



Request for Proposals (RFP)

National Health Center Training and Technical Assistance Services: Value Based Care/Value Based Payment Resource Inventory, Gap Analysis, and Roadmap Development

RFP Released: December 1, 2021
Proposals Due: December 15, 2021
Interviews of Top Proposals: January 4-7, 2022

Points of Contact

Training and Technical Assistance Department, NACHC - Phone (301) 347-0400, trainings@nachc.org

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Submission Process Inquiries: Latisha Harley (lharley@nachc.org)

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 and technical assistance to support and strengthen health center operations, clinical quality, leadership development and governing Boards of Directors at health centers across the country.
- Develops partnerships with the public and private sectors to build stronger and healthier communities.

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 delivery venues, the NACHC TTA Program is highly utilized and well prepared to respond to emerging healthcare delivery issues. Specifically, NACHC maintains a professional cadre of experts to provide health center professionals with quality instruction and technical assistance resources based in 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) provides resource support to NACHC to improve health center operational and clinical outcomes through the provision of coordinated, collaborative TTA.

RFP Services Desired

BACKGROUND - In recent years, NACHC, Primary Care Associations (PCAs), and other partners have developed a suite of curriculums/trainings, resources, and tools to aid health centers in the transition from volume to value at the national, state, and local levels. This RFP will support NACHC align internal and external partnerships in a coordinated plan to help health centers progress from Fee-for-Service payments for care and into Value-Based Care arrangements. Medicaid is the health center’s most significant payer, and the Center for Medicaid and Medicare Services has announced a goal to move 50% of Medicaid participants into value-based arrangements by 2025. Several NACHC divisions have a role in supporting health centers with this transition including the Training and Technical Assistance, Clinical Affairs, Public Policy and Research, and Public Health Priorities divisions. Health centers are also supported by state and regional primary care associations, health center-controlled networks (HCCNs) and national training and technical assistance partners (NTTAPs). Each entity has a unique role in supporting health centers through the transformation journey to value-based care. The roadmap and “gap” analysis will be used to determine future resource development needs and updates to existing materials.

IDEAL VENDOR - Through this Request for Proposal (RFP), NACHC is seeking expertise from a single organizational vendor with advanced understand and working experience in health center value-based payment and FQHC Medicaid financing. The selected vendor will develop a coordinated plan for NACHC and PCA internal and external resources to support health center understanding of, uptake, and success with value-based pay arrangements by 2025. The plan will also include gap analysis to discover new resources needed and updates to pre-existing resources. The final product will be a detailed inventory of resources, role assignment, gap analysis and suggested

resources, and a detailed timeline for accomplishing NACHC's goals. The National Academy of Sciences, Engineering, and Medicare ([NASEM Report on Implementing High-Quality Primary Care](#)) will guide the approach. The vendor will align findings and recommendations according to the stages of Value Based Payment progression as defined by the Centers for Medicare and Medicaid Innovation Center ([CMMI Learning Action Network Alternative Payment Model Framework](#)). The vendor will work closely with NACHC and PCA leadership in the product development.

NACHC seeks a single vendor who has:

- Experience with implementing value-based payment approaches in federally qualified health centers (FQHC)
- Deep understanding of Federally Qualified Health Center (FQHC) structure, regulations, and financing.
- Understanding of Medicaid, Medicare, and commercial payer approaches to value-based care
- Knowledge of state and regional primary care associations and health center-controlled networks
- Advanced written, interpersonal, and verbal communication skills
- Self-motivated, demonstrates initiative, and able to work independently as well as with guidance from the NACHC project leads

Time Period

Time period for services is January 15, 2022, through June 15, 2022.

Scope of Work

Deliverables -

1. **Identification of NACHC Resources & Gaps** - Vendor will conduct interviews of lead Subject Matter Experts (SME) to identify training and technical programming and other resources applicable to assisting health center with Value -Based Care.

SMEs internal to NACHC:

- Public Health Priorities
- Federal Policy
- State Policy
- Regulatory
- Research and Data Analysis
- Training & Technical Assistance
- Executive Leadership/Leadership Development
- Clinical Affairs
- Social Determinants of Health
- Health Center Operations
- Health Center Finance
- Governance/Health Center Boards of Directors
- Clinical and Non-Clinical Workforce/Career Advancement
- Community Health Workers
- Telehealth
- Pharmacy Operations/340b Drug Discount Program
- Behavioral Health
- Informatics
- PCA and Network Relations

External SME Partners:

- Primary Care Association Leadership Committee

- Health Center Controlled Network Leaders
- PCA Value Based Learning Collaborative
- Geiger Gibson Health Policy Institute, George Washington University
Margolis Center for Health Policy, Duke University

HRSA-funded TTA providers:

- National Training and Technical Assistance Providers
- Advisory Group for the National Resource Center for Health Center TTA

