this contract and what period should the proposed budget cover?

Answer: The end date of the contract will be extended to March 31, 2016. Also, the dates for State Fiscal Year 2016 are July 1, 2015 through June 30, 2016. The State will make technical corrections to the RFP for both of these items.

12. Page 4 of 45, 1.2 Schedule of Events, the final line (Commencement of Contract), lists “Tuesday April 1, 2014” as commencement of contract. This is in conflict with dates provided in Chapter 3, Technical Proposal/Program Specifications. On page 31 of 45, in Section 2, Performance Standards (Deliverables), Method/Activity “Patient Lists” indicates lists are due “3/31/2014.” How would a vendor “Report the number of patients, adult and pediatric patients to be surveyed and the number of participating practices” before the commencement of the contract?

Answer: Patient lists will be due on 5/31/14. The State will make a technical correction to the RFP to reflect this change.

13. Page 30 of 45, 1.1 Technical Program, 1.8 states “the successful bidder will work with the State and Blueprint, ACO and other provider payment reform leadership through Vermont to recruit adult, family, and pediatric primary care practices interested in assessing their patients’ experiences with care.”

- a. Who will hold primary responsibility for recruitment? What will the bidder’s role in recruitment be? Answer: The successful bidder will be responsible for conducting outreach to potential practices, describing the survey process, and identifying practices that decide to participate after the outreach and informational process. The State (including the Blueprint) and ACOs will explain the objectives of the survey and the funding support for practices, and will encourage practices to participate in the survey.
- b. Is there a defined recruitment period? If so, when will recruitment start and end? Again, it is listed on page 31 of 45, in Section 2, Performance Standards (Deliverables). Answer: Recruitment for the first year will end on 5/15/15. The successful bidder is expected to conduct outreach with first-year and additional practices for the second year.

14. Method/Activity “Patient Lists” indicates reports on lists are due “3/31/2014.” This is in conflict with a contract start date of 4/1/2014.

Answer: Patient lists will be due on 5/31/14. The State will make a technical correction to the RFP to reflect this change.

15. Page 30 of 45, 1.1 Technical Program, 1.8 states that the “successful bidder will work with up to 120 practices.”

- a. Are there a minimum number of practices required to participate? (e.g., what happens if only 60 practices choose to participate?) Answer: The State has not identified a minimum number of practices for this project. The State is funding the survey for the practices, measurement of patient experience is required for NCQA PCMH recognition, and NCQA PCMH recognition is required for practices that wish to participate in the Blueprint for Health (Vermont’s advanced primary care practice program).
- b. Other than including practices that are part of the 3 ACOs, are there other parameters for what practices must be included (e.g., do you require equal representation of pediatric and adult practices, independent or owned practices, practices from all geographic areas of Vermont, practices participating/not participating in the Blueprint, etc.)? Answer: This project will be offered to all practices that participate in the Blueprint. Many of those practices will also participate in one of the three ACOs. There are no other requirements in terms of the proportion of pediatric vs. adult practices, or independent vs. owned practices.
- c. Do all practices have to be surveyed at the same time, or can data collection occur in several waves? Answer: The State anticipates that all practices will be surveyed at the same time.

16. Page 32 of 45, in Section 2, Performance Standards (Deliverables), Method/Activity “Submission to NCQA” indicates bidder will “submit CAHPS® PCMH” results on behalf of the practices to NCQA” on “11/30/2014.” The bidder believes results are due in September. Has NCQA granted DVHA an extended data submission window?

Answer: The submission dates should be corrected to September 8-22; the State will make technical corrections to the RFP.

17. Page 30 of 45, 1.1 Technical Program, 1.7 states “It is likely that a small number of custom questions (fewer than 10) will be added to Vermont’s CAHPS® PCMH survey.” Will these questions be close-ended/forced-choice or open-ended/write-ins?

Answer: The custom questions will be close-ended/forced-choice.

18. Page 31 of 45, 1.1 Technical Program, 1.10 states that ACO, HSA, and statewide reports will include comparisons to “applicable benchmarks.” Will obtaining benchmark data be the bidder’s responsibility or will DVHA be providing it?

Answer: The successful bidder will be responsible for obtaining benchmark data.

19. Could DVHA provide a listing of the ACO, health service areas and practices as they align under each service area?

Answer: DVHA can provide a list of Blueprint-participating practices by health service area (see

attached). ACOs have not yet finalized participation agreements for Vermont’s Medicaid and Commercial Shared Savings Programs.

20. Could DVHA clarify the requirements of this section [Chapter 3, 1.4]? For instance, is it DVHA’s intent to have the successful vendor taking in data from other vendors and analyzing those results? Also, how does the DVHA envision the successful vendor implementing “a plan to analyze and report on the impact of the Blueprint, ACO Shared Savings Programs, and other payment and delivery system reforms on patient experience in primary care practices across the state” – what is the extent of this plan, what other data metrics will be provided and what other ACO or ACO like organizations will be involved?

Answer: The intent is for the successful bidder to work with the State to develop a plan for using CAHPS® PCMH to measure the impact of Vermont’s key health care reforms on the experience of patients in primary care practices that participate in the Blueprint for Health. It is anticipated that CAHPS® PCMH will be the source of data metrics for this project. It is possible that the successful bidder might be asked to assist the State in including patient experience results for practices that use different (but similar) CAHPS® survey tools and/or vendors. Vermont currently has three ACOs that have indicated their intent to participate in the Medicaid and/or Commercial Shared Savings Programs.

