
TELEMEDICINE PILOT



Version: One

Issue Date: March 2, 2016

Funding Opportunity: Telemedicine Pilot

Funding Opportunity Number: HPC-Telemedicine-001

Authority: Section 161 of Chapter 46 of the Acts of 2015;
M.G.L. c. 29 §2G GGG; 958 CMR 5.00

OVERVIEW INFORMATION

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5.00

KEY DATES

Date of Issue: March 2, 2016

Information Sessions: March 16, 2016 and March 25, 2016

Proposal Due Date: May 13, 2016 by 3:00 PM EDT

Anticipated Awardee Announcements: July 2016

Anticipated Contract Execution: October 2016

Anticipated Period of Performance: October 2016 to March 2018

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Section I. Purpose

The Massachusetts Health Policy Commission (HPC) is issuing this Request for Proposals (RFP) to solicit responses from **Eligible Entities¹ (Providers, Provider Organizations, or Carriers)** and their Partners for a pilot of Telemedicine services to expand access to Behavioral Health care (Telemedicine Pilot Initiative). The HPC is seeking to invest in Telemedicine innovations that enhance community-based access to Behavioral Health services for residents of Massachusetts with unmet Behavioral Health needs. The goals of this Telemedicine Pilot Initiative are to:

1. Demonstrate the potential of Telemedicine to address Behavioral Health access challenges in high-need populations
2. Demonstrate effectiveness of multi-stakeholder collaboration to serve high-need populations
3. Inform care delivery and payment reform activities across the Commonwealth

The HPC is making up to \$1,000,000 available for this RFP from the Distressed Hospital Trust Fund (M.G.L. c. 29, § 2GGGG). \$500,000 is available for Applicants eligible for the CHART Investment Program pursuant to 958 CMR 5.00² and, pursuant to Section 161 of Chapter 46 of the Acts of 2015, \$500,000 is available for Applicants not eligible for the CHART Investment Program. Eligible Entities can apply through a competitive process for up to \$500,000 to prepare and implement one or more Telemedicine-based services during an 18-month Period of Performance to enhance access to Behavioral Health care for one or more of the following populations:

- *Children and Adolescents* – Examples may include models of care in traditional (e.g., primary care) and non-traditional settings (e.g., schools) for the delivery of tele-Behavioral Health services
- *Older Adults aging in place* – Examples may include models in home-based settings or places of residence, such as a nurse-led home health visit augmented by a remote tele-Behavioral Health Provider
- *Individuals with Substance Use Disorders* – Examples may include models to reduce acute care transfers, such as reverse integration of emergency medical care into detox facilities or specialist consultations to primary care or emergency medicine for medication-assisted treatment

The HPC strongly encourages Eligible Entities to partner with other market participants (e.g., other Eligible Entities, Providers, Carriers, employers, or human services organizations) to most effectively meet the needs of these populations. Entities that seek to partner together for the Pilot Initiative must submit a single Proposal for funding.

Through this investment, the HPC seeks to identify and disseminate best practices in tele-Behavioral Health across the Commonwealth. In addition to **enhancing access to care** for the identified target populations, Applicants should seek to improve system performance on other measures of a well-functioning health care delivery system, such as patient experience and Provider satisfaction, patient flow, and

Telemedicine Pilot In Brief

Purpose: To expand access to Behavioral Health services for 1) Children and Adolescents; 2) Older Adults aging in place; or 3) individuals with Substance Use Disorders

Eligibility: Providers, Provider Organizations, or Carriers who may collaborate with one or more Partners to serve a shared population

Award: Up to \$500,000 for up to 6 months of preparation and 12 months of implementation

¹ Capitalized terms are defined in **Section IX**.

² A list of Applicants eligible for the CHART Investment Program is available in **Section VIII** of this RFP.

cost reduction.

As communities have varied needs, Applicants should propose design and implementation approaches to meet these objectives that are tailored to local context. Applicants requesting funds must propose how they will use evidence-based interventions and will develop protocols for the application of Telemedicine to their setting(s).

Section II. Pilot Initiative Description

A. Background

The HPC was established in 2012 through the Commonwealth's landmark health care cost containment law, [Chapter 224](#): "An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation." The HPC is an independent state agency responsible for reducing overall health care cost growth, improving access to high quality, accountable care and reforming the way health care is delivered and paid for in Massachusetts.

The HPC is charged with facilitating lower costs and better, more efficient and innovative care by: 1) monitoring health care cost growth in the Commonwealth and drivers thereof, 2) evaluating the impacts of substantial changes to the Massachusetts health care market on cost, quality, market function, and access, 3) evaluating and fostering model payment system reforms, 4) engaging in patient protection activities, and 5) driving care delivery reforms through health care investments and the development of voluntary model certification programs for Patient-Centered Medical Homes and Accountable Care Organizations.

To advance these goals, the HPC invests in and tests emerging and innovative care delivery and payment models that hold promise. Testing the potential of Telemedicine to expand access to needed health care services and to inform policy is one such initiative.

