



Reference # MHSE/DHI/S/2015/02

14 August 2015

Dear Bidders

RE: Request for Proposals for Health Insurance Plan – Enhanced Care Program Pilot

The Government of Bermuda, Health Insurance Department seeks qualified proposals to this request to take part in a Non-Communicable Chronic Disease (NCD) Enhanced Care Program Pilot. Proposals are invited from individuals and/or companies who would be fully experienced and qualified in managing patients chosen to participate in this pilot. We are also looking for the most cost effective solution for a comprehensive program as outlined within this Request for Proposal (RFP).

Contract Period: Contracts arising from this Request for Proposal will be for a period of 18 months with an option to renew for an additional 12 month period, should the pilot prove to be successful.

Please submit a sealed proposal in accordance with the Request for Proposal attached herein to enable you to submit a proposal, please find enclosed:

- Instructions to Bidders
- Overview of the Enhanced Care Program Pilot
- Scope of Work
- Reporting Requirements

The following appendixes are to be completed and returned with your proposal

- Appendix I: HID Enhanced Care Program Pilot Requirements and Proposed Costs
- Appendix II: Technical Response Questions
- Appendix III: Company's Qualification Profile
- Appendix IV: Company Information
- Appendix V: Certificate of Confirmation of Non-Collusion
- Appendix VI: Form of Agreement

Full details and request for proposal documents may also be obtained from www.opmp.gov.bm procurement notices website.

Queries

All queries must be in writing and directed to Ms. Sue Reilly by email at skreilly@gov.bm. The last date on which questions can be received is not later than 4:00 p.m. on August, 28 2015. Answers will be disseminated in addendum format for all bidders to see on the www.opmp.gov.bm under procurement notices by the end of day on September 4, 2015.

This letter is not to be construed in any way as an offer to contract with your Company.



We look forward to receiving your proposal and thank you in advance for your interest in Government procurement opportunities.

A handwritten signature in black ink, appearing to read "Calvin C. White Sr.", written in a cursive style.

Yours Sincerely,
Calvin C. C. White Sr., FCGA, ACIS, PAdmin.
Acting Director, Health Insurance Department



TABLE OF CONTENTS

Instructions to Bidders	4
Overview of the Enhanced Care Program Pilot	13
Contract Period	13
Scope of Work	14
Reporting Requirements	16
Patient Reporting	17
Program Payment	17
Appendix I: HID Enhanced Care Program Pilot Business Requirements - Technical Evaluation Criteria	18
Appendix II: Technical Response Questions	19
Appendix III: Company's Qualification Profile	20
Appendix IV: Company Information	21
Appendix V: Certificate of Confirmation of Non-Collusion	23
Appendix VI: Form of Agreement	24



Instructions to Bidders

1. PUBLIC ACCESS TO INFORMATION:

Any information collected or used by or on behalf of the Government of Bermuda under this solicitation document is subject to the Public Access to Information Act 2010 (“Act”). The information belongs to a class of information that might be made available to the general public unless it is contained in a record that is exempt from disclosure under the Act. Any questions regarding the collection, use, or disclosure of the information should be directed to the public authority that issued this solicitation document.

2. Important Dates

Publish Request for Proposal	By 14 August 2015
Questions Submitted by Prospective Bidders	By 28 August 2015
Answered Provided by Department	By 4 September 2015
Bidder Proposals Submitted	5pm ADT – 18 September 2015
Bidder Selection	Upon Cabinet Approval
Initiation of Patient Enrollment	Within 5 business days of bidder selection

3. Project Authorities

Executive Sponsor	Mr. Calvin White, Acting Director, Health Insurance Dept.
Department Contact	Sue Reilly, Assistant Director, (Consultant), Health Insurance Dept.

4. Submission Deadline

- i. Proposals must be received no later than **5:00 pm, Atlantic Standard Time (AST), on 18 September 2015.**
- ii. Proposals received after the stated deadline will be considered as a 'NO BID' and 'VOID'.
- iii. All proposals will be considered final. No additions, deletions, corrections or adjustments will be accepted after the Submission Deadline.

