



State of Hawaii  
Department of Health  
Chronic Disease Prevention and Health Promotion Division  
Chronic Disease Management Branch  
Breast and Cervical Cancer Control Program

## **Request for Proposals**

# **RFP No. HTH-RFP-BCCCP-506-16-2 Breast and Cervical Cancer Control Program**

Date Issued: February 9, 2016

Due Date: March 9, 2016

**Note:** *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

**February 9, 2016**

**REQUEST FOR PROPOSALS**

**BREAST AND CERVICAL CANCER SCREENING PROGRAM  
RFP No. HTH-RFP-BCCCP-506-16-2**

Pursuant to Chapter 103F, Hawaii Revised Statutes, the Department of Health, Chronic Disease Prevention and Health Promotion Division, Chronic Disease Management Branch, is requesting proposals from qualified applicants to provide comprehensive breast and cervical cancer screening services, with diagnostic follow-up as necessary, to under-insured and uninsured women between the age of 40-64, targeting Native Hawaiian, Filipino, other Asians, and Pacific Islander women between 50-64, who fall within 250 percent of the Federal poverty level. The contract term will be from June 30, 2016 through June 29, 2020, with the option to extend for two (2) additional twelve (12) month periods, not to exceed June 29, 2022. Multiple contracts may be awarded under this request for proposal.

Request for Proposals (RFP) will be available beginning Tuesday, February 9, 2016. This RFP will be mailed upon request by calling (808) 692-7480. This RFP may be picked up between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday, except State holidays, at the following address:

State of Hawaii, Department of Health  
Chronic Disease Management Branch  
Breast and Cervical Cancer Control Program  
601 Kamokila Blvd., Room 344  
Kapolei, Hawaii 96707

Note that this RFP is also available online at the State Procurement Office's website at <http://spo.hawaii.gov/> Click on *For Vendors*; then click on *Procurement Notices/Bidding Opportunities*; then click *Health and Human Services RFPs*.

Proposals shall be mailed and postmarked by the United State Postal Service (USPS) on or before **Wednesday, March 9, 2016**, or hand delivered no later than 4:00 p.m., Hawaii Standard Time (HST), on **Wednesday, March 9, 2016**, at the drop-off site designated on the Proposal Mail-In and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Chronic Disease Management Branch will conduct an orientation on Tuesday, February 16, 2016 from 11:00 a.m. to 12:00 p.m. HST, at the Kakuhihewa State Building, 601 Kamokila Blvd., 3rd Floor, Room 333, Kapolei, HI 96707.

The deadline for submission of written questions is 4:30 p.m., HST, on February 18, 2016. All written questions will receive a written response from the State on February 22, 2016. Any inquiries regarding this RFP should be directed to the RFP contact person, Florlyn Taflinger at 601 Kamokila Blvd., Room 344, Kapolei, Hawaii 96707, telephone: (808) 692-7479, fax: (808) 692-7478, e-mail: [florlinda.taflinger@doh.hawaii.gov](mailto:florlinda.taflinger@doh.hawaii.gov)

# PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED: 1 Original & 3 Copies**

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)  
NO LATER THAN Wednesday, March 9, 2016**

## **ALL MAIL-INS**

State of Hawaii, Department of Health  
Chronic Disease Management Branch  
Breast and Cervical Cancer Control Program  
601 Kamokila Blvd., Room 344  
Kapolei, Hawaii 96707

## **DOH RFP COORDINATOR**

Florlyn Taflinger  
For further info. or inquiries  
Phone: (808) 692-7479  
Fax: (808) 692-7478  
florlinda.taflinger@doh.hawaii.gov

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE UNTIL  
4:00 p.m., Hawaii Standard Time (HST), Wednesday, March 9, 2016**

## **DROP-OFF SITE**

### **Oahu:**

State of Hawaii, Department of Health  
Chronic Disease Management Branch  
Breast and Cervical Cancer Control Program  
601 Kamokila Blvd., Room 344  
Kapolei, Hawaii 96707

**BE ADVISED:** All mail-ins postmarked by USPS after March 9, 2016, will be rejected. All hand deliveries will **not** be accepted after **4:00 p.m., HST, March 9, 2016**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will **not** be accepted if received after **4:00 p.m., HST, March 9, 2016**.

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# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

**Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.**

### I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

### II. RFP Organization

This RFP is organized into five sections:

***Section 1, Administrative Overview:*** Provides applicants with an overview of the procurement process.

***Section 2, Service Specifications:*** Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

***Section 3, Proposal Application Instructions:*** Describes the required format and content for the proposal application.

***Section 4, Proposal Evaluation:*** Describes how proposals will be evaluated by the state purchasing agency.

***Section 5, Attachments:*** Provides applicants with information and forms necessary to complete the application.

### III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

State of Hawaii, Department of Health  
Chronic Disease Prevention and Health Promotion Division  
Chronic Disease Management Branch  
Breast and Cervical Cancer Control Program  
601 Kamokila Boulevard, Room 344  
Kapolei, Hawaii 96707  
Phone (808) 692-7480 Fax (808) 692-7478

#### IV. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	February 9, 2016
Distribution of RFP	February 9, 2016
RFP orientation session	February 16, 2016
Closing date for submission of written questions for written responses	February 18, 2016
State purchasing agency's response to applicants' written questions	February 22, 2016
Letters of Intent due to state purchasing agency	February 24, 2016
Proposal submittal deadline	March 9, 2016
Discussions with applicant after proposal submittal deadline (optional)	NA
Final revised proposals (optional)	NA
Proposal evaluation period	March 14 - March 18, 2016
Provider selection	March 21 - March 24, 2016
Notice of statement of findings and decision	March 28 - March 31, 2016
Contract start date	June 30, 2016

#### V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

**Date:** Tuesday, February 16, 2016 **Time:** 11:00 a.m. to 12:00 p.m.

**Location:** 601 Kamokila Blvd., 3rd Floor, Room 333, Kapolei, HI 96707

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation, answers to these questions may be provided at the state purchasing agency's discretion. However, any non-written answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

#### VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

**Date:** Thursday, February 18, 2016 **Time:** 4:30 pm HST

Please email all written questions to [florlinda.taflinger@doh.hawaii.gov](mailto:florlinda.taflinger@doh.hawaii.gov) with the subject "RFP No. HTH-RFP-BCCCP-506-16-2 Question" or mail them to the address given on the Proposal Mail-in and Delivery Information Sheet.

State agency responses to applicant written questions will be provided by:

**Date:** Monday, February 22, 2016

Responses will be posted as an addendum to the RFP at the following website:  
<http://gpcprod.spo.hawaii.gov/spo2/health/rfp103f/index.php>

## VII. Submission of Proposals

- A. Forms/Formats:** Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: <http://spo.hawaii.gov/> referred to in Section 5, Attachment B. Website Reference. Click on *Forms* or reference the Proposal Application Checklist (Section 5 Attachments) for the location of program specific forms.
- 1. Proposal Application Identification Form (Section 5, Attachment D/ Form SPOH-200):** Provides applicant proposal identification.
  - 2. Proposal Application Checklist (Section 5, Attachment A / Form SPOH):** Provides applicants with specific program requirements, reference and location of required RFP proposal forms, and the order in which all components should be assembled and submitted to the state purchasing agency.
  - 3. Table of Contents:** A sample table of contents for proposals is located in **Section 5, Attachment C**. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
  - 4. Proposal Application (Form SPOH-200A):** Applicant shall submit comprehensive narratives that addresses all of proposal requirements specified in **Section 3, Proposal Application Instructions**, including a cost proposal/budget if required.
- B. Program Specific Requirements:** Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable.

If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist in Section 5.

