



Solicitation Information
July 29, 2013

RFP# 7484385

TITLE: Immunization Quality Improvement Project

Submission Deadline: August 29, 2013 @ 10:30 AM (ET)

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than August 8, 2013 at 10:00 AM (ET). Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed four-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

TABLE OF CONTENTS

Section 1 – Introduction.....	3
Section 2 – Background	4
Section 3 – Scope of Work.....	4
Section 4 – Payment Structure, Practice Eligibility and Expectations	5
Section 5 – Contractor Deliverables.....	6
Section 6 – Technical Proposal.....	6
Section 7 – Cost Proposal	7
Section 8 – Evaluation and Selection	7
Section 9 – Proposal Submission	8
Appendix A – Annual Budget Report Form	10

SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Health (HEALTH), is soliciting proposals from qualified vendors to manage a statewide primary care/public health Quality Improvement (QI) initiative aimed at assisting primary care providers in establishing a sustainable QI system to improve childhood immunization rates in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.us. The Vendor cannot have direct interest in any practice or primary care provider who is eligible to participate (see section 4b) in the Project. The initial contract period will begin approximately January 1, 2014. Contracts may be renewed for up to four additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not an Invitation for Bid: responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.

10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website www.mbe.ri.gov or contact charles.newton@doa.ri.gov

SECTION 2: BACKGROUND

HEALTH maintains a universal vaccine policy for children birth through 18 years of age. All vaccines recommended by CDC's Advisory Committee on Immunization Practices (ACIP) are provided by HEALTH to providers who serve children at no cost to the provider. Vaccines administered to children are reported to KIDSNET, Rhode Island's Web-based, integrated child health and immunization information system (IIS).

HEALTH has two main goals for childhood immunization: 1) all children in Rhode Island are appropriately vaccinated, and 2) the data are reported in KIDSNET so that data can be shared and used to provide the best coordinated care. The purpose of this QI project is to assist primary care providers in establishing a sustainable QI system that will improve immunization coverage rates in children and adolescents.

HEALTH is dedicated to promoting evidence-based public health and identifying opportunities to integrate public health and primary care quality improvement processes. The AFIX (Assessment-Feedback-Incentive-eXchange) model is an evidence-based quality improvement strategy used to raise immunization coverage rates and improve standards of immunization practices at the provider level through: 1) *Assessment* of the healthcare provider's vaccination coverage levels and immunization practices; 2) *Feedback* of results to the provider along with recommended strategies to improve processes, immunization practices, and coverage levels; *Incentives* to recognize and reward improved performance; and, *eXchange* of healthcare information and resources necessary to facilitate improvement.

SECTION 3: SCOPE OF WORK

The vendor which is awarded this contract will manage the QI Initiative including provision of technical assistance and financial incentive payments to primary care practices for performance improvement. The selected vendor will work collaboratively with HEALTH staff to manage the resources to ensure completion of the following tasks and deliverables:

1. The vendor will hire/identify a part-time consultant or staff person who will act as an expert to the project as well as the liaison to the physician community. This consultant will serve as an immunization champion and assist in highlighting the importance of increasing immunization coverage rates.
2. The vendor will identify/hire a contract manager to oversee payment and reimbursement process for performance improvement among primary care practices and with HEALTH. The vendor will serve as fiscal agent and will be reimbursed monthly based on hours worked or completed activities.
3. Establish a mechanism to pay financial incentive (see section 4.a) to eligible (see #4 “Practice Eligibility Criteria”) practices for performance improvement.
4. The vendor must issue a Request For Proposal (RFP) and follow state purchasing rules to select primary care practices (approximately 32) for participation in the project using the eligibility criteria listed below.

