

REQUEST FOR PROPOSALS

Program Evaluation Services Path2Health Pilot Project

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

I. GENERAL INTRODUCTION

The County Medical Services Program (CMSP) Governing Board is soliciting proposals for a consultant or consulting organization to provide program evaluation services for the Path2Health program. This document constitutes a Request for Proposals from qualified consultants and consulting organizations. Interested parties should refer to the Timeline in Section III.

Bidders must follow exactly, and be responsive to, ALL requirements of this RFP. It is the bidder's responsibility to provide all specified materials in the required form and format. Responses that are not in the required form and format will not be considered. Copies of this RFP and related documents can be obtained from the Path2Health website at <http://www.mypath2health.org/Evaluation.html>.

The anticipated term of the Program Evaluation Services Agreement is 30 months (two years and 6 months). The term is tentatively set to begin January 2019 and end June 2021.

II. BACKGROUND

A. About the County Medical Services Program

The County Medical Services Program (CMSP) was established in January 1983, when California law transferred responsibility for providing health care services to indigent adults from the State of California to California counties. This law recognized that many smaller, rural counties were not in the position to assume this new responsibility. As a result, the law also provided counties with a population of 300,000 or fewer with the option of contracting back with the California Department of Health Services (DHS) to provide health care services to indigent adults. DHS utilized the administrative infrastructure of Medi-Cal's fee-for-service program to establish and administer the CMSP program.

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The Governing Board, composed of ten county officials and one ex-officio representative of the Secretary of the California Health and Human Services Agency, is authorized to set overall program and fiscal policy for

CMSP. This law also authorized the Governing Board to contract with DHS or an alternative contractor to administer the CMSP benefit program. Between 1995 and 2005, the Governing Board contracted with DHS to administer CMSP benefits. From 2005 to 2014, the Governing Board contracted with Anthem Blue Cross Life & Health (Anthem). In 2014, Advanced Medical Management (AMM) assumed benefit administration responsibility and currently serves in this role. MedImpact Healthcare Systems, Inc. (MedImpact) assumed administrative responsibility for CMSP pharmacy benefits beginning April 1, 2003 and continues to serve in this role.

Thirty-five counties throughout California now participate in CMSP: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.

CMSP is funded by State Program Realignment revenue received by the Governing Board and county general purpose revenue provided in the form of County Participation Fees. CMSP members are medically indigent adults, ages 21 through 64, who meet all of CMSP's eligibility criteria and are not otherwise eligible for Medi-Cal or Covered California. Enrollment in CMSP is handled by county welfare departments located in the 35 participating counties. All CMSP members must be residents of a CMSP county and their incomes must be less than or equal to 300% of the Federal Poverty Level (based on net nonexempt income).

B. About the Path2Health Pilot Project

Under the Path2Health Pilot Project ("Pilot Project"), the Governing Board seeks to test the effectiveness of providing primary and preventive services to low-income, undocumented county residents that are not otherwise eligible for CMSP and are eligible for and already enrolled in emergency medical services under the Medi-Cal program.

The target population for the Pilot Project is undocumented adults ages 21-64 that are enrolled in an emergency services only Medi-Cal program aid code and reside in one of the 35 CMSP counties. The goal of the Pilot Project is to promote timely delivery of necessary primary and preventive medical services to the target population to improve health outcomes for the target population; reduce the incidence of emergency services utilization and inpatient hospitalization by the population; and, enable contracting Community Health Centers to redirect resources otherwise dedicated to providing services to the population to other needs of high priority in the Community Health Center's service area, including but not limited to assuring delivery of medically necessary services to CMSP enrollees and any remaining uninsured county residents.

The Governing Board released a Request for Applications for Community Health Centers to participate in the Path2Health Pilot Project on August 1, 2018. A total of thirteen (13) applications were submitted to the Governing Board on September 14, 2018 and funding

decisions are scheduled for October 11, 2018. A copy of the Path2Health Request for Applications for clinic sites is included in Attachment A.