5. Procedure for Submitting Questions and Enquires

- i. Questions pertaining to this RFP must be submitted IN WRITING via e-mail to skreilly@gov.bm. Please be as specific as possible, citing the clause and number where possible. Questions must be submitted by the deadline provided. The Health Insurance Department will provide a written response to all pertinent questions in the form of an Addendum which will be posted at www.opmp.gov.bm under the Procurement Notice website and sent to all Bidders via email.
- ii. Questions must be submitted by the questions deadline, as specified in “Important Dates” (Clause 2). Questions after this deadline will not be answered.



- iii. At any time before the submission deadline of the RFP, the Government may alter or amend, in whole or in part, any terms or provisions of this RFP. The Government will communicate any such modification or amendment in the form of addendum.

6. Late proposals

Late proposals WILL NOT BE CONSIDERED. The deadline is absolute and proposals received after the due date and time shall not be considered. Bidders must select a method of delivery that ensures proposals will be delivered to the correct location by the due date and time, as specified in "Important Dates" (Clause 2).

7. Modifications and Withdrawal of Proposals

- i. The Bidder may modify or withdraw their proposal after submission, provided that the modification or notice of withdrawal is received in writing by the Government prior to the prescribed deadline for submission of proposals.
- ii. The Bidder's modification or notice of withdrawal shall be prepared, sealed, marked and delivered in accordance with the provisions of Clause 2 for the submission of Proposals with the envelope additionally marked "MODIFICATION" or "WITHDRAWAL" as appropriate.
- iii. Subject to Clause 5, no Proposal shall be modified subsequent to the deadline for submission of Proposals.

8. Submission Delivery

- i. Submissions must be delivered by e-mail to: skreilly@gov.bm;
- ii. E-mail submissions must have [Ref # MHSE/DHI/S/2015/02 and Health Insurance Department –Enhanced Care Program Pilot in the subject line;
- iii. The time stamp for proposals submitted electronically will be that of the Information Technology Office (ITO) mail server.
- iv. It is the bidder's responsibility to allow enough time for electronic transmission and delivery, especially in the case of large files. Please note that the largest allowable file to the Government server is 9MB, and so any submissions that exceed this size must be either compressed or sent in several emails and titled in the subject line.
- v. All submissions must be in Microsoft Word and Excel **(not PDF)**
- vi. All submissions become the property of the Government of Bermuda and will not be returned. All conditions contained in the RFP are considered accepted by the Bidder in any information submitted.
- vii. Submissions may be from individual bidders or multiple bidders. In the case of multiple bidders, one party must be clearly identified as the primary bidder, with all others being indicated as secondary bidders.
- viii. All proposals will be considered final. No additions, deletions, corrections or adjustments will be accepted after the Submission Deadline.
- ix. Alternatively, a sealed envelope with a hard copy (3 copies required) of the proposals may be delivered to the following address:-



Health Insurance Department
2nd floor, Sofia House,
Church Street, Hamilton

The three (3) identical bound copies of the Proposal shall be included in the envelope.

- One (1) copy marked “Original” and containing original signatures.
- Two (2) copies marked “Duplicate.”
- One (1) digital copy (Adobe PDF format)

The outer envelope **must clearly** be marked with the title ‘Request for Proposals for Health Insurance Department –Enhanced Care Program Pilot
Attention Ms. Sue Reilly
“Do Not Open until 5:00 p.m. AST on 18 September 2015”’

If the envelope is not sealed and marked as instructed above, the Government will assume no responsibility for the misplacement or premature opening of the proposal submitted. An envelope opened prematurely for this cause will be rejected by the Government and bidder will be notified.

9. Cost related to Proposal Preparation

- .1 The bidder shall bear all costs associated with the preparation and submission of the proposal and the Government of Bermuda, Ministry of Health, Senior and Environment, Department of Health, hereinafter referred to as the Government, will in no case be responsible or liable for these costs, regardless of the conduct or outcome of the bidding process.