Practice Eligibility Criteria:

- Primary care practices (including community health centers and hospital-based clinics) with low coverage rates as determined by HEALTH are targeted for this project.
 - Practice must identify lead physician, and at least one other staff member to participate in implementing, tracking and reporting activities for 12 calendar months.
 - Practice must select one immunization performance improvement measure for each cohort (measures correspond to recommended vaccine schedule for each cohort).
If practice has fewer than 20 patients in either cohort, they must select two measures in eligible cohort.
5. Work with the practices to identify a team of two to three “QI Champions” (i.e., lead physician, nurse, medical assistant).
 6. Coordinate, promote and monitor completion of a web-based QI training (developed by HEALTH) for the QI Champions from participating practices.
 7. Provide technical assistance to selected practices to identify project goals, challenges and opportunities.
 8. Assist practice in identifying/obtaining baseline data for performance improvement.
 9. Assist practice in developing an action plan to improve performance.
 10. Work with HEALTH to develop a project evaluation form for practices to provide feedback of assistance received through the project and plans for continuing report reviews after the completion of the project

SECTION 4: PAYMENT STRUCTURE, PRACTICE ELIGIBILITY AND EXPECTATIONS

4a.) Examples of Immunization Payment Structure for Performance Improvement:

Participating practices will:

- Receive an initial payment for identifying immunization QI lead staff, completing a QI training, and reporting baseline immunization rates. Practices will receive further payments for demonstrating improvements of 5% or 10% over baseline, with higher payments awarded for 10% improvement or more. Payments will be tiered so that larger practices receive larger payments. Practice size will be based on number of patients.
- Participate in a tiered incentive structure that rewards the practice according to achievement of stated immunization coverage goals after 12 months. Vendor will work with HEALTH to set specific payment amounts.

4b.) Expectations of Participating Practices:

1. Commit to participate and make improvements in immunization delivery
2. Identify a 2-3 person multidisciplinary team (i.e., primary care practitioner, nurse, and administrative or office staff person) that will agree to implement immunization quality improvement activities at the practice
3. Complete the on-line immunization QI training
4. Develop an action plan to improve immunization rates
5. Communicate with the contractor at regular intervals
6. Establish an office process for quarterly review of KIDSNET reports
7. Identify a lead staff member who will be responsible for reviewing KIDSNET reports
8. Track the number of under-immunized children identified for each quarterly report and the outcome of outreach to these patients three months after the chart review categorized by the following
 - The practice was able to reach the patient (yes/no)
 - The patient was recalled and received immunizations (partial/full)
 - The patient was recalled and received well adolescent care (yes/no)
9. Track the use of the practice KIDSNET reports for
 - The number of patients who had received vaccinations that were not recorded in KIDSNET
 - The number of patients who were no longer with the practice and were not recalled

SECTION 5: CONTRACTOR DELIVERABLES

- Evaluation analysis and narrative, completed in collaboration with HEALTH. Evaluation will focus on efficacy of training, payment structure, and overall project.
- List of participating practices and intervention staff and rates of immunization coverage in each practice as the rates are reported.
- Submit quarterly progress reports to HEALTH.
- Send invoices to HEALTH by the 10th of every month for expenditures of the prior month.

SECTION 6: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. Staff Qualifications – Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project, including their experience in the field of contract oversight, fiscal management, and quality improvement initiatives.
2. Capability, Capacity, and Qualifications of the Offeror - Please provide a detailed description of the Vendor's experience in conducting and managing quality improvement initiatives, including experience in immunization quality measures and working with primary care providers. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided.
3. Work plan - Please describe in detail, the framework within how the quality improvement initiative will be carried out by the Vendor. The following elements must be included: 1) methods used to recruit and register primary care practices, 2) methods used in obtaining baseline data, 3) methods used for reconciling missing or invalid data, 4) methods used to develop an action plan to improve coverage rates, including the usage of QI principles and the Plan, Do, Study, Act cycle 6) a system to track practices successfully completing the QI training 7) a system of reporting to provide feedback to the Offeror.
4. Approach/Methodology – Define the methodology to be used for improving immunization coverage rates and the process for oversight. What procedures will be used to ensure accurate and timely collection of data?

SECTION 7: COST PROPOSAL

Detailed Budget and Budget Narrative

Respondent must provide a proposal for fees charged for the billing services outlined in this proposal using attached budget form (Appendix A) that shows allowable expenses charged for this contract.

Fiscal Capacity:

1. The vendor must be fiscally solvent.
2. Employ or plan to hire a fiscal staff member with a proven record of responsible budget management. This staff member will be responsible for invoicing and tracking expenditures.

TERMS OF THE CONTRACT

The contract will begin approximately January 1, 2014 and end December 31, 2014. The scope of the work may be modified by HEALTH prior to beginning work on a given task. HEALTH reserves the right to align the contract with the state fiscal year end, even if the activities are scheduled to end at an earlier date. HEALTH will renew this project on an annual basis for up to 4 additional 12-month terms, depending on contractor performance and availability of funding. HEALTH reserves the right to terminate the contract within the first contract term if the contractor is not able to meet the specified requirements.

