Iowa Department of Public Health
DIVISION OF HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION
Bureau of Oral and Health Delivery Services
Iowa FLEX Program

Improving Financial and Operational Performance in Iowa's Critical Access Hospitals
REQUEST FOR PROPOSAL 58813006

Interim Written Question and Response Document

Round 1: Written Questions and Responses for questions submitted through April 30, 2013.
Posted May 7, 2013

Q1. What does technical assistance, as referenced on page 4, entail? (i.e. what are the parameters, expectations)

A1. Technical Assistance (TA) can be broadly defined as any specialized skill or service that may be required to assist the identified CAHs or their existing staff or board of directors with improving their financial and operational performance. The range of support may vary greatly from conference calls, email, writing reports, meeting facilitation, on-site visits, training, and development of a strategic plan. How these services may be delivered will vary greatly as well, in terms of the cost, complexity and oversight. Technical assistance should be ongoing throughout the project to help the identified CAHs leverage its limited resources to effectively reach new milestones. Also refer to #4, page 15 of the RFP.

Q2. For conciseness and enhanced readability, would it be acceptable to include all attachments and required items of the RFP in one document (which we will then zip), rather than multiple separate documents in one zipped file folder?

A2. Yes.

Q3. We understand promotional materials, referenced on page 21, is synonymous with sales materials. Would it be acceptable to include additional, informative items such as an executive summary or one-sheeters about the firm?

A3. Non-promotional and non-advertising information such as an executive summary about the firm may be included in the appendices and should be referred to in the appropriate proposal content area. For example, this type of executive summary may be appropriate to include in the applicant's response to subsection C. of Section 3 of the RFP to describe the Applicant's Background/Demonstrated Experience**.**

Q4. What precisely is needed for table of organization, referenced on page 26? Is that an engagement team org chart, firm or chart or an office org chart?

A4. A table or organization also known as an organizational chart should be a visual representation of how a firm operates its authority, responsibility, and information to flow

within its organizational structure. It may include different management functions (accounting, finance, human resources, marketing, production, etc.) and any subdivisions linked with lines or boxes across the chart which decision making power travels downwards and answerability travels upwards.

Q5. When identifying CAHs that are low performing/financially struggling, what fiscal margins are to be evaluated? Total financial margins (operating or total margins?), or other financial indicators such as days cash on hand, debt to capitalization and/or AR days?

A5. The federal Health Resources and Services Administration contracts with an independent FLEX Monitoring Team that has performed financial evaluations of most CAHs. The Iowa FLEX program strongly encourages applicants to work with this group to determine the fiscal margins to be evaluated. Their evaluation relied on three criteria: feasibility (whether the indicator can be accurately calculated from Medicare cost report data), importance (whether the indicator is an important measure of the financial management of CAHs), and usefulness (whether the indicator is useful to CAH administrators). Contact and additional information for this group can be found at http://www.flexmonitoring.org/documents/Finance/2011/StGraph_IA2011.pdf. Also refer to section 2.01 – Description of Work and Services in the RFP.

Q6. How will the grantee be measuring organizational readiness for change when identifying CAHs? Specifically, how are the organizational readiness for change, administrative leadership willingness to drive and champion change, and the capacity to implement change, criteria measured?

A6. The applicant should explain how they will go about this process in their application. Readiness for change research suggests that a demonstrable need for change, a sense of ones ability to successfully accomplish change (self-efficacy) and an opportunity to participate in the change process contribute to readiness for organizational change (Armenakis, Harris, & Mossholder, 1993). Factors that may influence readiness for change may include, but not be limited to the skills, attitudes and opportunities to manage change.

Q7. Is this the first time Iowa Department of Public Health issued this RFP?

- If yes, when and who was the successful applicant(s)?
- Does IDPH have specific Data Processes or Benchmark Requests Improvements in this RFP based on the outcome of the previous contract?
- What recommendations and CAH trainings were measurable successful?
- What recommendations and CAH trainings didn't show measurable success?

A7. Yes. This is the first time IDPH has issued this RFP. Thus IDPH is unable to respond to the rest of the bulleted questions.

Q8. What is the annual median patient volume for CAHs? And what is the annual median patient volume for CAH Emergency Departments (ER/ED)?

A8. The IDPH does not track this information. Information may be obtainable from the Iowa Hospital Association or the American Hospital Association. Here is a link to an article by the American Hospital Association that may be useful: http://www.aha.org/research/reports/tw/11apr-tw-rural.pdf.

Q9. What percentage of CAHs patients are over 65 and under the age of 18?

A9. The IDPH does not track this information. Here is a link that may be useful: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/critaccesshospfctsht.pdf.

Q10. What percentage of Iowa CAHs patients under IDPH are beneficiaries of the Iowa Medicare Rural Hospital Flexibility "FLEX" Program?

A10. The Iowa Medicare Rural Hospital Flexibility Program serves 82 Critical Access Hospitals or 100% of Iowa CAHs.

Q11. How many of the Iowa CAH's have converted to EHR systems?

- If converted, what are they using? Ex: Cerner, Epic, Siemens, Iris etc.(for referrals, scheduling, documentation, imaging, coding, billing)
- How long has the EHR system been in place?

