CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

REQUEST FOR QUOTATIONS FOR
CLINICAL QUALITY MANAGEMENT SUPPORT CHART MONITORING
FOR THE
CUYAHOGA COUNTY BOARD OF HEALTH

Background

The Cuyahoga County Board of Health (CCBH) is seeking a qualified contractor to provide clinical quality management support in the area of monitoring charts. The program overview is as follows:

Congress first authorized the Ryan White Comprehensive AIDS Resources Emergency Act in 1990 and re-authorized the legislation in 1996, 2000 and 2006. The legislation was most recently reauthorized in October 2009 as the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RW Act). This legislation represents the largest dollar investment made by the Federal government specifically for the provision of services for people living with HIV disease.

The program serves uninsured and underinsured persons living in a six-county service area that includes Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina counties in Ohio. Funding for the grants comes from the federal Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87), Part A, U.S. Department of Health and Human Services (HHS), Health Resources Services Administration (HRSA).

The purpose of Part A and MAI funding is to create and maintain an accessible comprehensive continuum of quality care. The Planning Council has identified a continuum of care for the Cleveland TGA based on needs assessment surveys and available funding. The core of the continuum consists of both primary medical care and the supportive services that help Persons Living with HIV/AIDS (PLWH/A) to access and remain in care. This core is surrounded by services that facilitate optimal access to and full utilization of medical and supportive services.

The program and all corresponding county grant contracts are administered by the Cuyahoga County Board of Health.

Part A of the Act provides grant funding directly to Eligible Metropolitan Areas (EMA's) and Transitional Grant Areas (TGA's) with the largest number of reported cases of AIDS, to meet service needs of people living with HIV disease. Our six-county service area is referred to as the Cleveland TGA. As part of federal requirement service

providers must be monitored annually in a variety of different ways to include program, fiscal, and service level. This quote is to aid the service level monitoring review for four service categories to include outpatient ambulatory medical care, medical case management, oral health and emergency financial assistance program. The monitoring review will be conducted at eight service providers utilizing the four customized tools attached. It is estimated this project will take 3 weeks of time.

Duration of Services

The Cuyahoga County Board of Health is seeking services commencing May 15, 2017 through February 28, 2018.

Scope of Work

The following is the detailed breakout for each service provider utilizing the four monitoring tools attached. A separate excel file per chart will be kept with the respective results from each chart reviewed.

Week 1
Provider A = 1 day
Outpatient Ambulatory Medical Care = 15 charts to be reviewed
Medical Case Management = 15 charts to be reviewed

Provider B = 4 days
Outpatient Ambulatory Medical Care = 50 charts to be reviewed
Medical Case Management = 40 charts to be reviewed
Oral Health Services = 20 charts to be reviewed
Emergency Financial Assistance = 7 charts to be reviewed

Week one will take 1 person 5 days to complete.

Week 2
Provider C = 4 days
Outpatient Ambulatory Medical Care = 60 charts to be reviewed
Medical Case Management = 40 Charts to be reviewed
Oral Health Services = 20 charts to be reviewed
Emergency Financial Assistance = 20 charts to be reviewed

Provider D = 1 day
Outpatient Ambulatory Medical Care = 29 charts to be reviewed

Week two will take 1 person 5 days to complete.

Week 3
Provider E = 1 day
Medical Case Management = 35 charts to review

Provider F = 2 days
Outpatient Ambulatory Medical Care = 24 charts to be reviewed
Medical Case Management = 24 charts to be reviewed
Emergency Financial Assistance = 18 charts to be reviewed

Provider G = 1 day
Outpatient Ambulatory Health Services = 3 charts - current year new provider of service
Medical Case Management = 9 charts from prior grant year

Provider H = 1 day
Outpatient Ambulatory Health Services = 10 charts current year new provider
Medical Case Management = 15 charts – current year new provider
Oral Health Services = 10 charts current grant year new provider
Emergency Financial Assistance = 3 charts current year new provider

Week three will take 1 person 5 days to complete.

