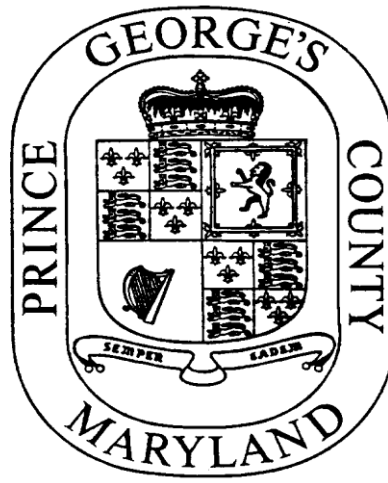


PRINCE GEORGE'S COUNTY



**DEPARTMENT OF HEALTH
OFFICE OF THE HEALTH OFFICER**

REQUEST FOR APPLICATIONS

(RFA #OHO-015-15)

Application for PGCHEZ Medical Practice in Zip Code 20743

FY 2015

BACKGROUND

The Prince George's County Health Department (PGCHD) is soliciting applications from qualified applicants to establish a primary care medical practice to serve the residents of 20743. The Prince George's County Health Enterprise Zone ("PGCHEZ") was jointly issued and funded by the State of Maryland Community Health Resources Commission ("MCHRC") and the Department of Health & Mental Hygiene ("DHMH") in January 2013 with one of the designations awarded to the PGCHD. The targeted interventions focus on Capitol Heights, zip code 20743, which includes the towns of Capitol Heights, Fairmont Heights, Seat Pleasant, and Coral Hills ("Targeted Area"), a Transforming Neighborhoods Initiative ("TNI") Community.

According to the Prince George's County Maryland Public Health Impact Study by University of Maryland School of Public Health, the foregoing areas are medically underserved with no full time Board-certified primary care physicians and only one healthcare clinic serving its approximately 38,621 residents. In planning for the work and targeted goals in the PGCHEZ, the PGCHD has convened a wide range of community partners and stakeholders to expand the primary resources and recruit primary care providers to establish five (5) PCMHs to serve a minimum of 10,000 residents. As we approach the beginning of Year 3 of the PGCHEZ grant, there is funding for the build out and/or renovation and medical equipment of the fifth PGCHEZ medical practice in the Zone.

The PGCHEZ will serve as a catalyst for increasing access to health care, reducing healthcare costs, reducing hospital admissions and readmissions to the emergency departments (EDs), improving health outcomes, expanding the primary care workforce, and an increased community health workforce. These are the goals of the overall Health Enterprise Zone (HEZ) Initiative. PGCHD seeks not only to redress health disparities for a particularly challenged community, in the Zip code of 20743, but also to build new and reinforce existing health infrastructure components through the proposed project. PGCHEZ will provide primary care providers with a package of benefits and incentives designed to attract and retain them in the Targeted Area. All providers and partners will be linked via a public health information network that integrates with local and state information exchanges which will enable PCMHs located within PGCHEZ to share patient information among themselves with local hospitals, partner programs and the PGCHD. PGCHEZ will deploy Community Health Workers (CHWs) to facilitate access to care, provide navigation services, promote medication adherence, and work with the PGCHD and Community Care Coordination Team (CCCT) to assist with coordination care to minimize hospital readmissions. Through the PGCHEZ, the PGCHD hopes to establish and sustain the data collection, management, and analysis protocols and procedures that will inform our long-term focus on health disparities.

Location for the potential PGCHEZ medical practices based on environmental scan conducted and some initial assumptions included Capitol Heights, Seat Pleasant and Fairmount Heights. There are four medical practices in the PGCHEZ to include: two primary care medical practices in Capitol Heights, one primary care practice in the Coral Hills section of Capitol Heights, and one specialty, PCMH neighbor practice opening in Coral Hills in May, 2015. Therefore, the two areas that do not have medical practices and the PGCHEZ is in need of a medical practice partner to serve residents in Seat Pleasant and Fairmount Heights. There is one final, grant-funded PGCHEZ practice to obtain allocated build out and/or construction costs and medical equipment funds to be selected by the end of April, 2015. Criteria for potential PGCHEZ medical practices are optimal site location, safe location, ample foot traffic, easy access in residential area, near major thoroughfare, near bus route or metro, and near a pharmacy. The requirement of the site must fit the items specified above and be in the zip code of 20743.

