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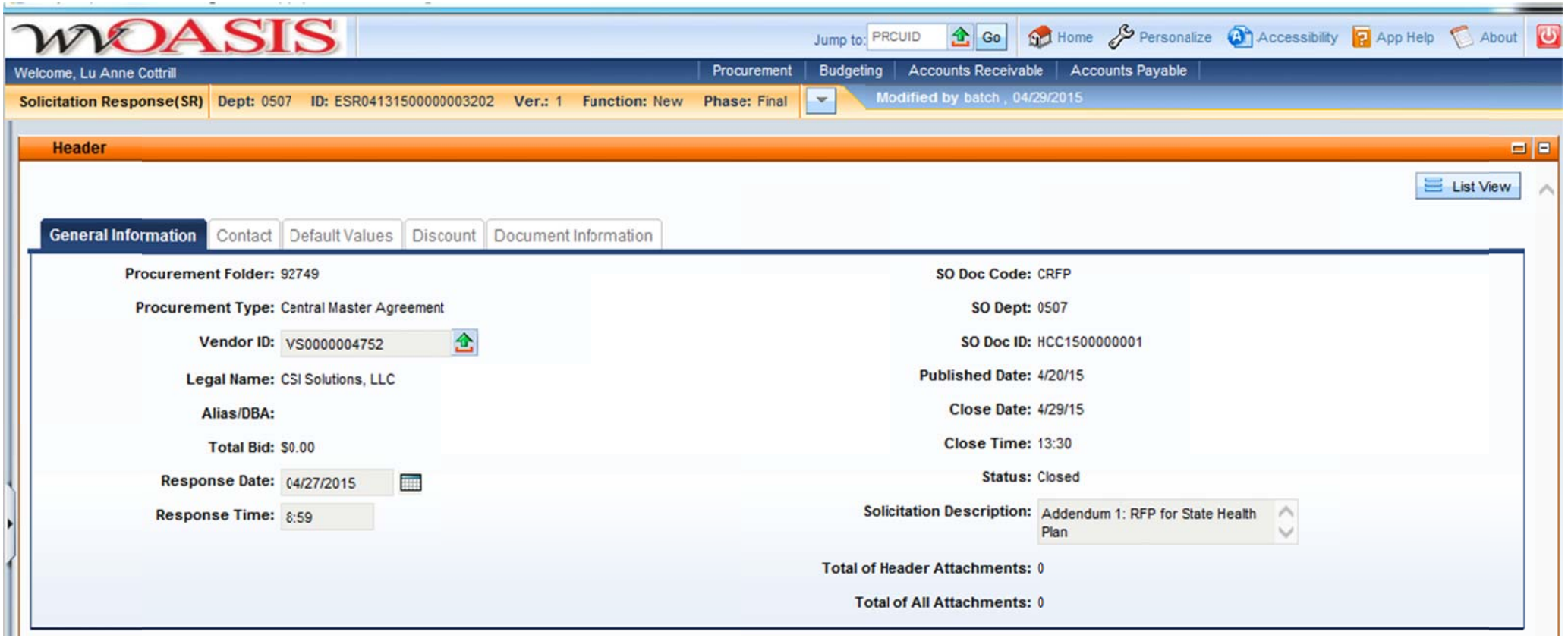
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Vendor ID: VS0000004752
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Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder : 92749

Solicitation Description : Addendum 1: RFP for State Health Plan

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2015-04-29 13:30:00	SR 0507 ESR04131500000003202	1

VENDOR

VS0000004752

CSI Solutions, LLC

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick

(304) 558-0067
robert.p.kilpatrick@wv.gov

Signature X **FEIN #** **DATE**

All offers subject to all terms and conditions contained in this solicitation

Response to Request for Proposal

WV Health Care Authority – State Health Plan

CRFP 0507 HCC1500000001

Contact Person: Christine St. Andre
Principal, CSI Solutions, LLC
cstandre@spreadinnovation.com
435-649-6439

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ATTACHMENT A Vendor Response Sheet

Qualifications and Experience

CSI Solutions, LLC (CSI) has been supporting the improvement of the health and well-being of West Virginians since 2007 and is uniquely qualified to support this strategic health planning engagement. By way of background, CSI is a consulting firm specializing in health care with a particular focus on strategic health planning and health improvement strategies. CSI works across the health care industry. Its clients include the federal government, state governments, health care organizations, payers and health care foundations. Examples of strategic and health planning support CSI has provided includes plans for the Centers for Disease Control, the Agency for Healthcare Research and Quality, Johns Hopkins Medicine, the state of Wyoming, Blue Cross Associations, the Alaska Native Tribal Health Consortium and Norton Sound Health Corporation in Nome, Alaska. CSI has a substantive experience base working with rural populations and in West Virginia.

In West Virginia, the relationship between CSI and the state began when a former Secretary of Health and a former Medicaid Commissioner invited CSI to provide an overview of potential strategies to improve the health of West Virginians. CSI noted that short term gains in selected areas were possible, but substantive transformation required a long term view and mechanisms to leverage the collective assets and stakeholders in the state. That initial meeting resulted in CSI assisting the state with drafting the Medicaid Transformation Grant applications submitted to the Centers for Medicare and Medicaid Services. These applications were highly successful and West Virginia was the only state to receive five Transformation Grant awards. The Medicaid Transformation grants set forth the foundational work for current efforts to improve the health of West Virginians. CSI was subsequently contracted to administer the Transformation Grant on Health System Transformation focused on the Patient Centered Medical Home.