- C. Multiple or Alternate Proposals:** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Provider Compliance:** All providers shall comply with all laws governing entities doing business in the State.
- **Tax Clearance:** Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website at <http://tax.hawaii.gov/> referred to in Section 5, Attachment B. Website Reference.
  - **Business Registration:** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 5, Attachment B. Website Reference for DCCA website address.
  - **Hawaii Compliance Express (HCE):** Providers may register with HCE for online proof from the DOTAX and IRS tax clearance Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual registration (currently \$12) fee for the service. The “Certificate of Vendor Compliance” issued online through HCE provides the registered provider’s current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. The HCE website can be found at: <https://vendors.ehawaii.gov/hce/splash/welcome.html>

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

- E. Wages and Labor Law Compliance:** Before a provider enters into a service contract in excess of \$25,000, the applicant certifies that the applicant is in compliance with HRS Section 103-55, wages, hours, and working conditions of employees of contractors performing services. Reference to HRS Section 103-55, may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/> OR go directly to: [http://www.capitol.hawaii.gov/hrscurrent/Vol02\\_Ch0046-0115/HRS0103/HRS\\_0103-.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-.htm)
- F. Campaign Contributions by State and County Contractors:** HRS Section 11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 5, Attachment B. Website Reference for Campaign Spending Commission website address.
- G. Confidential Information:** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.
- Note that price is not considered confidential and will not be withheld.*
- H. Proposal Submittal:** All proposal mail-ins must be postmarked by the United States Postal System (USPS) and received by the state purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-In and Delivery Information Sheet. All hand deliveries must be received by the state purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals will be rejected when:

1. Postmarked or received **after** the designated date and time; or
2. Postmarked by the designated date, but not received within **7** days from the submittal deadline; or
3. If hand delivered and received after the designated date and time

Note that postmarks must be by USPS or they will be considered hand-delivered and shall be rejected if late. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks. Faxed and/or submission of proposals on diskette/CD or transmission by e-mail, website or other electronic means will **not** be permitted. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

## **VIII. Discussions with Applicants**

- A. Prior to Submittal Deadline:** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline:** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance Hawaii Administrative Rules (HAR) Section 3-143-403.

## **IX. Opening of Proposals**

Upon receipt RFP by the state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **X. Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

## **XI. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

## **XII. Final Revised Proposals**

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal postmarked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

**FINAL REVISED PROPOSALS are not applicable to this RFP.**

## **XIII. Cancellation of Request for Proposals**

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

## **XIV. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

## **XV. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with HAR Sections 3-142-202 and 3-142-203.

## **XVI. Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and

conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (HAR Section 3-141-201)
- (2) Rejection for inadequate accounting system. (HAR Section 3-141-202)
- (3) Late proposals. (HAR Section 3-143-603)
- (4) Inadequate response to request for proposals. (HAR Section 3-143-609)
- (5) Proposal not responsive. (HAR Section 3-143-610 (a)(1))
- (6) Applicant not responsible. (HAR Section 3-143-610 (a)(2))

## **XVII. Notice of Award**

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardees prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## **XVIII. Protests**

Pursuant to HAR Section 103F-501 and 148, an applicant may file a protest against the awarding of a contract. The Notice of Protest form, SPOH-801 and related forms are available on the SPO website (see the Website Reference Page or the Proposal Application Checklist in Section 5, Attachments of this RFP). Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

- (3) A state purchasing agency’s failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

<b>Head of State Purchasing Agency</b>		<b>Procurement Officer</b>	
Name:	Virginia Pressler, M.D.	Name:	Janis A. Morita
Title:	Director of Health	Title:	Chief, Administrative Services Office
Mailing Address:	1250 Punchbowl St. Honolulu, Hawaii 96813	Mailing Address:	1250 Punchbowl St. Honolulu, Hawaii 96813

**XIX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

**XX. Monitoring and Evaluation**

The criteria by which the performance of the contract will be monitored and evaluated are:

1. Performance/Outcome Measures: further described in Section 2, Service Specifications
2. Output Measures
3. Quality of Care/Quality of Services
4. Financial Management
5. Administrative Requirements
6. Program Reports
7. Fiscal Reports

**XXI. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See Section 5 Attachments, Proposal Application Checklist or the Website Reference Page for the website address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

## **XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPOH-201 which is available on the SPO website (see Section 5, the Proposal Application Checklist or the Website Reference Page). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

## **XXIII. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for final revised proposals. It is the sole responsibility of each APPLICANT to check the website on a regular basis for any amendments to this RFP. The State of Hawaii shall not be held responsible for any changes to the RFP unknown to each APPLICANT.

Any and all amendments to this RFP will be published at the following website: <http://gpcprod.spo.hawaii.gov/spo2/health/rfp103f/>

## **Section 2**

# **Service Specifications**

# Section 2

## Service Specifications

### I. Introduction

#### A. Overview, purpose or need

The Hawaii Breast and Cervical Cancer Control Program (BCCCP) under the State Department of Health, Chronic Disease Prevention and Health Promotion Division, Chronic Disease Management Branch, is a participant in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). NBCCEDP was established after Congress recognized the value of screening and early detection and passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, (Public Law 101-354). In October 2000, President Clinton signed into law the Breast and Cervical Cancer Prevention and Treatment Act. This Act gives the states the option to provide medical assistance through Medicaid to eligible women who were screened for and found to have breast or cervical cancer through NBCCEDP. The mission of the program is to reduce the burden of breast and cervical cancer by implementing comprehensive screening programs that are culturally sensitive and that encourages all women to participate in breast and cervical cancer screening.

Breast cancer poses a significant threat to the health of the women of Hawaii. The burden of breast cancer is disproportionate among Hawaii's ethnic groups. Native Hawaiians and Caucasians are at the highest risk but breast cancer is more likely to be at a more advanced stage at diagnosis in Native Hawaiians and Filipinos. The stage of disease at diagnosis is the most important prognostic factor for invasive breast cancer survival. Invasive breast cancer and mortality rates increases with age. Screening mammography has been shown to lead to early diagnosis and reduced mortality from breast cancer.

#### B. Description of the service goals

The primary goal is to reduce the disproportionately high breast and cervical cancer mortality rates particularly among medically underserved elderly, poor women from the priority population.

#### C. Description of the target population to be served

The program provides screening services to Native Hawaiian, Filipino and other Asians and Pacific Islanders between the ages of 40 to 64 who are uninsured or under-insured, and at or below 250% of the Federal Poverty Level.

**D. Geographic coverage of service**

Service areas for this RFP consist of all communities statewide which include: island of Hawaii which includes East Hawaii and West Hawaii; island of Maui (including Hana); island of Kauai; island of Lanai; island of Molokai; and the precincts of the island of Oahu which includes East Honolulu, West Honolulu, Central Oahu, the Leeward Coast and the Windward Coast. The APPLICANT may apply in any one or more of these service areas but must be able to demonstrate the capacity to provide the required services in the service area(s) for which it is applying.

The State reserves the right to award contracts based on the best configuration of services that meet the needs of the State.

**E. Probable funding amounts, source, and period of availability**

Federal funds are available to procure breast and cervical screening and diagnostic services. While no exact funding amounts have been pre-determined, the anticipated total annual amount of \$700,000.00 in federal funds for the period from June 30, 2016 to June 29, 2017 has been projected for this RFP to pay for screening, diagnostic services, professional and community education, and outreach activities for a total of 1,000 women. It is important to note that the funding amounts when executing actual contract awards may be significantly different from the State anticipated funding amounts. This amount is subject to approval from the Centers for Disease Control (CDC), which administers the NBCCEDP, approves the BCCCP application and proposed budget in accordance with federal appropriations, and the availability of funds. The budget includes operational expenditures and screening reimbursement. The State reserves the right to increase or decrease funds at its discretion to best meet the needs of the State as well as to operate within budgetary limitations.

The BCCCP reserves the right to make awards based on the uniqueness and appropriateness of the proposals in addressing breast and cervical cancer early detection issues of specific communities and the best configuration of services statewide. Should an inadequate number of responsive and responsible proposals be submitted for this RFP or should sufficient monies be available, the BCCCP reserves the right to allocate additional funds to those APPLICANTS who have submitted acceptable proposals.