ELIGIBILITY AND REQUIRED DOCUMENTATION

All applications must include the following documents to be considered:

- Copy of IRS determination letter showing your organization is exempt from Federal income tax (if the applicant entity is a 501(c)3);
- Copy of your organization's general entity information showing that it is currently in good standing with the State of Maryland or the state in which it is incorporated;
- IRS Form 990 or proof of electronic IRS E-990 filing;
- IRS W-9 Form;
- Completed answers to PGCHEZ Partner Screening Questionnaire (required in Appendix D);
- See PGCHEZ Primary Care Medical Practice Specifications below for required capabilities of applicants; and,
- Insurance Documents/Certification (awardee must obtain certification when agreements are signed with the PGCHEZ grant).

APPLICATION SUBMISSION AND DEADLINE

E-mail and facsimile applications will not be accepted. An original and five (5) copies of the application must be submitted by US mail or other delivery source in a sealed envelope or package conspicuously marked "Application for PGCHEZ Medical Practice in Zip Code 20743." Color graphs/charts must be included in both original and *all* copies delivered. Applications that are not submitted in a sealed envelope or package and marked appropriately **will not be accepted.**

All applications delivered (by hand, U.S. Mail or courier service) must be addressed to the Prince George's County Health Department, Office of the Health Officer, 1701 McCormick Drive, Room 200, Largo, MD 20774, Attention: Janine Jackson. The normal operating hours of the Health Department are 9:00 a.m. and 5:00 p.m. daily, closed Saturdays, Sundays and Federal holidays.

Applications are due no later than 4:00 p.m., EDT, on April 16, 2015. All applications will be date and time stamped by Health Department personnel upon receipt. Applications **will not be accepted after 4:00 p.m. EDT**, on April 16, 2015. To ensure fairness, additions or deletions to an application will not be accepted after the deadline.

FUNDING PERIOD

The CHRC/DHMH grant funded contract to provide this service will be valid for the remaining contract period of the PGCHEZ from RFA award May 1, 2015 through December 31, 2017 and may be extended on a yearly basis. The PGCHEZ medical practice is eligible for grant compensation in an amount not to exceed \$175,000 for capital improvements and medical equipment to establish the practice in the Zone. After full payment of the PGCHEZ grant funds, the medical practice must be self-sustaining beyond the funded grant period.

Additional incentives for state tax credits, hiring tax credits, and loan repayment assistance, participation fees, and electronic health record fees will be managed and granted to the PGCHEZ medical practice per the guidelines designated by MCHRC and the Department of Mental Health and Hygiene (DHMH).

<http://dhmh.maryland.gov/healthenterprisezones/SitePages/INCENTIVES%20AND%20RESOURCES.aspx>

Neither the County nor the PGCHD has any authority to orchestrate, influence or participate in the distribution to the PGCHEZ medical practice additional grant funds or incentives, but may provide assistance and facilitation to the medical practice as feasible.

PRE-APPLICATION INFORMATION CONFERENCE

A Pre-Application Information conference will be held from 10:00 a.m. -11:00 a.m. on **March 26, 2015**. Questions pertaining to this solicitation announcement must be submitted to Janine Jackson, Project Manager, PGCHEZ at (jnjackson@co.pg.md.us) by **March 23, 2015**. All written questions will be addressed during the conference.

This conference is scheduled to begin on **March 26, 2015** at 10:00 AM EST+ DST (Eastern). This conference is scheduled to last for 60 minutes.

To access this conference via telephone, please call the following number: **3018836600**, when prompted for your conference code, please enter **927505** on your telephone keypad.

While it is not mandatory, all potential applicants are encouraged to dial-in to the conference in an effort to enhance their understanding of the County's requirements and to assist in the preparation of acceptable applications. If you plan to participate in the pre-application information conference, please email Ms. Janine Jackson, Project Manager, and PGCHEZ at: jnjackson@co.pg.md.us prior to the conference.

