



REQUEST FOR INFORMAL PROPOSAL (RFIP)

Solicitation Number: 0615-063

RFIP TITLE:

Improving Provider Communication Related to Chronic Disease Prevention and Health Promotion Preventive Screening Plan

Issued By
STATE OF ALASKA
Department of Health & Social Services
350 Main Street, Room 6
Juneau, Alaska 99801-1149
or
PO Box 110650
Juneau, Alaska 99811-0650

Issue Date:
October 15, 2014

Closing Date:
October 27, 2014
4:00 PM Alaska Prevailing Time

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Procurement Officer
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Introduction

The Alaska Department of Health & Social Services (DHSS), Division of Public Health seeks to establish a contract for qualitative research to improve communications between the Section of Chronic Disease Prevention and Health Promotion (CDPHP) and private health care providers, as well as between providers and their patients, regarding the health benefits of routine preventive screenings. In FY14, CDPHP started a social marketing plan focused on increasing yearly preventive screenings among Alaska adults. The Section created materials for public audiences, including brochures, rack cards, posters, and payer one-sheets; in tandem, the Section created a provider resource chart to help providers learn what materials the Section had available and what could be shared with patients. To improve the effectiveness of the social marketing plan and increase the percentage of Alaska adults receiving screenings, CDPHP needs to better understand how to reach private providers, the conversations providers are currently having with their patients about screenings, and what CDPHP materials would be useful to share with providers and patients. A contractor will conduct key informant interviews and focus groups with providers in private practice statewide to answer those questions and provide recommendations for improving CDPHP preventive screening materials and information. The providers of interest are those who would recommend preventive screenings, such as family practitioners, internists, general physicians, physician assistants and nurse practitioners. The contractor also will provide a final written report to the Section about findings.

Term of Contract

The term of the contract will be from date of award through June 30, 2015, although the goal is to complete the work by April 30, 2015.

Unless otherwise provided in this RFIP, the State and the successful offeror/contractor agree: (1) that any holding over of the contract excluding any exercised renewal options, will be considered as a month-to-month extension, and all other terms and conditions shall remain in full force and effect and (2) to provide written notice to the other party of the intent to cancel such month-to-month extension at least thirty (30) days before the desired date of cancellation.

Contract Budget:

The total budget for the completion of this project is \$18,000.00. Proposals priced at more than **\$18,000.00** will be considered non-responsive and be rejected.

Deadline for Receipt of Proposals and Addresses:

Offerors must submit one proposal either via email or by mail. Proposals must reference in the address or email subject line the RFIP number and project name. Proposals must be received no later than 4:00 P.M., Alaska Time on

October 27, 2014 or the proposal will be considered non-responsive and be rejected.

Cost proposals must be submitted in a separate sealed envelope or be a separate attachment when submitting by email. No portion of the cost proposal shall be included within the body of the proposal.

If submitting a proposal via email, the technical proposal and cost proposal must be saved as separate PDF documents and emailed to hss.procurement.proposals@alaska.gov as separate, clearly labeled attachments, such as "Vendor A – Technical Proposal.pdf" and "Vendor A – Cost Proposal.pdf" (Vendor A is the name of the offeror). The email must contain the RFIP number in the subject line.

If submitting the proposal by mail the sealed package must be addressed as follows:

Alaska Department of Health & Social Services
Contract Support Team
Attention: Janice Neal
Request for Informal Proposal (RFIP) Number: **0615-063**
Project name: ***Improving Provider Communication Related to Chronic Disease Prevention and Health Promotion Preventive Screening Plan***
350 Main Street, Room 6
Juneau, Alaska 99801-1149

Contact Person

Any technical or procedural questions regarding this RFIP should be addressed to the Procurement Officer using the contact information listed on the cover page of this document. **All questions must be received in writing no later than 1:30 P.M., Alaska Time on October 21, 2014.**

No further questions will be allowed after this date.

STANDARD PROPOSAL INFORMATION

Required Review

Offerors shall carefully review this solicitation without delay, for defects and questionable or objectionable matter. Questions, objections, or comments must be brought to the attention of the Procurement Officer. A protest filed based upon any omission, error, or the context of the solicitation will be disallowed if not brought to the attention of the Procurement Officer prior to the scheduled RFIP closing date. Verbal contact must be followed up with written notification.

Conflict of Interest

Each proposal shall include a statement indicating whether or not the firm or any individuals working on the contract has a possible conflict of interest (e.g., employed by the State of Alaska) and, if so, the nature of that conflict. The Commissioner, Department of Health and Social Services, reserves the right to cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the program to be developed by the offeror. The Commissioner's determination regarding any questions of conflict of interest shall be final.

Authorized Signature

An individual authorized to bind the offeror to the provisions of the RFIP must sign the proposal. By signing their proposal, the offeror certifies that the proposal remains valid for at least ninety (90) days from the proposal receipt deadline.