10. Letter of Submission

Each proposal must be accompanied by a Letter of Submission that:

- i. identifies the submitting bidder;
- ii. includes a statement indicating which bidder, if multiple bidders are proposing jointly, intends to act as primary bidder and contact for proposal evaluation questions and the delivery and maintenance of all post-proposal correspondence;
- iii. Includes a brief statement of the bidder’s understanding of the work to be done and a summary of the proposed definition of services to be delivered in accordance to HID Business Requirements (Appendix I)
- iv. identifies the name, title, address, telephone number, fax number, and e-mail address of each person authorized by the bidder to contractually obligate the bidder;
- v. identifies the name, title, address, telephone number, fax number, and e-mail address of the bidder contact;
- vi. includes a statement that the person signing the transmittal letter is authorized to legally bind the bidder;
- vii. is signed by the person(s) authorized to contractually obligate the organization; and



- viii. Acknowledges receipt of amendments to this RFP, if any.

11. Content of Proposal Submission

Submissions must include the following information and shall be written in the English language.

Proposals shall not exceed 25 pages in length, excluding supporting material. Supporting material includes only requisite project references and resumes of key personnel.

- i. **Company Information (Appendices III – VI)** - Including bidder qualifications and experience as well as background information on the personnel proposed to work on the project (including credentialing and licensing of each staff person), the size of staff, overall capabilities, and a brief description of who will be assigned to manage the NCD Enhanced Care Program Pilot. All corporate bidders must include, with their proposal, a copy of the company's certificate of incorporation as evidence of the fact that the company is an existing registered company as at the date of proposal. Failure to provide the certificate of incorporation will render the proposal void.
- ii. **Proposed Definition of Services to be delivered** – A description of the proposed solution that will meet the requirements set out in the Requirements Document. The description should set out the services provided to support the requirements.
- iii. **Project Plan, Methodology, and Response to Technical Questions** – A description of the proposed approach/methodology which will be used to deliver the concepts outlined in the Statement of Work and the Technical Questions (*See Appendix II*).
The bidder must describe the project methodology they will use for the project. This segment of the proposal should establish the appropriateness and value of the proposed methodology in relation to this RFP. Bidder should identify other projects they have completed of a similar nature, if any. Bidder should identify the potential risks which, in their experience, occur on projects of this type. In addition, the Bidder should identify steps that can be taken by the Bidder or by the Government of Bermuda to avoid or mitigate these risks. Activities should be incorporated in the project plan to reduce the occurrence, severity and effect of events or situations that can compromise attaining any project objective.
- iv. **Financial (Costs) Proposal** – To deliver proposed services, including initial staffing and technology costs. The rates shall be quoted by the bidder in Bermuda Dollars.
- v. **Required Government Resources** – any applicable resources required of the Government of Bermuda must be identified.
- vi. **All related Appendices** duly completed and signed.

12. Proposal Validity Period

- i. Proposal shall remain valid and open for a period of Ninety (90) calendar days from the date fixed for receiving. The Proposal shall remain binding and may be accepted at any time before the expiration of that period. The Bidders shall maintain, without charge,



the proposed key staff. In exceptional circumstances prior to expiry of the original Proposal Validity period.

- ii. The Government may request the Bidder for a specified Extension in the period of Validity. The request and the responses thereto shall be made in writing by email or by facsimile. A Bidder may refuse the request and withdraw his Tender. A Bidder agreeing to the request will not be required nor permitted to modify their proposal.

13. Clarification of RFP Information

- i. All prospective Bidders will be provided with this documentation and the opportunity to submit written enquiries to the Department Contact by sending an e-mail to: skreilly@gov.bm.
- ii. The responses will be communicated to the Bidders who have responded, by email, without identifying the source and will also be posted on www.opmp.gov.bm procurement notice website.

14. Bidder Responsibility

It is the Bidder's responsibility to ensure its complete understanding of the Requirements Document and instructions specified by the Department. In the event that clarification is required Bidders should submit written enquiries as described in paragraph 5 above.

It is the bidder responsibility to periodically check the www.opmp.gov.bm procurement notice website for any and all addendum, notifications, and releases associated with this RFP.

15. Amendments

At any time before the close of the RFP, the Bermuda Government may alter, amend, delete or add to, in whole or in part, any terms or provisions of this RFP. The Bermuda Government may modify, amend or revise any provision of this RFP or issue addendums at any time. The Health Insurance Department will communicate any such modification or amendment to the Bidders via email and posted to the www.opmp.gov.bm. It is the bidder's responsibility to periodically check the www.opmp.gov.bm procurement notice website for any and all addendum, notifications, and releases associated with this RFP.