Suggested funding allocations for projected amount of women to receive services in each county is as follows:

Oahu:	\$381,600.00 to service 600 women
Hawaii:	\$162,460.00 to service 200 women (includes East and West Hawaii)

Maui: \$ 63,300.00 to service 75 women

Kauai: \$ 92,640.00 to service 125 women

The above breakdown only serves as a reference for the needs of the program as a whole. APPLICANT(s) can submit a bid to screen up to and exceeding the suggested allocation, but each application will be reviewed based on the needs of the program and funding available. APPLICANT(s) on Molokai and Lanai are preferred if available, but if no qualified applicants are available; APPLICANT(S) may also include one or more of these service areas in their proposal.

This is a possible multi-term contract of which the project years for the contract are defined as follows:

Year 1 - June 30, 2016 to June 29, 2017

Year 2 - June 30, 2017 to June 29, 2018

Contract terms: The initial period may commence on the contract start date or the State's Notice to Proceed. Funding is contingent upon the availability of funds. The State anticipates funding each awarded APPLICANT for two (2) years. Contracts may be extended for up to four (4) additional twelve (12) month periods. Options for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s) in the first year, the availability of funds to continue the service(s), and if the State determines that the service(s) are still needed.

## II. General Requirements

### A. Specific qualifications or requirements, including but not limited to licensure or accreditation:

1. The APPLICANT shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPOH-201, which can be found in the Purchases of Services (POS) Manual.
2. If the APPLICANT expends \$500,000 or more in federal funds in a year, the APPLICANT shall perform financial and compliance audits in accordance with Federal government "OMB Circular A-133" and submit the audits to the Department of Health as directed.
3. APPLICANT is an organization incorporated under the laws of the State of Hawaii. Documentation of incorporation is enclosed or APPLICANT is a non-profit organization. For non-profit organizations, has documentation that states that the governing board members have no material conflict of

interest and serve without compensation.

4. APPLICANT has documentation of by-laws or policies that describes the manner in which business is conducted.
5. APPLICANT has policies relating to nepotism and the management of potential conflict of interest situation.
6. APPLICANT has at least one year experience or expertise in the project or program area for which the request is being made.
7. APPLICANT is licensed and accredited as applicable in accordance with the requirements of federal, state, and county governments.
8. APPLICANT has a corporate resolution, designating the authorizing officer or position, a tax clearance, and a certificate of insurance for commercial general liability insurance (“liability insurance”) in an amount not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate (the maximum amount paid for claims during a policy term). In addition, automobile insurance shall be no less than \$1,000,000 per incident.

**B. Secondary purchaser participation**

(Refer to HAR Section 3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases “None planned”

**C. Multiple or alternate proposals**

(Refer to HAR Section 3-143-605)

Allowed  Not allowed

**D. Single or multiple contracts to be awarded**

(Refer to HAR Section 3-143-206)

Single  Multiple  Single & Multiple

Criteria for multiple awards:

Multiple contracts will be awarded based on the availability of qualified providers in each of the specified geographic locations.

**E. Single or multi-term contracts to be awarded**

(Refer to HAR Section 3-149-302)

Single term (2 years or less)  Multi-term (more than 2 years)

Contract terms:

- Initial term of contract: June 30, 2016 through June 29, 2017
- Length of each extension: 1 year
- Number of possible extensions: 5
- Maximum length of contract: 6 years (June 30, 2016 through June 29, 2022)
- The initial period shall commence on the contract date or Notice to Proceed, whichever is later.
- Conditions for extension based upon:
  - Approval by both signing authorities
  - Availability of funds
  - Meeting the terms of the agreement
  - Suiting the best interests of the State and program as a whole

Contract terms: The initial period may commence on the contract start date or the State's Notice to Proceed. Funding is contingent upon the availability of funds. The State anticipates funding each awarded APPLICANT for two (2) years. Contracts may be extended for up to four (4) additional twelve (12) month periods. Options for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s) in the first year, the availability of funds to continue the service(s), and if the State determines that the service(s) are still needed.

#### **F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Contact Person: Florlyn Taflinger, Cancer Programs Coordinator  
601 Kamokila Blvd., Room 344  
Kapolei, HI 96707  
Phone: (808) 692-7479  
Fax: (808) 692-7478  
Email: [florlinda.taflinger@doh.hawaii.gov](mailto:florlinda.taflinger@doh.hawaii.gov)

### **III. Scope of Work**

If awarded, the APPLICANT's scope of work shall encompass the following tasks and responsibilities:

#### **A. Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

1. Implement a coordinated system for identifying and screening women for breast and cervical cancer as a preventive health measure that:

a. Has guidelines to ensure that:

- 1) Procedures, which include a clinical breast exam, mammography, pelvic examination, and Pap smear, are available for both breast and cervical cancer screening and provided to women participating in the program;
- 2) Eligibility criteria select women for the program who are non-Medicaid and non-Medicare, low income (250% poverty or less), and uninsured or under insured;
- 3) Priority for screening, referral, tracking, and follow-up services is given to either qualifying or eligible women who are in the priority population: Native Hawaiian, Filipino, other Asians and Pacific Islanders;
- 4) A minimum of 75% of all program-eligible women screened are 50+ years and Medicare-Part B un-enrolled and women under 50 years of age should not exceed a maximum of 25%;
- 5) Women screened for breast cancer by BCCCP under the age of 40 are symptomatic according to CDC requirements;
- 6) Priority for diagnostic services is given to women screened in the NBCCEDP who have abnormal screening results as opposed to those screened in other programs and referred;
- 7) Protocols are in place to screen women who have had a mastectomy or hysterectomy.
- 8) Use other sources of funding (private insurance, etc.) for screening and diagnostic services first and uses BCCCP reimbursement for screening as a last resort;
- 9) A schedule of fees/charges are available that do not exceed maximum allowable charges established by the Medicare Program, Part B;
- 10) The sliding scale for low income (250% poverty or less) women has been adjusted to reflect the income of the women screened;
- 11) Sub-contractual agreements are established for the provision of service(s) deemed an essential component of comprehensive screening.

- b. Has a system in place to accurately track and follow-up with women enrolled in the BCCCP.
  - c. Provides appropriate referrals for medical treatment of enrolled women screened in the BCCCP.
- 2. Develop and disseminate for public education:
  - a. Information, materials, curricula and outreach programs for the early detection and control of breast and cervical cancer;
  - b. Mechanisms to provide culturally sensitive, age appropriate, easy-to-understand information on screening procedures for breast and cervical cancer and to motivate clients and the general community to follow the recommended CDC and BCCCP screening guidelines.
- 3. Develop and provide appropriate education and training of health professionals, including allied health professionals, to improve their skills in the detection and control of breast and cervical cancer and working with target population.
- 4. Implement mechanisms through which the State can monitor the quality of screening procedures for breast and cervical cancer, including the interpretation of such procedures.
- 5. Conduct outreach activities to recruit medically underserved women, as defined in the Section 1.a, for participation in the BCCCP by:
  - a. Distributing breast and cervical cancer educational information provided or recommended by the BCCCP in places easily accessible to the intended audience throughout local communities (i.e., senior citizen centers, banks, beauty salons, churches, libraries, and local markets);
  - b. Identifying effective evidence-based and policy, systems, and environmental outreach and recruitment strategies for medically underserved women;
  - c. Coordinating recruitment activities with individuals and organizations in local communities, including organizations that serve and/or represent Native Hawaiian, Filipino, other Asians, and Pacific Islander women in its service area;
- 6. Collaborate with local coalitions, advisory groups, community-based organizations, and other applicable service organizations to increase awareness, improve service delivery, expand and improve outreach

methods, document community contacts and quantify the number of women screened as a result of outreach efforts.

**B. Service Delivery, Tracking, and Follow Up**

The APPLICANT shall provide comprehensive breast and cervical cancer screening services to eligible women during the screening phase. The targeted numbers shall be subject to change for each project year. Comprehensive breast and cervical cancer screening services shall be defined as making available to each client, on site or through referral, each of the following: clinical breast exam, mammography, pelvic exam, pap smear, outreach, screening tests (office visits), diagnostic tests (diagnostic mammogram, fine-needle aspiration, ultrasound, office visits, cyst aspiration, colposcopy, colposcopy with biopsy, CONE, LEEP, and laboratory fees) on an out-patient basis, essential screening support services (patient intake, patient counseling, patient case management), essential referral and follow-up (patient follow-up, patient counseling, patient case management) and outreach. Any thing not included in the above mentioned shall be considered an operational expense.