Three byproducts of the process CSI facilitated for the state included development of a statewide plan for health information technology (HIT), development of a plan for the integration of behavioral health and primary care and the formation of the West Virginia Health Improvement Institute (a West Virginia not-for-profit organization), which CSI inspired and initially contract-managed. CSI also brought together the consortium of partners, wrote the application and successfully secured the award for the Regional Extension Center (REC) for HIT for West Virginia. Once again, CSI was contracted to manage the REC which led to West Virginia being only one of six REC's nationally to achieve the Meaningful Use goals set forth by the Office of the National Coordinator for HIT.

Finally, CSI drafted documents that have assisted the State in securing a significant amount of federal funding. These include the Operational protocol for the Money Follows the Person program, the application for the Tristate Children's Health Improvement Consortium (TCHIC) and the Medicaid State Plan Amendment for Section 2703 Health Homes for Persons with

Chronic Conditions. In summary, CSI has played an important role in helping the state secure more than 45 million dollars in federal dollars in seven different funding programs. This experience has provided CSI with a deep familiarity of the issues, stakeholders, and dynamics of the West Virginia environment. A summary of CSI projects in West Virginia is provided below.

West Virginia Projects Managed By CSI Solutions, LLC

Elective pre-term delivery improvement initiative. CSI designed and managed this Improvement Project sponsored by the Health Care Authority. The goal was a reduction in the rate of elective pre-term deliveries in the state. During the one-year project period, the rate of pre-term elective delivery in the 14 participating hospitals dropped from 21.1% of births in January 2009 to 9.2% in December of that year. WV contact: Sonia Chambers. CSI project manager: Christine St. André.

Medicaid Transformation Grants. CSI managed the Health System Transformation Grant, one of five grants awarded to WV by CMS. The grant was administered by WVU. The goal of the grant was to improve administrative and clinical systems in order to positively impact the care delivery system in the state. CSI managed a series of work groups and pilot projects and also orchestrated the establishment of the West Virginia Health Improvement Institute, now a 501c3 company focused on health care improvement and innovation. Another result of the Transformation Grant activity was the achievement of Patient Centered Medical Home recognition by all practices participating in a medical home pilot. This included many of the free clinics in the state and these were the first free clinics to be PCMH-recognized in the nation. WV contact: Jeffrey Coben, MD. CSI project managers: Roger Chaufournier and Christine St. André.

State Health Information Technology Plan Development. CSI managed a process for stakeholder engagement and strategic driver development that resulted in an HIT Plan that provided a roadmap for the state as well as facilitated receipt of the award for the WVHII to serve as a regional HIT extension center (REC). WV contact: Ed Dolly. CSI project manager: Roger Chaufournier.

Statewide Plan for Integration of Behavioral Health and Primary Care. CSI led the development of a plan for the integration of behavioral health and primary care in Medicaid. The plan has led to increased collaboration across the various state entities. WV contact: Nancy Atkins. CSI project manager: Roger Chaufournier.

West Virginia Regional Health Information Extension Center. This initiative involved drafting the proposal to the Office of the National Coordinator, setting up the REC, and then managing the REC through the initial two years of the resultant Cooperative Agreement. Activities involved included project management and oversight of staff providing technical assistance to WV primary care providers in the implementation and use of electronic health records. Results include achievement of Meaningful Use by 1000 providers. The WV REC was one of only six organizations in the country to meet its defined goals. WV contact: Ed Dolly. CSI project managers: Roger Chaufournier and Christine St. André.

Money Follows the Person. CSI coordinated the development of the Operational Protocol and budget for West Virginia's version of Money Follows the Person, a federal demonstration program that provides an enhanced federal match to state Medicaid agencies to assist Medicaid members in transitioning from long term care to community-based settings. CMS approved West Virginia's Operational Protocol with a comment that WV's document required fewer comments and recommendations than nearly all that had been reviewed. WV contact: Marcus Canaday, BMS. CSI project manager: Christine St. André.

Tri-State Children's Health Improvement Consortium. CSI has provided assistance with writing the initial grant application and has led project management of this 5 year grant to test proposed national measures of children's heath quality and the impact of HIT and the PCMH model on health quality. Ten pediatric practices were engaged during the five-year period and all achieved improvement in measures of medical home characteristics. WV contact: Sharon Carte. CSI project manager: Christine St. André.

Medicaid Section 2703 State Plan Amendment. CSI led a stakeholder engagement process and coordinated the development of West Virginia's first State Plan Amendment (SPA) under Section 2703 of the Affordable Care Act. The SPA allows for an enhanced federal match to create health homes and provide enhanced care coordination services for persons with bi-polar disorder and at risk for viral hepatitis. CMS approved the SPA which was implemented in July 2014. WV contact: James Becker, MD. CSI project manager: Christine St. André.

Additional Relevant CSI Projects Outside of West Virginia

Wyoming State Medicaid HIT Plan (SMHP). CSI conducted an environmental scan of HIT use and provider readiness for electronic health records in Wyoming and drafted the strategic HIT plan for the state Medicaid agency. The plan was approved by CMS, which enabled Wyoming to receive funding for the Medicaid EHR Incentive Program. WY contact: Teri Green, Medicaid Director. CSI project manager: Christine St. André.

Wyoming State Health Information Exchange (HIE) Plan. This goal of this project was to develop the State HIE Plan as required by a grant Wyoming received from CMS. CSI convened stakeholders from across the state and drafted the plan that was approved by the Office of the National Coordinator. Wyoming contact: Heather Roe Day. CSI project manager: Roger Chaufournier.

The nature and breadth of these projects suggests that CSI understands West Virginia's delivery system as well as the nature of the work required to convene state stakeholders, achieve vision alignment and develop strategies for implementing health improvement projects.

