

REQUEST FOR PROPOSAL (RFP)
PROFESSIONAL SERVICES FOR MEDICARE REHABILITATION
PROGRAM

For the
MCLEAN COUNTY NURSING HOME

RFP No. 0001

ISSUE DATE:
December 2, 2016

CLOSING LOCATION:

McLean County Nursing Home
Cindy Wegner, Nursing Home Administrator
901 N. Main Street
Normal, IL 61761
Phone: 309-888-5380 FAX: 309-454-4594
E-Mail: cindy.wegner@mcleancountyil.gov

CLOSING DATE AND TIME:

December 23, 2016 – 2:00pm

Three (3) paper response copies and one electronic media copy of the proposal must be presented by **2:00pm on December 23, 2016**. Proposals must be submitted in a sealed envelope, and the outside of the envelope shall be marked “**PROFESSIONAL SERVICES FOR MEDICARE REHABILITATION PROGRAM**”

The proposals will be opened at McLean County Nursing Home, 901 N. Main Street, Normal, IL at **2:00 pm on December 23, 2016**, at which time only the names of the respondents will be read aloud and recorded.

PROPOSAL GUIDELINES

I. INTRODUCTION

McLean County Nursing Home (MCNH) seeks proposals from qualified vendors to furnish professional services for its Medicare Rehabilitation Program, all in accordance with the Conditions of Participation and such other regulations as are currently in effect and as are administered by the federal Center for Medicare and Medicaid Services (CMS). MCNH is a 150-bed skilled care facility nursing facility located at 901 N. Main Street, Normal, IL.

Summary information about MCNH appears in Attachment A.

II. SPECIFICATIONS

A. Services

McLean County Nursing Home seeks competitively-priced rehabilitation and consulting services. The selected therapy provider will provide services directly to those McLean County residents who are private pay, covered by the Illinois Medicaid program, Medicare A, MMAI plans (Health Alliance Connect, Molina Healthcare) and Medicare replacement plans such as Medicare Advantage, HMO, and VA.

The services to be provided include, at a minimum:

- Program management and oversight for the rehabilitation portion of the Medicare Part A, Medicare Advantage, and MMAI managed care programs;
- Providing sufficient professional staff in the disciplines of speech therapy, occupational therapy, and physical therapy;
- Providing sufficient professional staff in the discipline of respiratory therapy
- Providing Part B services as appropriate to MCNH's resident population when medically necessary;
- Providing assessment, care planning, and MDS coding services in conjunction with the selected vendor's role as a member of the interdisciplinary care team when any therapy discipline is provided regardless of payor status;
- Providing consultation to MCNH in areas specific to the rehabilitation needs of its residents;
- Developing rehabilitation related clinical protocols or disease management programs, i.e. CHF, COPD, Cardiac rehabilitation;
- Developing and reporting outcomes measures;
- Marketing assistance to grow Medicare rehabilitation market share

B. Selection Method

Selection will be made on basis of several factors:

- Experience and management capability
- Regional manager experience and support
- Program manager experience and support
- Commitment to build the Medicare rehab program at MCNH
- Ability to staff the program and function as a member of the MCNH team
- Overall value to MCNH
- Contractual terms & conditions
- Interview results (for those firms advancing to the interview stage)

Attachment B more fully describes the considerations that will be evaluated.

C. Evaluation Criteria

The Bids for this project shall be evaluated based upon a 100-point scoring system according to the following criteria and point values for each area. All supporting documentation that the bidder wishes to be considered in the evaluation process shall be submitted with the bid.

PROGRAM MANAGER (0-30 POINTS):

The Program Manager is critical for success. Provide the qualifications and background of the Program Manager you intend to appoint to MCNH. MCNH'S intention is for a highly qualified individual that will provide consistent, steady program management. Provide or express your company's policy on rotating program managers.

ADMINISTRATIVE SUPPORT (0-25 POINTS):

Bidders will be scored on their capabilities to improve MCNH's therapy staff in more sophisticated approaches to rehab therapy services that address Federal and State programs that require or incentivize the coordination of care between health care providers in the continuum of care. Areas to address include but are not limited to areas such as clinical protocol development, outcomes reporting, marketing, MDS coding techniques, step-down options, restorative, length-of-stay management, and electronic documentation.