A separate tab in excel will be kept for each file reviewed with all questions on the tool answered. This information will be provided to the grantee upon completion of the monitoring review. A grantee team member will set up dates and times for the monitoring based on contractor schedule. In addition, a grantee team member will be present during the monitoring visit. The grantee reserves the right to adjust chart timeframes if necessary.

Service: Outpatient/Ambulatory Medical Care (FY2016)

Primary Care, Medical Sub-Specialty Care and RN Care Coordination:

Provision of professional diagnosis and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing (see separate definition), early intervention and risk assessment, preventative care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, care of minor injuries,

education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of sub-specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Proposals should demonstrate interaction with mental health providers, dental providers, substance abuse treatment providers, dieticians and home health providers to ensure coordination of care. A referral of medical necessity is required for clients to receive Ryan White funded nutritional counseling, home delivered meals, home health care, home and community based health services and hospice services. Such referrals should indicate the reasons why such care is necessary and the anticipated length of time service is expected. Referrals must be renewed at various intervals depending on the service.

Service Unit: Budgets may be developed on a unit rate model, fee schedule model, or cost reimbursement model. A corresponding fee schedule must be included with the proposal if using fee schedule model.

Unit of Service: 1 unit = 15 minute client encounter

Diagnostic Laboratory Testing:

This includes all indicated medical diagnostic testing including all tests considered integral to treatment of HIV and related complications (e.g. Viral Load, CD4 counts and genotype assays). Funded tests must meet the following conditions:

Tests must be consistent with medical and laboratory standards as established by scientific evidence and supported by professionals, panels, associations or organization.
Tests must be:

- Approved by the FDA, when required under the FDA Medical Devices Act and/or
- Performed in an approved Clinical Laboratory Improvement Amendments of 1988 (CLIA) certified laboratory or State exempt laboratory; and

Tests must be:

- Ordered by a registered, certified or licensed medical provider and
- Necessary and appropriate based on established clinical practice standards and professional clinical judgment.

Unit of Service: 1 unit = 1 lab procedure

Service: Outpatient/Ambulatory Health Services (FY2017)

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Service Unit: Budgets may be developed on a unit rate model, fee schedule model, or cost reimbursement model. A corresponding fee schedule must be included with the proposal if using fee schedule model.

Unit of Service: 1 unit = 15 minute client encounter for FTE model services
1 unit = 1 encounter for physicians and specialty services
1 unit = 1 lab for laboratory services

Service: Medical Case Management (FY16)

Medical Case Managers provide a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a key component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include

(1) initial assessment of service needs; (2) development of a comprehensive,

individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

Medical case management services are more complex than community case management services and require ongoing, coordinated case management processes. Individuals providing medical case management must be a licensed social worker and are expected to have specialized training in medical case management models.

Medical Case Management includes all provisions listed above and requires a patient whose acuity level requires the case manager also manage their medical care, schedule and monitor medical appointments, lab work, medication treatment adherence, other indicated services including dietician, mental health and substance abuse screenings/treatment and other supports.

Unit of Service: 1 unit = 15 minute client encounter

Service: Medical Case Management (FY17)

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).
Individuals providing medical case management must be a licensed social worker and are expected to have specialized training in medical case management models.

Medical Case Management includes all provisions listed above and requires a patient whose acuity level requires the case manager also manage their medical care, schedule and monitor medical appointments, lab work, medication treatment adherence, other indicated services including dietician, mental health and substance abuse screenings/treatment and other supports.

Unit of Service: 1 unit = 15 minute client encounter

Service: Oral Health Services (FY16)

The provision of diagnostic, preventative and therapeutic services provided by a dental health professional licensed to render such services in Ohio, including dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.

Unit of Service: 1 unit = 1 visit/procedure

Service: Oral Health Care (FY17)

Oral Health Care services provide outpatient diagnostic, preventative, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Unit of Service: 1 unit = 1 visit/procedure

Service: Emergency Financial Assistance (FY16)

The one-time or short-term provision of approved formulary HIV/AIDS-related medications, either directly or through a voucher program, while a client's eligibility decision for drug assistance is pending with a third party payer.