Proposed Staff for the Project

The staff proposed for this project include:

Christine St. André, Principal: Christine has played a major role in all of the CSI initiatives in West Virginia including the Medicaid Transformation Grants, management of the Regional Extension Center for HIT, drafting of the Money Follows the Person Operational Protocol, drafting of the Medicaid 2703 SPA for Health Homes for persons with bi-polar disorder, and drafting and management of the Tri-State Children's Health Improvement Collaborative. She is a subject matter expert in health care system and public health strategy.

Roger Chaufournier, Principal: Roger has also played a major role in all CSI initiatives in West Virginia. He led the drafting of the statewide plan for Health Information Technology as well as the state plan for the integration of behavioral health and primary care. He is particularly adept at the organizational dynamics of health systems and stakeholder engagement. He is considered a subject matter expert in health care quality and strategic planning methodologies and continues to serve on the faculty at the Johns Hopkins Bloomberg School of Public Health and Carey Business School.

Laurel Simmons, Director: Laurel is a staff consultant who has supported several CSI planning efforts including the environmental scan for the strategic plan for the Maryland Primary Care Association. Laurel is a subject matter expert in consumer engagement strategies in addition to being an NCQA certified content expert in Patient Centered Medical Home.

Kristen DiDonato, Staff Consultant: Kristen provides day to day support for CSI strategic planning processes including management of the web portal for collaboration.

Resumes for Ms. St. André, Mr. Chaufournier, and Ms. Simmons are included in Appendix A.

Proposed Partner: CSI recognizes that development of a statewide health plan requires significant stakeholder engagement and will require staff that reside in West Virginia to be available to these stakeholders on a regular face to face basis. As a result, CSI proposes to partner with the West Virginia Health Improvement Institute (WVHII), a West Virginia not-for-profit organization that is also currently supporting the State Innovation Model grant with the Centers for Medicare and Medicaid Services (CMS). The WVHII is a neutral organization dedicated to improving the health of all West Virginians and has a track record of working with stakeholders throughout the state. CSI will be directing and leading the planning process and the WVHII will serve to provide local facilitation as a convener of stakeholders and to ensure alignment with the state SIM grant activities. CSI also recognizes that trust and relationships are critical to substantive engagement of stakeholders and is prepared to contract with other local facilitation resources for stakeholder engagement where that is needed. CSI will work with the WVHCA to identify the optimal facilitation approach for individual circumstances.

References

CSI is pleased to offer the following references:

Kathy McNamara, R.N.
Associate Vice President, Clinical Affairs

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Center for Clinical Standards and Quality CCSQ
Centers for Medicaid and Medicare Services CMS
fred.butler@cms.hhs.gov

Sharon Carte
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Jeffrey Coben, MD
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West Virginia University
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jcoben@hsc.wvu.edu

Project Goals and Objectives

4.1 Stakeholder Engagement: Mission and Vision development

Recognizing that all health care is local and that there is variation in demographics, health status, culture, and the health care delivery system across the state, CSI proposes a regional engagement strategy. One of the early exercises will be a compilation of a stakeholder map by region. At this time, the following regions are proposed: Wheeling/Upper Ohio Valley/Northern panhandle, Morgantown area, Eastern panhandle, Parkersburg, Huntington, Charleston/ Kanawha County, Elkins, Beckley, Clarksburg, Princeton/Mercer. This grouping aligns with the work done by WVU and WVHCA to determine healthcare referral patterns. A stakeholder group will be established in each location working with local leaders of the health system and business community as well as consumers. A representative from each stakeholder group will be appointed to the master Steering Group which will also include other individuals that are identified during a proposed kickoff meeting with WVHCA. The planning process being proposed uses a technique called “Catch-Ball” where first the vision, and then the priority strategies are cascaded down to the regional stakeholder groups for dialogue, processing of the information and feedback to reflect their local needs. This feedback process usually includes several cycles. The power of this process is that it affords wide engagement and input within a

manageable system of stakeholder communication. It also creates local ownership for the ultimate plan.

The process will begin with a messaging strategy to stakeholders throughout West Virginia that will communicate the fact that a statewide health planning process is underway and will clarify the pathways for input. The messaging will be accomplished through multiple hard copy and electronic formats, including use of a dedicated community group for West Virginia on the www.healthcarecommunites.org portal. CSI owns and manages the portal, which is used as a collaboration tool and dissemination vehicle for improvement and planning efforts. The web portal will be a mechanism for stakeholders to gain access to information, alerts, and key announcements and to review of documents for input. When appropriate, the portal can be used as a mechanism to solicit and capture public input on the draft plan or components of the plan. Because the portal allows for several levels of access permissions, it can be used to make resources and data available to authorized stakeholders only, such as for a specific regional group, or to the public at large. This creates a transparent mechanism for engagement of stakeholders and enables the state to track the level of stakeholder interest in the various resources that are housed there. The portal has social networking tools such as blogs and forums which can also be used to support stakeholder engagement.

Once the Steering Group has been established and regional stakeholder groups are formed, CSI will facilitate a visioning retreat to craft an overarching vision as well as the core strategic priorities for the state for the planning horizon proposed. The draft strategic framework, vision and priority initiatives will be packaged in a succinct manner for vetting through the regional stakeholder engagement process.