By signing the proposal, the offeror certifies that all services provided under this contract by the contractor and all subcontractors shall be performed in the United States. Failure to comply with this requirement may cause the state to reject the bid or proposal as non-responsive, or cancel the contract.

Aggrieved Respondents

An interested party shall attempt to informally resolve a dispute with the Procurement Officer. If the attempt is unsuccessful, the interested party may protest the solicitation or the award of a small procurement in accordance with Title 2 of the Alaska Administrative Code (AAC) 12.695.

ADA Certification

The State of Alaska complies with Title II of the Americans with Disabilities Act (ADA) of 1990. Individuals with disabilities who may need auxiliary aids, services, and/or special modifications to submit a proposal should call the Procurement Officer named above to make necessary arrangements.

By signing their proposal, the offeror certifies compliance with the ADA of 1990 and that program; services and activities provided to the general public on behalf of the state under a contract resulting from this solicitation comply with the ADA of 1990, CFR, Part 35, Subpart B 35.130 of the federal government.

Business License

Offerors must have a valid Alaska Business License (ABL) or application on file for one, by the date of award in order to provide services in the State of Alaska. Offerors should contact the Department of Commerce, Community, and Economic Development, Division of Occupational Licensing, P.O. Box 110806, Juneau, Alaska 99811-0806, for information on these licenses.

Note: The Alaska Business License is not required if the vendor is located out of state and performs a service outside the State of Alaska.

Insurance Requirements

The successful offeror must provide proof of workers' compensation insurance prior to contract approval.

The successful offeror must secure the insurance coverage required by the state. The coverage must be satisfactory to the Department of Administration Division of Risk Management. An offeror's failure to provide evidence of such insurance coverage is a material breach and grounds for withdrawal of the award or termination of the contract.

Offerors must review form APPENDIX B1 in the attached EXAMPLE –Standard Agreement, for details on required coverage. No alteration of these requirements will be permitted without prior written approval from the Department of Administration, Division of Risk Management.

Federal Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Expenditures from this contract may involve federal funds. The U.S. Department of Labor requires all state agencies that are expending federal funds to have a certification filed in the proposal (by the offeror) that they have not been debarred or suspended from doing business with the federal government. Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions **(included in this document) must be completed and submitted with your proposal.**

<https://www.epls.gov/>

Subcontractors

Subcontractors will not be allowed.

STANDARD CONTRACT INFORMATION

Contract Approval

This RFIP does not obligate the state until a contract is signed and approved by both parties. If approved, it is effective from the date of approval by the DHSS. The state shall not be responsible for work done, even in good faith, prior to DHSS approval of the contract.

Nondisclosure and Confidentiality

Contractor agrees that all confidential information shall be used only for purposes of providing the deliverables and performing the services specified herein and shall not disseminate or allow dissemination of confidential information except as

provided for in this section. The contractor shall hold as confidential and will use reasonable care (including administrative, physical and technological security) to prevent unauthorized access by, storage, disclosure, publication, dissemination to and/or use by third parties of, the confidential information. "Reasonable care" means compliance by the contractor with all applicable federal and state law, including the Social Security Act, the Health Insurance Portability and Accountability Act ("HIPAA"), the Health Information Technology for Economical and Clinical Health Act ("HITECH Act"), and 45 C.F.R. Parts 160 and 164 ("Privacy and Security Rule"). The contractor must promptly notify the state in writing if it becomes aware of any storage, disclosure, loss, unauthorized access to or use of the confidential information.

The contractor shall comply with the business associate requirements set forth in HIPAA, the HITECH Act, and the Privacy and Security Rule if the contractor will be using or will have access to the protected health information (as defined in 45 C.F.R. 160.103) of DHSS, as part of the services performed by the contractor. The contractor shall be required to agree to the terms of, and sign, the HIPAA Business Associate Agreement as a condition of this contract if the contractor will be using or will have access to the protected health information of DHSS, as part of the services performed by the contractor.

Confidential information, as used herein, means any data, files, software, information or materials (whether prepared by the state or its agents or advisors) in oral, electronic, tangible or intangible form and however stored, compiled or memorialized that is protected health information (as defined in 45 C.F.R. 160.103); or classified confidential as defined by State of Alaska classification and categorization guidelines (i) provided by the state to the contractor or a contractor agent or otherwise made available to the contractor or a contractor agent in connection with this contract, or (ii) acquired, obtained or learned by the contractor or a contractor agent in the performance of this contract. Examples of confidential information include, but are not limited to: technology infrastructure, architecture, financial data, individually identifiable health information, trade secrets, equipment specifications, user lists, passwords, research data, and technology data (infrastructure, architecture, operating systems, security tools, IP addresses, etc).

If confidential information is requested to be disclosed by the contractor pursuant to a request received by a third party and such disclosure of the confidential information is required under applicable state or federal law, regulation, governmental or regulatory authority, the contractor may disclose the confidential information after providing the state with written notice of the requested disclosure (to the extent such notice to the state is permitted by applicable law) and giving the state opportunity to review the request. If the contractor receives no objection from the state, it may release the confidential information within 30 days. Notice of the requested disclosure of confidential information by the

contractor must be provided to the state within a reasonable time after the contractor's receipt of notice of the requested disclosure and, upon request of the state, shall seek to obtain legal protection from the release of the confidential information.