- BCCCP funds shall not reimburse for any designated medical treatment, however, APPLICANT shall provide appropriate referrals for such medical treatment.
- 1. During initial visit and each annual visit thereafter, the APPLICANT shall make available to the client the services in sub-paragraph a., b., and c. below and a minimum of one of the services in sub-paragraphs d. or e. below. Where the services in either sub-paragraph d. and e. are not offered at the initial visit, the APPLICANT shall provide the client with a referral for those services during that initial visit:
  - a. Clinical breast examination. The clinical breast examination shall include inspection and palpation of the breasts with emphasis on supraclavicular and axillary nodes.
  - b. Self-breast examination education. The APPICANT shall offer to the client detailed education and training in the performance of breast self-examination. Such instruction shall include demonstration of proper technique and an explanatory handout. The client should be able to demonstrate knowledge of breast self-examination upon completion of the training.
  - c. During client visits, the APPLICANT shall instruct the client regarding her personal risk for breast and cervical cancer, the standard risk factors for her age group, the necessary components of a complete gynecological examination, the importance of keeping her scheduled

appointment for a mammogram, and the importance of returning for annual health examinations including a mammogram and a Pap test.

- d. A screening mammogram is done unless there are indications of an abnormality found through a clinical breast examination or a client's history, in which case the APPLICANT shall offer a diagnostic mammogram to the client.
  - e. Cervical screening shall include a complete visual and pelvic examination and a Pap test.
2. The APPLICANT shall have a referral site in place for any screening service not directly provided and shall provide a referral for needed services during the client's initial visit.
  3. The APPLICANT shall have and follow the BCCCP policies and procedures to assure that all clients screened with BCCCP funds receive timely and accurate screening results and have clinical protocols for screening follow up and annual screens. The process of contacting the woman with her screening results is as follows:
    - a. The client will be notified of normal (non-suspicious) mammogram results by telephone first or in a certified letter within fourteen (14) calendar days of the test and the date of notification written in the client's record.
    - b. The client will be notified of normal Pap results within four (4) weeks of the Pap test by telephone or in writing and the date of notification written in the client's record.
    - c. If the APPLICANT is unable to reach the woman by telephone or regular mail, the client will be notified by registered letter.
  4. The APPLICANT shall have in place a system for reminding all clients enrolled in the BCCCP of their annual re-screen.
  5. The APPLICANT shall provide follow up for all clients with abnormalities suspicious for cancer detected through the BCCCP, which include referral for further testing, diagnosis, and treatment. The APPLICANT shall perform each of the procedures listed below or shall ensure that they are performed by the APPLICANT's sub-CONTRACTOR, and shall document the course of action taken for each client in the client's record:
    - a. The APPLICANT shall maintain a written record of all attempts and the means of attempting to contact a client with abnormal test results or highly suspicious.

- b. Notification Process by the APPLICANT:
    - 1) The client will be notified of abnormal mammogram results within seven (7) calendar days of the date of the mammogram and of abnormal Pap test results within two weeks from the date of the Pap test and sent a notification letter.
    - 2) In the case of a highly suspicious finding of malignancy following either a mammogram or a Pap test, the client will be notified immediately by telephone and sent a notification letter within seven (7) days. In the case of any subcontracting arrangements, the APPLICANT shall ensure that the results are obtained immediately so that the clients can be notified as stated above.
    - 3) If there is no response by the client or her physician within 30 calendar days after mailing a notification letter to the client, a follow-up letter will be sent to the client by registered mail with a return receipt requested. The APPLICANT shall make at least one additional attempt to contact the client and the physician by telephone. The date of the letter and the telephone contact shall be recorded in the client's record.
    - 4) If no response is received from the client within 30 calendar days after mailing the follow-up registered letter, the APPLICANT will notify the BCCCP in writing that no response has been received from the client with the abnormal screening results.
  - c. The client will be informed of further follow-up services recommended at the time she is notified of her abnormal test results. The APPLICANT shall provide all appropriate follow-up information, including to limited English (LE) or non-English (NE) speaking clients.
  - d. The APPLICANT shall offer to schedule follow-up testing for a client with an abnormal or a highly suspicious test result at the time of notification, and shall do so upon the client's request. The APPLICANT shall document the scheduling of the follow-up testing or the client's refusal to accept further services.
  - e. The APPLICANT shall assist the BCCCP in locating medical treatment options for those clients diagnosed with cancer and shall refer those clients to these services. Referrals shall be documented in the client's record and a list of medical treatment options found will be given to the BCCCP.
6. The APPLICANT shall determine if there has been follow-up from any sub-CONTRACTOR(s) related to the suspicious findings and if so, shall request

that a copy of the final disposition be sent to the APPLICANT. The APPLICANT shall review and initial any follow-up information received from any sub-CONTRACTOR. This information shall be placed in the client's record and shall include the following:

- a. The date the follow-up information was received, whether the information was from the sub-CONTRACTOR, physician or client, and the results of the follow-up procedure done.
  - b. The APPLICANT shall specify in the client's record whether it is a final disposition or whether additional follow-up is required.
  - c. The results of the follow-up for abnormal test results shall also be documented on the Breast and Cervical Cancer Diagnostic Evaluation Form provided by the BCCCP.
7. The APPLICANT shall obtain the signature of the client on the "Consent" form provided by the BCCCP before the woman receives services. The consent form is a release of information form, permitting the CONTRACTOR to release information concerning the woman to the BCCCP.
8. The APPLICANT shall maintain a record for each woman screened. The record shall contain documentation of the woman's age, income eligibility, and insurance status as follows:
- a. Age and Income Eligibility
    - A copy of a birth certificate, a driver's license, a Medicare-Part A card, or any other document showing proof of age.
    - A copy of a current pay stub or income tax return, or evidence of current receipt of benefits or enrollment in income eligible social service programs such as Medicaid or food stamps.
    - When no other documentation is available, a signed statement from the woman attesting to her date of birth and income status shall be acceptable.
  - b. Insurance Status
    - Any third party insurance coverage or a statement signed by the woman that she lacks such coverage; and
    - In the event the woman has private insurance or other third party coverage, a statement signed by her that she lacks the ability to pay

any deductible or co-payment required by such private insurance or third party coverage, not including Medicare-Part B.

- A statement by the APPLICANT verifying the inability to enroll a woman in Medicaid or in Medicare.
9. The APPLICANT shall ensure that all service providers including sub-CONTRACTOR (s) adhere to standards, guidelines, and protocols consistent with national standards and as included in Section 2-12.
  10. The APPLICANT shall ensure that all service providers including sub-CONTRACTOR (s) that provide services to women enrolled in the BCCCP adhere to the following quality assurance standards:
    - a. Refer women for mammograms to mammography facilities certified by the Food and Drug Administration (FDA) and meeting Mammography Quality Standards Act (MQSA) specifications.
    - b. Report breast cancer screening results and the radiologist's recommendations to the BCCCP, using the American College of Radiology (ACR) lexicon, either on a form which uses the ACR lexicon or on the "Breast Cancer Screening" form provided by the BCCCP for the reporting of such results.
    - c. Report the results of Pap smears and specimen adequacy on a form that uses the Bethesda System of Reporting or on the "Cervical Cancer Screening" form provided by the BCCCP for the reporting of such results by the laboratory interpreting the cytology screening.
    - d. For the interpretation of cytology screening, utilize laboratories which permit inspections of their facilities to ensure that they are in compliance with all quality control requirements of the federal Clinical Laboratory Improvement Act (CLIA), 42 U.S.C. Section 263a and the Clinical Laboratory Act, 35 P.S. Section 2151 *et seq* for the categories of tests the laboratory is performing under the Agreement.
  11. Has a system in place to assure culturally appropriate services through customer satisfaction surveys, focus groups, etc. as approved by the BCCCP.