Agencies must allocate, track, and report these funds under specific service categories, as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02).
Providers must be a current Ryan White Part A provider of the Outpatient Ambulatory Medical Care service category with the required current 340B certification.

It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Ryan White HIV/AIDS Program funds for these purposes will be the payer of last resort, and for limited amounts, use and periods of time.

Unit of Service: 1 Unit = 1 Prescription

Service: Emergency Financial Assistance (FY17)

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential medications or prescription eye wear. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. Agencies providing medication assistance under Emergency Financial Assistance must be a current Cleveland Ryan White Part A provider of Outpatient/Ambulatory Health Services with the required 340B certification.

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses and periods of time.

Unit of Service: 1 Unit = 1 Prescription

Deliverables

The contractor will provide an excel file for each Provider A through H with detailed results from each chart reviewed resulting in the Board of Health having the answers to each question on each tool. The files will be provided to the Board of Health within 5

business days upon completion of each monitoring visit. The information will be used by the Board of Health in a report back to each service provider and as well as in future reports and presentations.

Information Requested

The following items listed below must be included with quotes, for quotes to be considered.

1. Business establishment date
2. Three references (CCBH form attached)
3. Identify how deliverables will be met.
4. List skills and qualifications
5. Pricing document

A contractor must have the following qualifications:

- Familiarity with HIV care to include the HIV/AIDS Bureau (HAB) core measures for the service categories identified.
- Familiarity with navigating through paper charts and/or Electronic Medical Record's.
- Familiarity with the attached 4 monitoring tools before monitoring occurs.

Insurance Requirements

During the full term of the contractual agreement, the contractor shall have in effect and maintain such insurance as defined herein. Where applicable, to be determined by the Board's Administrative Counsel, the applicable insurance shall name the Board and its employees as a co-insured or additional insured.

This insurance shall protect the contractor, the Board and its employees and any subcontractor performing work covered by the contractual agreement against: 1) general auto liability claims; 2) professional liability claims; 3) personal injury claims; 4) accidental death claims; 5) property damage claims; 6) economic loss claims; 7) general liability claims; and such other types of claims including but not limited to D&O, employee dishonesty, workers compensation claims which may arise from operations under the contractual agreement whether such operations be by the contractor or by any subcontractor or by anyone directly or indirectly employed by either of them.

An exact copy of such insurance policy or policies and any declarations pages shall be made available to the contracting authority for review at or before the time of execution of the contract. Such insurance shall include coverages for general liability,

professional liability (where deemed necessary), workers compensation, D&O coverage and employee dishonesty (if deemed applicable) in such reasonable and adequate amounts as shall be determined by the Administrative Counsel at the time of negotiation of the contract.

Submission of Quotes

Quotation documents are due by Monday, April 24, 2016 at 11:00 am.

Documents may be mailed or emailed to the following:

Cuyahoga County Board of Health
Attention: Melissa Rodrigo
5550 Venture Drive
Parma, Ohio 44130
(216)201-2001 ext. 1507
mrodrigo@ccbh.net

ORGANIZATION'S NAME:	**CONTACT PERSON'S NAME:**
ORGANIZATION'S FULL ADDRESS:	**CONTACT PERSON'S TELEPHONE NUMBER:** **DATE SERVICE(S) PROVIDED:**
SPECIFY THE SERVICES PROVIDED:	

VENDOR'S REFERENCE SHEET

INSTRUCTIONS:
List a minimum of three (3) organizations to whom you have provided like services to that being requested in the specification. Provide all data requested below for each reference listed. Use additional sheets if desired.

ORGANIZATION'S NAME:	**CONTACT PERSON'S NAME:**
ORGANIZATION'S FULL ADDRESS:	**CONTACT PERSON'S TELEPHONE NUMBER:** **DATE SERVICE(S) PROVIDED:**
SPECIFY THE SERVICES PROVIDED:	
ORGANIZATION'S NAME:	**CONTACT PERSON'S NAME:**
ORGANIZATION'S FULL ADDRESS:	**CONTACT PERSON'S TELEPHONE NUMBER:** **DATE SERVICE(S) PROVIDED:**
SPECIFY THE SERVICES PROVIDED:	