The following information shall not be considered confidential information: information previously known to be public information when received from the other party; information freely available to the general public; information which now is or hereafter becomes publicly known by other than a breach of confidentiality hereof; or information which is disclosed by a party pursuant to subpoena or other legal process and which as a result becomes lawfully obtainable by the general public.

Payment of Invoices

Invoices are to be mailed directly to the Contract Administrator at the address on the Standard Agreement Form (contract document). The state will pay all invoices within thirty (30) days of payment approval by the Project Director.

BACKGROUND, SCOPE AND LOCATION OF WORK

Background

Screening services that include advice and referrals are a critical component in the clinical preventive services that have been shown to reduce the burden of illness, death and disability. Other components are clinical interventions to reduce the risk for an adverse health condition, or to reduce complications from or recurrence of a condition.¹ The health-related costs of under-use of recommended clinical preventive services are substantial. Researchers have reported that increasing use of nine clinical preventive services to more optimal levels (i.e., levels achieved by high-performing health plans) could prevent an estimated 50,000–100,000 deaths each year among adults aged <80 years.²

Key Alaska preventive screening data trends show little improvement over the past 10 years. For example, most recent results from the annual Behavioral Risk Factor Surveillance System indicate that in 2010, only 70% of women 40 and older had received a mammogram in the past two years, down from 78% in 2003; and in 2011, the cholesterol of only 69% of adults 18 and over had been tested in the past five years, no change in the past decade. On a more hopeful note, in 2011 68% of adults 50 and over had ever been screened for colorectal cancer, up from 50% in 2001. (BRFSS)³

In 2012, CDPHP adopted a strategic plan which includes this goal: "Increase rates of selected preventive health screenings by 5%." The core screenings that have been selected for this goal include risk factors for heart disease, stroke, diabetes, screenable cancers, and falls. Taken together, recommendations about

which screenings should be obtained relative to an individual's age group, sex, and risk factors are a confusing and shifting jumble. CDPHP has determined that the simpler approach of promoting annual physical exams would be more effective than attempting to develop messaging that incorporates the subtle differences between the screening recommendations.

In FY14, CDPHP created brochures, rack cards, posters, payer one-sheets and other materials about screenings and annual physical exams for the public, specifically Alaska adults 45 years and older. The Section also created a provider resource chart to help providers learn what materials the Section had available that could be shared with patients.

The contractor selected under this RFIP will conduct two rounds of qualitative research to improve the processes within the Section to improve communication with providers, and communication between providers and patients. The first round will include 12 key informant interviews with 12 different private sector health care providers working in Anchorage, Fairbanks, Juneau, Mat-Su, or Kenai/Soldotna and providing medical care to Alaska adults ages 45 and older. The providers of interest are those who would recommend preventive screenings, such as family practitioners, internists, general physicians, physician assistants and nurse practitioners. CDPHP will use the information learned from these key informant interviews to improve current communication among CDPHP, health care providers and their patients; improve current communication and education materials to make them as useful as possible to providers and patients; and, if necessary, create new materials designed for providers, patients and the public. The second round will involve organizing, recruiting for, and facilitating a focus group held in the Anchorage area. Most participants will be private sector health care providers who will discuss and evaluate updated or new communication and education materials created by the Section, and how they can best be shared with patients and the public statewide. Again, the providers of interest are those who would recommend preventive screenings, such as family practitioners, internists, general physicians, physician assistants and nurse practitioners.

Section Health Equity Values Statement

Health equity is a value of CDPHP. To achieve optimal health for Alaskans, the Section both engages in and supports activities that promote health equity and respect for diversity. Achieving health equity means addressing unjust health disparities through the modifiable social and economic conditions that policies can shape. These conditions include education, income, poverty and housing, as well as access to safe places to play and be active and the availability of transportation, good schools, tobacco-free environments and nutritious food. Health equity is aligned with the acknowledgement of and respect for diversity within a community.

To this end, we expect our partners to incorporate this value into the work they do on behalf of CDPHP. Our expectations of how this value should be reflected will be clearly defined in the scope of work and deliverables sections of this request for informal proposal.

Definitions

Health equity – When everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or another socially determined circumstance. These social circumstances are what have become known in public health as the social determinants of health.

Social Determinants of Health – “... life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education and health care, whose distribution across populations effectively determine length and quality of life.” (World Health Organization)

¹Coates RJ, Yoon PW, Zaza S, Ogden L, Thacker SB. Rationale for periodic reporting on the use of selected adult clinical preventive services—United States. *MMWR* 2012;61(02):3-10.

²Farley TA, Dalal MA, Mostashari F, Frieden TR. Deaths preventable in the U.S. by improvements in the use of clinical preventive services. *Am J Prev Med* 2010;38:600–9.