1. To ensure compliance, the Department of Health shall regularly monitor the activities under this contract. The contractor must provide access to any and all materials relevant to the evaluation and monitoring activities and requirements describes herein.
2. The contractor will be responsible for supervision, performance and adherence to contractual language of all its subcontractors.
3. The State will retain total discretion of all administrative decisions regarding the management and billing of and/or receipt of payments for services rendered.
4. The contractor must have sufficient liability insurance coverage and/or be bonded.
5. Cancellation Clause: With a thirty (30) day notice HEALTH may cancel the contract for cause.

COST PROPOSAL/TERMS OF PAYMENT

The total cost of the state contract for the Integrating Public Health and Primary Care Immunization Quality Improvement Project is not to exceed \$100,000 over the 12 month period; however, the state is interested in receiving the value for possible for this project. The vendor must prepare a cost proposal for the first year reflecting the proposed scope of services. Budget proposals should allocate 70% of the total grant in a sub-recipient line for payments to primary care practices. This is a reimbursement based contract by which payment will be made to the sub-recipient by the Vendor based on hours worked or completed activities and the Vendor will be reimbursed by HEALTH based on hours worked. Approximately 30% of the total funding should be used to support the Vendor budget. Administrative costs are allowed however may not exceed 10% of the vendor budget and applicants are encouraged to submit proposals which reflect competitive administrative rates. Hourly rates must be provided for personnel and correlate to the number of hours worked on the project during the budget period.

SECTION 8: EVALUATION AND SELECTION

Proposals will be evaluated by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 60 (85.7%) out of a maximum of 70 technical points. Any technical proposals scoring less than 60 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 60 technical points or higher will be evaluated for cost and may be assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The Department of Health reserves the exclusive right to select individual(s) or form (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal (s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications & Experience	20 Points
Capability, Capacity, and Qualifications of the Offeror	20 Points
Quality of the Work plan/Proposed Approach	30 Points
TOTAL Possible Technical Points	70 Points
Cost Evaluation Proposal	30 Points
Total Possible Points	100 Points

Points will be assigned based on the offeror’s clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal.

SECTION 9: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7484385** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked **“RFP# 7484385 Immunization Quality Improvement Project”** to:

RI Dept. of Administration
 Division of Purchases, 2nd floor
 One Capitol Hill
 Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date

and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses should include the following:

- 1 A completed and signed four-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
- 2 A completed and signed W-9 (include only one in original proposal) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
- 3 **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request.
- 4 **A separate, signed and sealed Cost Proposal** reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project using Appendix A, "Annual Budget Report Form".
- 5 In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CDRom, diskette, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

Annual Budget Report Form

PLEASE SUBMIT SEALED BUDGET PROPOSAL SEPARATE FROM TECHNICAL PROPOSAL

Rhode Island Department of Health

Division of Community, Family Health and Equity

CONTRACT PERIOD FROM: _____ TO: _____

AGENCY: _____

ADDRESS: _____

TELEPHONE: _____

PROJECT: _____ FEIN #: _____

EXPENSE CATEGORY	EXPENSE COST
Personnel	\$
Fringe Benefits	\$
Consultants	\$
In-State Travel	\$
Printing/Copying	\$
Office Supplies	\$
Telephone/Internet	\$
Educational Resource Materials	\$
Postage	\$
Other/Specify	\$
Administrative Fees	\$
TOTAL REQUEST	\$

BUDGET JUSTIFICATION

DETAIL OF PERSONNEL

NAME	POSITION TITLE	HOURLY RATE INCLUDING FRINGE	HOURS WORKED	TOTAL ANNUAL SALARY & FRINGE	PERSONNEL COST
TOTAL REQUEST					

DETAIL OF CONSULTANT

NAME	POSITION TITLE	HOURLY RATE INCLUDING FRINGE	HOURS WORKED	TOTAL ANNUAL SALARY & FRINGE	PERSONNEL COST
TOTAL REQUEST					

EXPLANATION OF EXPENSES (i.e.; travel, printing, office supplies, educational resource materials, etc.)

EXPENSE CATEGORY	DESCRIPTION	COST