16. Confidentiality

All submissions shall be regarded as containing proprietary information and shall remain confidential from the public unless it is contained in a record that is exempt for disclosure under the Public Access to Information Act 201. However, Details regarding the final contract award (name of bidder and price) may be publicly announced.

17. Review Process/Evaluation Criteria

17.1 Proposal Opening

- i. Proposals for which an acceptable notice of withdrawal has been submitted pursuant to Clause 7 shall not be opened. The Government will examine



Proposals to determine whether they are complete, and whether the documents have been properly signed and whether the proposals are generally in order.

- ii. At the Proposal opening, the proposal envelopes shall be opened and names and prices recorded.
- iii. The Government shall prepare and record the names of bidders at the proposal opening, including the information disclosed to those present and who participated in the opening, after the opening the proposals will be delivered to the evaluation team for evaluation.

17.2 Evaluation Process to be Confidential

- i. After the opening of proposals, information relating to the examination, clarification, evaluation and comparison of proposals and recommendations concerning the award of contract shall not be disclosed to Bidders or other persons not officially concerned with such process until the award of the Contract to the successful Bidder has been announced.
- ii. Any effort by a Bidder to influence the Government in the process of examination, clarification, evaluation and comparison of proposals, and in decisions concerning award of Contract, shall result in the rejection of the Proposal.

17.3 Evaluation Process

The proposals submitted to the Government of Bermuda will be evaluated in -stages based on the standard Government of Bermuda evaluation. The first stage is a qualitative evaluation of each proposal by the individual project team members followed by moderation and consolidation resulting in a short list of potential bidders. Subsequently, client references will be taken up for the short listed bidders; then they may be requested to make a presentation and onto the final award recommendation.

17.3.1 Proposal Responsiveness (Pass/Fail) (Stage 1)

Proposals will be reviewed to determine compliance with all baseline requirements. Submission must be timely, and all required documentation must be included. Proposals that are late or that fail to contain the required documents and information will be considered nonresponsive and will be disqualified from further consideration.

17.3.2 Technical Evaluation (Stage 2)

- i. The proposals will be evaluated against the predetermine criteria as set out in Appendix I and II.
- ii. Clarification of proposal documents, to assist tin the examination, evaluation and comparison of Proposals, the Department may seek written clarification from any or all Bidders in order to better understand and evaluate the proposed solution. This process may not be used as an



opportunity to submit missing documentation or to make substantive revisions to the original proposal.

17.3.3 Presentations/Oral Interviews (Stage 3)

- i. Bidders who are short listed (proposals determined to have scored in the competitive range) may be invited to present oral presentations for the purpose of introducing key members of the evaluation team, and allowing the Department to fully understand the bidder's ability to meet the evaluation criteria. Oral presentations will not be scored separately. Instead the Department may modify proposal scores and resulting rankings based on the oral presentation.
- ii. The bidder's contact identified in the proposal must be the lead presenter in the oral presentation.

17.3.4 Financial Evaluation (Stage 4)

After the technical and oral presentations, the financial offers will be evaluated and the score will be added to Evaluation matrix.

17.3.5 Final Award Recommendation

The final award recommendation will be based on the highest scoring proposal based on suitability and experience in administering the Enhanced Care Program Pilot. This may not be the lowest proposal received.

18. Government's Right to Accept and Proposal and to reject any or all Proposals.

- i. The Government of Bermuda will not be obliged to accept the lowest price or any of the proposals submitted.
- ii. Each bidder acknowledges and agrees that the Government of Bermuda will have no liability or obligation to any bidders, except to the bidder, if any, awarded a contract by the Government of Bermuda in its sole discretion and it shall be fully and forever released and discharged of all liability and obligation in connection with this RFP.
- iii. The Government of Bermuda reserves the right to cancel this RFP at any time prior to the execution of a contract, without any obligation or reimbursement to any Bidder.
- iv. The Government may declare this request for proposals void when it is evident that there is a lack of competition or there has been collusion.