³http://www.hss.state.ak.us/instantatlas/brfss/sm_flash/aa/phr/atlas.htm?indicator=l586&date=2011 (viewed 8/15/2013)

Scope of Work

Staff from the Alaska Department of Health and Social Services, Section of Chronic Disease Prevention and Health Promotion (CDPHP) will be working with the contractor on this project.

The Section is seeking a partner who, under a contract with the State of Alaska, will collaborate to administer twelve (12) key informant interviews between Nov. 21, 2014, and December 31, 2014. If contract signature is delayed, the start and end date for this project will be renegotiated between the project director and the contractor. The contractor and project director will collaborate on the questions given to the health care providers during the interview.

Each key informant interview will be of a unique health care provider currently in private practice. Each provider must routinely provide medical care to Alaska adults ages 45 or older. The providers of interest are those who would recommend preventive screenings, such as family practitioners, internists, general physicians, physician assistants and nurse practitioners. Providers must be selected from Anchorage, Fairbanks, Juneau, Mat-Su, or Kenai/Soldotna. Key informant interviews can be completed in person or by phone; there must be a

mechanism for the project director or designee to listen in or observe each interview. All interviews must be recorded, with notification given to the interviewee, and provided to the project director within one week of the interview's completion. The contractor must select a location for the interviews, if done in person. The contractor must provide incentives to participants, specifying the cash value of those incentives and justification for that amount.

After all interviews are completed, the contractor will analyze the individual interviews and the interviews as a whole. The contractor will provide a written report summarizing the findings by January 16, 2015. The written report should not include any personal identifying information for the providers, such as providers' names.

CDPHP will take the results and written findings and incorporate them into a communication plan for providers and updated and/or new communication and education materials related to preventive screenings. The contractor will discuss and test this communication plan and these materials with a focus group of actively practicing health care providers in February or March 2015. The focus group must have 8-12 health care providers who routinely provide medical care to Alaska adults 45 years and older. The majority of participants must be providers in private practice. The focus group will be held in the Anchorage area.

The contractor must work with the project director to develop a plan to recruit participants in the target audience of the focus group to ensure at least 8 and no more than 12 participants attend the focus group (over recruitment may be needed to guarantee minimum attendance. The focus group will not be reimbursed if fewer than 8 participants attend). To address the Section's priority for health equity, the contractor must recruit participants who represent a variety of ethnicities and races, or who see patients who represent a variety of ethnicities and races and a mix of socio-economic status. The contractor must select a location for the group and provide incentives to participants, specifying the cash value of those incentives and justification for that amount. The contractor will supply healthy, light snacks for focus group participants.

The contractor will work with the Section on focus group protocol and focus group questions. Within two weeks of finishing the focus group, the contractor will analyze the responses and provide a written report summarizing the findings. The written report should not include any personal identifying information for the providers, such as providers' names. The contractor must also give the project director a video and audio recording of the focus group session.

Consultant will prepare the following deliverables:

Deliverable 1, Development of Screening Questions and Interview Guide for both the key informant interviews and the focus group:

The contractor will meet with the Project Director and other CDPHP staff immediately upon award of the contract to develop a work plan and questions for a screening guide for the key informant interviews and an interview guide for the key informant interviews. The Project Director must approve the screening guides and the interview guides in writing prior to the key informant interviews and the focus group.

Deliverable 2, Twelve (12) Key Informant Interviews

All interviews will be completed by the contractor between Nov. 21, 2014, and December 31, 2014. As stated in the Scope of Work, each key informant interview will be of a unique health care provider in private practice. Each provider must routinely provide medical care to Alaska adults age 45 or older. Providers must be selected from Anchorage, Fairbanks, Juneau, Mat-Su, or Kenai/Soldotna. The providers of interest are those who would recommend preventive screenings, such as family practitioners, internists, general physicians, physician assistants and nurse practitioners. Key informant interviews can be completed in person or by phone; there must be a mechanism for the project director or designee to listen in or observe each interview.

Deliverable 3: Written report summarizing the findings of the key informant interviews, submittal of the audio and/or video recordings

The contractor will analyze the individual key informant interviews and the interviews as a whole. The contractor will provide a written report summarizing the findings by January 16, 2015. All interviews must be recorded by audio and video (if possible), with approval of the interviewee, and provided to the project director within one week of the interview's completion.

Deliverables 4, One (1) Focus Group:

Recruit Participants: The contractor will recruit no fewer than eight (8) and no more than twelve (12) focus group participants for the focus group. The contractor will not be reimbursed for a focus group that has fewer than 8 participants.

Conduct Focus Group Interviews: The Section will work with the contractor to schedule the focus group in the Anchorage area. The preferred time period for the group is between February 16, 2015, and March 31, 2015. Ideally, at least one person from the Section will attend the focus group along with the contractor. The contractor will organize and facilitate the group; the Section staff member will only be an observer.