REFERENCES AND RESULTS (0-25 POINTS):

Bidders will receive points based on references that are able to substantiate the bidder's successful performance. MCNH is interested in building its Medicare program and is interested in working with a rehab therapy partner that has proven results. "Results" refers to your firm's demonstrated history of building Medicare

rehab programs in Nursing Home settings. Provide us with verifiable examples of your results and list references on the sheet provided.

PRICING/CONTRACT TERMS (0-10 POINTS):

The bids shall be rated on the proposed cost for the contract. As noted in further detail below, bidders are to submit RUG pricing on a per diem basis. Contract terms are also detailed below.

Staffing & Turnover (0- 10 Points)

MCNH is interested in a rehab therapy partner who is committed to building the therapy program. Provide your company history of turnover of therapy staff, program manager and regional manager in those institutions you serve and provide guidance in how you intend to keep turnover amongst the therapy staff at a minimum.

D. Contract Terms

The term of this agreement / proposal contract will be for an initial one year period with options for two (2) one year renewals (maximum length of 3 years). The contract is cancelable on 90-days written notice. The rehab vendor will be expected to provide assurance that it has coverage of \$1m/\$3m for professional liability in addition to the usual and customary insurance coverages. The vendor is expected to be responsible for denials related to its conduct of the therapy portion of the rehab program. McLean County reserves the right to negotiate specific conditions of performance. Other terms and conditions dictated by McLean County's standard business practices may apply.

D. Pricing

For Part A, provide per-diem pricing by RUG classification or by each sub-class of RUGS (e.g., low, medium, high, very high and ultra high). An alternate, if desired, is to provide pricing on a per minute basis with contractual provisions limiting the County's financial risk.

For Part B, provide the percentage of the Medicare fee schedule that will represent payment for ancillary rehab services. Alternate or separate fee schedules are a consideration for Medicaid covered individuals.

All pricing of any type must be disclosed in the bid response. If, for example, there are charges for any services beyond Parts A and B, they must be disclosed in the bid response.

E. Hardware and/or Software Requirement

Bidders will detail any hardware, software requirements that will be needed.

F. Evaluation Procedure

MCNH Management will evaluate proposals. This evaluation will include review of all proposals received; proposals will be evaluated pursuant to the evaluation criteria in Section IIC.

G. Interviews

MCNH reserves the right to interview any, all, or none of the bidders. At its sole discretion, MCNH may invite short listed bidders to conduct presentations and/or be interviewed. MCNH will schedule any such presentations or interviews as indicated in the timetable below.

III. PROPOSAL SUBMITTAL

A. Due Date

Proposals must arrive at the McLean County Nursing Home Administrator's office on or before **December 23, 2016 at 2:00 P.M.**, whether mailed or hand-delivered. Bids will be opened at **2:00pm on December 23, 2016** at the McLean County Nursing Home. Interested bidders are encouraged to notify Cindy Wegner, Administrator, of their intent to bid at the email or address listed below by **4:30 p.m., December 16, 2016**.

B. Questions

Any questions regarding the requirements in this Request for Proposal **must be submitted in writing**. In order to guarantee sufficient time to provide vendors with a response, all questions must be received by the Administrator's Office by **December 9, 2016 at 4:30 P.M.** All inquiries must be directed in writing to:

Administrator
McLean County Nursing Home
901 N. Main Street
Normal, IL 61761
Phone: 309-888-5380
Fax: 309-454-4594
Email: cindy.wegner@mcleancountyil.gov

C. Required Documents

Proposing vendors must provide three (3) original paper responses plus one in electronic media.