PGCHEZ PRIMARY CARE MEDICAL PRACTICE SPECIFICATIONS

The PGCHEZ medical provider practice must have the capability to:

- Establish and open a primary care medical practice in the Zip code 20743 to serve a minimum of 2,000 new residents of the population by the end of the CHRC grant;
- Recruit and hire a minimum of two full-time equivalent (FTE) practitioners to include at least one Board-certified physician and one nurse practitioner (NP) or physician assistant (PA) and report the information on these two hire under the provisions of the PGCHEZ grant;
- Hire all medical practice administrative, clinical, and operations staff at the medical practice to support medical operations during designated office hours;
- Set up electronic health/medical record (EMR) system to integrate to the County's public health information network (PHIN) and report patient information under the provisions of the PGCHEZ grant; and,
- Report all required PGCHEZ data requests and grant information as outlined in the PGCHD and County's MOU, PSA, and data sharing agreements upon execution (see item E under Required Practice Reporting and PGCHEZ Guidelines below).

Required Practice Reporting and PGCHEZ Guidelines:

A. Grant Reporting.

PCMH shall provide the PGCHD reports on a quarterly basis on the following dates: June 30, 2015, September 30, 2015, December 30, 2015, March 30, 2016, June 30, 2016, September 30, 2016, December 30, 2016, March 30, 2017, June 30, 2017, September 30, 2017, December 30, 2017, and Grant Project Closeout.

B. Reporting Responsibilities.

The Reports shall include: monitoring and data tracking plan reporting, description of activities conducted, accomplishments achieved, milestones/metrics achieved. Reports shall be submitted on or before the reporting dates outlined above and any special requests from the Grantor, should be completed within five (5) days of the request and submitted electronically in the format determined by the PGCHD and to the attention of the Project Director, Ernest L. Carter, M.D., Ph.D., or his designee. In addition to the quarterly reporting, the PCMH shall complete the quarterly request for the HEZ Workforce Recruitment Efforts forms documenting all health care providers hired as the result of the HEZ grant. Further, the PCMH shall comply with all reporting requirements including requests for supplemental information, amendments or revisions to the Reports as may be required of the PCMH from time to time and as directed by the PGCHD or MCHRC.

C. Compliance.

The PGCHEZ medical practice will enter into a Memorandum of Understanding (MOU), Data Sharing Agreement, Business Associate Agreement (BAA), and a Party Specific Agreement (PSA) with the PGCHD and Prince George's County and under the provision of these agreements, the

PGCHEZ medical practice will agree to comply with all terms and conditions of the grant, administrative requirements and all laws related to its performance under this MOU and PSA.

D. Screening for Medical Practices.

All medical practices, providers and services requesting to participate in the delivery of medical care and services in the Prince George's County Health Enterprise Zone will be screened by the PGCHD. Information about the medical care organization must be obtained to ascertain their qualifications to practice medicine in their given specialty. Potential participants will be recommended to the Patient Center Medical Homes (PCMH) for referral potential. PCMHs will be responsible for obtaining their own partnership agreements with potential other PGCHEZ practices, providers and services at their own discretion. (Appendix D-Procedure for Screening Medical Practices and Services for the PGCHEZ)

E. Scope of Services for the PGCHEZ Medical Practice/Patient Centered Medical Home (PCMH).

Roles and Responsibilities of the PCMH:

PCMHs providers and designated staff shall comply with the terms and conditions of this MOU and its specific PSA:

1. Provide medical services to residents of the Targeted Area by establishing a medical practice with a minimum of two (2) healthcare providers with at least one (1) being a Board-certified, full-time ("FTE") physician.
2. Meet the criteria for a PCMH as defined by the Maryland's PCMH program.
3. Enter into a data sharing agreement with the PGCHD and adhere to the deliverables, timeframes, and reporting mechanisms.
4. Utilize the funds supplied by the PGCHD in accordance with delineated terms and conditions of the MOU and the grant requirements.
5. Work with the PGCHD programs and other governmental and private agencies to ensure coordination of services and to ensure generally that the practice adheres to the tenets of a PCMH, as defined.
6. Work with subcontractors who provide services to facilitate coordination of care, such as Sister Circles, University of Maryland School of Public Health Literacy Program, etc.
7. Participate in all HEZ related planning, outreach, marketing, and other activities to include, but not limited to, designation of a point person for attending HEZ Coalition and Community Advisory Board activities.
8. Manage the daily operations, staff management, and healthcare delivery activities and provide services to HEZ residents in accordance with the business agreement.
9. Identify eligible providers and supply the required documentation to request payment of HEZ incentives.