19. Award of Contract

- i. The Department will award the Contract to the Bidder whose proposal has been determined to be substantially responsive to the RFP documents and who, in the opinion of the Department, has offered the best proposal taking into consideration the price, the Bidder's capability and available resources to carry out the Contract effectively and the Bidder's schedule. This may not be the lowest proposal received.
- ii. The contract will not be awarded to any Bidder who is delinquent with their taxes or obligations (including land, payroll, social, health insurance, malpractice insurance, or pension) to the Government of Bermuda.

20. Negotiations

- i. The Department reserves the right to enter into discussions or to negotiate with a bidder as it sees fit, or with another bidder or bidders concurrently. At no time will the Government of Bermuda be required to enter into discussions or negotiations on similar or other terms or offer any modified terms to any other bidders before entering into a binding contract. The Government of Bermuda shall incur no liability to any bidder as a result of these discussions, negotiations or modifications.
- ii. Payments will be authorized on invoices 30 days after receipt of the services, and on completion of reporting requirements. All responses must include any proposed variations to these standard payment terms for discussion and negotiation.

21. References

Before awarding any contract the Department reserves the right to require the successful bidder to submit evidence of qualifications as it may deem appropriate. This evidence may include financial, technical and other qualifications as well as the relevant experience and skills of the successful bidder.

22. Ownership

All information produced as part of the project is owned expressly by the Government of Bermuda. The bidder can only take possession of relevant Government of Bermuda information when granted by the Project Authorities, and only for the purposes of carrying out the objectives of this project. Use of the data for purposes other than this is strictly prohibited and requires written authorization by the Government of Bermuda.

23. Notice of Award

The Government will notify the successful bidder and unsuccessful bidders in writing by email, facsimile or registered letter, after Cabinet Approval has been received.



24. Signing of Contract Agreement

- i. At the same time that the successful Bidder is notified in writing that their proposal has been accepted, the Government will send the Bidder the contract agreement for signature.
- ii. Within 7 days of receipt of the Contract Agreement, the successful Bidder shall sign the and return it to the Government as directed in the contract document.

25. Protest Procedures

If an unsuccessful Bidder wants to dispute the award recommendation, the protest must be submitted via email to skreilly@gov.bm. no later than ten (10) calendar days after the announcement of the successful Bidder, detailing the grounds and providing all supporting information, for review by the Acting Director of the Health Insurance Department. Disputes received after the 10 calendar days from the contract award will not be considered.

End of Instructions to Bidders



Enhanced Care Program Pilot

Overview of the Enhanced Care Program Pilot

The Enhanced Care Program Pilot is an initiative to provide chronic disease management via cohesive teams of multi-disciplinary personnel and coverage of selected chronic disease medications*.

The total anticipated program volume is 1,000 participants enrolled in each annum. Multiple service providers are expected.

The program encompasses five key objectives:

1. Redesign of primary care services for vulnerable persons with non-communicable chronic disease (NCD) by introduction of an alternative reimbursement mechanism.
2. Realign healthcare delivery to better meet person care needs in more cost effective settings, thereby reducing utilization of acute care services, specifically preventable emergency room visits and hospitalizations. Potential cost savings realized by decreased utilization rates (short term, 1-3 years) and prevention of disease complications (long term, 5-8 years).
3. Collect clinical, and process of care information for future health care planning, chronic care delivery, and non-communicable chronic disease management.
4. Engage providers in comprehensive medical home care concept and provision of care with measurable performance indicators specific to NCD management.
5. Engage persons with NCD to participate in pilot program, with improved self-care and treatment adherence.

*This Enhanced Care Program Pilot has resourced best prices for Chronic Disease medications available to participants through the BHB outpatient pharmacy or the Bermuda Diabetes Association Resource Center. All laboratory/diagnostic testing will be required through the BHB outpatient laboratory.

Contract Period

Contracts arising from this RFP will be for a period of 18 months with an option to renew for an additional 12 month period.