Within the project budget for this deliverable, the Contractor will allocate funds for recruiting all focus group participants using the approved screening guide, securing the focus group meeting room, paying monetary incentives to all focus group participants and providing light, healthy refreshments for participants. In

the proposal, offerors should explain the recommended amount of monetary incentives that will be given to participants.

The Contractor will identify all staff for this project. If more than one person will be working on this project, the Contractor will identify the main point of contact, provide an organizational chart and explain the roles of all proposed staff. Resumes must be provided for everyone who will work on this contract.

Deliverable 5: Written report summarizing the findings of the focus group, submittal of the audio and video recordings, presentation of the findings

The contractor will analyze the focus group responses. The contractor will provide a written report summarizing the findings within two weeks of the focus group's completion. The focus group must be recorded with audio and video, with approval of the participants. The recording must be provided to the project director on a DVD within one week of the focus group's completion.

The Contractor will meet in person with Section staff in Anchorage the week after turning in the written focus group report to present and discuss the focus group findings.

Note:

At the State's sole option and contingent upon available funding, DHSS may invoke a second phase of this contract for additional professional services that fall within the general scope of the original contract. If opted for, work under phase II may not progress until the Procurement Officer of record determines in writing that phase II is necessary and in the State's best interest.

Location of Work

The location(s) the work is to be performed, completed and managed at the contractor's work site to perform the scope of services described in this RFIP. The focus group will be held in the Anchorage area at a location paid for and secured by the contractor.

By signature on their proposal, the offeror certifies that all services provided under this contract by the contractor shall be performed in the United States.

If the offeror cannot certify that all work will be performed in the United States, the offeror must contact the procurement officer in writing to request a waiver at least 10 days prior to the deadline for receipt of proposals.

The request must include a detailed description of the portion of work that will be performed outside the United States, where, by whom, and the reason the waiver is necessary.

Failure to comply with this requirement or to obtain a waiver may cause the state to reject the proposal as non-responsive, or cancel the contract.

MINIMUM QUALIFICATIONS

In order to be deemed responsive, offerors must demonstrate a minimum of:

1. Three (3) years' experience within the past five (5) years in the field of qualitative research, including focus groups and key informant interviews. The Section puts a preference on qualitative research involving public health issues.
2. Three (3) years' experience within the past five (5) years in collaborating with clients to develop effective qualitative research strategies.
3. Three (3) years' experience within the past five (5) years conducting focus groups to include: working with the client to develop focus group protocol and materials, recruiting participants, providing participant incentives, setting up facilities, taping and filming the group process, and providing a written summary of events.

Vendor must list the ***page number(s)*** showing that minimum responsiveness has been met. Evidence of meeting minimum prior experience must be shown in the Experience & Qualifications section of the offeror's proposal. **An offeror's failure to meet these minimum prior experience requirements will cause their proposal to be considered non-responsive and their proposal will be rejected.**

Note: Please provide the start and end dates, including month and year, in which the minimum requirements were satisfied.

EVALUATION CRITERIA

The total number of points used to score proposals is 100. All proposals will be reviewed to determine if they are responsive. They will then be evaluated using the criteria set out below.

Understanding of the Project (5 POINTS)

Understanding will be a five percent (5%) evaluation factor. Offerors should provide a concise narrative statement that illustrates their understanding of the requirements of the project and the project schedule.

Methodology (20 POINTS)

Methodology will be a twenty percent (20%) evaluation factor. Offerors should provide a concise narrative statement that sets out the methodology they intend to employ if awarded the contract, illustrating how this methodology will serve to accomplish the work and meet the state's project schedule.

- [a] Does the offeror provide a strong explanation for recruiting for, conducting and analyzing the 12 key informant interviews? Did the offeror specify how they will recruit participants in the target audience to ensure at least 12 unique Alaska health care providers complete a key informant interview (over recruitment may be needed to guarantee minimum attendance); how they will select targeted participants to ensure there is adequate representation from different types of health care providers in different Alaska communities; how they conduct the interviews (over the phone, in person, or a combination); what incentives will be given to participants (the cash value of those incentives and justification for that amount); how they will work with the project director and partners to develop a question guide for the key informant interviews; and the plan for content analysis of interview findings?

- [b] Does the offeror provide a strong explanation for recruiting for, conducting and analyzing the focus group? Did the offeror specify how they will recruit participants in the target audience of the focus group to ensure that it has at least 8 and no more than 12 participants (over recruitment may be needed to guarantee minimum attendance. The focus group will not be reimbursed if fewer than 8 participants attend.); how they will select targeted participants; how they will select a location for the group; what incentives will be given to participants (the cash value of those incentives and justification for that amount); how they will supply healthy, light snacks for focus group participants; how they will work with the project director and partners to develop a focus group guide; and the plan for content analysis of focus group findings?

- [c] Does the offeror provide a written understanding that video and audio must be provided for all key informant interviews and the focus group, as well as written summary reports from the interviews and groups? Did the offeror provide written understanding that all research tools, reports, data, and results will be given to the department and will become property of the department for all types of qualitative research completed for the department?

