



Department of Administration / Division of Purchases  
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Web Site: [www.purchasing.ri.gov](http://www.purchasing.ri.gov)  
12 Jan 12

**Addendum # 2**

RFP # 7449315

Title: Coordinated Health Planning Projects.

**Submission Deadline: 20 January 2012 @ 11:00AM (Eastern Time)**

- **This addendum posts, and answers, all remaining questions submitted in accordance with the terms of this solicitation.**
- **No further questions shall be entertained.**

A handwritten signature in black ink, appearing to read "Jerome D. Moynihan".

Jerome D. Moynihan, C.P.M., CPPO  
Assistant Director for Special Projects

1. Has EOHHS or DOH purchased the services requested under this RFP or similar services in the past in connection with its work under the Rhode Island Coordinated Health Planning Act of 2006 or is this work just getting under way?

No services have been requested by EOHHS or the DoH in the past related to the provisions of Chapter 23-81 of the Rhode Island General Laws, as amended. Health planning activities, pursuant to Chapter 23-81, are commencing with the issuance of this request for proposals [RFP] and the appointment of the Health Care Planning and Accountability Advisory Council.

If so, what services were provided? What vendors provided those services?

N/A

2. Besides topics 1 and 2 of the list of topics, are there others that EOHHS/DOH would see as having priority over the rest? Are the topics listed in the order of priority?

No rank ordering of the topics has been established, with the exception of the scoring differential described in section VI.

3. What data sets does the State have that could be made available to the vendor to assist in its analysis? Is Census level data available? Will Medicaid cost and utilization data be made available? Does the State have a source of data for cost and utilization for the individual and employer markets? Hospital discharge data?

The DoH supports the following programs within its Center for Health Data and Analysis:

#### Data Systems

KIDSNET is the State's comprehensive, integrated, confidential, computerized child health information system.

Birth Defects Program is the system to ensure that newborns with birth defects receive appropriate preventive, specialty and other health care services; and monitor trends.

Hospital Data Program collects and manages data on inpatient discharges, emergency department visits and observations from the state's acute care hospitals to measure health status and outcomes, health care utilization, and access.

Geographic Information Systems (GIS) Program collects, creates, manages and analyzes spatially related demographic and health facility and event data.

Assessment Initiative for Data Dissemination: Web-Based Data Query System provides online data access.

Rhode Island Violent Death Reporting System (RIVDRS) collects data on violent deaths from a variety of sources to improve violence prevention and intervention efforts.

#### Population-Based Surveys

Behavioral Risk Factor Surveillance System (BRFSS) monitors certain health conditions, access to health care, and behavioral risks among Rhode Island adults through an annual state-based telephone survey.

Youth Risk Behavior Survey (YRBS) monitors health risk behaviors among middle and high school students through an anonymous and voluntary survey.

Pregnancy Risk Assessment Monitoring System (PRAMS) monitors select maternal behaviors and experiences before, during, and after pregnancy.

### Health Care Reporting

Health Care Quality Reporting Program reports information about patient satisfaction and clinical performance, or outcomes.

Health Care Financial Performance Reporting collects and publishes data on the financial performance of hospitals and health plans in Rhode Island.

EOHHS staff may respond to reasonable requests to assist vendors by providing available data in accordance with all applicable state and federal statutes and regulations, including confidentiality and open records provisions.

4. Has the State conducted, or is aware of, focus groups or patient satisfaction surveys that could be made available to the vendor to assist in its work? Please provide the details of these reports, if available.  
Vendors are referred to the DoH's "Healthcare Quality Information" website: <http://www.health.ri.gov/healthcare/about/quality/> that contains publicly reported quality measures related to home health agencies, nursing facilities, hospitals, and physicians.
5. The RFP states that multiple contracts may be awarded. Are we correct in assuming that each selected vendor would be assigned a separate topic area to address? Vendors will not be assigned topic areas. Rather, vendors will be selected based upon the evaluation criteria set forth in the Solicitation Information. How does the State intend to assign or choose the vendor for other topic areas as the need arises during the course of the contract? Should the need arise during the contract period, and contingent upon the availability of funds, the State may direct the vendor(s) to perform additional tasks set forth in writing and agreed to by the vendor.
6. If the State desires an analysis for a topic for which a sub contractor is required but had not been previously identified, will the vendor have the opportunity to identify and include the sub contractor at that time? The sub-contractor must be approved in writing by the State prior to the commencement of any project activities. Further, the cost of the scope of work performed by the sub-contractor must be contained in the cost proposal approved by the State. The vendor retains accountability for the completion and quality of any work assigned to the sub-contractor. The vendor is expected to supervise the activities of the sub-contractor.
7. What is (are) the time frames the State desires the work for Topic 1 and/or 2 to be completed? The desired delivery date for all final deliverables is June 1, 2012.
8. Should the vendor plan on any face-to-face meetings with the State? YES. Is an in-person meeting to present the study's findings anticipated? YES. If so, who is the likely audience for this presentation and when might it occur? The likely audience is the Health Care Planning and

Accountability Advisory Council, state staff, and members of the public. Such a presentation is anticipated in July 2012.