Scope of Work

An Enhanced Care Program Pilot Provider should demonstrate comprehensive care management which includes a consistent point of contact person with characteristics that align with the following core values:

1. **A patient-centered orientation** toward each patient's unique needs, culture, values, and preferences; support of the patient's self-care efforts; and involvement of the patient in care plans.
 - Seek to improve shared decision making
 - Individual person to develop self-management/self-care skills
2. **Comprehensive care** that meets patient needs through a structured ancillary provider network that includes:
 - Medical (including nutritional status, medication review, problem lists)
 - Mental health (includes cognition, mood & anxiety, fears)
 - Functional Capacity (ADLs, gait balance, exercise status, IADLs)
 - Social Circumstances
 - Prevention and wellness education and coaching
 - Acute care
 - Environmental (Home comfort, safety, transportation)
3. **Care that is coordinated** across all elements of the complex health care system and connects patients to both medical and social resources in the community.
 - Method of team communication
 - Method of patient data collection
 - Ability to report to lead organization
4. **Superb access to care** that meets patients' needs and preferences, including care provided after hours and by email and telephone.
5. **A systems-based approach to quality and safety** that includes gathering and responding to patient experience data, having a commitment to ongoing quality improvement, and practicing population health management.

The pilot is targeting the following Chronic Diseases:

- Obesity or overweight
- Hypertension
- Diabetes



- Asthma/COPD
- Coronary vascular disease

Additionally, the following co-morbidities are commonly associated with the selected Chronic Diseases (listed above):

- Chronic pain or arthritis (function impairing)
- Depression/anxiety or other chronic mental illness

Enhanced Care Program Pilot participants (i.e., patients) are eligible based on the following characteristics:

- Individuals with 1 or more NCD; and
 - Uninsured, having accessed indigent subsidy within the prior 12 months, or financial assistance client; or
 - HIP or FutureCare Client
- Frequent utilizers of the Emergency Department (>1 visit per 6 months) and Hospitalizations (>1 per year)
- Individuals with high risk of NCD secondary and tertiary complications
- Willingness to participate in the NCD Enhanced Care Program Pilot and associated participant surveys



Reporting Requirements

In addition, baseline and Quarterly reporting (*3 month periods*) is required based on the experience with program participants. Reporting shall be completed on clinical measures and detailed encounter data for **each unique participant**.

1.1 Clinical Measures

Indicator	Target Participant Outcomes
Hemoglobin A1c	< 7.5% or 1% reduction from baseline.
Systolic BP	<140
LDL	<100
Weight	Stable or reduction by 10%
Body Mass Index (BMI)	Stable or reduced
PHQ , GAD scores	<10
Smoking cessation	≥ 1 year
Utilization Management	Prevention of recurrent hospitalizations >1/yr., or within 30 days of discharge; and/or reduction of ED visits for chronic disease.
Asthma/COPD Disease Management	Presence of a written asthma action plan for persons with Asthma/COPD

2.1 Encounter Details (Requirement of 1 encounter per month)

Encounter Details
Date of visit
Length of encounter
Encounter type (1:1, telephone, email)
Services provided
Staff involved
Referrals details (e.g., referrals to location, feedback from referral organization, relevant claims submitted)
Number and type of Chronic Disease Management services utilized by participant that are external to the vendor (e.g., nutritional counseling, behavioral health counseling, smoking cessation, diabetes education)



Patient Reporting

Patient reporting on experience of care will be conducted by HID. Frequency of data collection will include a baseline elicitation of patient experience and subsequent bi-annual (every 6 months) data collection based on date of program enrollment.

Program Payment

Clinical Care: The Department will reimburse the service provider(s) using a capitated payment model on a per patient basis at a payment of \$100 per participant per month. Standard Health Benefits associated with insurance plans (HIP/FutureCare) may supplement comprehensive primary care delivery. The total anticipated program volume is 1,000 participants enrolled in each annum. Multiple Service providers are expected.

Calculation of per participant payments shall be made quarterly and begin on the date of first provider encounter. Quarterly payments to cover the 3-month period (on a per participant basis) depend on continuity of monthly patient encounters and associated reporting requirements. Payments aligned to participants will be discontinued due to participant drop-out or lack of required program encounters.

Receipt of payment is based on compliance with quarterly reporting requirements. All payments to the service provider(s) will be paid directly by the Health Insurance Department through the MRF.

Medications: The Enhanced Care Program Pilot will provide selected medications to program participants for management program defined NCDs and associated co-morbidities. The medications and reimbursement rates thereof will be made available to participants based on inclusion on a defined formulary list. A list of participating pharmacies and the final formulary list will be provided to selected Service Provider(s).