Management Plan (10 POINTS)

Management Plan will be a ten percent (10%) evaluation factor. Offerors should provide a concise narrative statement that sets out the management plan they intend to follow, illustrating how this plan will serve to accomplish the work and meet the state's project schedule.

- [a] How well does the management plan and narrative support all of the project requirements and logically lead to the deliverables required in the RFIP?
- [b] Does the offeror specifically define which roles each staff member will serve?
- [c] Is the organization of the project team clear? Does the offeror supply an organization chart if more than one person is involved in completing the deliverables?)
- [d] Are authority, accountability and the line of communication completely and clearly defined? Is there a clear line of communication between the department project director and somebody within the offeror's management team?

Experience & Qualifications (15 POINTS)

Experience and qualifications will be a fifteen percent (15%) evaluation factor. Proposals should demonstrate the applicable education and experience of the personnel designated to work on the project.

Please provide three letters of reference from previous clients that address the organization's experience conducting qualitative research including focus groups and key informant interviews during recent years.

Please attach to the proposal a set of questions asked during a focus group or key informant interview held in the past five years.

Points will be awarded for addressing the following questions:

- [a] Did the offeror demonstrate in writing at least three (3) years' experience within the past five (5) years in the field of qualitative research, including focus groups and key informant interviews. The Section puts a preference on qualitative research involving public health issues.
- [b] Did the offeror demonstrate in writing at least three (3) years' experience within the past five (5) years in collaborating with clients to develop effective qualitative research strategies?
- [c] Did the offeror demonstrate in writing at least three (3) years' experience within the past five (5) years conducting focus groups to include: working with the client to develop focus group protocol and materials, recruiting participants, providing participant incentives, setting up facilities, taping and filming the group process, and providing a written summary of events?
- [d] How relevant and strong are the three letters of reference from previous clients that address the organization's experience conducting qualitative research including focus groups and key informant interviews during recent years?
- [e] Did the offeror provide complete resumes for all staff members who will work on this project? Are the resumes complete, and not just abbreviated resumes or bios?
- [f] Do the resumes demonstrate backgrounds that would be desirable for individuals engaged in the work the project requires? How extensive is the applicable education and experience of the personnel designated to work on the project?
- [g] Please attach to the proposal a set of questions asked during a focus group or key informant interview held in the past five years. These questions must explore a) a target audience's knowledge, attitudes and beliefs, and/or benefits and barriers associated with a behavior or action or b) a target audience's reaction and response to communication tools or market materials that were being tested (such as a brochure or filmed PSA or print ad, or a storyboard.)

Cost (40 POINTS)

Cost will be a forty percent (40%) evaluation factor. The lowest priced proposal will receive the maximum number of points allocated to cost. Other proposals for cost point allocation will be determined by the following formula:

$$\frac{\text{Lowest Cost Proposal} \times \text{Maximum Points for Cost}}{\text{Cost of Each Higher Priced Proposal}} = \text{TOTAL POINTS for cost}$$

Alaska Offeror's Preference (10 POINTS)

If an offeror qualifies for the Alaska Bidder Preference, the offeror will also receive the Alaska Offeror's Preference. The preference will be ten percent (10%) of the total available points. This amount will be added to the overall score of each Alaska offeror after evaluation of proposals.

5% Alaskan Bidder Preference

An Alaska Bidder Preference of five percent will be applied prior to evaluation. The preference will be given to a person who:

- (a) holds a current Alaska business license and;
- (b) submits a proposal for goods or services under the name on the Alaska business license and;
- (c) has maintained a place of business within the state staffed by the offeror, or an employee of the offeror, for a period of six months immediately preceding the date of the proposal and;
- (d) is incorporated or qualified to do business under the laws of the state, is a sole proprietorship, and the proprietor is a resident of the state or is a partnership, and all partners are residents of the state and;
- (e) if a joint venture, is composed entirely of entities that qualify under (a)-(d) of this subsection.

5% Alaska Veteran Preference

An Alaska Veteran Preference of five percent will be applied prior to evaluation. The preference will be given to an offeror who qualifies under AS 36.30.170 (b) as an Alaska bidder and is a:

- (a) sole proprietorship owned by an Alaska veteran;
- (b) partnership under AS 32.06 or AS 32.11 if a majority of the partners are Alaska veterans;
- (c) limited liability company organized under AS 10.50 if a majority of the members are Alaska veterans; or
- (d) corporation that is wholly owned by individuals and a majority of the individuals are Alaska veterans.

In order to receive the Alaska Veteran Preference, proposals must include a statement certifying that the offeror is eligible to receive the Alaska Veteran Preference.

PROPOSAL FORMAT AND CONTENT

The Department wishes to discourage unnecessarily lengthy and costly proposal preparation; however, all proposals must contain the following information in the

following format. Proposals should be limited to the requested information and shall consist of six parts – Cover Letter, Understanding, Methodology, Management, Experience & Qualifications and Cost.

All pages must be consecutively numbered.