#### SUBCONTRACTS

1. The APPLICANT shall accept the full responsibility for the terms of the State Agreement, regardless of any subcontracting arrangements. The APPLICANT shall ensure that the funds obligated through the State Agreement shall be available for the provision of service by an entity other

than the APPLICANT only when the APPLICANT has executed a written subcontract in accordance with provisions of the Agreement.

2. The APPLICANT may subcontract with FDA certified mammography facilities for mammograms, CLIA approved laboratories for cytology services, and other health care facilities for diagnostic services, such as colposcopies, cervical biopsies, breast biopsies, breast ultrasound, fine needle aspirations, etc. The BCCCP will provide reimbursement directly to the APPLICANT, who will in turn reimburse the sub-CONTRACTOR(s) for any covered services performed by the sub-CONTRACTOR(s).
3. The APPLICANT may subcontract with other essential service providers to ensure that the APPLICANT meets the minimal number of clients recruited for participation in the BCCCP.
4. The APPLICANT shall submit to BCCCP a list of all service provider sub-CONTRACTOR(s) who were not a part of the APPLICANT's application with the following information: sub-CONTRACTOR's name, address, telephone number, and name of sub-CONTRACTOR's contact person. This includes a list of new sub-CONTRACTOR(s) for each succeeding year that the APPLICANT participates in the BCCCP. The BCCCP reserves the right to deny the use of a sub-CONTRACTOR based on the geographic location of sub-CONTRACTOR or fiscal concerns. If such a denial is issued, the APPLICANT will be notified in writing of the denial.
5. The APPLICANT shall establish and monitor subcontracts with service providers providing essential diagnostic testing, interpretation and other essential services that are not provided by the APPLICANT.
6. If the sub-CONTRACTOR fails to comply with any part of the sub-contractual agreement or discrepancies in expenditures or performance of service occur, including failure to submit reports in the specified timeframe, the APPLICANT may reduce or withhold any or all payments for reimbursements until the matter is resolved. If the matter cannot be resolved, the APPLICANT may terminate the sub-contractual agreement.

**C. Management Requirements (Minimum and/or mandatory requirements)**

**1. Personnel**

- a. The APPLICANT shall ensure that clinical breast examinations, pelvic examinations, and Pap tests will be provided by Hawaii licensed medical doctors, doctors of osteopathy, advanced practice registered nurses ("APRNs" or nurse practitioners), certified nurse midwives, or physician assistants. Registered Nurses who have received specific training in performing clinical breast examinations may perform them.

- b. The APPLICANT shall ensure that mammograms are provided and interpreted by qualified personnel in a Mammography Quality Standards Act (MQSA) certified facility. Proof of current certification shall be provided.
- c. The APPLICANT shall ensure that all Pap tests and biopsy specimens are prepared and interpreted by qualified personnel in a Clinical Laboratory Improvement Amendments (CLIA) certified facility. Documentation of current CLIA certification shall be provided.

## **2. Administrative**

- a. The APPLICANT shall assure that all women meet the following eligibility requirements in order to receive services through the BCCCP:
  - 1) The woman is 40 to 64 years of age; and
  - 2) The woman's household income is at or below 250% of federal income poverty guidelines as established by the United States Department of Health and Human Services.
  - 3) The woman meets one of the following insurance-related guidelines:
    - The woman is not eligible for Medicaid or QUEST;
    - The woman is not enrolled in Medicare-Part B because she cannot pay the premium to enroll or is not eligible to receive Medicare-Part A and B; or
    - The woman has no health insurance; or is deemed under insured because she has private health insurance which does not cover the screening and diagnostic services provided under this Agreement, or she is financially unable to pay the required co-payment (with the exception of Medicare-Part B enrolled) or deductible.

## **3. Quality assurance and evaluation specifications**

- a. The APPLICANT shall work in collaborative partnership with the BCCCP to provide ongoing evaluation and timely recommendation of all components of their Screening Program.
- b. The APPLICANT shall allow the BCCCP access to the site and to its personnel files and other documents needed in order to permit the

BCCCP to monitor performance, Quality Assurance, and conduct fiscal audits under the Agreement.

- c. The APPLICANT shall also accompany the BCCCP upon request on site visits to sub-CONTRACTOR(s). The purpose of these site visits will be for monitoring purposes including: problem solving, quality assurance monitoring, and addressing issues related to the performance of the contract and subcontracts and the overall project as identified by the Department.

#### **4. Output and performance/outcome measurements**

The APPLICANT shall collect and submit to the BCCCP no later than twenty (20) days after the first full month of screening and each consecutive month thereafter, the Minimum Data Elements (MDE) as established by the NBCCEDP for women enrolled in the BCCCP on the “Enrollment and Screening” and the “Breast and Cervical Cancer Diagnostic Evaluation” forms provided by the BCCCP. MDE collected shall include the following or as many elements as have been ascertained to the time of reporting:

- Demographic information, eligibility, and medical history. At least 50% of the women screened are from the priority population and 75% of the BCCCP women screened will be 50-64 years old.
- Breast and cervical cancer screening history, clinical examination results, and screening examination results.
- Diagnostic test results, including diagnostic mammograms, ultrasound (if procedures are in place), fine needle aspiration, breast biopsy, breast ultrasound, LEEPS, CONES, endometrial biopsies, and colposcopy.
- Final diagnosis, type and status of treatment, and diagnostic disposition.

If some of the elements are missing from any individual’s data-set at time of reporting, the APPLICANT shall ensure that all missing data is collected and submitted within two weeks (2) after the initial data submission.

#### **5. Experience**

- a. The APPLICANT has at least one year experience or expertise operationalizing projects/contracts pertinent to the program area or proposed services for which the request is being made and in coordinating services with other agencies, providers and resources in the community to avoid duplication of services.

## **6. Coordination of services**

Not Applicable

## **7. Reporting requirements for program and fiscal data**

- a. The APPLICANT shall submit to the BCCCP an accumulative monthly summary of all services provided to women enrolled in the BCCCP that are reimbursable by the BCCCP no later than twenty (20) days after the first month of screening and each consecutive month thereafter.
- b. The APPLICANT shall fax or mail request for screening reimbursement and the accepted BCCCP forms to the Breast and Cervical Cancer Control Program at the following address:

State of Hawaii, Department of Health  
Breast and Cervical Cancer Control Program  
601 Kamokila Blvd., Room 344  
Kapolei, Hawaii 9607  
Phone: (808) 692-7480  
Fax: (808) 692-7478

- c. The APPLICANT shall submit an mid-year report due after the first three (3) months of each budget period (end of September of each year) to the BCCCP to ensure the APPLICANT's ability to continue with Service Delivery and shall include, but not be limited to:
  - Quality assurance reports and actions;
  - Summary of all services provided and any referrals for medical treatment;
  - Events sponsored under the Agreement;
  - Completed Monthly Recruitment Activity Report Forms;
  - Materials produced and educational and outreach programs developed;
  - Problems and solutions encountered in the related issues;
  - Method of outreach; number of strategies and plans implemented utilizing evidence-based, policy, systems, and environmental strategies;
  - Baseline Number of clients screened
- d. Final payment to the APPLICANT shall be made upon receipt and approval of all program and fiscal data, which shall include services provided, reimbursements requested, expenditures reported, and an original tax clearance dated less than sixty (60) days from submission of final invoice.

## **8. Pricing structure or pricing methodology to be used**

- a. The APPLICANT and sub-CONTRACTOR(s) shall be reimbursed at the maximum dollar amount established under Part B of Title XVIII of the Medicare Program administered by the Health Care Financing Administration (HCFA).
- b. The APPLICANT and sub-CONTRACTOR(s) shall be reimbursed for screening procedures as listed in the attached Reimbursement Schedule.
- c. Additionally, the Schedule of Fees/Charges shall not exceed the maximum allowable charges established by the Medicare Program.
- d. In compliance with the NBCCEDP, the BCCCP **shall not** permit payment for any medical treatment if indicated. However, the APPLICANT in collaboration with the BCCCP shall assist all clients diagnosed with breast or cervical cancer with identifying and securing treatment services.
- e. The APPLICANT shall be reimbursed in proportion to the total number of women screened for costs incurred based on the approved budget for items listed other than screening procedures.