10. Ensure their facility is linked to the health information network that integrates with local and state health information exchange and the County to allow patient information sharing among patient care providers both within the HEZ, local hospitals (Doctor's Community Hospital and Prince George's Community Hospital), partner programs, and the PGCHD.
11. Submit quarterly program and financial reports and data tracking, monitoring, and collection requirements by a compatible and agreed reporting mechanism as outlined in the PSA or upon special CHRC request within five (5) days to the PGCHD.
12. Maintain a viable PCMH within the Targeted Area for the duration of the HEZ initiative.

APPLICATION FORMAT DESCRIPTION

Applicants are required to follow the format shown below. The purpose and content of each section is described. Applicants should include all information needed to adequately describe how they would establish and open a PGCHEZ primary care practice in Zip code 20743 by October 31, 2015 (late fall but not later than early winter). It is important that proposals also describe their existing practice experience and business model; how the medical practice will designate, strategize to complete a build out or renovation, be innovative and proactively approach marketing the new practice to attract underserved residents of this population; describe how they propose to provide quality healthcare services to the residents and partner with other PGCHEZ members; and state ability to attract qualified practitioners utilizing PGCHEZ grant incentives and benefits during the implementation and initial startup phase. Each proposal must contain the following information:

- 1) **Applicant Profile:** Complete the attached Application Profile.
- 2) **Table of Contents** should list major sections of the proposal with quick reference page indexing.
- 3) **Proposal Abstract** should describe the capability of the medical practice's experience, populations served, how it will complement the PGCHEZ partnership, goals, and sustainability. The abstract will give a clear and concise description of the capability to deliver services to residents of 20743, location, and cost to build out or construct a PGCHEZ medical practice as proposed. The abstract should not exceed 1 page.
- 4) **Program Narrative** should contain the information outlining how the medical practice will be integrated into the Zone. It should describe the ability of the practice to obtain an electronic medical record system, how the practice will serve the patient population and plans to integrate efforts with existing PGCHD systems and PGCHEZ care coordination operations. The program narrative should be written in a

clear, concise manner and must not exceed 25 double spaced pages. The proposal abstract is not counted in the 25 double spaced page limit.

Generally, the program narrative should include the following:

- **Background and Understanding** must demonstrate the organization’s ability to successfully meet the goals, recruitment, and data and reporting requirements of the PGCHEZ.
 - **Project Work Plan** should include timeline outlining significant milestones; demonstrating ability to timely and accurately meet the build out and/construction process, including securing additional project funding, and implementation phase to market and start providing services to residents.
- 5) **Identification of the Practice Management, Administrative, and Data Support Team** to provide medical, clinical operations, data reporting assistance; specify areas of responsibility and expectations when requests are received.
- 6) **Insurance Certificate:** If awarded, the PGCHEZ medical practice vendor must obtain an Insurance Certificate with the following coverage amount, but final amounts and coverage amounts will be designated by the Risk Management for the County upon establishment of the MOU and PSA agreements: Commercial General Liability - \$1,000,000 per person/\$3,000,000 aggregate, Premises Medical Payments \$5,000, Fire Legal Liability \$1,000,000, Personal Injury/Advertising \$1,000,000 or combined single limited not less than \$3,000,000; Auto \$1,000,000 per occurrence; Worker’s Compensation (Statutory Limits of Maryland and Employer’s Liability \$500,000/\$500,000/\$500,000), and Miscellaneous Professional Liability \$1,000,000 per occurrence.
- 7) **Organizational Capability and Relevant Experience**
- Successful past experiences establishing a medical practice and servicing primary care patients; and,
 - Qualifications of staffing, including practitioners, key clinical, management, and data operations staff.
- 8) **Medical Practice Site Selection, Implementation Costs, and Sustainability Plan**
- Implementation costs and medical practice sustainability after PGCHEZ grant funding.
- 9) **Appendices** - This section shall be used to provide technical material, supporting documentation and endorsements. Appendices are not counted in the page total. The following **required** items must be included in the Appendices:
- Letter of Intent addressed to the PGCHD Health Officer stating interest to become a primary care medical practice in the PGCHEZ;