Cover Letter

An individual authorized to bind the offeror to the provisions of the RFIP **must** sign the proposal. The cover letter should contain the offeror's complete name, mailing address, email address, telephone number; a statement confirming that the proposal is valid for ninety (90) days from the closing date for receipt of proposals; a statement confirming that the offeror will comply with all provisions of the RFIP; if applicable, provide notice that the offeror qualifies as an Alaska Bidder; provide an Alaska Business License number or certificate (if applicable); and a statement relating to any perceived or potential conflict of interest.

Cost Proposal

The Cost Proposal must be submitted on the form provided in this document.

Only one copy of the Cost Proposal need be submitted and must be submitted in a separate, sealed envelope or as a separate e-mail attachment. No portion of the Cost Proposal shall be included within the body of the proposal. Failure to comply with this requirement may cause the state to reject the bid or proposal as non-responsive, or cancel the contract.

COST PROPOSAL

Note: The purpose of the cost formula is to provide a mechanism for offerors to submit costs per each deliverable in a manner that DHSS can evaluate and score and then use to establish billing rates for the resultant contract. Please enter your cost in the spaces provided below for completing each deliverable.

Deliverable 1 \$ _____

Meetings and work time needed to establish a work plan, screening guide for the key informant interviews, questions for the key informant interviews, screening guide for the focus group and questions and/or worksheets for the focus group.

Deliverable 2 \$ _____

Twelve (12) key informant interviews with health care providers in private practice

Deliverable 3 \$ _____

Written report summarizing the findings of the key informant interviews, submittal of the audio and/or video recordings

Deliverable 4 \$ _____

Anchorage area focus group with 8-12 health care providers, the majority of whom work in private practice

Deliverable 5 \$ _____

Written report summarizing the findings of the focus group, submittal of the audio and video recordings

Total Proposed Cost: \$ _____

CHECKLIST

IMPORTANT NOTE TO OFFERORS: This checklist is provided to assist offerors and the Procurement Officer in addressing and/or locating specific requirements identified in the RFIP for the offeror's proposal. **Offerors must complete and return this form.** Completion of this form does not guarantee a declaration of responsiveness.

Offeror:

1. Evidence that the offeror holds a valid Alaska business license. (**Note:** Proof of business license is not required at time of proposal submission but is required prior to contract award if any of the services will take place in Alaska).

Evidence is provided on page #_____.

2. Evidence that the budget **does not exceed \$18,000**. (cost plan submitted separately)

Evidence is provided on page #_____.

3. Evidence that the offeror meets the minimum prior experience requirements.
 - a. Three (3) years' experience within the past five (5) years in the field of qualitative research, including focus groups and key informant interviews. The Section puts a preference on qualitative research involving public health issues.

Evidence is provided on page #_____.

- b. Three (3) years' experience within the past five (5) years in collaborating with clients to develop effective qualitative research strategies.

Evidence is provided on page #_____.

- c. Three (3) years' experience within the past five (5) years conducting focus groups to include: working with the client to develop focus group protocol and materials, recruiting participants, providing participant incentives, setting up facilities, taping and filming the group process, and providing a written summary of events.

Evidence is provided on page #_____.

4. Evidence that the proposal has been signed by an individual authorized to bind the offeror to the provisions of the RFIP.

Evidence is provided on page #_____.

5. Evidence that the offeror has included a conflict of interest statement in the proposal.

Evidence is provided on page #_____.

6. Evidence that offeror has signed and returned the *Certification Regarding Debarment Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions* form.

Evidence is provided on page #_____.

Request for Informal Proposal Evaluation Sheet

RFIP #0615-063

**Improving Provider Communication Related to Chronic Disease Prevention
and Health Promotion Preventive Screening Plan**

Total Number of Points = 100

Evaluator Initials _____ Date _____

Proposal Company Name _____

Understanding of the Project – 5 Points

- [a] Did offeror provide a concise narrative statement that illustrates their understanding of the requirements of the project and the project schedule?

Comments:

Total Points for Understanding: _____

Methodology – 20 Points

- [a] Did offeror provide a concise narrative statement that sets out the methodology they intend to employ if awarded the contract, illustrating how this methodology will serve to accomplish the work and meet the State's project schedule?

Comments:

- [b] Does the offeror provide a strong explanation for recruiting for, conducting and analyzing the 12 key informant interviews? Did the offeror specify how they will recruit participants in the target audience to ensure at least 12 unique Alaska health care providers complete a key informant interview (over recruitment may be needed to guarantee minimum attendance); how they will select targeted participants to ensure there is adequate representation from different types of health care providers in different Alaska communities; how they conduct the interviews (over the phone, in person, or a combination); what incentives will be given to participants (the cash value of those incentives and justification for that amount); how they will work with the project director and partners to develop a question guide for the key informant interviews; and the plan for content analysis of interview findings?