4.2 Data Collection and Analysis

One of the initial activities in any strategic planning process is the preparation of an environmental scan. The scan will involve the collection and aggregation of various data sets and will result in a profile of both the demographics of the state of West Virginia as well as current health indicators in the state. Gaps identified by variation in health indicators across demographic parameters or by variation in West Virginia indicators versus other parts of the country will be assessed to determine potential opportunities for improvement. Another component of the scan will profile the WV health care delivery system as well as inventory existing agencies that provide social services known to impact the social determinants of health. CSI recognizes that there are a number of existing data resources in West Virginia and these will be leveraged where possible. Of particular value will be the data captured in the WV Rural Health Association assessment of healthcare workforce supply and demand, data included in the Bureau of Public Health State Health Assessment and State Health Profile, payer claims data from the Medicaid data warehouse, PEIA and private payers, Insurance Commission data, data that may be available through research activities at the state's academic centers, and

data maintained by the Health Care Authority. Facility information, because it does not generally change rapidly, may be able to be updated from the prior state health plan and analyses of progress. Other data sources will need to be identified and incorporated. A key will be starting with a list of data that is needed to develop the Health Plan rather than simply pulling in any data that may be available. Where the CMS funded State Innovation Model (SIM) project team or the DHHR Innovation Collaborative is also collecting data as part of its planning activities, CSI will coordinate its efforts to assure minimal duplication of effort. The environmental scan will provide the Steering Group with the information for which to base strategic recommendations.

CSI has demonstrated its proficiency at working within West Virginia in the collection and analysis of data through several initiatives including the Medicaid Transformation Grants, the TCHIC initiative and the Medicaid 2703 Health Homes program. CSI has also conducted an environmental scan on HIT use for the state of Wyoming.

Based on its experience, there are a number of challenges that CSI anticipates in the collection and analysis of data being collected by and across multiple agencies in the state. One is determining where to find the most current data and, if no current data can be located, in determining whether and how to use the data that is available. The second is in basic data integrity. It is not uncommon for different databases to include disparate data that purport to provide the same information. A final challenge is in distilling the data into usable information. Strategic planning processes are sometimes provided with so much data that it becomes overwhelming both in terms of attempting to draw conclusions about the story told by the data and in being able to display the relevant data in a meaningful way to stakeholders that are not sophisticated data users. CSI is confident that its experience with having encountered all of these challenges in prior work will allow our team to address and overcome each. Our work with data is based on principles of transparency and simplicity. Our overall process should facilitate agreement within the state about the central authority and source for state level data to be used for planning purposes.

4.3 West Virginia State Health Plan Development

Within a short period time from award of the contract CSI will hold a project kick-off meeting with a core project team from the West Virginia Health Care Authority and other stakeholders determined by the agency. This meeting will review the planning methodology and the timeline. It will also be used to identify membership of the Steering Group and to create a stakeholder map that will link the regional stakeholder groups with the state as a whole. This map will be refined and used as reference throughout the planning process. It is anticipated that the Steering Group will represent a broad set of stakeholders and may include representation from organizations and agencies such as the Office of the Governor, DHHR, Bureau of Public Health and the Improvement Plan Advisory Group, the primary payers (PEIA, Highmark, BMS) and the state's academic centers (WVU, Marshall University, and the School of Osteopathic Medicine), as well as the 10 regional representatives and representatives of

community or faith-based organizations and the community at large. Many, if not all, of these groups are already represented on the Innovation Collaborative managed through DHHR, so consideration needs to be given to how this group will fit into the planning process. In addition, there are many other organizations and agencies that will play a vital role in the execution of whatever plan is ultimately adopted and therefore need to be involved in its creation. However, it is also important that the Steering Group membership be kept at a manageable level. CSI will work with WVHCA to determine the correct membership for the state for this initiative at this point in time. It must also be noted, however, that limiting participation on the Steering Group also means that there must be other mechanisms put into place for stakeholders to be heard. Two of those mechanisms – regional groups and a communication portal – were discussed above. Regular webcast updates or town hall meetings open to all interested parties are other approaches that will be encouraged. In addition, based on the stakeholder mapping that is done, direct feedback and input will be solicited from various groups that may not be otherwise represented.

The planning process proposed by CSI is fairly traditional in its inclusion of vision development and identification of strategic priorities, situational analysis through an environmental scan, strategy formulation, implementation steps, and a monitoring and control function. However, our approach also includes some important and distinctive attributes. The two principles of simplicity and transparency were previously mentioned. Also mentioned is the "catch ball" approach of pushing ideas out to broad audiences and then using inputs to refine those ideas in an iterative fashion. This technique will also apply to the implementation component of the final plan as the priorities, objectives and measures of success will need to cascade through operational plans of various state agencies and organizations. Other principles inherent in CSI's approach include setting realistic expectations and building on what is already in place. One of the challenges some strategic planning initiatives face is in the failure to appropriately set priorities. This, in turn, results in a plan that tries to do too much and consequently does very little. CSI recognizes that the needs in West Virginia are substantial and there are simply not enough resources available to address all of these areas within a reasonable planning horizon. Therefore, the plan must be crafted to be pragmatic and provide the greatest leverage and impact for the available resources. The plan should also take advantage of the broader will based in communities and not create a reliance where all improvement is dependent on a single agency like the WVHCA or on governmental funding support. The plan must be designed to foster alignment in the environment. Currently there are numerous plans that have been adopted by various agencies and organization in the state. The impact created by aligning all of these plans around common priorities and objectives will be far greater than any that can be achieved by an individual group.