- 2. PROGRESS and COMMUNICATION** – Vendor will stay in close alignment and coordination with the NACHC point of contact for this contract, providing a ***brief written status report each month***. Vendor will prepare for and maintain a ***regular meeting schedule*** to support alignment and coordination.
- 3. FINAL REPORT (Roadmap)** – The vendor will produce a final report due June 1, 2022. The final report will address the following:
 - a. Existing Resources and Capabilities**
 - i. Review of the current and proposed resources and capabilities at NACHC to support health centers in transition to value based care. The presentation of these resources will align with the [CMMI Learning Action Network Alternative Payment Model Framework](#) and be organized using the NACHC [Value Transformation Framework](#) (VTF) 'buckets' (i.e. Policy, Payment, Cost, HIT, etc.) to organize the resources
 - ii. Review of the current and proposed resources and capabilities of external SME Partners to support health centers in transition to value based care. The presentation of these resources will align with the [CMMI Learning Action Network Alternative Payment Model Framework](#) and be organized using the [Value Transformation Framework](#) (VTF) 'buckets' (i.e. Policy, Payment, Cost, HIT, etc.) to organize the resources
 - b. Gap Analysis**
 - i. Identification of missing training and technical assistance resources and other supportive structures to position health centers as high performing value based care providers aligned with the [NASEM Report on Implementing High-Quality Primary Care](#)
 - ii. Identification of people, processes, and partnerships that need to be strengthened or established to support health centers in the transformation to value based care
 - c. Timeline**
 - i. Gantt chart of proposed milestones of achievement to ready at least 50% of health centers to participate in value-based care models by 2025
 - d. Final Recommendations**
 - i. In formal report format, a summary of insights gleaned, opportunities, and cautionary notes.

Budget

NACHC is estimating a budget of \$9,500-15,000 for the activities advertised in this RFP. However, NACHC is open to receiving proposal that exceed that budget target if vendor provides appropriate justification and description that corresponds with costs proposed. Vendor should submit a budget that reflects initial establishment and the deliverables/timeline noted above in the RFP.

- **Travel** – the activities in this contract should be done remotely. No travel budget should be included. No travel is anticipated. If need for travel arises, NACHC will work with selected vendor on an appropriate contract addendum consistent with NACHC Travel Policies.

If NACHC requires additional, related services, the selected vendor(s) agrees and demonstrates capacity to offer

additional hours and served, if needed, via an appropriate contract addendum.

Information Requested

Proposals must be submitted using NACHC’s web-based portal by **December 15, 2021**. The system will notify you upon your successful submission into the portal. Incomplete proposals will not be considered. If your proposal is top-rated, NACHC will schedule a 30-minutes interview with vendor applicant to occur by COB, January 7, 2022. If NACHC selects your proposal, you will be notified no later than January 14, 2022.

Online Submission Portal:

Proposals must contain the below items, which are evaluated based on the specific criteria outlined in the Evaluation table below.

- **Point of Contact Information**
- **Vendor Description**
- **Capability Statement**
- **Education and Experience**
- **Project Management Approach and Timeline**
- **Quality of Work Sample and Evidence of Client Impact**
- **Budget Narrative & Justification**
- **Rate Sheet**
- **Signed Statement** (see below)

Attestation

By my signature in the application portal, 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 my electronic signature is the legal equivalent of my manual signature on this application. I certify that the information provided in the application is true and accurate.

Print Name:

Title:

Organization:

Signature:

Date:

Evaluation Criteria

Complete proposals will be evaluated using the criteria below.

Rating Factor	Application Selection Criteria To earn full points in each domain, the applicant must demonstrate:	Points
Capability Statement	Capability statement that demonstrates you/your organization’s ability deliver services in the content area described as well as proven success. Page Limit for Capability Statement: 2 pages	25
Experience and Education	Resume(s)/CV(s) of expert(s) / staff clearly show tenure, professional experience, and/or education that reflects knowledge and ability in leading community health centers in value-based payment initiatives with payers. Page Limit: 2 pages per key expert / staff	20
Project Management Approach and Timeline	The project management approach and timeline must include the following components: <ul style="list-style-type: none"> • The approach to produce and meet deliverables within timeframe • Incorporate appropriate expertise into project management responsibilities; and • Project timeline using milestones that demonstrate understanding of project needs and appropriate project management approaches Page Limit: 5 pages	20
Quality of Work Samples and Evidence of Client Impact	Work samples must be recent (within last two years) and demonstrate understanding of FQHCs and CMS value-based care, value-based payment. Preference given to vendors with experience working with health centers, state/regional primary care associations and health center-controlled networks. Work samples required in this RFP include: <ul style="list-style-type: none"> • At least one Writing Sample and/or Presentation that demonstrates strong written communication skills, explains familiarity with a similar scope of activities undertaken in the last two years; and • Client Evaluation(s) - Include description of a service or product provided by vendor and relevant outcome or impact measures as evaluated or described by recent client. Page Limit: 25 pages, inclusive of writing sample, presentation, and evaluations.	15

Rate Sheet, Budget Narrative & Budget Justification	Reasonableness of proposed budget for project implementation, inclusive of preparation and delivery to client. Reasonableness is determined by NACHC’s non-profit status. <ul style="list-style-type: none"> • Hourly Rate should reflect overall cost rate inclusive of any fringe, overhead and/or general & administrative expense (G&A), if required. Please ensure costs are delineated as appropriate using the template categories. • No travel is anticipated for this engagement, at this time. Page Limit: 3 pages	15
Completeness of Application	Application materials submitted are responsive to RFP guidance, clear and complete.	5
Total		95

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