Comments:

- [c] Does the offeror provide a strong explanation for recruiting for, conducting and analyzing the focus group? Did the offeror specify how they will recruit participants in the target audience of the focus group to ensure that it has at least 8 and no more than 12 participants (over recruitment may be needed to guarantee minimum attendance. The focus group will not be reimbursed if fewer than 8 participants attend.); how they will select targeted participants; how they will select a location for the group; what incentives will be given to participants (the cash value of those incentives and justification for that amount); how they will supply healthy, light snacks for focus group participants; how they will work with the project director and partners to develop a focus group guide; and the plan for content analysis of focus group findings?

Comments:

- [d] Does the offeror provide a written understanding that video and audio must be provided for all key informant interviews and the focus group, as well as written summary reports from the interviews and groups? Did the offeror provide written understanding that all research tools, reports, data, and results will be given to the department and will become property of the department for all types of qualitative research completed for the department?

Comments:

Total Points for Methodology: _____

Management Plan – 10 Points

- [a] Did offeror provide a concise narrative statement that sets out the management plan they intend to follow, illustrating how this plan will serve to accomplish the work and meet the State's project schedule.

Comments:

- [b] How well does the management plan and narrative support all of the project requirements and logically lead to the deliverables required in the RFP?

Comments:

- [c] Does the offeror specifically define which roles each staff member will serve?

Comments:

- [d] Is the organization of the project team clear? Does the offeror supply an organization chart if more than one person is involved in completing the deliverables?)

Comments:

- [e] Are authority, accountability and the line of communication completely and clearly defined? Is there a clear line of communication between the department project director and somebody within the offeror's management team?

Comments:

Total Points for Management Plan: _____

Experience and Qualifications – 15 Points

- [a] Did offeror demonstrate the applicable education and experience of the personnel designated to work on the project?

Comments:

- [b] Did the offeror demonstrate in writing at least three (3) years' experience within the past five (5) years in the field of formative research, including focus groups and key informant interviews. The Section puts a preference on formative research involving public health issues.

Comments:

- [c] Did the offeror demonstrate in writing at least three (3) years' experience within the past five (5) years in collaborating with clients to develop effective formative research strategies?

Comments:

- [d] Did the offeror demonstrate in writing at least three (3) years' experience within the past five (5) years conducting focus groups to include: working with the client to develop focus group protocol and materials, recruiting participants, providing participant incentives, setting up facilities, taping and filming the group process, and providing a written summary of events?

Comments:

- [e] How relevant and strong are the three letters of reference from previous clients that address the organization's experience conducting qualitative research including focus groups and key informant interviews during recent years?

Comments:

- [f] Did the offeror provide complete resumes for all staff members who will work on this project? Are the resumes complete, and not just abbreviated resumes or bios?

Comments:

- [g] Do the resumes demonstrate backgrounds that would be desirable for individuals engaged in the work the project requires? How extensive is the applicable education and experience of the personnel designated to work on the project?

Comments:

- [h] Please attach to the proposal a set of questions asked during a focus group or key informant interview held in the past five years. These questions must explore a) a target audience's knowledge, attitudes and beliefs, and/or benefits and barriers associated with a behavior or action or b) a target audience's reaction and response to communication tools or market materials that were being tested (such as a brochure or filmed PSA or print ad, or a storyboard.)

Comments:

Total Points Experience: _____

Grand Total: _____

**Certification Regarding Debarment,
Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities.

The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ THE INSTRUCTIONS ON THE FOLLOWING PAGE WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)

(1) The prospective recipient of Federal assistance funds certifies, by submission of this bid, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the Statements in this certification, such prospective participant shall attach an explanation to this Proposal.

Name and Title of Authorized Representative

Signature

Date

Instructions for Certification

1. By signing and submitting this Proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this class is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this Proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "Proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this Proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this Proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this Proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Non-procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment



2014 Provider Focus Group/Key Informant Interview Logic Model

Activities and Outputs	OUTCOMES			RESULT
	Short-term	Mid-term	Long-term	
<p>The contractor will conduct a series of focus groups or key informant interviews with primary care providers in private practice. Specific ways to best reach this group of providers will be determined. Preventive health messages will be evaluated by these groups to inform the work of CDPHP preventive screening activities. Preliminary analysis will be completed. Contract work is to be completed by June 30, 2014.</p> <p>The support and work of this contractor will ensure the Section hears from a representative group of primary care providers in private practice.</p> <p>This contract will allow the Section of CDPHP to meet their strategic plan goal of increased key preventive screenings by 1% annually by 2017.</p>	Needs of primary care providers are assessed.	Improved quality of care for Alaskans.	Reduced incidence of chronic diseases	Improve the health status of Alaskans (1.1.1)
	Key messages are targeted to meet needs of primary care providers.	Improved access to best practice information and resources for providers.	Reduced chronic disease mortality	
	Distribution of chronic disease prevention material is completed.	Reduced disparities in treatment.	Reduced related health costs	
	Section of CDPHP is engaged in system level changes based on findings.		Improved quality of life for Alaskans	
			Adoption of best practices in provider offices	
			Increased health equity	