Part of CSI's role in plan development will be to facilitate the process wherein a limited set of priorities are identified and agreed on by the majority of stakeholders. This process needs to start with the Steering Group and then branch outward to other stakeholders. It also must be

data driven to the extent that is feasible. Once the vision is drafted by the Steering Group, this group will be presented with CSI's summary analysis of the data – the major health issues, the gaps from best practice, and the nature and extent of disparities within the state. CSI will facilitate the Steering Group's use this information and their own subject matter expertise to then identify a limited set of core strategic priorities. These priorities are what are commonly referred to as the "vital few" core drivers or pillars of the plan. As the plan is further developed, the Steering Group will receive input through public forums and regional stakeholder groups and will delineate a series of secondary drivers that represent the high leverage execution strategies that provide a high likelihood of success in achieving the vision. This means consciously assessing each proposed strategy and intervention for impact potential as well as implementation feasibility. For each execution strategy objectives and goals will be established at the state and regional levels. This approach provides an overall framework while allowing for regional variation that may be driven by local priorities.

It is anticipated that strategies will include policy, delivery system design and access considerations, relationships across organizations, workforce, and the role of individuals in managing their own health. In fact, ultimate health status and health outcomes rely on all of these factors and the West Virginia plan will need to balance its approaches between prevention, healthy aging and acute and chronic disease management. In keeping with the "catch ball" approach CSI will work with each regional group to develop local implementation strategies to address priority areas, a measure that will reflect the impact of the strategy and any goals that can be established at a local level. These proposed regional implementation plans, as well as state-wide strategies and accompanying measures, will be discussed by the Steering Group. CSI will consolidate all of these into a composite plan that can be monitored over time and adapted as needed to respond to any substantial changes in the environment. A dashboard of indicators will be developed that can be used to track health outcomes and specific priority areas to be measured on a state-wide or regional level. It is suggested that a subset of the Steering Group be appointed as an oversight body to regularly monitor and report on the progress of plan implementation as well as impact on the dashboard indicators. It is expected that these progress reports would be available to the public for accountability as well as a means to sustain energy and commitment from involved stakeholders as a result of observing the indicators improve over time. CSI will suggest a process for accomplishing this and is adept at measurement and reporting. As an example, we currently collect data from all the Indian Health Service delivery sites working on improving patient care and report that data to the Indian Health Service. That same data is available to the local entities to track their own progress and adjust priorities as they make progress on their core measures.

Finally, CSI will work with the state to put into place a sustainability plan that not only provides for regular monitoring of outcomes and performance but also includes a mechanism to modify the plan as needed as a result of environmental changes.

4.4 Certificate of Need Requirements for Services

The output of the state health plan will be a series of priority strategies and a roadmap for the state to improve the overall health of West Virginians. It is recognized that the Certificate of Need (CON) process can be a facilitator or a barrier to execution of the state health plan. As a result, CSI will review the CON standards and make recommendations on any necessary adjustments to support the state health plan.

4.5 Timelines and Report Dissemination

The major milestones are delineated in the work plan. To summarize they include:

- Kick-off meeting
- Pre-launch planning and communication
- Convene Steering Group
- Convene Regional Planning Groups
- Data collection and analysis
- Draft Vision and Priorities/drivers
- Strategy development
- Strategic Plan Draft
- Final Plan completion and dissemination
- Monitoring and Evaluation Year 2
- Monitoring and Evaluation Year 3

CSI will provide the state with a series of communication tools that can be used by key stakeholders to conduct health planning in their respective communities and with the constituents they represent. These will include a synopsis of the data pertinent to their region as well as the snapshot of the strategic plan, priorities and objectives.

CSI firmly believes the health plan should be able to be condensed into a one page overview that all stakeholders can grasp, can be practically utilized and is easy to communicate. The detailed execution strategies are obviously contained in a more in depth document that serves as the roadmap. CSI will develop these communication tools that will be reviewed and approved by the Health Care Authority. In addition, the web collaboration portal for the state health plan will be live and available to stakeholders through the term of the contract with the state having the option to continue to support the collaboration web site long term if it deems it to be a useful tool. It is also proposed that briefing meetings (open webcasts, town hall meetings) be held regionally to communicate the plan to local stakeholders. CSI will refine the communication strategy for the WVHCA as part of the planning process.

4.6 Optional Services

4.6.1 Identify new services, construction, etc.: The state health plan will delineate whether new health services, technologies or access points are needed that have a capital implication

for the state and help quantify those resources for future budgeting and guidance to key decision makers. The state health plan will identify core strategies for improving the health of the population. In the event the plan results in recommendations for new health services, technologies or access points, these needs will be identified with preliminary high level capital projections modeled. Projections will be made based on input from state providers of similar services and vendors already doing business in the state. Should the state require more detailed financial analysis or business planning, an estimate for completing these activities can be provided.

4.6.2 Guide for stakeholders in using the plan: A deliverable of the planning effort will be the production of guides for various categories of stakeholders (community leaders, health care leaders, and state agencies) that communicate the plan and an approach for aligning their own internal planning efforts with the state level objectives. These guides will be provided in electronic form.

4.6.3. Align with National Quality Strategy and Healthy People 2020: It is anticipated that as the West Virginia Health Plan is developed, consideration will be given to aligning the plan with the goals and strategies articulated in the National Quality Strategy and Healthy People 2020. This will be an inherent part of plan development.

4.6.4. WV Healthy People 2020: Despite efforts to align West Virginia's strategy with the National Quality Strategy and Healthy People 2020, West Virginia's priorities may not completely parallel those of these national initiatives. The final state health plan will need to separately address an overall framework for "WV Healthy People 2020." To further develop the detail of activities and approaches related to this framework, CSI will work closely with the Bureau of Public Health since that agency is already engaged in activity supporting the national initiative. WV Healthy People 2020 will address the unique needs and characteristics of the state in identifying possible approaches to meet the Healthy People objectives.