- Completed PGCHEZ Partners Screening Questionnaire (see Appendix D);
- Financial Statements from two most recently completed years, audited if available, or a copy of organization’s most recent IRS Form 990 tax return, if audited financials are not available;
- Certificate from the State of Maryland, Department of Assessment and Taxation, that the applicant is in “Good Standing” and is authorized to conduct business in Prince George’s County, Maryland. If the prospective vendor is located in a state other than Maryland, similar information from the state in which the business is registered shall be provided;
- Proposed diagrammatic chart for the project;
- Key medical practice staff showing their involvement and responsibility related to this project; resumes (Limit 2 pages per resume).

The total number of pages for the proposal narrative may not exceed 25 double-spaced pages on 8½ by 11-inch paper. The entire document must be double spaced—including bullet items. Margins must be no less than 1 inch and a font size of 12-point is required. The only acceptable fonts are Times New Roman and Arial. Pages must be numbered and the document cannot be bound. The review panel will not consider applications that do not conform to all requirements. Appendices A and B must be included in application package.

EVALUATION AND SCORING OF APPLICATIONS

A qualified review panel will review all applications. The review panel will read and score each applicant’s proposal, and make recommendations for funding based on the review process. An independent panel designated by the Health Officer of the PGCHD and PGCHEZ Project Director will make final funding determination based on application scoring and other information considered relevant.

Scoring Criteria

Applicants' proposal submissions will be reviewed against the following scoring criteria listed below.

- | | |
|--|-----------------------------------|
| A. Quality of the PGCHEZ Medical Practice Design
(Includes PGCHEZ site selection and floor plan) | (maximum <u>20</u> Points) |
| B. Practice Plan for Service Delivery and Operations | (maximum <u>20</u> points) |
| C. Organizational Capability and Relevant Experience | (maximum <u>15</u> Points) |
| D. Innovation and Meeting PGCHEZ Project Goals | (maximum <u>25</u> points) |

E. Implementation Costs and Sustainability Plan

(maximum 20 points)

Total Maximum Score for Selection Criteria

Maximum 100 points

AWARD DECISION AND NOTIFICATIONS

The recommendations of the review panel are advisory **only** and are not binding on the Prince George's County Health Department. The final decision on funding is vested solely with the Prince George's County Health Officer based on a review of the recommendations of the review panel and any other information considered relevant. The successful applicant will be notified via email by **April 30, 2015**. A written acceptance letter from the authorized agency representative must be received by the Health Department within 5 business days.

The successful applicant will be required to provide the Health Department with the organization's DUN and Bradstreet number which can be obtained at <http://www.com/get-a-duns-number.html>.

Appendix A

Print this page, sign and include with application package.

CERTIFICATION

I affirm that I am authorized to execute this application on behalf of the applicant organization. I also certify that the information contained in this application, including attachments, is true and correct. I will notify the Prince Georges County Health Department of any changes in organization status or structure, or in the material contain herein within ten (10) days of any such change.