## **9. Units of service and unit rate**

Not Applicable

## **D. Facilities**

Each APPLICANT is responsible for all costs to provide or contract with facilities to perform the services described in this RFP.

The APPLICANT shall use facilities that are adequate for the delivery of the proposed services. If facilities are not presently available, the APPLICANT shall plan to secure such facilities. Facilities shall meet the Americans with Disabilities Act (ADA) requirements, as applicable, and the APPLICANT shall have a plan for obtaining alternative sites and/or special equipment to accommodate those with physical disabilities. The APPLICANT shall also have a plan for making services accessible to those with other handicapping conditions (e.g., speech, hearing, psychological, etc.).

## **Section 3**

# **Proposal Application Instructions**

# Section 3

## Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample Table of Contents in Section 5.***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment C of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This Proposal Application Form (SPOH-200A) is available on the SPO website (for the website address, refer to the Proposal Application Checklist or the Website Reference Page in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

### The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Background and Summary*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

#### **I. Background and Summary**

Applicant shall give a brief overview to orient evaluators as to the program/services being offered. Include a brief description of the applicant's organization, the goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need identified in the service specifications.

## **II. Experience and Capability**

### **A. Necessary Skills and Experience**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant shall describe experience in providing services to the target population. The applicant shall also provide a description of the verifiable experience with projects or contracts for the most recent three years that are pertinent to the proposed services.

### **B. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology and frequency.

### **C. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community. Describe agreements and methods of coordination.

### **D. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet American Disabilities Act (ADA) requirements, as applicable and special equipment that may be required for the services.

## **III. Project Organization and Staffing**

### **A. Staffing**

#### **1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in Section 2, Service Specifications, as applicable.)

#### **2. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in Section 2, Service Specifications, as applicable)

## **B. Project Organization**

### **1. Supervision and Training**

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

### **2. Organization Chart**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

## **IV. Service Delivery**

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

Given the available resources and other external factors affecting the applicant organization, the applicant shall include:

1. Baseline data for FY 2015 or 2016 if applicable.
2. A work plan detailing the applicant’s service activities for the first project year.
3. A clearly defined methodology for providing outreach services to women targeted by and enrolled in the program.
4. Applicant’s approach in meeting the targeting outcomes.
5. The proposed methodology for collecting and reporting of data.
6. Methodology of doing one to one outreach with the medically underserved women; particularly as it relates to the target population and agreements.
7. Methodology of implementing evidence-based, policy, systems, and environmental outreach strategies with the medically underserved women; particularly as it relates to the target population and agreements.
8. Methodology of doing case management at the basic level (doing follow up on screening only, with no abnormal results), up to the intermediate level (screening with follow up of abnormal results resulting in a benign diagnosis, or client with previous abnormal results not responding to requests for re-screening).

9. Describe efforts to collaborate and coordinate services with other agencies and resources in the community and any partnerships established.
10. Describe the process to evaluate the proposed services and the quality assurance program developed.

## **V. Financial**

### **A. Pricing Structure**

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

#### **1. Pricing Structure Based on Cost Reimbursement**

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the applicant for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

All budget forms, instructions and samples are located on the SPO website (see the Website Reference Page or Proposal Application Checklist in Section 5, Attachments for website address). The following budget form(s) are also contained in the POS manual shall be submitted with the POS Proposal Application:

- |    |            |  |
|----|------------|--|
| a. | SPOH-205   | Budget   |
| b. | SPOH-205A  | Organization –Wide Budget by Source of Funds                                 |
| c. | SPOH- 205B | Organization –Wide Budget by Programs  |
| d. | SPOH-206A  | Budget Justification-Personnel: Salaries and Wages                           |
| e. | SPOH-206B  | Budget Justification-Personnel: Payroll Taxes, Assessments & Fringe Benefits |
| f. | SPOH-206C  | Budget Justification-Travel: Inter-Island                                    |
| g. | SPOH-206E  | Budget Justification-Contractual Services: Administrative                    |
| h. | SPOH-206F  | Budget Justification-Contractual Services: Subcontracts                      |
| i. | SPOH-206H  | Budget Justification-Program Activities                                      |
| j. | SPOH-206I  | Budget Justification-Equipment Purchases                                     |
| k. | SPOH-206J  | Budget Justification-Motor Vehicle   |
2. Applicants shall also submit the Screening/Administrative Budget Breakdown form (Refer to Section 5, Attachment G).

3. Please note that this contract does **not** reimburse for depreciation and calculations for depreciation of assets should not be included in budgets.
4. Reimbursement for screening shall be budgeted according to the Medicare rates in effect during the appropriate period of the contract. The BCCCP staff will disseminate the rates as they are changed. (Refer to Section 5, Attachment F for the rates in effect at the time of this Request for Proposals) for the first project year.
5. The Federal Policy directing this program requires a match of \$1 for every \$3 of federal funds expended. Applicant should reflect this level of in-kind contributions by budget category in column B of Budget Form SPOH-205.

**B. Other Financial Related Materials**

**1. Accounting System**

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (see Section 5, Attachment A)

- a. Most current Financial Audit

**VI. Other**

**A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

## **Section 4**

# **Proposal Evaluation**

# Section 4

## Proposal Evaluation

### I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

### II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and/or program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

#### **Evaluation Categories and Thresholds**

The goal of this RFP is to provide statewide coverage by having a physical location of one or more providers on at least the four most populous islands: Oahu, Hawai'i, Maui and Kauai.

In selecting providers on the same island, geographic overlap and geographic statewide coverage will be considered in the selection process.

#### **Evaluation Categories**

#### **Possible Points**

##### ***Administrative Requirements***

##### ***Proposal Application***

Background and Summary	0 points
Experience and Capability	20 points
Personnel: Project Organization and Staffing	10 points
Service Delivery	55 points
Financial	15 Points

**100 Points**

#### **TOTAL POSSIBLE POINTS**

### **III. Evaluation Criteria**

#### **A. Phase 1 - Evaluation of Proposal Requirements**

##### **1. Mandatory Administrative Requirements**

- Proposal Application Checklist
- Tax Clearance Certificate or certified copy
- Certifications

##### **2. Mandatory Administrative Requirements**

- Proposal Application Identification Form (Form SPOH-200)
- Table of Contents
- Background and Summary
- Experience and Capability
- Personnel: Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)

#### **B. Phase 2 - Evaluation of Proposal Application (100 Points)**

***Program Overview:*** No points are assigned to Background and Summary. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered. The Background and Summary shall show:

- The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity
- The goals and objectives are in alignment with the proposed service activity
- The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity

##### **1. *Experience and Capability (20 Points)***

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

**A. Infrastructure**

- Has the appropriate administrative and management in place to oversee a program of this magnitude and severity.

**B. Necessary Skills/Recruitment**

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
- Provided methodology on how the applicant plans to reach and enroll their targeted number of women for their district.

**C. Experience**

- Applicant has the required one year of experience specifically relating to the services required for this RFP.

**D. Quality Assurance and Evaluation**

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.
- Has capability to conduct and maintain Quality Assurance and Evaluation as defined by the terms of this RFP.

**E. Coordination of Services**

- Demonstrated capability to coordinate services with other agencies and resources in the community and other agencies serving the target population.
- Demonstrated capability (technological, staff, etc.) to use the reporting mechanisms required to track and monitor women enrolled in the program.

**F. Facilities**

- Adequacy of facilities relative to the proposed services.

**2. *Personnel: Project Organization and Staffing (10 Points)***

The State will evaluate the applicant's overall staffing approach to the service that shall include:

**A. *Staffing***

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services (i.e. # of staff providing clinical services, outreach, patient administration, financial administration).
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.
- Has the administrative infrastructure in place to oversee and monitor the terms and financial obligations of the agreement.

