

ADDENDUM TWO QUESTIONS and ANSWERS

Date: November 12, 2019

To: All Bidders

From: Dianna Gilliland/Nancy Storant, Buyers
AS Materiel State Purchasing Bureau

RE: Addendum for Request for Proposal Number RFP 6168 Z1 to be opened
December 3, 2019, at 2:00 P.M. Central Time

Questions and Answers

Following are the questions submitted and answers provided for the above mentioned Request for Proposal. The questions and answers are to be considered as part of the Request for Proposal. It is the Bidder's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
1			Funds are divided by Region. Do they need to be further divided by county?	No
2			Can the award be subcontracted out by the contractor?	Yes, refer to Section III.A., Section VI.A.h.ii. and Section VI.A.h.iii. .
3			Where did you get population estimates for minority population with diabetes and do you have those estimates by county?	Nebraska Vital Statistics and Behavioral Risk Factor Surveillance data was used. County level data is not available.
4	V.E.1.a.	pg. 29.	In the Scope of Work (pg. 29. E.1.a.) it states "physician referral..." Is it acceptable to also use Advance Practice Nurses (NP's) and Pharmacy Assistants (PA's) in the role described?	It is acceptable to use Advance Practice Registered Nurses and Physician Assistants in the role of physician referral as described in Section V.E.1.a. Pharmacy Assistants are not included.

Additional Information from Vendor for Questions 5-12

In DEFINITIONS, on page v, the following definition is noted:

"HbA1c: (also known as A1c, glycated hemoglobin, or glycosylated hemoglobin) a blood test that correlates with a person's average blood glucose level over a span of a few months. It is used as a screening and diagnostic test for pre-diabetes and diabetes. A healthy A1C target is <9. "

On page 29, E. Scope of Work, 2. a. it reads as follows: "Sixty percent (60%) of the diabetic patients who receive services from a Community Health Worker will reduce their HbA1c by one percentage point, or achieve a HbA1c of 6.5 or lower, by the end of the initial project period and in each subsequent year."

In 2014, Hirst, Stevens and Farmer conducted and published research "Changes in HbA1c level over a 12-week follow-up in patients with type 2 diabetes following a medication change" taken from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3965408/>. They found that after a diabetes medication adjustment, there were overall reductions in Hgb A1c's as follows: Mean HbA1c at baseline, 2, 4, 8 and 12 weeks was 8.7±1.5%, (72.0±16.8 mmol/mol) 8.6±1.6% (70.7±17.0 mmol/mol), 8.4±1.5% (68.7±15.9 mmol/mol), 8.2±1.4% (66.3±15.8 mmol/mol) and 8.1±1.4% (64.8±15.7 mmol/mol) respectively. At the end of the study 61% of patients had sub-optimal glycaemic control (HbA1c>7.5% or 59 mmol/mol). The 8-week change correlated significantly with the 12-week change in HbA1c and an HbA1c above 8.2% (66 mmol/mol) at 8 weeks correctly classified all 28 patients who had not achieved glycaemic control by 12 weeks.

Wilding, Godec, Khunti et al. found similar results with medication changes in "Changes in HbA1c and weight, and treatment persistence, over the 18 months following initiation of second-line therapy in patients with type 2 diabetes: results from the United Kingdom Clinical Practice Research Datalink" (2018) taken from <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-018-1085-8>

We reference the above research articles, knowing that some patients will be taking antihyperglycemics but others will be employing behavioral changes at least initially. Therefore, changes in HgbA1c's will be slower in coming. Providers may prefer to try behavioral change as the initial treatment and add antihyperglycemics as needed. We pose the following questions:

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
5			A Hgb A1C is commonly recommended every three months depending on the provider. Is this frequency adequate for the contract requirements? What if the bid period ends before the second HgbA1c is scheduled?	<p>A baseline and final HbA1c is required. Refer to Section V. G. a. iii. If the contract period ends before the second HbA1c is taken and the patient became active only in the last quarter of the contract period, the patient won't be counted in the retainage denominator or numerator calculation. If the patient was active prior to the last quarter of the contract period and a final HbA1c (taken in the last quarter) was not taken or was not reported, the participant will be counted in the denominator of the retainage calculation, however not in the numerator. Active is defined as having been referred by a physician and having an encounter with the CHW.</p> <p>Section V.G.2. is amended to the RFP as follows: Payment is based on active participants. Active means having an encounter between the CHW and the patient during the quarter. An encounter includes phone and face-to-face communication but does not include a voice mail message or sending a text message.</p>