Organization Name: _____

Signature: _____

Printed Name: _____

Title: _____ Date: _____

E-mail: _____ Phone#: _____

Appendix B

Print this page, sign and include with application package

**Applicant Profile
Prince George's County Health Department
Office of the Health Officer**

Applicant Name: _____

TYPE OF ORGANIZATION

Non-Profit _____ Faith Based _____ Other _____

Contact Person: _____

Office Address: _____

Phone/Fax: _____

E-Mail: _____

Website URL: _____

D.U.N.S. Number: _____

Tax Identification: _____

Printed Name and Title of Authorized Official **Date**

Signature of Authorized Official **Date**

Appendix C

Checklist for Applications

- ❑ The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type Times New Roman or Arial font with a minimum of one inch margins.
- ❑ The Applicant Profile contains all the information requested.
- ❑ The proposal abstract is complete and does not exceed the 1-page limit for this section of the application
- ❑ The applicant organization/entity has responded to all sections of the Request for Application.
- ❑ The implementation and cost details are complete and clearly understood
- ❑ The program narrative section is complete and is within the 25-page limit for this section of the application.
- ❑ Certification from the State of Maryland (or state of incorporation) that vendor is in “Good Standing”.
- ❑ The appropriate appendices, including staff qualifications, individual resumes, licenses, and other supporting documentation are enclosed.
- ❑ Appendices A and B are signed and completed Appendix D (Partner Questionnaire) is included in each copy of the application.
- ❑ Five (5) copies of the proposal plus the original are being submitted with (if appropriate) colored charts and/or graphs are included in each copy of the application.



Appendix D

Procedure for Screening Medical Practices and Services for the PGCHEZ

All medical practices, providers and services requesting to participate in the delivery of medical care and services in the Prince George's County Health Enterprise Zone will be screened by the PGCHD. Information about the medical care organization must be obtained to ascertain their qualifications to practice medicine in their given specialty. Potential participants will be recommended to the Patient Center Medical Homes (PCMH) for referral potential. PCMHs will be responsible for obtaining their own partnership agreements with potential other PGCHEZ practices, providers and services at their own discretion.

Procedure:

Step 1: Practice completes the screening questionnaire.

Step 2: Screening Criteria

- A current, valid license to practice medicine
- An active DEA certificate (if applicable)
- Verification of medical school completion, residency training and fellowship
- Verification of board certification (in specialty being practiced)
- Current professional liability insurance that meets state minimum requirements
- Acceptable professional claims liability history, including the National Practitioners Data Bank (NPDB)
- Background check to determine if practice/provider is in good standing with the State of Maryland. Good standing is defined as current on tax filing; able to prove they are authorized to transact business in the jurisdiction; the entity is current with the filing requirements of the state of Maryland, and current with any corporate franchise taxes in that jurisdiction.

Step 3: Obtain the following documents:

- Curricula vitae of practicing providers.
- Signed agreement to participate in the HEZ
- Copy of state medical license
- Copy of Tax ID number

- Copy of valid DEA license, if applicable
- Copy of general liability and medical professional liability insurance or miscellaneous professional liability insurance coverage
- Copy of hospital privileges
- Board certification status with the American Board of Medical Specialties
- NCQA audit results
- OSHA annual audit results

Step 4: Conduct a site visit.

- Conduct an on-site visit to the practice.
- Review plans for providing timely access to care.
- Review the care coordination plan between the practice and the PCMH.

Step 5: Obtain references

- Obtain three (3) letters of reference from referring providers.
- Obtain two (2) letters of reference from patients or care-givers.

Step 6: Add provider to the PGCHEZ preferred provider database

- Inform the practice, provider or service that they have met the PGCHD criteria for participating in the PGCHEZ.
- Enter practice, provider or service description into the PGZHEZ database, including referral protocols and contact information for the practice.
- Notify the PCMHs.



PGCHEZ PARTNERS SCREENING QUESTIONNAIRE

1. What type of services will you provide to the PCMH in the PGCHEZ?
2. Do you have a license to practice?
3. List the address and telephone number of your office or offices.
4. How long have you been in business?
5. Is your service certified by an authorized certification body?
6. Please list your certifications.
7. Please list for all provider in your practice:
 - Provider names
 - Dates of birth
 - National Provider Identifier (NPI) Numbers
 - Specialty
8. How much experience do you have in working with practices similar to ours (for example, a solo practice or one that focuses on meeting the needs of underserved populations)?
9. Describe your professional liability/claims settlement history.
10. Describe any sanctions, restrictions or limitations in your scope of practice, as defined by the State Board of Medical Examiners or licensing agencies.
11. Are you in good standing with CMS?
12. Have you ever had any malpractice claims or sanctions?
13. What EMR System/s do you use?
14. Can your EMR integrate with other EMRs or a Health Information Exchange?
15. How will your billing be handled if you provide on-site medical services at the PCMH?
16. Describe the HIPAA plan that your practice has in place and how you will release pertinent medical information to the PCMH?