Telemedicine has a number of applications³ that have demonstrated success in improving health outcomes and reducing acute care utilization, and that rate highly in patient experience of care. Some uses of Telemedicine involve direct interaction between Providers and patients, while others such as remote monitoring involve passively collecting patients' data wherever they may be and sending the information to Providers for clinical evaluation. Still others emphasize care coordination and workflow enhancements among Providers, who use the technology for electronic consultations in lieu of patient referrals. Many Provider Organizations leverage Telemedicine technology to enhance access to existing clinicians, while large companies have emerged to offer commercial Telemedicine services to a national market.

Despite its benefits, Telemedicine adoption in Massachusetts has been somewhat limited. Stakeholders cite inadequate payer coverage, inadequate regulatory supports for Provider licensing and credentialing, and slow consumer uptake. Further evidence – and in particular, local demonstration – of access expansion and/or cost-savings over traditional models while maintaining or improving quality is needed to advance these reforms. To this end, this Pilot Initiative seeks to demonstrate the potential of Telemedicine to address critical Behavioral Health access challenges in high-need target populations and inform policy development to support care delivery and payment reform.

³ For a review of Telemedicine models, refer to *Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Position Paper*
<http://annals.org/article.aspx?articleid=2434625>

Telemedicine presents an opportunity for rapidly expanding access to care through modalities that provide clinical services directly to patients and that extend Providers' scopes of practice into specialized services, such as Behavioral Health. Ensuring sufficient patient access to needed Behavioral Health services is a pressing need in Massachusetts. Since 2010, Behavioral Health visits to Emergency Departments in Massachusetts have risen by 24 percent, even while overall Emergency Department (ED) volume and volume in every other major service category has declined.⁴ Boarding of Behavioral Health patients in EDs has increased by 40% in the last three years, and the majority of long-stay ED patients have a Behavioral Health comorbidity.⁵ These patterns of seeking Behavioral Health care in acute settings reflect a chronic gap in access to appropriate, community-based services.

B. Goals

The HPC has identified a primary goal of **increasing access to Behavioral Health care using Telemedicine for one or more of the following groups within the Commonwealth: Children and Adolescents, Older Adults aging in place, and individuals with Substance Use Disorders.**

In addition to access expansion, Telemedicine promises to improve system performance on a number of measures, such as patient experience and Provider satisfaction, patient flow, and cost reduction. Thus, the HPC further seeks to invest in and evaluate the impacts of Telemedicine on the following factors:

- 1) Maintaining or improving patient experience and quality of care;
- 2) Improving Provider satisfaction;
- 3) Improving patient flow and health care Providers' operating efficiency through optimal allocation of clinical staff among Partnering sites and use of staff time;
- 4) Linking tele-Behavioral Health service models to primary Providers to ensure continuity of care;
- 5) Reducing the number of patients transferred to specialty or acute clinical settings, when appropriate care could be delivered at the originating setting (where appropriate); and
- 6) Reducing overall utilization over an episode of care (where appropriate).

Section III. Award Information

A. Total Funding Available, Award Amount, Total Number of Awards

The HPC anticipates making up to three (3) Awards pursuant to this RFP, with no single Award totaling more than \$500,000, and a total of \$1,000,000 available for funding. Applicants may receive an Award less than the amount requested and may be asked to adjust elements of their Proposal. The HPC intends to fund the strongest Proposals based on the selection criteria, subject to the funding parameters detailed above. The HPC is not obligated to fund a minimum number of Proposals or to distribute a minimum amount of funding for a Telemedicine Proposal. Award amounts will vary based on the scope and projected impact of Proposals such as: potential impact anticipated, demonstrated need of the population served, and/or potential for scale and learning opportunities to advance the adoption of Telemedicine across the Commonwealth.

⁴ Massachusetts Health Policy Commission (2016). *2015 Cost Trends Report*. Boston, MA: Health Policy Commission.

⁵ Massachusetts Health Policy Commission (2016). *Community Hospitals at a Crossroads: Findings from an Examination of the Massachusetts Health Care System*. Boston, MA: Health Policy Commission.

B. Anticipated Timeline

The Contract term shall be for up to 18 months, including up to 6 months of preparation, and 12 months of implementation (beginning at Contract execution on or about October 1, 2016 and ending on or about March 31, 2017), and may be extended at the sole discretion of the HPC in any increment through March 31, 2018.

All dates are estimated, except for the deadline indicated in **bold** type. All times are Eastern Daylight.

	DESCRIPTION	DATE
1	RFP released	March 2, 2016
2	Information sessions held by HPC staff	March 16, 2016 (in person) and March 25, 2016 (webinar)
3	Deadline for submission of written questions	May 6, 2016 by 3:00 PM
4	Deadline for submission of Proposal	May 13, 2016 by 3:00 PM
5	Awardees selected	July 2016
6	Projected Contract execution	October 2016
7	Preparation Period	October 2016-March 2017
8	Pilot Implementation	March 2017-March 2018

C. Funding Disbursement

Payment of Awards pursuant to this RFP will be made on a cost reimbursement basis, except the HPC may make an initiation payment at the time of Contract execution to fund Awardee preparation activities (e.g., development of clinical protocols, operational policies and procedures, training, technology systems testing, etc.). The HPC will make payments of the Award in periodic installments based on a cost-reimbursement model. All payments and any Contract extensions are subject to HPC authorization, availability of funds, and HPC's determination of satisfactory performance of the Contract terms.