Note: Payment from HID requires provider registration with HID.

- i. Payments will be authorized on invoices 30 days after receipt of the services, and on completion of reporting requirements.

End of Scope of Work



Appendix I: HID Enhanced Care Program Pilot Business Requirements - Technical Evaluation Criteria

The following list contains all the Business Components that HID expects the successful Bidder to provide as services to meet the Enhanced Care Program Pilot Requirements:

1. **Provider Services:** Enable providers to access relevant clinical information from an appropriate secured setting and provide or support provider related services such as scheduling, billing, credentialing, etc.
2. **Case Management Strategy:** Devise and execute long term objectives that allow HID to maintain international best practices in providing integrated care and service utilization management programs
3. **Fraud & Abuse Management:** Detecting inappropriate and/or illegal charges and executing legal and financial redress
4. **Financial Control:** Manage corporate accounting events including financial management controls, cost accounting and capital project evaluation including the full and incremental costs for health services, including the costs of operations and historical analysis for risk management and accurate costing forecasts.
5. **Financial Reporting & Metrics:** Monitor and evaluate business operations and financial accounting for compliance through provision of reports
6. **Access, Security & Privacy Management:** Design policy, processes and technical architectures necessary to safeguard health, financial and other information to ensure regulatory compliance and application of best practices
7. **Data, Content & Workflow Management:** Implement the guidelines and rules that support the collection, aggregation and overall quality management of required information. Note: The functional requirements documented are for workflow only.



Appendix II: Technical Response Questions

Proposals should include adequate detail of services to be provided and include responses to the following questions:

1. Explain why you want to be part of the Enhanced Care Program Pilot?
2. What is your capacity for number of program participants? Is there a preferred participant segment based on specific chronic disease?
3. Describe how participating in this initiative would impact existing primary care services that you are providing to FA or HID clients?
4. Describe any non-fee-for-service support you currently provide to primary care patients in the proposed market, such as, but not limited to health education, care coordination, or an embedded care manager.
5. Describe one specific instance in which your additional support for primary care transformation led to improvements in quality, outcome, and/or costs in primary care.
6. Describe the method by which you propose to build on the support method described above or adopt a new method of support to align with the comprehensive wrap around approach of the Enhanced Care Program Pilot.
7. Provide a specific, quantitative —support build up (including a calculation of PMPM support and your proposed method of risk adjustment) laying out your financial commitment to comprehensive primary care services in the proposed market for the duration of this Pilot.
8. How does your support build-up align with each of the enhanced primary care functions upon which this initiative is based?
 - a. Risk based management
 - b. Access and continuity
 - c. Planned care for chronic conditions and preventive care
 - d. Patient and family engagement
 - e. Coordination of care across the medical neighborhood
9. How will your proposed support strategy be fully integrated at the practice level and delivered at the point of care so as to support practice transformation?
10. How do you intend to work with providers to enhance primary care services?
11. Describe your methodology for associating your members served by participating practices.
12. Describe any existing or current shared savings program or other payment arrangements with other healthcare providers including ancillary or primary care practices (including pay-for-performance or bonus payments).
13. Describe current methodology for health record documentation, record keeping, and any patient tracking mechanisms.



Appendix III: Company's Qualification Profile

Please provide here a ONE PAGE outline description of your company. Your description should include brief information on the following:

- Company history & origins
- Period of Operation
- Core business activities
- Types of SERVICES
- 3 client references with contact details
- Particular attributes of your firm which make it well suited to perform the services required in this RFP



Appendix IV: Company Information

QUALIFICATIONS AND REFERENCES

Company Information - Including bidder qualifications and experience as well as background information and a brief description of who will be assigned to Enhanced Care Program Pilot account.

