

INFORMAL SOLICITATION

Minnesota Departments of Health and Human Services

Description of Project

The Minnesota Departments of Health and Human Services are soliciting recommendations on the outcomes or goals to be used to guide the evaluation of Health Care Home legislation passed during the 2008 legislative session (M.S. 256B.0751). Outcomes must reflect patient experience, population health and cost.

Scope of Work

Task 1.

Recommend health care system and patient outcomes that should be considered in the evaluation of health care homes. Recommended outcomes will be considered by the Departments to guide the development of specific indicators that will be used to measure the success of Health Care Homes. The development of parameters for specific indicators is not within the scope of this work.

Outcomes must be attributable to the overall population of patients with chronic or complex health conditions as well as target specific populations such as children, the elderly and diverse populations. Recommendations must include both system (e.g. access to health care home services by geography) and patient (e.g. quality measures for cardiac care) outcomes. Outcomes should be evidenced based if possible, be able to be developed into specific measurable objectives, cover individuals from birth to death, should include broad patient outcomes such as (e.g. patient engagement, work/school absenteeism), include both value and quality outcomes as well as process outcomes, and comprehensively evaluate Health Care Homes. All stakeholders, including health care providers and provider organizations, health plan companies, employers or other health care purchasers, advocates for individuals with complex or chronic problems, local public health agencies, consumers and other interested organizations must be actively engaged in the identification and development of the proposed outcomes.

A document detailing the process used in identifying outcomes, how general consensus on the final recommended outcomes was obtained, and any supporting documentation for the outcomes chosen must be submitted. The document is defined as (10) printed copies and an electronic file.

Task 2.

This project also includes a report on the current “state of the art” for medical/health care home practice. The contractor will be expected to review the current literature and investigate the work and activities of organizations and individuals working on the definition of broad outcomes for medical/health care homes. This inventory should include work that is being done both nationally and locally around health/medical care homes and focus on the outcomes that point to achievement of improved population health, patient experience, and improve value (cost). The report must be provided to the Departments in a printed and electronic file format.

The Department of Health and the Department of Human Services will closely partner and guide the awarded Responder on the scope of this work. The Contractor must coordinate activities with the Departments via a scheduled weekly conference call or meeting.

Responders are encouraged to propose additional tasks or activities if they will improve the results of the project. These items should be separated from the required items on the cost proposal.

This Informal Solicitation does not obligate the state to award a contract or complete the project, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest.

The Minnesota Department of Health (MDH) has estimated that the cost of this contract should not exceed forty-nine thousand dollars (\$49,000). Price will be a factor in the evaluation of proposals. This Informal Solicitation does not obligate the MDH to spend the full estimated dollar amount.

Contract Period

The contract will begin on the October 27, 2008 or upon full execution of the contract, whichever is later, and will be completed by December 31, 2008.

Questions

Questions concerning this Informal Solicitation should be directed to:

Maggie Diebel
Department of Health
P.O. Box 64882, St. Paul, MN 55164-0882

maggie.diebel@state.mn.us
Telephone 651-201-3594

Other personnel are not authorized to answer questions regarding this Informal Solicitation.

Response Content

Cover Letter (Two Page Limit) The cover letter should include the following:

- Responder's mailing and facility address, facsimile number, telephone number, and web site address (if applicable).
- A brief description of Responder's overall capabilities, history and overall organizational structure.
- Name, title, address, telephone number, and e-mail address of the person designated to answer questions about the Response.
- A detailed explanation of the way in which the Responder would be available on a day-to-day basis during the period of the Contract to organize activities, provide specific billing and invoicing information and to discuss, inform and interact with the Minnesota Department of Health and the Minnesota Department of Human Services.
- A statement of acceptance of the proposed Contract Conditions. Terms and conditions stated in this Informal Solicitation and the Response will become part of the Contract if the Responder is selected. Any suggestions for alternative language shall be presented in the Response.
- The State is under no obligation to accept wording changes submitted by the Responder. The state in its sole discretion shall render decisions in matters of interpretation on all terms and conditions.

Response Narrative (Ten Page Limit) The Response must include the following (address each bullet listed below). Include experience for any Subcontractors that the Responder will be using. Clearly summarize which tasks will be performed by a Subcontractor or by the Responder's current personnel:

- A summary of overall qualification/capabilities of the Responder. Include resumes of staff who will be assigned to the contract and a matrix table listing staff, classification, and years of services with the Responder including summary of educational experience, work experience and licenses/certifications held for each individual who will be working on the contract and the location of each of these individuals, as well as what contract duties they will perform. No change in personnel will be allowed without prior written approval of the Minnesota Department of Health.
- Provide detailed information on the amount and depth of experience Responder has with 1) medical/health care homes; 2) outcome measures; 3) facilitating large meetings and assisting participants in arriving at consensus; 4) engaging input from consumers of health care; and 5) writing clear concise documents.
- Provide a detailed plan on the process and timelines Responder would use to identify system and patient

outcomes for Health Care Homes and the process Responder would use to identify and engage stakeholder input. The plan should also outline the process and timelines for the development of a report on the “state of the art” outlined in Task 2.