As a condition of enrollment in the Path2Health Pilot Project, enrollees must first be determined eligible for emergency services only Medi-Cal through the existing Statewide Automated Welfare System at the county and/or the Hospital Presumptive Eligibility (HPE) process. With Medi-Cal eligibility, these individuals will receive a Medi-Cal Benefits ID card (BIC) and a Medi-Cal Client Index Number (CIN). For enrollment in Path2Health, the applicant will complete a brief 1-2 page application that requires specified Medi-Cal enrollment information, demographic information, a brief health interview survey (6 to 8 questions), and a consent to participate in the Pilot Project. Community Health Centers will register the enrollee's information through a secure registration/enrollment online portal maintained by Governing Board. Community Health Centers will not be required to collect information regarding the enrollee's income or assets. Path2Health members may renew their enrollment in the Pilot Project every six months.

Following enrollment in the Path2Health, AMM will mail the new Path2Health member a Path2Health identification card and program guide. The Community Health Center will bill AMM and receive reimbursement for designated primary and preventative care services rendered to the Path2Health member. Please see Attachment B for a general sample of Path2Health designated services under the new primary care benefit. The Community Health Center will bill Medi-Cal for any emergency services rendered to the Path2Health member. For retail pharmacy services, the Path2Health member will present their Path2Health identification card to any participating CMSP retail pharmacy. The Path2Health member will be eligible to receive covered medications for a \$5 copayment per prescription. Prescription coverage is limited to a maximum of \$500 per claim and a \$1500 maximum benefit per Path2Health enrollment period. Retail pharmacies will bill MedImpact Health Systems for Path2Health covered medications.

Under California law, the Governing Board is authorized to set payment rates for health care services covered under CMSP. Currently, payment rates for CMSP covered services are comparable to amounts paid under the Medi-Cal Fee-For-Service program. For the primary and preventive services provided under Path2Health, participating providers will be paid the same rates as they are paid under CMSP. Specifically, all contracted Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal Health Programs (THP) participating in the Pilot Project will be paid their PPS encounter-based rates for covered medical services.

C. Entities Eligible to Provide Program Evaluation Services

Any of the following individuals or organizations that have relevant program evaluation expertise and experience are invited to make proposals to the Governing Board under this RFP: individual, private consultants; nonprofit consulting organizations; for profit consulting organizations; and, university research and evaluation programs.

D. Term for Program Evaluation Services Agreement

The anticipated term of the Program Evaluation Services Agreement is 30 months (two years and 6 months). The term is tentatively set to begin January 2019 and end June 2021.

E. Funding

Funding for the program evaluation services described in this RFP will be provided by the Governing Board. The contract awarded for this evaluation will be a FIXED-PRICE CONTRACT, with payments made on a quarterly schedule based on completion of specified contract deliverables.

The Governing Board reserves the right to alter the timing of the start of any work described above, to not proceed with some or all of the work, and to contract with more than one vendor for services described within this RFP. The Governing Board also reserves the right not to award a contract for this RFP, and will not reimburse the cost incurred by bidders who respond to this RFP.

III. TIMELINE

The following tentative timeline shall guide the Pilot Project Evaluation RFP:

September 17, 2018:	Evaluation RFP Released
October 23, 2018:	Deadline to Submit Questions
October 26, 2018:	Written Responses to All Questions Posted
November 2, 2018:	Evaluation Proposals Due
December 13, 2018:	Evaluation Proposals Reviewed and Contractor Selected
December 17, 2018:	Evaluation Contractor Announced Via Letter
January 8, 2019:	P2H Evaluation Contract Executed
January 25, 2019:	Final P2H Evaluation Plan Approved
February 1, 2019:	P2H Projects Begin Implementation
March 1, 2019:	Pilot Outreach and In-reach Efforts Commence
December 2, 2019:	First Annual Evaluation Report
December 1, 2020:	Second Annual Evaluation Report
April 16, 2021:	Draft Final Evaluation Report
May 17, 2021:	Final Evaluation Report
June 30, 2021:	Pilot Projects End (unless extended)

IV. SCOPE OF WORK AND DELIVERABLES

A. Background on Available Pilot Project Enrollment and Utilization Data

The following data is expected to be collected during the course of the Pilot Project:

- Medi-Cal enrollment information, including CIN, and basic demographic information
- Short set of 6-8 health interview survey questions to be completed by enrollees at time of enrollment (included on program application);
- Paid claims data pertaining to the utilization of primary and preventive health care services (paid by CMSP's contracted health benefits administrator AMM);
- Paid claims pertaining to prescriptions medications (paid by CMSP's contracted pharmacy benefit manager, MedImpact); and,
- To the extent it can be obtained with appropriate health information privacy protections, other healthcare utilization data on program enrollees, including emergency related hospital services and associated follow up services.

