Request for Proposal (RFP)

Subject Matter Expertise: Policy Analysis and Technical Writer
Case Study on the State of Washington’s Capitated Medicaid FQHC Alternative Payment Methodology (FQHC APM)

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RFP Released: January 12, 2018
Proposals Due: January 26, 2018

NACHC Points of Contact:
Phone (301) 347-0400

For Submission Process Questions: Neha Desai (ndesai@nachc.org)
For Subject Matter Content Questions: Kersten Burns Lausch (klausch@nachc.org)
Purpose
The NACHC Training and Technical Assistance (TTA) Program assists existing and potential health centers in addressing operational demands while sustaining their health care access mission, a community governance model and a commitment to cultural and linguistic competence in healthcare delivery to underserved and vulnerable populations. Through a diverse cadre of subject matter experts and increasingly diverse delivery venues, the NACHC TTA Program is highly utilized and must be well prepared to respond to emerging healthcare delivery issues. Specifically, NACHC maintains a professional training cadre to provide health center professionals with quality instruction and technical assistance resources based on adult learning principles, advanced instructional design and an understanding and application of technology to enhance TTA delivery. The U.S. Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) provides resource support to NACHC to improve health center operational and clinical outcomes through the provision of coordinated, collaborative TTA.

Organization Overview
The National Association of Community Health Centers (NACHC) was founded in 1971 to “promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations.”

NACHC:

- Serves as the leading national advocacy organization in support of community-based health centers and the expansion of health care access for the medically underserved and uninsured.
- Conducts research and analysis that informs both the public and private sectors about the work of health centers, their value to the American health care system and the overall health of the nation’s people and communities – both in terms of costs and health care outcomes.
- Provides training, leadership development and technical assistance to support and strengthen health center operations and governance.
- Develops alliances and partnerships with the public and private sectors to build stronger and healthier communities.

RFP Services Desired
Through this targeted Request for Proposal (RFP), NACHC is seeking a vendor to research and write a case study on the State of Washington Medicaid’s capitated FQHC Alternative Payment Methodology (FQHC APM). The case study will, similar to prior NACHC case studies on other comparable models (e.g., Oregon’s FQHC APM), include:

- Key facts to provide context for the FQHC APM with a particular emphasis on health center penetration in the Medicaid market and managed care environment.
- Background on the general impetus to develop a FQHC APM.
- A description of the overall design of the FQHC APM and its key components.
- Details on the roll-out of the FQHC APM.
- A description of the success of the FQHC APM in meeting stated objectives and indicators to date.

Final deliverables will be due no later than March 8, 2017.
The ideal vendor will have a background and technical knowledge in FQHC Medicaid payment and payment reform, with preferably working knowledge of the State of Washington model. The vendor will have experience conducting research on payment models and distilling complex, technical concepts into digestible information for a variety of audiences. The consultant will coordinate with key NACHC staff and relevant subject matter experts, as appropriate, to assess, process and utilize feedback on iterative drafts and revisions.

**Travel Budget Guidelines**

Applicants will not include a travel budget for this submission. Should travel become necessary for respective engagements, NACHC will reimburse the vendor in accordance with NACHC’s travel policies (see Attachment I). Vendor proposal submission indicates acceptance of NACHC’s travel policy.

**Information Requested**

Proposals must be submitted via online portal no later than January 26, 2018. If NACHC selects your proposal, you will be notified no later than January 31, 2018. Proposals must be complete in order to be considered. Incomplete proposals will not be considered. Proposals must contain:

- Point of Contact Information
- Name/Description of Organization: specifically state if you are an independent consultant or a corporation applicant
- Vendor status verification: U.S. System Award Management (SAM) or comparable search results for individual trainer(s) and organization
- Capability statement (page limit: 2 pages) that demonstrates you/your organization’s ability to deliver services in the content areas chosen, specifically:
  - Demonstrated understanding of health center payment methodology in Medicaid
  - Evidence of successful and effective technical writing related to payment reform
- Curriculum Vitae (CV) or Resume for principal expert(s) (Page Limit: 2 pages per expert)
- One sample of a writing sample that clearly conveys payment reform concepts or models for health center and broader audiences
- Quantitative and/or qualitative feedback or evaluation of the vendor’s previous effectiveness in working with these target audiences via, for example, a customer satisfaction survey or product feedback or training feedback survey.
- Signed statement attesting to the accuracy of this proposal and you/your organization’s ability to research and write a case study on the capitated FQHC APM in Washington State.

**Budget Template & Justification**

**DIRECT LABOR** - Hourly Rate should reflect overall cost rate inclusive of any fringe, overhead and/or general & administrative expense (G&A), if required.
ATTESTATION

By my signature and date below, I hereby certify that this Proposal reflects my best estimate of the capability of organization and the true and necessary costs for the project, and the information provided herein is accurate, complete and current as of the date of my signature below.

I agree that NACHC shall own all right, title, and interest in and to all works produced by Contractor pursuant to this Contract irrespective of medium of production, including, but not limited to, meeting notes, documents, tools, change packages, data, presentations, webinars, and teleforums, and all additions to, deletions from, alterations of, or revisions of such works, and each element and part thereof.

Signature: ________________________________

Name:

Title/Organization:

Date:
## Evaluation Criteria
Proposals will be evaluated using the criteria below. Incomplete proposals will not be considered.

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<th>Rating Factor</th>
<th>Application Selection Criteria</th>
<th>Weight</th>
<th>Score</th>
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| Capability Statement  | Capability statement that demonstrates your/your organization’s ability to deliver service in the specific content area identified, such as:  
  - Demonstrated understanding of health center payment methodology in Medicaid, with higher scores given to applicants who have familiarity with the specific model being highlighted  
  - Evidence of successful and effective technical writing related to payment reform  
  Page limit: not to exceed two pages | 0.20   | (0-5) |
| Experience and Education | Resumes/CV clearly show tenure, professional experience and/or education that reflects knowledge and ability in content expertise.  
  Page limit: 2 pages per principal/trainer | 0.20   | (0-5) |
| Price proposal        | Proposed budget and timeline for project implementation, inclusive of preparation and delivery. | 0.10   | (0-5) |
| Quality of Work Samples | Clearly conveys payment reform concepts or models for health center and broader audiences. | 0.30   | (0-5) |
| Effectiveness of Services | Demonstrates effectiveness of TA by including past customer satisfaction via data gathered by formal feedback evaluations. | 0.15   | (0-5) |
| Vendor Status Verification | Proof of vendor in good standing via the U.S. government’s System for Award Management (SAM), or equivalent. | 0.05   | (0-5) |
| Total                 | Reviewer Comments /Recommendation:                                                              | 1.00   |       |