21. Could you provide the Vermont CAHPS PCMH survey (or the Vermont custom questions) for our review in preparing our budget?

Answer: The custom questions have not yet been finalized. As noted in the RFP, there will be about 10 custom questions. They will be similar to questions in other CAHPS® surveys.

22. You mentioned allowing practices who are currently working with a vendor; are you going to continue allowing that? What is DVHA’s plan for incorporating practices that may already be working with a vendor who is not selected by DVHA?

Answer: Practices will be encouraged to participate with the selected vendor if they are using the PCMH CAHPS® survey, and the State will pay for the survey if fielded by the selected vendor. If practices choose to use another vendor, the State will explore the potential for including the results with the reporting developed under this RFP.

23. Will DVHA pay, through this requisition, for all participating practices or will the practice be expected to contract with the selected vendor? Will the State also pay for the survey with a vendor not selected by the State?

Answer: The State will not pay for the survey for practices that choose to use another vendor.

24. Will DVHA offer any type of incentive for practices to participate?

Answer: The State is funding the survey for the practices, measurement of patient experience is required for NCQA PCMH recognition, and NCQA PCMH recognition is required for practices that

wish to participate in the Blueprint for Health (Vermont's advanced primary care practice program).

25. Please specify which section of the proposal this information should be detailed under [Chapter 3]. Also, please specify what you expect to be addressed in response to 3.1.1 through 3.1.10.

Answer: Section 1.7.8.4 Proposal Format, outlines the requirement for proper proposal format.

26. What is the purpose of this form [Appendix A, Rate Sheet Form] in context of this scope of work? When, beyond the project budget, does DVHA anticipate utilizing a daily rate? Also, should such a form be included for multiple labor categories or only one?

Answer: The Rate Sheet Form shall be deleted in its entirety due to bidders submitting a Schedule A: Summary of Costs.

27. What is your organization currently doing to understand the patient experience?

Answer: The State has covered the costs of fielding patient experience surveys for some primary care practices that participate in the Blueprint for Health.

28. Beyond NCQA reporting will there be a need for reporting any data to other entities such as CMS or PQRS?

Answer: It is possible that the Center for Medicare and Medicaid Innovation (CMMI) or its evaluators will request the results of the survey.

29. Is your ACO a CMS sponsored ACO?

Answer: All three of Vermont's ACOs have been approved for participation in the Medicare Shared Savings Program. However, the focus of this RFP is to measure patient experience with Vermont's Commercial and Medicare Shared Savings Programs.

30. Is DVHA hoping to obtain "Distinction in Patient Experience Reporting" as part of the NCQA PCMH certification?

Answer: Bidders should include this in their proposals if they think it would benefit the State.

31. Will the survey use the PCMH adult or child versions or both?

Answer: The State anticipates that both the adult and child surveys will be used, depending on the practice. Family practices will determine whether they survey adult populations only, or adult and pediatric populations. They will not be required to survey both adult and pediatric populations.

32. Attachment D in the requisition is missing, should there be an Attachment D?

Answer: This Request for Proposal does not have an Attachment D.

33. The RFP says that bidders had to submit a letter of intent by Monday the 10th. Will the State still accept bids even if the bidders didn't submit a letter of intent?

Answer: The State has decided to waive the requirement for a Letter of Intent.

34. Do you have an estimate on the number of providers within the 120 practices and 3 ACOs?

Answer: The State estimates that there are approximately 630 providers in the potential primary care practices.

a. Would you accept a solution that is Internet-submission only?

Answer: Survey protocols should comply with NCQA guidelines. In their proposals, bidders should outline the survey methods that they believe would best meet the goals of the State.

35. What are the State's approaches for internet and mail fielding of the survey? What is your approach to completing surveys via the internet?

Answer: Survey protocols should comply with NCQA guidelines. In their proposals, bidders should outline the survey methods that they believe would best meet the goals of the State.

36. What other modes are going to be acceptable other than mail and Internet? Is a phone survey possible?

Answer: Survey protocols should comply with NCQA guidelines. In their proposals, bidders should outline the survey methods that they believe would best meet the goals of the State.

37. When we receive the distribution of practices and sizes, is it possible to receive additional information regarding practices (i.e., practices by name and number of physicians in each practice)?

Answer: No.

38. Is there an expectation for English and Spanish for all practices?

Answer: No.

39. On Page 10, under "Bidder's Capacity to Perform," the second bullet reads "indicate how this program fits into the organization's structure." Can you expand on that and please specify what you are looking for?

Answer: Applicants should describe their organizational capacity to perform the work described in this RFP and how that fits in with the overall organization.

40. The minimum period of time the survey can be fielded for is 60 days. Is that your expectation for this survey?

Answer: Survey protocols should comply with NCQA guidelines.

41. If the State does not meet the February 28 deadline for posting answers to questions resulting from this RFP, will it extend the deadline for submission of proposals?

Answer: The State does not intend to take additional time to post the questions and answers, and therefore does not intend to extend the deadline for submission of proposals.

42. Do practices have email addresses for their patients?

Answer: The State does not know if practices have patient e-mail addresses.

43. I have a question about the deliverables, about the reports at the end of the process. There are reports at a number of different levels here for the practices, the ACOs, health service areas. There are individual levels, practice levels, as well as aggregate levels. I was wondering who would be coordinating the development process of all of those reports. Would it be the State who would be coordinating the design and development of those reports?

Answer: Bidders should anticipate involvement from the State (including from State initiatives such as the Blueprint for Health) and potential involvement from ACOs. Bidders should anticipate a collaborative approach between the successful bidder and all of these entities.