6			Are residents of minority status with diabetes eligible for intervention if they present with a HgbA1c that is below 6.5, but are newly diagnosed and in need of education, coaching and connection to resources? Is there a minimum HgA1c requirement for admission to the intervention?	The minimum HbA1c must be greater than or equal to 6.5 to be enrolled into the project. Once enrolled and active with an HbA1c greater than or equal to 6.5, the patient can remain a participant when the HbA1c falls below 6.5.
7			This RFP excludes those with prediabetes, correct?	An HbA1c greater than or equal to 6.5 is required to become a patient participant.
8			For reimbursement purposes, what evidence is required as proof of HgbA1c?	Lab results on file with the contractor.
9			Why are refugees addressed separately from the minority population and what, if any, are the RFP requirements for them?	References regarding refugees have been removed from Sections V.D., V.E.b. and V.G1.a.ii. in their entirety.
10			If a client is enrolled in the program, but has not made progress as measured by HgbA1c by the end of the first RFP cycle, are they to be discharged from the program, or can they continue?	They can continue on the program.
11			Since clients can be enrolled at any time, does each client have at least 12-months to demonstrate reduction in HgbA1c?	A patient doesn't need to participate for at least 12 months to demonstrate a reduction. Refer to question 5 for how the retainage payment is calculated.
12			The definition of healthy HbA1c target as noted above is "less than 9.0". For the purpose of this project, any adult who meets the criteria and has a HgA1c greater than 6.5 is eligible, correct? Can the client stay active in the project until they achieve the HgA1c of 6.5 or less?	Yes, any person who has an HbA1c greater than or equal to 6.5 is eligible and they can stay active in the project even if their HbA1c falls below 6.5. The project is not restricted to adults, any age person can participate.
13			The word "Physician" is used 6 times in this RFP. Is it reasonable to assume this word is interchangeable with the word "Provider" so that it includes APRN's and PA's?	Refer to Question #4.
14	IV. PAYMENT; A	page 26	Does this mean that payment will be not be made until after the end of the contract or will it be paid quarterly and what is the length of the contract? Do allowable costs include costs of Hgb A1c's and self-glucose monitoring equipment and testing supplies?	Payment will be made quarterly upon receipt of a complete quarterly report (refer to Section V.G.1.) approved by DHHS. However, beginning July 1, 2020, 20% of the amount billed will be retained. The retainage will be paid at the end of the contract period if 60% or more patients active during the contract period have reduced their HgA1c by one point or maintained a level below. Refer to Attachment B of the RFP. Patients who are enrolled and became active in only the last quarter of the contract period who have a baseline HbA1c, but not a final HgbA1c will not be included when determining retainage payment. Refer to question 5 above. Use of the funds to meet deliverables is determined by the contractor.

15	V.F.2. and IV.C.	Page 30 and Page 26	What roles do you see LHD's playing in the event that they are not filling the Contractor role?	The State views integration of primary care and local health departments (LHD) favorably and as an agreement directly between the primary care and LHD.
16	Section V	page 28	Attachment D has the appropriate heading, but in the table for East Central District, it refers to Southeast Region throughout. Should we revise or will you provide corrected copy?	Refer to revised Attachment D, Options 1-7.
17			<p>According to the CDC's OMH, (https://minorityhealth.hhs.gov/omh/content.aspx?ID=2913) 13.2% of the Hispanic adult population has diabetes. 14.2% of American Indians and Alaska natives have diabetes. 12.6% of African Americans adults to have been diagnosed with diabetes.</p> <p>Is the target population adults age 18 and older of minority background and who have been diagnosed with diabetes? Will the project cover recruitment and testing of high-risk adults of minority background who may not have a medical home but need to be tested for diabetes?</p>	The target population is minorities who have an HbA1c of 6.5 or higher of any age. Payment is based on the number of participants referred by a physician, PA, or APRN who have been provided services by the Community Health Worker during the quarter. Use of the funds to meet deliverables is determined by the contractor.
18	V.E.2.	Page 29	Can you specify the maximum time frame for the patient to achieve a 1% reduction from the initial HgA1c?	<p>There is no maximum time frame for the patient to receive a 1% reduction or reach an HbA1c lower than 6.5. However, this goal is the criteria used to determine payment of retainage.</p> <p>Section V.E.2.a. is amended to the RFP as follows: Sixty percent (60%) of the diabetic patients who receive services from a Community Health Worker will reduce their HbA1c by one percentage point, or achieve a HbA1c of lower than 6.5, by the end of the initial project period and in each subsequent year. For example, one percentage point is going from an HbA1c of 9 to an HbA1c of 8.</p>
19	Scope of Work (E) 1.a.	29	<p>The RFP states: The desired outcome of the MHI project for each region is: a) Sixty percent (60%) of the diabetic patients who receive services from a Community Health Worker will reduce their HbA1c by one percentage point, or achieve a HbA1c of 6.5 or lower, by the end of the initial project period and in each subsequent year.</p> <p>Questions:</p> <p>1. Can you add or remove patients throughout the project period? For example, what if a patient moves? What if a patient passes away?</p>	<p>1. Yes, you can add and remove patients throughout the project period. It is understood that patients may move away or for some other reason not continue to</p>