9. For Attachment B – Cost Proposal, can the State elaborate on how to complete the form? Is the State looking for a single dollar figure for each task by the periods provided (a function of the level of effort from Attachment B and the hourly rate by staff)? **YES**. Or, is the State looking for additional detail? **Additional detail may be supplied at the discretion of the vendor.**
10. As currently described in the RFP, Task 3 is not well defined and could include any number of personnel and activities including planning, development, and implementation. The level of effort for any or all of these could range significantly. How does the State want the bidder to complete Attachment B – Cost Proposal for Task 3? Are there some parameters around which the bidder could base its estimate? Will the bidder be held to this level of effort/funding if the State moves forward with Task 3 or is this for illustration purposes only? **As funding permits, the State may invoke its option to direct the vendor(s) to conduct additional project activities under Task 3. Pursuant to this option, the State will negotiate a scope of work and a cost proposal with the vendor(s).**
11. Is the State committed to bidding Phase II separately or would the vendor for Phase I be able to perform this work under one of the potential three one-year extensions?  
**The State is not presently committed to Phase II work. Should additional funding become available for statewide health planning, the State will issue a subsequent request for proposals.**
12. The second factor (workforce) to consider in the gap analysis for Topic 1, Primary Care Services, is very similar to Topic 11, Health Care Workforce Development. Can the State provide some clarification around how these two tasks differ? Is there a different expectation for each?  
**Topic 1 focuses upon primary care, including its workforce development issues. Topic 11 encompasses the broader health system delivery workforce, including facility and community-based professionals.**
13. The RFP states that the Phase I award will not exceed \$150,000. Is that \$150,000 for each topic listed in Section 3.1 or is \$150,000 the total funding available regardless of the number of topics? **The total funding available for this award will not exceed \$150,000, regardless of the number of topics selected by the vendor.**
14. Section 3.1 lists the potential topics to be considered and then goes on to list several “considerations” for each topic. Is the funding intended to cover all such considerations under a given topic or is the bidder to only bid on those that could be addressed by the available funding? **The “considerations” listed for each topic are intended to provide guidance to vendors in the development of their proposals. It is requested that vendors bid on those topics that may be addressed by the available funding and the scope of their expertise.**
15. Is the 10% MBE a requirement of this RFP or a general goal of state procurements that we should attempt to fulfill, if possible?  
**As indicated in the solicitation, the 10% is a goal. The selected service provider will be required to work with the RIMBE Office to strive to reach that goal OR obtain a waiver of the requirement when MBE opportunities are not available.**

16. Is the “not to exceed award” of \$150,000 per gap analysis report or for the entire proposal, no matter how many analyses are proposed? The \$150,000 award is intended to encompass the entire proposal, regardless of the number of topics/analyses selected.
17. Regarding page limits, is it 15 pages per gap analysis (per topic) or 15 per proposal? The entire response to the RFP shall not exceed 15 pages in total (not including attachments) and shall be in the format of a technical proposal detailed in section 5.1 of the Solicitation Information.
18. Once awarded, will there be deliverable dates? If so, what will they be? The desired delivery date for all final deliverables is June 1, 2012.
19. Is the contract based upon the state fiscal year or a calendar year? The General Assembly appropriated the \$150,000 award in its 2011 session. What are the anticipated start and end dates? It is anticipated that the contract will start on or about February 29, 2012 and run one year through February 28, 2013.
20. How many awards will be made? The State contemplates making at least one (1) award under this RFP.
21. Should separate proposals be submitted for each proposed analysis? NO. One proposal should be submitted by the vendor for all topics/analyses selected from the list of 12 topics.
22. If three (3) one-year extensions are exercised, what will the funding amounts be per year and what will the scope of work entail? These contingencies are presently unknown. The State may choose to invoke the one-year extensions, based upon funding availability and the health planning needs of the State. Should the State choose to proceed with the one-year extensions, a scope of work and a cost proposal will be agreed upon with the vendor(s).

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