B. Background on Community Health Centers Participating in the Pilot Project

Following contract execution with participating health centers (anticipated by the end of November 2018), the program evaluation contractor shall also have access to the following information regarding each community health center participating in the Pilot Project:

- Estimates of the target population to be served by each community health center:
 - Total undocumented populations, delineated between children (up to age 20) and adults (age 21-64) currently receiving health care services at the health center;
 - Proposed number of undocumented adults to be served by health center; and,
 - If the health center will be serving clients in more than one health center location, a list of health centers and separate enrollment estimates for each location.
- Estimate of current resources currently dedicated to serving undocumented persons:
 - Current financial resources the health center projects will be freed up and available for redirection to other priority services of the health center as a result of new primary care benefit coverage for undocumented adults; and,
 - Health center's expected priority areas for reinvestment of "freed-up" resources and anticipated use of such resources.
- Description of the local health care delivery landscape for each community health center that provides:
 - Description of the health center's role in the delivery of health care services to CMSP enrollees, undocumented persons, and publicly sponsored populations;
 - Discussion of the health center's formal and informal partnering relationships with other health care providers in the county; and,
 - Description of how such partnering will provides for outreach and referral of undocumented persons to the health care center for enrollment in Path2Health primary benefit coverage.
- Community health center's implementation work plan that presents and describes:
 - All required tasks for health center participation in the Pilot Project;
 - The "in-reach" and "outreach" strategies the health center will use to reaching eligible Path2Health enrollees;
 - How the health center will partner with other local health care providers; and,

- How health center employees will be trained to participate in the Pilot Project.

C. Scope of Work

In consideration of the Pilot Project data and other information that will be available, respondents to this RFP shall propose a Path2Health program evaluation strategy that incorporates all of the following:

1. Lists and describes a set of recommended program evaluation questions that should be asked to assess the overall impact and benefit of the Pilot Project for participating enrollees, health care providers (including community health centers and hospitals), and overall community health.
2. Identifies the key policy questions that will be raised through the evaluation and how the evaluation findings will address these policy questions.
3. Identifies 6 to 8 key health interview questions that should be asked of all program enrollees at the time of enrollment and re-enrollment (every 6 months) and describes how the answers to these questions will inform the evaluation.
4. Proposes a strategy for conducting a set of “focused studies” in five (5) to seven (7) participating community health centers to assess and analyze both of the following:
 - a) underlying health conditions of program enrollees, their dynamics of care, and their utilization of emergency and other health care services, including hospitalization; and,
 - b) barriers to participation among eligible, but not enrolled, persons, and persons eligible for Medi-Cal, but not enrolled in Medi-Cal. Such strategy shall consider the use of key informants, focus groups, and community meetings.
5. Proposes a strategy for incorporating other utilization data on the use of health care services by the Path2Health population, should such data become available. Such data may include emergency related hospital services and associated follow up services, among other services.

D. Expected Contract Deliverables

The contract will require brief written quarterly status reports, two annual reports, and a draft final evaluation report and a final evaluation report. The final evaluation report shall include an executive summary that integrates, summarizes, and interprets key findings of the evaluation. The reports shall be written for a non-technical audience and relate the narrative discussion to descriptive statistics, analyses, graphs, and tables where appropriate.

For final payment, a printed copy of the final evaluation report suitable for reproduction and an electronic file copy shall be submitted upon completion of the project. These materials should be accompanied by an Excel workbook or Access database of all relevant data compiled during the study.

V. PROPOSAL REQUIREMENTS

Proposals should provide an overall framework for the program evaluation that includes a Technical Proposal, Management Proposal and Cost Proposal, as set forth below.

A. Company Profile

1. Name of the business, contact person, and contact information: Provide address, telephone, mobile telephone number, fax number, e-mail address, and web address, as applicable.
2. Statement of ownership: Describe the type of business entity (sole proprietorship, corporation, LLC, or other), and list the majority and minority owners (if applicable).