			<p>2. Do you have to maintain the same panel of patients for the entire project period?</p> <p>3. After establishing the baseline of patients, the RFP states there is quarterly reporting but what if a patient begins with an HbA1c of 8.3 and by the end of the 1st quarter drops to a 6.4, do we remove the patient from the panel or do we continue to track them through the entire project period?</p> <p>4. What happens if all of our patients drop down 1 point within 9 months? Do we receive payment and then add another new panel of patients?</p>	<p>participate.</p> <p>2. No, you don't have to maintain the same panel of patients for the entire project period.</p> <p>3. No, you would not remove that patient, you would continue to provide the services of a CHW for them to be counted as a patient participant. Their continued participation would impact the retainage calculation favorably.</p> <p>4. The final HbA1c reading must be taken within three months prior to the end of the contract period. If all your patients drop down 1 point or reach below 6.5 as determined by the final HbA1c, the contractor receives the retainage payment at the end of the contract period. The contractor receives payment quarterly for all active patients. All patients can remain on for the length of the initial contract, and renewal contract periods even if they reach an HbA1c below 6.5. New patients can be added as determined by the contractor.</p>
20	Project Requirements (F) 1.c	30	<p>The RFP states "Ensure efforts are made to serve minorities in each of the identified counties, whether or not clinical services exist within those counties"</p> <p>Is there a requirement that a certain number of patients are served in each of the counties?</p>	<p>No there is not a certain number of patients who need to be served in each county. However, the contractor is expected to reach out to minorities and clinics in all eligible counties in the region and strongly market the project. Efforts of the outreach must be detailed in each reporting period. Refer to Section V.G.b.v.</p>
<u>Question Number</u>	<u>Question</u>		<u>State Response</u>	
21	<p>Physician is referenced 6 times throughout the document. Can it be assumed that this includes all medical providers including PA, APRN ? See below for reference.</p> <p>A. PROJECT DESCRIPTION AND SCOPE OF WORK: A PROJECT OVERVIEW</p> <p>The State of Nebraska, Department of Health and Human Services (DHHS), Division of Public Health, Office of Health Disparities and Health Equity (OHDHE) is soliciting proposals from qualified bidders to improve health outcomes for minority populations diagnosed with diabetes in Nebraska's first and third Congressional Districts through referrals from physicians for the services of Community Health Workers (CHW). P. 36</p> <p>E. SCOPE OF WORK</p> <p>1. This will be accomplished through:</p> <p>a. Physician referrals to the services of a Community Health Worker (CHW) and</p>		<p>Refer to question #4 above.</p>	

	<p>continued communication between the physician, health care team, and CHW that will take place throughout the project. P.37</p> <p>b. The CHW is to meet qualifications identified in section V.F.2.b., Project Requirements, and address the social determinates of health impacting patient compliance with physician direction. P. 37</p> <p>PROJECT REQUIRMENTS</p> <p>a. 1.g. Identify participating physicians and documentation of their commitment to refer minority diabetic patients and for monthly clinical team communication with the CHW.</p> <p>2. PROVIDE CHW STAFFING WITH CLINICAL, COMMUNITY, AND PUBLIC HEALTH LINKAGES</p> <p>a. Provide a CHW who:</p> <p>iii. Provides necessary resources to optimize communication and support for diabetic education, compliance with physician care management and addresses social determinates of health;</p>	
22	<p>Can you please clarify the discrepancy between:</p> <p>II.O. Retainage (p. 14) reads: Upon completion of the project, the Contractor will invoice the State for any outstanding work and for the retainage. Otherwise, the project will be deemed accepted and the State will release the final payment and retainage in accordance with the contract payment terms.</p> <p>And</p> <p>IV.A. Payment (p.26) reads: "PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)</p> <p>Neb. Rev. Stat. §§81-2403 states, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."</p>	<p>"Outstanding work" referenced in Section II.O refers to work that has been performed but not yet invoiced. It does not refer to work that has not yet been performed.</p>
<u>Additional Information from Vendor for Questions 23-30</u>		
<p>In DEFINITIONS, on page v, the following definition is noted:</p> <p>"HbA1c: (also known as A1c, glycated hemoglobin, or glycosylated hemoglobin) a blood test that correlates with a person's average blood glucose level over a span of a few months. It is used as a screening and diagnostic test for pre-diabetes and diabetes. A healthy A1C target is <9. This is also the Healthy People 2020 target.</p> <p>On page 29, E. Scope of Work, 2. a. it reads as follows: "Sixty percent (60%) of the diabetic patients who receive services from a Community Health Worker will reduce their HbA1c by one percentage point, or achieve a HbA1c of 6.5 or lower, by the end of the initial project period and in each subsequent year."</p> <p>A Hgb A1C is commonly recommended every three months depending on the provider.</p>		