4.6.5. Process to Identify Funding Opportunities: Over time, West Virginia has benefitted from a number of external funding opportunities. However, there does not appear to be central coordination for identifying these opportunities so some may be missed. CSI will work with the stakeholders involved in the planning process to identify a central coordination point for funding opportunities and put in place a process for any of those stakeholders to communicate funding opportunities of which they become aware to the coordinating entity. It is unlikely that a single person or organization will be able to stay aware of all federal, state, and private funding opportunities that may be available but central coordination and a communication process will enable the state to identify and take maximal advantage of funding opportunities for health improvement activities. As previously mentioned, CSI has contributed to bringing in more than $45M of external grant resources to help West Virginia improve health and health care.

4.6.6 Ad Hoc needs: CSI also recognizes that since it will be the aggregator of data resources, periodic ad hoc research questions and requests for reports may arise. CSI has taken on that role in prior grant efforts in West Virginia and is prepared to respond to these requests.

CHRISTINE ST. ANDRÉ, MHSA

CAPABILITIES SUMMARY

Christine St. Andre is an individual who has excelled in health care leadership positions in a variety of settings, introducing a focus on systems thinking and assessment, quality improvement, and financial accountability to the organizations with which she has been associated.

Core Capabilities

- ✓ **Business case analysis/ Financial management**
- ✓ **Strategic/ operational planning**
- ✓ **Project management**
- ✓ **System redesign**
- ✓ **Process improvement**
- ✓ **Public health strategy**

RELEVANT EXPERIENCE

CSI Solutions, LLC, 2007-present, Principal and Founder
Ms. St. Andre is one of the founders and owners of the company mission is to develop sustainable solutions to strategic and operational issues facing healthcare organizations at national, regional, state, and local levels. At CSI, Ms. St. Andre leads the business aspects of the company and leads many of the company's client initiatives with a focus on the business of healthcare, leadership, statewide strategy, health information technology, and using data for population health.

Patient Infosystems, 2000 to 2007, President and Chief Operating Officer
Ms. St. Andre provided operational and financial oversight to this public company that provided population health management services.

American CareSource, 2004, Interim President
Concurrent with her role in Patient Infosystems, Ms. St. Andre took on the role of Interim President for newly acquired subsidiary company that provides ancillary benefits management.

University of Utah Hospitals and Clinics, 1994-2000, Executive Director
Ms. St. Andre served as Chief Executive Officer for a system that included the University Hospital; the University Neuropsychiatric Institute; hospital based and community clinics; statewide home care operations; and a Medicaid managed care plan.

The George Washington University Medical Center, 1989-1994, Administrator
Ms St. Andre served as Chief Executive Officer for the 488-bed University Hospital, directed administrative and business function support for the 200- member, multi-specialty faculty practice.

The George Washington University Medical Center, 1977-1989, Associate/ Assistant Administrator; Assistant Director of Management Information
Thomas Jefferson University Hospital, 1973-1975, Systems Analyst/Programmer

Education
Bachelor of Arts, Magna Cum Laude, Bryn Mawr College, 1972.
Master of Arts in Health Care Administration, The George Washington University, 1977.

ROGER LOUIS CHAUFOURNIER, MHSA

CAPABILITIES SUMMARY

Mr. Chaufournier founded CSI Solutions, LLC a private healthcare consulting firm that offers a unique combination of industry understanding, innovative solutions, and technology expertise to improve the health of communities. CSI focuses on sustainable long-term solutions to strategic and operational issues facing healthcare organizations at national, regional, state, and local levels.

Core Capabilities

- ✓ **Expert Facilitation**
- ✓ **Dissemination strategies**
- ✓ **SME-Leadership**
- ✓ **Learning Communities**
- ✓ **Business Case Analysis**

RELEVANT EXPERIENCE

CSI Solutions, LLC, 2007 to Present Principal and Founder
Mr. Chaufournier is a nationally recognized subject matter expert and innovator in health care. He has been an innovator developing new models for health care delivery and frequently called upon support strategic initiatives; design and implement expert panel and harvesting processes;

Patient Infosystems, 2000 to 2007 Chairman of the Board and Chief Executive Officer
Patient Infosystems was a population management company dedicated to improving the health outcomes and quality of life for people with chronic disease. The Company marketed its services to employers, payers, federal and state governments as well as directly to Health Delivery Providers.

STAR Advisory Group, 1998 to 2000 President
Founded a management services consulting firm providing capital formation, strategic planning and visioning, operations management, and training services.

Managed Care Assistance Corporation 1996-1998 Chief Operating Officer
Retained to turn around a fledgling enterprise with no capital, one staff member and no client base. Secured financing, developed operational systems, recruited, trained and monitored all staff. Established a national office and branches in multiple states.

Johns Hopkins University School of Medicine 1993-1996 Assistant Dean
Responsible for guiding and implementing the strategy for becoming a regional, vertically integrated health finance and delivery system, product development associated with its managed care services as well as internal consultant for the application of total quality management systems.

The George Washington University 1981-1993 Assistant Vice President
Twelve years of progressive experience in management and leadership.

Education

Completed all requirements for Doctor of Philosophy except the dissertation
The George Washington University, Washington, D.C.

Master of Health Services Administration
The George Washington University, Washington, D.C.

Bachelor of Science
The George Washington University, Washington, D.C.

LAUREL SIMMONS

CAPABILITIES SUMMARY Core

Ms. Simmons is a quality improvement professional who has been successful leading large-scale improvement initiatives and quality improvement departments. She has demonstrated success in leading projects to better patient outcomes and is an expert in improvement methods and statistical analysis of health care data. She has strong skills in coaching and supporting executives and clinicians as well as the development of online quality improvement resources.