**B. *Project Organization***

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

**3. *Service Delivery (55 Points)***

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

**A. *Screening Services (20 Points)***

- Does the applicant's plan for providing on-site clinical services clearly delineate the type of clinical services they are intending to provide
- Does the applicant's plan for providing on-site clinical services include estimates of their target population size and projected program capacity
- Adequacy of applicant's plan in implementing on-site or contracting for off-site mammography and cervical screening services
- Adequacy of the applicant's plan for providing support services, including professional staffing

**B. *Outreach Services (10 Points)***

- Does the applicant's plan clearly delineate the type of outreach services and activities will be conducted
- Does the applicant's plan reflect what type of evidence-based, policy, systems, and environmental outreach strategies will be implemented
- Does the applicant's plan reflect how they intend to reach the target population
- Adequacy of the applicant's plan to implement an expansive outreach program targeting women within the defined group of target/priority populations.

**C. *Tracking and Follow-up (10 Points)***

- Does the applicant's plan reflect how they intend to follow-up with women receiving screening and diagnostic services
- Is there an infrastructure present to allow for continued screening services and dissemination of information to women in the program

- Does the applicant’s plan clearly define their tracking mechanism to ensure that women enrolled in the program do not “get lost”

**D. Case Management (10 Points)**

- Does the applicant possess the ability to deal with case management for the women in the program
- Does the applicant’s plan for providing case management clearly outline the type of case management services they are intending to provide
- Does the applicant’s plan address assisting women in need of intensive case management to navigate their way through the program

**E. Other (5 Points)**

- Does the applicant have the capability to serve women of varying ethnic backgrounds and language barriers
- Does the applicant have a system in place to provide culturally sensitive/appropriate outreach, education, and services to the target population

**4. Financial (15 Points)**

Pricing structure based on cost reimbursement:

- The number of women to be served by the provider.
- The costs, not including CPT code reimbursements, per woman served.
- Clearly identified and documented the 1:3 match requirement (Refer to Section 3, Proposal Application Instructions – Section V. Financial).

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

# **Section 5**

## **Attachments**

- A. Proposal Application Checklist
- B. Website Reference
- C. Sample Table of Contents
- D. Proposal Application Identification Form
- E. Sample Letter of Intent
- F. Medicare Part B Rates for 2016
- G. Screening/Administrative Budget Breakdown

## Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: \_\_\_\_\_

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. \*SPO-H forms are located on the web at <http://spo.hawaii.gov/>; click on *Forms* and also can be found in Section 5, Attachment B – Website Reference.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Section 5, RFP - Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP - Attachment C	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Tax Clearance Certificate	Section 1, RFP	Dept. of Taxation Website	<b>X</b>	
<b>Cost Proposal (Budget)</b>				
SPOH-205	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-205A	Section 3, RFP	SPO Website* Special Instructions, Section 5	<b>X</b>	
SPOH-205B	Section 3, RFP	SPO Website* Special Instructions, Section 5	<b>X</b>	
SPOH-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206C	Section 3, RFP	SPO Website*		
SPOH-206E	Section 3, RFP	SPO Website*		
SPOH-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206H	Section 3, RFP	SPO Website*		
SPOH-206I	Section 3, RFP	SPO Website*		
SPOH-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<i>Federal Certifications</i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				
Organization Chart (Organization-Wide and Program)	Section 3, RFP		<b>X</b>	
Most current financial audit	Section 3, RFP		<b>X</b>	
Screening/Administrative Budget Breakdown	Section 3, RFP		<b>X</b>	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## Website Reference

**The State Procurement Office (SPO) website is <http://spo.hawaii.gov/>**

For	Website
1 Procurement of Health and Human Services	<a href="http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/">http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/</a>
2 RFP website	<a href="http://hawaii.gov/spo2/health/rfp103f/">http://hawaii.gov/spo2/health/rfp103f/</a>
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	<a href="http://spo.hawaii.gov/">http://spo.hawaii.gov/</a> Click on the “References” tab.
4 Forms	<a href="http://spo.hawaii.gov">http://spo.hawaii.gov</a> Click on the “Forms” tab.
5 General Conditions, AG-103F13	<a href="http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view">http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view</a>
6 Cost Principles	<a href="http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/">http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/</a>
7 Protest Forms/Procedures	<a href="http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/">http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/</a>
8 Hawaii Compliance Express (HCE)	<a href="http://spo.hawaii.gov/hce/">http://spo.hawaii.gov/hce/</a>

### Non-SPO websites

(Please note: website addresses may change from time to time.)

If a link is not active, try the State of Hawaii website at <http://spo.hawaii.gov>)

For	Go to
9 Hawaii Revised Statutes	<a href="http://capitol.hawaii.gov/hrscurrent">http://capitol.hawaii.gov/hrscurrent</a>
10 Tax Clearance Forms (Department of Taxation)	<a href="http://tax.hawaii.gov">http://tax.hawaii.gov</a>
11 Department of Labor and Industrial Relations	<a href="http://labor.hawaii.gov">http://labor.hawaii.gov</a>
12 Department of Commerce and Consumer Affairs, Business Registration	<a href="http://cca.hawaii.gov/">http://cca.hawaii.gov/</a> click “Business Registration”
13 Campaign Spending Commission	<a href="http://ags.hawaii.gov/campaign/">http://ags.hawaii.gov/campaign/</a>
14 Internal Revenue Service	<a href="http://www.irs.gov/">http://www.irs.gov/</a>

# SAMPLE Proposal Application

## Table of Contents

<b>I.</b>	<b>Background and Summary .....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
	A. Necessary Skills and Experience .....	2
	B. Quality Assurance and Evaluation.....	5
	C. Coordination of Services.....	6
	D. Facilities.....	6
<b>III.</b>	<b>Project Organization and Staffing .....</b>	<b>7</b>
	A. Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications .....	9
	B. Project Organization .....	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery.....</b>	<b>12</b>
<b>V.</b>	<b>Financial.....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation.....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
	A. Cost Proposal	
	SPOH-205 Proposal Budget	
	SPOH-205A Organization-Wide Budget Source of Funds	
	SPOH-205B Organization-Wide Budget by Programs	
	SPOH-206A Budget Justification - Personnel: Salaries & Wages	
	SPOH-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPOH-206C Budget Justification - Travel: Inter-Island	
	SPOH-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 2015	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirement	

STATE OF HAWAII  
STATE PROCUREMENT OFFICE  
**PROPOSAL APPLICATION IDENTIFICATION FORM**

**STATE AGENCY ISSUING RFP:** \_\_\_\_\_

**RFP NUMBER:** \_\_\_\_\_

**RFP TITLE:** \_\_\_\_\_

Check one:

Initial Proposal Application

Final Revised Proposal (Completed Items \_\_\_\_\_ - \_\_\_\_\_ only)

**1. APPLICANT INFORMATION:**

Legal Name: \_\_\_\_\_

Doing Business As (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2. Contact person for matters involving this application:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**3. TYPE OF BUSINESS ENTITY (check one):**

- Non-Profit Corporation
- For-Profit Corporation
- Limited Liability Company
- Sole Proprietorship
- Partnership

**4. STATE OF INCORPORATION (if applicable)**

Date of Incorporation: \_\_\_\_\_

**5. TAX IDENTIFICATION:**

Federal Tax ID #: \_\_\_\_\_

State Tax ID #: \_\_\_\_\_

**6. GEOGRAPHIC AREA(S):**

**7. TARGET GROUP(S):**

**8. FUNDING REQUEST:**

FY \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**I certify that the information provided is to the best of my knowledge true and correct.**

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
NAME & TITLE

\_\_\_\_\_  
DATE SIGNED

## LETTER OF INTENT

### Instructions:

Applicants who intend to submit an application for this grant program **MUST SUBMIT A LETTER OF INTENT** to the Breast and Cervical Cancer Control Program (BCCCP). Letters of Intent that are submitted for **HTH-RFP-BCCCP-506-27-2** must be **received by the BCCCP by 4:00 PM, Wednesday, February 24, 2016.**

Letters of Intent may be submitted in one of two ways:

Email: [florlinda.taflinger@doh.hawaii.gov](mailto:florlinda.taflinger@doh.hawaii.gov)

Fax: (808) 692-7478 or

Mail: State of Hawaii, Department of Health  
Breast and Cervical Cancer Control Program  
Attn: Letter of Intent  
601 Kamokila Blvd., Room 344  
Kapolei, HI 96707

If you need assistance or have questions about the RFP process, please contact the RFP contact person.