23			<p>Please clarify the discrepancy related to blood glucose or a Hemoglobin A1c? iii below speaks to beginning and end of project and iv speaks to quarterly.</p> <p>The contract reads: REPORT ON PATIENT OUTPUTS & PROJECT OUTCOMES a. Patient Reporting is to be completed using de-identified unique numbers for each patient and must include all of the elements below: iii. Provide HbA1c data for identified patient as a baseline and at the end of the project period, including the date of the HbA1c test. Baseline must be with taken no more than three (3) months before or after project start date for each client. The final reading cannot be taken more than three (3) months prior to the end of the project period;</p> <p>iv Average of blood glucose readings per client per quarter;</p>	<p>Blood glucose needs to be reported quarterly. HbA1c is reported as a baseline and final data. See section V.G.1.a.iii. and iv.</p>
24			<p>what is the rationale of the 6.5 HbA1c compared to Healthy People 2020 goal of less than 9?</p>	<p>The Center for Disease Control states that “A1C below 5.7% is normal, between 5.7 and 6.4% indicates you have prediabetes, and 6.5% or higher indicates you have diabetes.” The rationale is to assist patients reach an optimum level to improve their health.</p>
25			<p>Are residents of minority status recently diagnosed with diabetes and had a HgbA1c 6.5 eligible for the program. Understanding this population is most in need of education, coaching and connection to resources?</p>	<p>Refer to Questions #6, #7, and #12.</p>
26			<p>Why are refugees addressed separately from the minority population?</p>	<p>Refer to Question #9.</p>
27			<p>Question3e: What percentage of the minority population with diabetes is targeted and expected to be enrolled into the program?</p>	<p>It is the responsibility of the Bidder to determine the number of diabetic minority patients within each region to be served and a per-patient quarterly cost.</p>
28			<p>How does 60% improvement rates align with the Healthy People 2020 goal of 10%.</p>	<p>The 60% is unrelated to Healthy People 2020. It is a reasonable level that could be expected of the contractor considering participant response is not in the control of the contractor, such as moves or other reasons a participant discontinues or reduces involvement.</p>
29			<p>Clarification needed to identify method of capturing the target of 60% improvement rates, if there is no cut off to the enrollment period?</p>	<p>Attachment B identifies how the retainage payment is calculated. Refer to Section V.G.a.iii.</p>

				Refer to Question #5 above for clarification on the method of determining the 60%.
30			How do you define "project period." Is this the end of contract period?	Refer to page 1, second paragraph: The term of the contract will commence upon execution of the contract by the State and the Contractor (Parties) through June 30, 2021. The Contract includes the option to renew for four (4) additional one (1) year periods upon mutual agreement of the Parties.
31	A.i.	page 30	On page 30. 2. PROVIDE CHW STAFFING WITH CLINICAL, COMMUNITY, AND PUBLIC HEALTH LINKAGES a. Provide a CHW who: i. Works with community organizations and local health departments; If the LHD is not filling the contractor role, what roles do you see LHD's playing?	Refer to Question #15.
32	section V	page 28	On page 28, In section V. PROJECT DESCRIPTION AND SCOPE OF WORK: Attachment D has the appropriate heading, but in the table for West Central District, it refers to Southeast Region throughout. Can we make the necessary corrections?	Refer to Question #16.
33	section V	page 28	TA call for applicates to ask additional questions related to the RFP?	No Pre-Proposal Conference will be held for this solicitation.
34			Can the provider negotiate a compensated amount in advance for start up funds?	No, refer to Section IV.A.
35			Does the state provide furniture, computers, desk etc to the provider and how would the provider retrieve it?	Refer to Question #44.
36			Is the contract provided based on a per client dollar amount success rate?	Bidders are required to submit a cost proposal with the bid. Instructions are included in Attachment D of the RFP.
37			Confirming the success rate for a patient with a hemoglobin A1C that begins at 14 and reduces to 13 in the 90 days and is billed for the that success rate will the provider discharge the patient or can the provider continue to bill for this client until the patient reaches a normal hemoglobin A1C?	The contractor can continue to bill for the client as long as they are active and receive CHW services during the quarter. Refer to Question #5 and amended language for Section V.G.2.
38			For the Metro/Sarpy area the contract dollar amount is \$227,748.82 for January 2019 thru June 2020, since the contract begins in January 2020 is the total amount of	Refer to Revised Attachment A.