Capabilities

- ✓ Project Management
- ✓ Design, dissemination, and implementation of clinical improvement strategies
- ✓ Customer engagement strategy
- ✓ Lean and rapid cycle methods and tools

RELEVANT EXPERIENCE

CSI Solutions, LLC, Bethesda, Maryland, 2011 – present
Project Director
Ms. Simmons leads quality improvement projects and provides subject matter expertise that contributes to improvement in large health care delivery systems including the Indian Health Service and a state-wide PCMH Collaborative involving 78 primary care and behavioral health teams across Missouri. Her work has included development of online training manuals that codify best practices.

Stockport NHS Foundation Trust, Stockport, England, 2008-2011
Associate Director for Quality Improvement (2008 – 2011)
Responsible for developing a quality improvement strategy for this 800-bed hospital, including new measurement reporting systems. Led improvement work that resulted in a 20+ point reduction in adjusted mortality (HSMR). Served as lead of a program that reduced adjusted mortality at nine hospitals in Northwest England at a faster pace than the national rate.

Institute for Healthcare Improvement, Cambridge, MA
Project Director and Grants Director (1999 – 2008)
Served as the Director for large national Collaboratives including New Health Partnerships: Improving Care by Engaging Patients initiative, building sustainable models for the improvement of self-management. This initiative launched the www.healthparternships.org website. Served as faculty for multiple IHI programs. Managed a portfolio of grants averaging $4 million per year.

Education

- SM, HEALTH POLICY AND MANAGEMENT,, HARVARD UNIVERSITY, SCHOOL OF PUBLIC HEALTH, BOSTON, MA, 1999
- ALB, Liberal Arts, Harvard University Extension School, Cambridge, MA, 1997

Publications

- Simmons, L, Baker, N J., Schaefer, J, Miller, D, Anders, S. *Activation of Patients for Successful Self-Management*, JACM, January/March 2009 - Volume 32 - Issue 1 - p 16-23
- Gibson, C, Simmons, L, Clark, G. *Implementation of a Multi-factorial Falls Prevention Programme at Stockport NHS Foundation,* Nursing Times, accepted March 2011

Attachment B Mandatory Specification Checklist

5.1 Provide monthly reports

CSI will provide regular monthly reports of activities and progress with the state health plan process.

5.2 Meeting Logistics and Coordination Costs

CSI will assume functional and financial responsibility for logistics support for all face to face meetings, webcasts and conference calls, and project documentation. CSI has experience working with a number of meeting venues in West Virginia including the Summit Conference Center, Clay Center, Marriott and Embassy Suite in Charleston, Days Inn conference center in Flatwoods, the Greenbrier Resort, the Oglebay Resort, and the Stonewall Resort. While not necessarily suggestions for meeting locations, these venues are reflective of the experience CSI has within the state. CSI has hosted numerous webcasts for various work groups as well as the general public, has recorded these as needed and then posted them to an applicable website or communication portal so that they can be readily accessed by all interested parties.

5.3 Sample Work Plan

A sample work plan with associated milestones and timelines is presented as a draft in Appendix A. This plan will be modified following discussion at the kick-off meeting and will be provided to WVHCA within 10 days of contract award. CSI uses a work plan to both plan and monitor milestone achievement. Because so many varied stakeholders and stakeholder groups are anticipated to be involved in plan development, it is critical to ensure adherence to timelines.

6.1 Delivery of SHP within 1 year

CSI is very confident that it will be able to deliver a state health plan draft within one year of execution of the contract with the caveat the state does not request any delays in stages of the planning process. The planning process CSI recommends allows for a flexible plan that can be adapted in rapid cycle should changes in the environment necessitate a major reprioritization in strategies. The plan will include a description of the process used in its development, along with priorities, and associated goals, measurable outcomes, impact and intervention strategies. One of the benefits of working with CSI is we are at the cutting edge of quality improvement efforts nationally, working with the federal government, state governments, foundations and the health care delivery and payer segments. As a result, we are able to keep abreast of emerging best practices and also able to understand the needs and perspectives of various stakeholders.

6.2 Deliver Final Report within 15 months

CSI will be able to deliver the final plan by the 15th month milestone date. It is important to note that by that date, and by virtue of the process proposed for West Virginia, the plan will

have already received a high degree of exposure and engagement throughout the state and contribution by key stakeholders. This will facilitate the dissemination process for the state.

6.3 End of Year 2 Evaluation of progress made

CSI will deliver an evaluation of progress toward meeting the goals and objectives. Recommendations on adjustments to the plan and approaches to accelerate progress will also be made. The planning process proposed for West Virginia includes an annual disciplined review of the progress as well as consideration of external events which might have a bearing on the plan. A good example of such changes were the announcements of the Meaningful Use and REC programs which had a major impact on activities in West Virginia and presented new opportunities that could not have been conceived in the prior health plan planning process.

6.4 End of Year 3 final evaluation of progress

CSI will deliver a final evaluation of the planning process and progress toward meeting the goals and objectives. Recommendations will also be made on adjustments to the plan and approaches to accelerate progress.