B. Technical Proposal

1. Methodology: Provide a brief abstract of the proposal by summarizing the background, goals and objectives, proposed methodology, and expected output and results of the evaluation. The technical proposal should focus on an understanding of the project and a detailed approach to addressing the scope of work. Outline the step-by-step approach that will be taken to achieve the project's goals and arrive at research findings and conclusions. Describe how these methods will accomplish the desired results outlined in the RFP. The proposal should also identify any difficulties that may be encountered in executing this project, and propose practical solutions to these problems.
2. Project Work Plan and Milestones: The proposal should briefly describe the phases into which the proposed work is to be divided and performed. A schedule of milestones and deadlines should specify the completion of the various project elements, including review of data, information collection, surveys, analyses, quarterly progress reports, preliminary review drafts, and final report.
3. Data Requirements: The Governing Board will provide files containing relevant enrollment, paid claims, and health interview survey data. These data will be supplemented with information each health center (as referenced in Section IV A). The proposal should identify any additional information needed to support the research that the Governing Board may be requested to provide. Further, the proposal should identify the points and tasks in the research project that will require participation by Governing Board staff. The selected vendor will be required to execute a Business Associate Agreement with the Governing Board, and the proposal should include the methods the vendor will use to safeguard the Protected Health Information and maintain participants' confidentiality.

The Technical Proposal response shall not exceed 10 pages.

C. Management Proposal

The resource capability and program management for planning and performing the work will be considered in the proposal selection process. Personnel performing the work must be described in this section in terms of numbers of people and their professional classification (e.g., project manager, economic analyst, strategic planning, etc.). Brief resumes detailing the education and relevant experience of the key personnel proposed for this project are required. The selected contractor will be required to furnish the services of those identified in the proposal as key personnel, and any change in key personnel will be subject to approval by the Governing Board. Specific requirements for this section include:

1. Business Management Organization and Personnel: The proposal must provide a brief narrative description of the organization that will perform the proposed work effort, and the authority responsible for controlling resources and personnel. This should also include an organization overview for any proposed subcontractors.
2. Staffing Plan: Describe the contractor's proposed staff distribution to accomplish this work, including an organization chart that clearly presents the relationships of key proposed staff to manage/direct the project, lead key tasks, etc. The staffing plan should also present a chart that partitions the time commitment of each professional staff member to the project's tasks and schedule. The proposal should clearly identify the relationship of key project personnel to the contracting organization, including subcontractors and consultants. Because program enrollees may have limited English speaking ability, the proposal should describe how the native language of the enrollees will be used in any evaluation focus group or focused study.
3. Relevant Prior Experience: The proposal should describe the qualifications and experience of the organization and the individual personnel to be assigned to the project. Information should include direct experience with the specific subject-matter area and client references including organizations, addresses, contact persons, and telephone numbers.

The Management Proposal response shall not exceed 5 pages.

D. Cost Proposal

Each proposal submitted must contain all cost information, including direct labor costs consistent with the staffing plan, labor overhead costs, travel, estimated cost of any subcontracts, other direct costs (such as those for creating or maintaining databases), overhead, total costs, and any contract fees or profit.

The contractor should include estimated expenses for at least two in-person meetings at the Governing Board office in Sacramento, California. These should include: 1) a kick-off meeting to clarify and refine the schedule, scope, roles of the contractor and Governing

Board staff, and any issues/key challenges; and 2) A one-day in-person meeting for presentation of study findings at the Governing Board office in Sacramento, California. These activities will be over and above routine conference calls, email communications, and/or meetings with Governing Board staff during the project.

The Cost Proposal response shall not exceed 3 pages.

The Governing Board may request any other information that it deems in its sole discretion is necessary or useful in order to evaluate proposals. The Governing Board reserves the right to contact persons submitting a proposal informally to receive additional information.