Legal Company Name _____

1. Principal(s) and Director(s) of the Company:

Physical Address:

Email:

Website:

2 Company Bermuda Payroll Tax No.: _____

3 Company Bermuda Social Insurance No.: _____

4. Company Banking Details:

Name and address of primary bankers:

5. Do you have any involvement with other entities that may be seen as a conflict of interest? If so, please provide details:



COMPANY INFORMATION (CONTINUED)

Name of Company: _____

8. The Company has been engaged in business, under the present business name for _____ years.

9. Number of Employees

TOTAL NUMBER OF STAFF	
NUMBER OF BERMUDIAN	
NUMBER OF NON-BERMUDIANS	
PERCENTAGE OF BERMUDIANS	

10. Attach a copy of the Company`s Certificate of Incorporation.

Signed: _____
 Print Name: _____
 Title: _____
 Company: _____
 Date: _____



Appendix V: Certificate of Confirmation of Non-Collusion

Notes for the Bidder

The essence of this RFP is that the Government of Bermuda shall receive bona fide competitive responses from all Bidders. In recognition of this principle, all companies submitting a response will be required, by way of the signature of the Company Principle, state their agreement to the statements below, which indicates that the response has been submitted without any form of collusion. The Certificate of Confirmation of Non-Collusion is a mandatory requirement from all Bidders. **Any responses submitted which do not include a signed copy of the Certificate will be wholly rejected and will not be included in the evaluation process.** If it is later found that the undertakings made below have been breached at any stage of the process, the Bidder will be expelled from the process immediately. In the event that this is discovered after a contract award, legal action may be taken against the Bidder and/or any party involved in the matter. False submissions may also exclude the Bidder, and any other person or company involved in collusion, from responding to future contracts tendered by the Government of Bermuda.

Confirmation of non-collusion

I/We certify that this is a bona fide response, intended to be competitive and that I/We have not fixed or adjusted the amount of the response or the rates and prices quoted by or under or in accordance with any agreement or arrangement with any other person.

I/We confirm that we have not received any additional information, other than that contained within the RFP, or supplementary information provided to all Bidders.

I/We also certify that I/We have not done and undertake that I/We will not do at any time any of the following acts:

- (a) Communicating to a person other than the RFP administrator the amount or approximate amount of my/our proposed response (other than in confidence in order to obtain quotations necessary for the preparation of the response for insurance) or
- (b) Entering into any agreement or arrangement with any other person that he shall refrain from tendering or as to the amount of any response to be submitted; or
- (c) Offering or agreeing to pay or give or paying any sum of money, inducement, gift /hospitality or valuable consideration directly or indirectly to any person in relation to this RFP.

Signed

(1) _____ Status _____ Date _____
 (2) _____ Status _____ Date _____

For and on behalf of



Appendix VI: Form of Agreement

PROPOSAL TO: the Government of Bermuda, Department of Health Insurance

For the provision of the Enhanced Care Program Pilot

1. We confirm that we, the undersigned, are conducting business as a proper legal entity and are not delinquent in making payments for outstanding debts for Government receivables such as Social Insurance contributions, Payroll Tax and Public Works (formerly Works & Engineering) fees.
2. We confirm that we have submitted a bona fide Tender, intended to be competitive and we have not fixed or adjusted our Price by or under or in accordance with any agreement or arrangement with any other bidder.
3. Having reviewed the Request for Proposals, the service requirements and Addenda Nos. _____ inclusive for the execution of the above named Health Insurance for the Enhanced Care Program Pilot, we, the undersigned, offer to provide the Enhanced Care Program Pilot in accordance with the **Instructions to Bidders, and all enclosed documents** herein called the *RFP Documents*).
4. We undertake, if our proposal is accepted, to commence the Services as soon as is reasonably possible after the receipt of the Project Manager’s notice to commence, and to provide the Services comprised in the *Contract Documents*.
5. We confirm that our Tender shall remain open for acceptance by the Government of Bermuda, the Health Insurance Department for a period of ninety **(90) calendar days** from the date of this undertaking and we shall not withdraw this Tender during this period.
6. Unless and until a formal Agreement is prepared and executed this Proposal, together with your written acceptance thereof, shall constitute a binding agreement between us.
7. We understand that you are not bound to accept the lowest or any tender that you may receive.
8. I/We consent to the collection and use of the information I/we give to the Government of Bermuda in response to the solicitation document and agree to waive any right to challenge any decision made by the Government to disclose the information.

Dated this _____ day of _____, 2015

(Name) _____

(Signature) _____

Duly authorized to sign tenders for and on behalf of:

(Firm) _____

(Address) _____