- Provide a detailed description of Responders experience as it relates to the scope of work.
- Provide a list and short narrative of similar projects where Responder has experience.

Budget (Two page Limit) Provide a detailed budget for your proposed Response.

- salary and fringe benefits: indicate for each position the title, the full time equivalent on this activity, the expected rate of pay, the expected fringe benefit rate and the total amount you are expecting to pay under this area.
- contractual services (subcontracts): list the services you expect to contract out, the contractor’s name, and the total amount you expect to pay the contractor.
- travel: explain your expected travel costs, including mileage, hotel and meals
- supplies and expense: briefly explain your expected costs in this area
- other costs: please describe in detail any other costs that do not fit in any of the above areas.

Include under each budget line how the budgeted items were calculated and a brief description of how they support your proposed activities. Please be clear on the total proposed cost of your Response.

Response Delivery

All responses must be in writing and delivered to:

or mailed to:

Department of Health
Janet Olstad
85 East Seventh Place, Suite 220
St. Paul, MN 55101

Department of Health
Janet Olstad
P.O. Box 64882
St. Paul, MN 55164-0882

All proposals must be received not later than 4:30 p.m., Central Time, October 8, 2008. **Late responses will not be considered.** Fax and email responses **will not be considered.** The burden of proving timely receipt is upon the responder.

Response Evaluation

Responses will be evaluated on: **30 percent** on the process and timelines to be used in identifying system and patient outcomes, **20 percent** prior experience, **20 percent** on qualifications, and **30 percent** on cost considerations.

All responses received by the due date and time will be evaluated.

Conflicts of Interest

Responder must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals. The list should indicate the name of the entity, the relationship, and a discussion of the conflict.

Disposition of Responses

All materials submitted in response to this Informal Solicitation will become public record after the evaluation process is completed. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

Organizational Conflicts of Interest

The responder warrants that, to the best of its knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a vendor is unable or potentially unable to render impartial assistance or advice to the State, or the

vendor's objectivity in performing the contract work is or might be otherwise impaired, or the vendor has an unfair competitive advantage. The responder agrees that, if after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing must be made to the Assistant Director of the Department of Administration's Materials Management Division which must include a description of the action which the contractor has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the responder was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to the contracting officer, the State may terminate the contract for default. The provisions of this clause must be included in all subcontracts for work to be performed similar to the service provided by the prime contractor, and the terms "contract," "contractor," and "contracting officer" modified appropriately to preserve the State's rights.

Preference to Targeted Group and Economically Disadvantaged Business and Individuals

In accordance with Minnesota Rules, part 1230.1810, subpart B and Minnesota Rules, part 1230.1830, certified Targeted Group Businesses and individuals submitting proposals as prime contractors shall receive the equivalent of a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Businesses and individuals submitting proposals as prime contractors shall receive the equivalent of a six percent preference in the evaluation of their proposal. For information regarding certification, contact the Materials Management Helpline at 651.296.2600, or you may reach the Helpline by email at mmdhelp.line@state.mn.us. For TTY/TDD communications, contact the Helpline through the Minnesota Relay Services at 1.800.627.3529.

Foreign Outsourcing of Work Prohibited

All services under this contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision also applies to work performed by subcontractors at all tiers.

Insurance Requirements

A. Contractor shall not commence work under the contract until they have obtained all the insurance described below and the State of Minnesota has approved such insurance. Contractor shall maintain such insurance in force and effect throughout the term of the contract.

B. Contractor is required to maintain and furnish satisfactory evidence of the following insurance policies:

1. **Workers' Compensation Insurance:** Except as provided below, Contractor must provide Workers' Compensation insurance for all its employees and, in case any work is subcontracted, Contractor will require the subcontractor to provide Workers' Compensation insurance in accordance with the statutory requirements of the State of Minnesota, including Coverage B, Employer's Liability. Insurance **minimum** amounts are as follows:

\$100,000 – Bodily Injury by Disease per employee
\$500,000 – Bodily Injury by Disease aggregate
\$100,000 – Bodily Injury by Accident

If Minnesota Statute exempts Contractor from Workers' Compensation insurance or if the Contractor has no employees in the State of Minnesota, Contractor must provide a written statement, signed by an authorized representative, indicating the qualifying exemption that excludes Contractor from the Minnesota Workers' Compensation requirements.