VI. PROPOSAL FORMAT INSTRUCTIONS

- A. All Pilot Project Evaluation proposals must be complete at the time of submission and must follow the required format and use the forms and examples provided:
 - 1. The type font must be Arial, size 12 point.
 - 2. Text must appear on a single side of the page only.
 - 3. Use standard paper size (8 ½" x 11").
 - 4. Assemble the proposal in the order and within the page number limits listed with the Proposal Requirements section.
 - 5. Clearly paginate each page.
- B. Proposals transmitted by facsimile (fax) or e-mail will not be accepted.
- C. Provide one original hard-copy Pilot Project Evaluation Proposal clearly marked original, and four (4) hard copies.
- D. Provide an electronic copy (CD or flash drive) of the proposal.
- E. Do not provide any materials that are not requested, as reviewers will not consider the materials.
- F. Proposals must be received in the office no later than 3:00 p.m. PST on November 2, 2018.

CMSP Governing Board
ATT: Lee Kemper, Policy and Planning Consultant
1545 River Park Drive, Suite 435
Sacramento, CA 95815

VII. METHODOLOGY FOR REVIEW AND SCORING

The Governing Board shall have sole discretion whether or not to award funding for the Pilot Project evaluation. Evaluation proposals shall be reviewed and scored based upon the following criteria:

Technical Proposal:

- Complete, clearly articulated, logical study design and technically competent methodology
- Evaluation experience with relevant health projects or initiatives
- Understandable and realistic program evaluation methods to collect data, conduct surveys, conduct in-depth studies, and summarize and present findings

Management Proposal:

- Qualifications, relevant prior experience, and ability to present proposal and expected findings in a concrete, usable manner
- Credible management proposal for staffing and completing the project in a timely fashion

Cost Proposal:

- Cost effectiveness of the overall proposed project design

The foregoing criteria are for general guidance only. If the evaluation proposals are scored, the scoring will be for guidance and informational purposes only. The Governing Board will award a contract based on the evaluation proposal the Governing Board determines, in its sole discretion, is in the best interest of CMSP and the Governing Board.

Evaluation proposals which, in the Governing Board's sole and absolute discretion, are deficient, are not competitive, are non-responsive, do not meet minimum standards or are otherwise lacking in one or more categories may be rejected without further consideration.

VIII. QUESTIONS

A. Frequently Asked Questions (FAQ)

If you have questions regarding the RFP, please submit the questions in writing to Lee Kemper, Policy and Planning Consultant. Questions can be emailed to Mr. Kemper at lkemper@cmspcounties.org. Include your name, the name of your firm, and your mailing address, email address, fax number, and telephone number.

Questions can be submitted at any time up to midnight on October 23, 2018. The Governing Board will post written responses to all questions received by the Governing Board as soon as possible after questions are received, but no later than October 26, 2018. For clarity, please cite the page and section to which your questions pertain, and if appropriate, the information you are seeking.

B. RFP Contact Information

Please direct any questions regarding the RFP via email to:

Lee Kemper, Policy and Planning Consultant
Path2Health Pilot Project Evaluation RFP
lkemper@cmspcounties.org

Telephone calls, faxes and/or requests for a solicitation will not be accepted or acknowledged.

IX. GENERAL INFORMATION

- A. All submitted proposals become the property of the Governing Board and will not be returned to the bidder unless otherwise determined by the Governing Board in its sole discretion.
- B. Any costs incurred by the bidder for developing a proposal are the sole responsibility of the bidder and the Governing Board shall have no obligation to compensate any bidder for any costs incurred in responding to this RFP.
- C. Proposals may remain confidential during this process only until such time as determined by the Governing Board in its sole discretion. Thereafter, all information submitted by a party may be treated as a public record by the Governing Board. The Governing Board makes no guarantee that any or all of a proposal will be kept confidential, even if the proposal is marked “confidential,” “proprietary,” etc.
- D. The Governing Board reserves the right to do the following at any time, at the Governing Board’s sole discretion:
 - 1. Reject any and all proposals, or cancel this RFP.
 - 2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any proposal.
 - 3. Request that certain or all bidders supplement or modify all or certain aspects of their respective proposals or other materials submitted.
 - 4. Modify the specifications or requirements for the Pilot Project in this RFP, or the required contents or format of the proposals prior to the due date.
 - 5. Extend the deadlines specified in this RFP, including the deadline for accepting proposals.
 - 6. Award, or not award, any contract for the evaluation services described in the RFP.