A11. This question is not applicable and outside the scope of this RFP. The IDPH FLEX Program does not track this information. Please contact Telligen, the Iowa Health Information Regional Extension Center, with questions regarding hospital usage of EHR systems.

Q12. Of the 82 Iowa CAHs, how many of them are state vs. private?

A12. This question is not applicable and outside the scope of this RFP. Please contact the Iowa Hospital Association with specific questions about the make-up and mix of Iowa hospitals.

Q13. What is the standard process for CAHs functioning on paper as mandated by IDPH?

A13. This question is not applicable and outside the scope of this RFP. IDPH does not mandate the CAHs**.**

Q14. What is the payer mix at IDPH CAHs?

A14. This question is not applicable and outside the scope of this RFP. Please contract the Iowa Hospital Association with specific questions about the make-up and mix of Iowa hospitals.

Q15. What are the tools, processes, and systems in place to assist CAHs in accurately determining a patient's current eligibility for the Flex Program or with the enrollment of eligible patients for Iowa's Flex Program?

A15. This question is not applicable and outside the scope of this RFP. However, the Iowa FLEX Program follows and uses the tools and processes provided by the federal funding source.

Q16. Is IDPH and /or CAHs handling implementation of recommendations, training opportunities?

- Is it done internally by the CAHs or is it being contracted out to a third party?

A16. This question is not applicable and is outside the scope of this RFP.

Q17. Does IDPH currently have a Policy and Procedure developed for Quality Improvement in CAHs? If yes, where can said Policy and Procedure be accessed? If not what benchmarks are used to develop Quality Improvement(s)?

A17. No. This question is not applicable and outside the scope of this RFP. However, the Iowa FLEX Program follows and uses the recommendations and processes provided by the federal funding source.

Q18. Does IDPH currently have a Policy and Procedure developed for Operational and Financial Improvement in CAHs? If yes, where can said Policy and Procedure be accessed? If not what benchmarks are used to develop Operational and Financial Improvement(s)?

A18. No. This question is not applicable and outside the scope of this RFP. However, the Iowa FLEX Program follows and uses the recommendations and processes provided by the federal funding source.

Q19. Does IDPH currently have a Policy and Procedure developed for Health System Development and Community Engagement in CAHs? If yes, where can said Policy and Procedure be accessed? If not what benchmarks are used to develop Health System Development and Community Engagement Improvement(s)?

A19. No. This question is not applicable and outside the scope of this RFP. However, the Iowa FLEX Program follows and uses the recommendations and processes provided by the federal funding source.

Q20. Please define ongoing technical assistant as you see it for this RFP; i.e. do you have any technical assistance benchmarks prioritized that the successful applicant must, or ideally, provide? (More specific than the general bullets laid out in “Measures” and “Outcomes” listed in this proposal) in order to evaluate the costs of storage, analysis, and measurement.

A20. Refer to the response provided in A1. The IDPH FLEX Program does not have technical assistance benchmarks that the applicants must use or provide.

Q21. Has the Iowa Flex program and Iowa Hospital Association previously worked together to perform a similar review to assess CAH performances, revenue Pre/Post assessment evaluation, Pre/Post operating margin assessment? If yes, can we review findings?

A21. The Iowa FLEX Program and Iowa Hospital Association work in partnership to assist and provide information and training to the CAHs. The two organizations have not worked specifically on any CAH financial and operational performance projects.

Q22. How do the CAHs flag and handle a patient that opts out of care?

A22. This question is not applicable and outside the scope of this RFP. IDHP does not track this type of information.

Q23. How do IDPH CAH’s interact with outside and internal primary and specialty physicians regarding patient care?

- What is used to communicate patient care and treatment?

A23. This question is not applicable and outside the scope of this RFP. IDHP does not track this type of information.

Q24. Does IDPH have a standard relevant sample size (Number of cases/claims) that should be assessed at each CAH location?

A24. No. This question is not applicable and outside the scope of this RFP. IDHP does not track this type of information.

Q25. It is critical to have full information and details about the CAHs, risk adjustment, total cost of care, quality and patient experience specifications and calculations in order to understand and assess the risk of the arrangement. This information is needed in order to develop a proposed gain/risk share amount for the RFP response.

A25. It is not expected that the applicants will have this level of detail about the CAHs when they apply for the RFP. The applicant will be expected to work closely with and obtain detailed information from the identified CAHs they will work with on this project.

Q26. Please provide the list of consultants, organizations, and state agencies that are or have provided assistance to Iowa CAHs to design and implement these similar tasks. Please identify the services that each is providing.

A26. IDPH does not keep a list of consultants, organizations, and state agencies that provide assistance to Iowa CAHs. However, The Iowa FLEX program does work in partnership with organizations and agencies such as the Iowa Hospital Organization, the Iowa Healthcare Collaborative, Telligen (State designated Quality Improvement Organization and Health Information Technology Regional Extension Center), The State Office of Rural Health, and the Iowa Department of Inspection and Appeals. A detailed list of the types of services each organization provides to the CAHs is not available. Please contact each organization individually for additional information.