			\$227,748.82 available from January 2020 to June 2020?	
39			Does this contract have a provider's clients reachable goal for Metro/Sarpy area?	This is determined by the Bidder.
40			If awarded the contract does the provider need to have a verifiable line of credit through the bank and how much would that be?	No, there is no such requirement.
41			What does baseline collection period January 2020 through June 2020 mean (no retainage) if the contract beginning January 2020?	Per Attachment B, baseline data collection period simply indicates the time period when no retainage will be collected. Beginning July 1, 2020, 20% of the amount billed will be retained.
42			Blood tests that indicate prediabetes include: <ul style="list-style-type: none"> • An A1C of 5.7% – 6.4% • Fasting blood sugar of 100 – 125 mg/dl • An OGTT 2 hour blood sugar of 140 mg/dl – 199 mg/dl Are we able to include folks who meet the other RFP criteria and whose blood tests are in the above range?	Refer to Questions #6, #7 and #12.
43	General question		Can other funding, i.e., Medicaid, Medicare, HIS, Private Insurance be used in addition or besides the MHI Grant Funding to facilitate as many diabetic patients as possible?	Yes.
44	General question		Are Diabetic Test Strips to be inclusive in our bid?	Refer to the Revised Attachment D, Options 1-7.
45	General question		Are HBA1C testings also to be inclusive in our bid?	Refer to Question #44.
46	General question		Do you have/require a specific SDOH (Social Determinants of Health) form(s)?	The Bidder is to indicate the assistance to be given to address social determinates of health in Attachment C, as discussed in Section V.F.4. Quarterly reporting of assistance provided is required, per Section V.G.1.
47	Scope of Work "E"	29	If the 60% of diabetic patients is not met, what are the penalties (if any) financial or contractual?	If the 60% of diabetic patients is not met, the retainage payment will not be paid to the contractor.
48	Scope of Work "E", Project Requirements "F" 2.3.4, and "G" Deliverables	29, 30	Are there any conditions barring outside business from performing the CHW roles & responsibilities, i.e., private Diabetes Centers as long as they meet E, F & G?	No, as long as the requirements in Sections V.E., V.F. and V.G. are met.

49	General question		Can diabetic patients be incentivized?	This is the Bidder's decision.
50	General question		If a diabetic patient should move, or otherwise not continue on with the program, are we permitted to recruit a replacement patient?	Yes, the contractor should recruit as many clients as possible to fit within their cost proposal. The maximum amount be paid for each region for the initial period is identified in Revised Attachment A. Refer to Section V.D. for information about optional renewal period funding.
51	General question		Do you have criteria or guidance for the number of strips allocated to a patient per day? We are allocating 3 per day!	No.
52	G Deliverables	31	Have you specifically identified the "medium" by which the Quarterly reporting is required electronically through a system identified by DHHS; and the EDI interface of choice or selected?	The method of reporting has not been determined at this time.
53		Page #32	Should section VI be completed within the section A.1.a through j or should this information be provided to you in a separate document.	Refer to Section I.N. for a list of proposal requirements. Section VI, Corporate Overview should be a separate section of the submitted bid proposal.

The following RFP section are hereby amended as follows:

Section V.E.3, c-d.

- c. Diagnosis of Diabetes, defined as having an HbA1c of 6.5 or higher; and
- d. Have a baseline HbA1c test completed no more than (3) months before physician referral to the project.

Section V.F.1.d.

- d. Provide baseline and yearly HbA1c measures for all diabetic patient participants. The baseline HbA1c test must be completed no more than (3) months before physician referral to the project.

Section V.F.2.i.

- i. Works with community organizations and/or local health departments;

This addendum will become part of the proposal and should be acknowledged with the Request for Proposal response