APPENDIX B Draft Work Plan

Virginia State Health Plan Development

Draft Work Plan

Milestone	Associated Tasks/Activity	Timeline / Date	Deliverables, if applicable
Project Launch			
Kick-off Meeting with WVHCA and others as designated	• Introduce the team, review roles • Review and refine work plan, process, and timelines • Identify Steering Group members • Confirm regional approach, geography, and possible leads and membership • Begin stakeholder mapping • Discuss initial communication plans, messaging, and role of portal and other electronic media	Within 2 weeks of contract execution	Final Work Plan Preliminary state stakeholder map Initial message to stakeholders and plan for communication
Pre-launch planning	• Determine mechanisms for stakeholder input to process • Confirm Steering Group membership • Calendar public meetings/meetings of Steering Group • Configure and launch communication portal	Within 40 days	Functional portal with populated calendar and contacts, form for public input
Pre-launch communication	• Public communication about launch of planning process: aim, Steering Group, mechanisms for involvement	Within 45 days	
Strategic Plan Development Process			
Convene Steering Group	• Facilitate initial face to face meeting to review expectations and process, obtain input on stakeholder mapping and regional work groups, lay groundwork for vision and strategic driver development, confirm initial regional group membership	Initial meeting by Month 3	Meeting summary posted to portal

Milestone	Associated Tasks/Activity	Timeline / Date	Deliverables, if applicable
	• Face to face meetings every other month • Webcasts conducted on intervening months or more frequently as needed		
Data collection and analysis	• Review data analyses completed by Bureau of Public Health, Innovation Collaborative, previous State Health Plan and update Analysis • Identify data sources accessed and relevant updates • Analyze available data for disparities, performance gaps, and opportunities for improvement relative to national norms or previously articulated WV goals • Prepare summary analyses as needed by Steering Group		Summary of issues identified and gaps
Develop vision and priorities consistent with the aims of improved population health, improved experience of care and cost control	• Facilitate visioning session with Steering Group • Package vision and priorities for regional discussions • Solicit input from regional groups and public at large • Refine and finalize with endorsement of Steering Group	Month 5	Draft vision and priorities
Convene regional planning groups	• Facilitate initial face to face meeting of each group • Complete regional stakeholder mapping • Confirm group membership • Obtain input on vision and priorities based on local environment and needs • Develop future meeting calendar • Convene regional groups at least quarterly via webcast or face to face in order to obtain input on	Initial meetings by Month 6	

Milestone	Associated Tasks/Activity	Timeline / Date	Deliverables, if applicable
	priorities and strategies developed by Steering Group		
Stakeholder engagement beyond work groups	• Conduct quarterly meetings via webcast to provide updates on plan development, address questions, and solicit input as desired on specific topic areas • Assist regional planning groups to conduct periodic face to face town hall meetings in each region • Maintain content on communication portal regarding planning progress and allow for public input via web-based tools • Solicit public comment on the draft plan once completed	Begin Month 4	Meeting agendas and attendance rosters
Strategy development and implementation planning	• Convene meetings of Steering Group as needed to discuss strategies to align with priority areas • Solicit input from regional groups and public at large on proposed strategies • Refine strategies as needed and assess potential impact of each • Identify measures and goals for each strategy • Identify actions that cab be taken to implement the strategies, along with the organization/ agency, or individuals that will need to assume accountability for completion	Months 5-12	List of strategies aligned with priorities Measures and goals for each strategy
Draft plan	• Compile vision, priorities, strategies and implementation steps into a single document • Obtain Steering Group and regional group review and revise as needed • Provide for public comment following WVHCA review	Month 12 Month 13	Draft plan for WVHCA review

Milestone	Associated Tasks/Activity	Timeline / Date	Deliverables, if applicable
Final plan	• Complete final plan incorporating comments/inputs as appropriate • Final review and endorsement of Steering Group and regional groups • Develop approach for obtaining detailed implementation plans from identified stakeholder agencies/organizations • Disseminate plan to stakeholders identified through original mapping exercise • Develop one-page plan summary and summary explain the plan content that can be understood by the general public	Month 15	Final plan, including vision, priorities, strategies, implementation overview, performance metrics and monitoring plan. Public posting of plan on WVHCA website and communication portal
Collateral materials	• Prepare guides and templates for cascade plan development by agencies and organizations that will contribute to implementation success	Month 15	One page plan summary Planning guides for key stakeholder organizations and agencies
Monitoring and Evaluation Year 2			
Monitoring and evaluation Year 2	• Quarterly dashboards of plan performance metrics posted to communication portal and shared with Steering Group on quarterly webcasts • Evaluation report on progress and recommendations for action	Month 24	Report with recommendations
Monitoring and Evaluation Year 3			
Monitoring and evaluation Year 3	• Quarterly dashboards of plan performance metrics posted to communication portal and shared with Steering Group on quarterly webcasts	Month 36	Final report and recommendations

Milestone	Associated Tasks/Activity	Timeline / Date	Deliverables, if applicable
	• Evaluation report on progress and recommendations for action		

Addendum Acknowledgement and Certification Page

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: HCC1500000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[X]	Addendum No. 1	[ ]	Addendum No. 6
[ ]	Addendum No. 2	[ ]	Addendum No. 7
[ ]	Addendum No. 3	[ ]	Addendum No. 8
[ ]	Addendum No. 4	[ ]	Addendum No. 9
[ ]	Addendum No. 5	[ ]	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

CSI Solutions, LLC
Company

Christine St. Andre
Authorized Signature

4-25-15
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

CSI Solutions LLC
(Company)

Christine St. André, Christine St. André, Principal
(Authorized Signature) (Representative Name, Title)

435-649-6439 4-24-15
(Phone Number) (Fax Number) (Date)

RFQ No. HCC1500000001

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: CSI Solutions, LLC

Authorized Signature: _____ Date: 4/24/2015

State of _____

County of _____, to-wit:

Taken, subscribed, and sworn to before me this ___ day of _____, 20___.

My Commission expires _____, 20___.

AFFIX SEAL HERE **NOTARY PUBLIC** _____