1. Proposed Services and Costs plus Sample Agreement

2. Representation of Insurance Coverages
3. Signature Page
4. Reference Sheet

IV. Calendar of Events

Event	Date
Request for Proposal Issued	December 2, 2016
Questions Deadline	December 9, 2016; 4:30 p.m.
Notify MCNH of Intent to Bid	December 16, 2016; 4:30 p.m.
Responses Due/Opening of Proposals/Bids	December 23, 2016; 2:00 p.m.
Presentation/Interviews (Optional)	December 27, 2016
Bid Evaluations Completed	December 30, 2016
Contract begins	February 1, 2017

Attachment A

Summary Information
McLean County Nursing Home

Number of beds 150
Medicaid/Medicare Dual Certified 100
Medicaid Certified Beds 50

Census Trend by Average Daily Census *(some differences due to rounding)*

	2011	2012	2013	2014	2015
Medicaid	94.5	97.1	88.0	89.9	89.7
Pvt	32.8	36.6	44.3	39.0	31.3
Medicare	4.4	4.8	4.6	3.8	4.4
Other	0.1	0.0	0.0	0.4	1.2
Total	131.7	138.4	136.9	133.1	126.6

McLean County Nursing Home
 Medicare Days by RUGs Classification

	2011	2012	2013	2014	2015
RUX					
RUL	14				
RVX					7
RVL	45			42	41
RHX	54			13	
RHL	130	17	28	44	16
RMX					
RML	66			6	10
RLX					
RUC	14			36	
RUB			70		63
RUA			7	16	212
RVC	26		8		
RVB	13	61	39	213	222
RVA	20	138	143	368	401
RHC	55	152	169	24	
RHB	183	387	264	137	266
RHA	528	536	581	328	170
RMC	30	77	47	35	11
RMB	120	186	127	15	29
RMA	127	86	180	14	61
RLB		2			
RLA	2				
ES3					
ES2					
ES1	8			39	
HE2		12			
HE1					
HD2		3			
HD1					
HC2		14	1		
HC1					4
HB2					
HB1	45	19	14		
LE2	21				
LE1		28			
LD2	10				

	2011	2012	2013	2014	2015
LD1		16		27	
LC2					
LC1	55				5
LB2					
LB1	34				
CE2					
CE1			4		
CD2		12			
CD1	10	1		33	
CC2					
CC1	39			6	14
CB2			4		
CB1			3		14
CA2					
CA1				7	
BB2					
BB1		4			
BA2					
BA1					
PE2					
PE1					
PD2					
PD1					
PC2					
PC1					4
PB2					
PB1		3			1
PA2					
PA1				1	
SE2					
AAA					45
Total	1649	1754	1689	1404	1596
ADC	4.518	4.805	4.627	3.847	4.373

Attachment B

The following terms, complemented by McLean County's standard requirements, are in order for all proposers:

1. For Part A, provide per-diem pricing by RUG classification or by each sub-class of RUGS (e.g., low, medium, high, very high and ultra high). An alternate, if desired, is to provide pricing on a per minute basis with contractual provisions limiting the County's financial risk.

Identify pricing methodology and/or options for Medicare Advantage and MMAI plans.

2. For Part B, provide the percentage of the Medicare fee schedule that will represent payment for ancillary rehab services. Alternate or separate fee schedules are a consideration for Medicaid covered individuals.
3. Provide your assessment of the current MCNH program and your plan for changes.
4. Describe your capabilities in providing sufficient staff in Physical, Speech, and Occupational Therapies. Describe your ability to attract and retain sufficient staff in the McLean County market and detail what you will do to assure service if and when there are shortages of critical personnel.
5. Describe your ability to develop and manage a respiratory therapy program. Include your capabilities in providing sufficient respiratory therapy staffing in the McLean County market and detail what you will do to assure service if and when there are shortages.
6. Identify the Regional Manager and Program Manager that will serve MCNH. Provide your company's history of changing managers.
7. Provide assurance that your company will indemnify MCNH for any and all denials related to the provision of rehab services. Provide your denial history and record of success in appealing denials.
8. Identify training resources that you will provide to benefit MCNH as it improves the quality of its Medicare program.
9. Demonstrate that your company carries a minimum level of insurance coverage of \$1M/\$3M for malpractice and general liability.

10. Provide details on reporting program operations to MCNH management and describe your company's approach to marketing the rehab program.
11. Provide details on developing a rehab program strategy that addresses the needs of the MMAI health plans and/or Accountable Care Organizations.
12. Provide at least three references and provide a listing of any customers you serve in the McLean County regional market. If you are serving other customers within the McLean County market, address any conflict of interest issues.
13. Provide a sample form of agreement.
14. Describe the transition process from the existing rehab provider to your company.