**SAMPLE LETTER OF INTENT**

(DATE)

State of Hawaii, Department of Health  
Breast and Cervical Cancer Control Program  
Attn: Letter of Intent  
601 Kamokila Blvd., Room 344  
Kapolei, HI 96707

**RE: RFP No. HTH-RFP-BCCCP-506-27-16-2 LETTER OF INTENT**

As the authorized representative of (\_\_\_\_fill in the legal name of your organization here\_\_\_\_\_) I am writing to inform you that we will be submitting a proposal to the Breast and Cervical Cancer Control Program for RFP No. HTH-RFP-BCCCP-506-27-16-2.

In accordance with Chapter 103F, Hawaii Revised Statutes eligibility criteria, we are a (\_\_\_\_indicate if you are a faith-based or a community group \_\_\_\_\_) wishing to receive funding to provide services as specified under RFP No. HTH-RFP-BCCCP-506-27-16-2.

Organization’s Full Legal Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Regards,

\_\_\_\_\_

(Signature of Authorized Representative)

(Please Print Name and Title)

Alternate Contact

Alternate Contact Phone/Contact/Email

**AUTHORIZED REIMBURSEMENT PROCEDURES  
AND MEDICARE PART B RATES FOR 2016  
EFFECTIVE: 01-01-16**

**BREAST**

CPT CODE	DESCRIPTION	2016 MEDICARE REIMBURSEMENT	TC*	PC*
77057	Screening Mammography, Conventional, bilateral (two views of each breast)	\$91.15	\$54.31	\$36.84
G0202	Screening Mammogram, Digital, Bilateral	\$151.89	\$115.47	\$36.42
	<b>Diagnostic</b>			
77055	Diagnostic Mammography-Unilateral, Conventional	\$99.88	\$63.04	\$36.84
77056	Diagnostic Mammography-Bilateral, Conventional	\$128.68	\$83.01	\$45.66
G0204	Diagnostic Mammogram, Bilateral, Digital	\$185.68	\$140.01	\$45.66
G0206	Diagnostic Mammogram, Unilateral, Digital	\$145.65	\$109.23	\$36.42
76098	Radiological examination, surgical specimen	\$18.25	\$9.79	\$8.46
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$121.35	\$83.01	\$38.33
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$ 99.17	\$63.46	\$35.71
76942	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	\$66.77	\$31.84	\$34.93
19000	Puncture aspiration of cyst of breast		-	\$126.63
19001	Each additional cyst		-	\$28.67
19100	Biopsy of breast, needle core(surgical procedure only)		-	\$165.19
19101	Incisional Biopsy		-	\$371.18
19120	Excision of cyst, fibroadenoma, benign or malignant tumor, aberrant breast tissue, duct or nipple lesion		-	\$526.07
19125	Excision of breast lesion identified by preoperative placement of radiological marker; single lesion		-	\$581.67
19126	Excision of breast lesion identified by preoperative placement of radiological marker; each additional lesion		-	\$164.40
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion			\$793.28
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; additional lesion			\$664.23
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesions			\$768.30
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; additional lesion			\$639.39
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion			\$1,188.84
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; additional lesion			\$950.72

TC=Technical Component; PC=Professional Component

Revised 2-1-16

AUTHORIZED REIMBURSEMENT PROCEDURES AND  
 MEDICARE PART B RATES FOR 2016

Page 2

CPT CODE	DESCRIPTION	2016 MEDICARE REIMBURSEMENT	TC*	PC*
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion			\$268.02
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion			\$190.40
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion			\$302.80
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion			\$232.03
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion			\$595.27
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion			\$527.61
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion			\$997.43
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion			\$810.60
77053	Mammary ductogram or galactogram; single duct	\$65.60	\$46.82	\$18.78
77058	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral	\$618.28	\$532.79	\$85.49
77059	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral	\$614.95	\$529.46	\$85.49
10021 (88170)	Fine needle aspiration with or without preparation of smears; superficial tissue		-	\$134.66
88172	Evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$62.89	\$23.10	\$39.78
88173	Interpretation and report of fine needle aspiration	\$171.68	\$94.05	\$77.62
88305	Breast biopsy interpretation, gross and microscopic exam	\$81.27	\$39.75	\$41.52
88307	Breast biopsy interpretation, gross and microscopic exam; requiring microscopic evaluation of surgical margins	\$352.57	\$260.89	\$91.68
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$101.63	\$72.39	\$29.24
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$120.24	\$81.35	\$38.89
A4000	Anesthesia charges		-	\$350.00
A4550	Facility Charge for Operating Room, Recovery, Supplies		\$750.00	-

TC=Technical Component; PC=Professional Component

Revised 2-1-16

**CERVICAL**

CPT CODES	DESCRIPTION	2016 MEDICARE REIMBURSEMENT	TC*	PC*
88164	Pap smear (Conventional) reported in Bethesda System	\$14.39	-	-
88148	Pap smear (Conventional) by automated system with manual rescreening under physician supervision	\$20.70		
88142	Pap smear (Liquid based) collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$27.60		
88175	Pap smear (Liquid Based) collected in preservative fluid automated thin layer prep; screening by automated system under physician supervision	\$36.09		
	<b>Diagnostic</b>			
88141	Pap smear, reported in Bethesda System, requiring interpretation by physician	\$35.50	-	-
88305	Biopsy interpretation, gross and microscopic exam	\$81.27	\$39.75	\$41.52
57452	Colposcopy without biopsy, (surgical procedure only)	\$116.12	-	-
57454	Colposcopy with biopsy and/or endocervical curettage	\$161.43	-	-
87624	HPV, High-risk types	\$47.80	-	-
87625	HPV, Types 16 and 18 only	\$47.80		
57460	Biopsy of cervix w/scope, LEEP	\$309.49	-	-
57461	Conization of cervix w/scope, LEEP	\$347.79	-	-
57520	Conization of cervix, cold knife or laser	\$327.49	-	-
57522	Conization of cervix, LEEP	\$279.91	-	-
*58100	Endometrial sampling with or without endocervical sampling (separate procedure)	\$116.15	-	-
*58110	Endometrial sampling performed in conjunction with colposcopy (List separately in addition to code for colposcopy procedure)	\$50.45	-	-

\*TC=Technical Component; PC=Professional Component

**OFFICE VISITS**

CPT CODE	DESCRIPTION	2016 MEDICARE REIMBURSEMENT
99203	New patient office visit (30 minutes face-to-face)	\$115.47
99211	Established patient-office visit (5 minutes face-to-face)	\$22.08
99213	Established patient-office visit (15 minutes face-to-face)	\$78.40
99214	Established Patient; detailed history, exam, moderately complex decision-making (25 mins face-to-face)	\$115.16

CPT CODE	DESCRIPTION	CASE MANAGEMENT REIMBURSEMENT
99373	Patient Care Coordination by Phone; 30 minutes or more	\$18.00
99404	Face-to-Face Patient Consultation For Management of Care	\$36.00

## SCREENING/ADMINISTRATIVE BUDGET BREAKDOWN

(Period: \_\_\_\_\_ to \_\_\_\_\_)

Applicant/Provider: \_\_\_\_\_  
 RFP No.: \_\_\_\_\_  
 Contract No. (As Applicable): \_\_\_\_\_

BUDGET CATEGORIES	BUDGET REQUEST
A. SCREENING COSTS	
1. CPT Code Costs (estimate):	
2. Other Screening Costs:	
A. TOTAL SCREENING COSTS:	
B. ADMINISTRATIVE COSTS:	
<b>TOTAL COSTS (A+B)</b>	
	Budget Prepared By:
	Name (Please type or print) <span style="float: right;">Phone</span>
	Signature of Authorized Official <span style="float: right;">Date</span>
	Name and Title (Please type or print)
	For State Agency Use Only
	Signature of Reviewer <span style="float: right;">Date</span>