2. **Commercial General Liability:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury, including sickness or disease, death, and for care and loss of services as well as from claims for property damage, including loss of use which may arise from operations under the Contract whether the operations are by the contractor or by a subcontractor or by anyone directly or indirectly employed by the Contractor under the contract. Insurance **minimum** amounts are as follows:

\$1,000,000 – per occurrence
\$2,000,000 – annual aggregate
\$2,000,000 – annual aggregate – Products/Completed Operations

The following coverages shall be included:

Premises and Operations Bodily Injury and Property Damage
Personal and Advertising Injury
Blanket Contractual Liability
Products and Completed Operations Liability
Other; please list _____
State of Minnesota named as an Additional Insured

3. **Commercial Automobile Liability:** Contractor is required to maintain insurance protecting the contractor from claims for damages for bodily injury as well as from claims for property damage resulting from the ownership, operation, maintenance or use of all owned, hired, and non-owned autos which may arise from operations under this contract, and in case any work is subcontracted the contractor will require the subcontractor to provide Commercial Automobile Liability. Insurance **minimum** amounts are as follows:

\$1,000,000 – per occurrence Combined Single limit for Bodily Injury and Property Damage

In addition, the following coverages should be included:

Owned, Hired, and Non-owned Automobile
State of Minnesota named as an Additional Insured

4. **Professional/Technical, Errors and Omissions, and/or Miscellaneous Liability Insurance**
Contractor is required to carry the following **minimum** amounts:

\$1,000,000 – per claim or event
\$1,000,000 – annual aggregate

Any deductible will be the sole responsibility of the Contractor and may not exceed \$50,000 without the written approval of the State. If the Contractor desires authority from the State to have a deductible in a higher amount, the Contractor shall so request in writing, specifying the amount of the desired deductible and providing financial documentation by submitting the most current audited financial statements or other approved documentation so that the State can ascertain the ability of the Contractor to cover the deductible from its own resources.

The retroactive or prior acts date of such coverage shall not be after the effective date of this Contract.

This policy will provide coverage for all claims the contractor may become legally obligated to pay resulting from any actual or alleged negligent act, error, or omission related to Contractor's professional services required under the contract, and include an extended reporting period provision of a minimum of three (3) years following completion of the work.

C. Additional Insurance Conditions:

- Contractor's policy(ies) shall be primary insurance to any other valid and collectible insurance available to the State of Minnesota with respect to any claim arising out of this contract;

- Contractor's policy(ies) will provide the State of Minnesota with thirty (30) days advance notice of cancellation, nonrenewal, or reduction in limits of coverage or other material change;
 - Contractor is responsible for payment of Contract related insurance premiums and deductibles;
 - If Contractor is self-insured, a Certificate of Self-Insurance must be attached;
 - Include legal defense fees in addition to its liability policy limits, with the exception of B.4 above; and
 - Obtain insurance policies from an insurance company having an "AM BEST" rating of A- (minus); Financial Size Category (FSC) VII or better and must be authorized to do business in the State of Minnesota.
- D. The State reserves the right to immediately terminate the contract if the contractor is not in compliance with the insurance requirements and retains all rights to pursue any legal remedies against the contractor. All insurance policies must be open to inspection by the State, and copies of policies must be submitted to the State's authorized representative upon written request.
- E. The successful responder is required to submit acceptable evidence of insurance coverage requirements prior to commencing work under the contract.

**STATE OF MINNESOTA
LOCATION OF SERVICE DISCLOSURE AND CERTIFICATION**

LOCATION OF SERVICE DISCLOSURE

Check all that apply:

- The services to be performed under the anticipated contract as specified in our proposal will be performed ENTIRELY within the State of Minnesota.

- The services to be performed under the anticipated contract as specified in our proposal entail work ENTIRELY within another state within the United States.

- The services to be performed under the anticipated contract as specified in our proposal will be performed in part within Minnesota and in part within another state within the United States.

- The services to be performed under the anticipated contract as specified in our proposal DO involve work outside the United States. Below (or attached) is a description of:
 - (1) the identity of the company (identify if subcontractor) performing services outside the United States;
 - (2) the location where services under the contract will be performed; and
 - (3) the percentage of work (in dollars) as compared to the whole that will be conducted in each identified foreign location.

CERTIFICATION

By signing this statement, I certify that the information provided above is accurate and that the location where services have been indicated to be performed will not change during the course of the contract without prior, written approval from the State of Minnesota.

Name of Company: _____

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____ Telephone Number: _____

**STATE OF MINNESOTA
AFFIDAVIT OF NONCOLLUSION**

I swear (or affirm) under the penalty of perjury:

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation);
2. That the attached proposal submitted in response to the _____ Request for Proposals has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment or services described in the Request for Proposal, designed to limit fair and open competition;
3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals; and
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

Responder's Firm Name: _____

Authorized Representative (Please Print) _____

Authorized Signature: _____

Date: _____

Subscribed and sworn to me this _____ day of _____

Notary Public

My commission expires: _____