The HPC will not be responsible for any costs or expenses incurred by Applicants in responding to this RFP.

D. Termination or Amendment of Awards

The HPC reserves the right to reduce, terminate, or recover payments, in whole or in part, in the event the Awardee fails to perform Contract requirements and provide deliverables substantially as specified in the Contract or if during the Contract term, the Awardee is determined by the HPC to be no longer qualified.

Section IV. Selection Criteria

This section describes the criteria for review and selection of Awards for this RFP. The Proposal must be organized as detailed in **Section V**. The review committee will evaluate all Proposals submitted in accordance with Section V that meet the minimum requirements listed in **Section V.A**. In addition to the Proposal as submitted, the review committee may consider any relevant information about the Applicant known to HPC, including but not limited to HPC's prior experience working with the Applicant. Proposals will be scored based on a total of 100 points. The following criteria will be used to evaluate each Proposal:

1) **Impact of the Proposed Pilot (30 points)**

- Demonstration of community need for access to Behavioral Health services within the Commonwealth for one or more of the following populations: Children and Adolescents; Older Adults aging in place; and individuals with Substance Use Disorders
- Alignment of the proposed Pilot with the goal of enhancing access to Behavioral Health care for the selected population(s)
- Magnitude of estimated impact of the proposed Pilot within the Implementation Period on meeting the Behavioral Health access needs for the target population specified by the Applicant as well as estimated impact on cost, quality, Provider, patient experience and patient flow, and continuity of care, as appropriate

2) **Operational Approach (20 points)**

- The Proposal is well-designed, comprehensive, feasible and effective to meet the goals of the RFP with clear aims, goals, objectives, deliverables, and outcomes
- Strength of the proposed Pilot, its evidence base, if any, and plan for adaptation to serve the target population
- Extent to which the proposed Pilot meets the described patient/population need better than current alternatives
- Alignment of the measurement plan to the proposed Pilot for performance monitoring and to the aims for outcomes assessment

3) **Partnership and Collaboration (15 points)**

- Strength and value of partnerships and effective governance, communication, and decision-making structures among the Applicant and Partner(s)

4) **Leadership and Organizational Capacity (10 points)**

- Leadership and management engagement and capability
- Past performance with relevant health care transformation grant programs (if applicable)

5) **Budget and Financial Considerations (15 points)**

- Appropriateness and sufficiency of the proposed budget
- Cost efficiency of the proposed budget

- Financial need of Applicants and any Partner(s) at time of Proposal as defined by the Applicant's optional response detailed in Section V.D.10 and publically available financial metrics
- Proposed in-kind contribution(s), relative to financial need of the Applicant and any Partner(s)

6) Sustainability and Scalability (10 points)

- Potential for learning, sustainability, replication and scalability of Telemedicine model

Section V. Proposal Instructions

To be considered, an Applicant must submit a Proposal to the HPC in accordance with the minimum requirements detailed below and consistent with the deadlines, requirements, and required information and Attachments described below.

A. Minimum Requirements

- 1) A Proposal must be submitted by an Eligible Entity (the Applicant).
- 2) The Applicant must submit the Proposal on behalf of all Partners, if any. The Applicant will be the entity with whom the HPC will contract for the Award. The Applicant shall be responsible for fulfilling the terms of the Award, but may do so by coordinating with Partners to perform other operational aspects of the Pilot. Separately, the Applicant must identify two key personnel:
 - An Investment Director, who will assume responsibility for overseeing implementation of the Award. The Investment Director will serve as the primary point of contact for the HPC and will lead implementation of the Pilot, but does not need to be an employee of the Applicant.
 - A Financial Designee, who will be responsible for tracking HPC funds for the Period of Performance and for reporting expenditures as required by the HPC. The financial designee should possess the relevant skills and understanding of the Applicant's accounting practices.
- 3) The Applicant must focus Behavioral Health access expansion efforts on one or more of the following target groups within the Commonwealth of Massachusetts: Children and Adolescents, Older Adults aging in place, and individuals with Substance Use Disorders.
- 4) Teaching Hospital participation is required. A Teaching Hospital may be the Applicant or deliver direct services as a Partner to another Provider. Alternatively, a Teaching Hospital may support the Applicant in designing Telemedicine-based clinical protocols during the Preparation Period or serve in an advisory capacity on Pilot implementation. Teaching Hospital participation is not required to be part of the Applicant's direct service delivery model. The Applicant must describe the role of at least one Teaching Hospital in its Proposal.

B. General Proposal Requirements

All exhibits necessary to complete a response to this RFP will be made available on the HPC's website, located under "Innovation Investments." Applicants must follow all submission instructions. Omission of key information may lead to rejection of the Proposal as incomplete.

Each Proposal must include the following:

- 1) A cover letter completed as described in **Section V.C** and signed by the President or Chief Executive Officer or Board Chair of the Applicant.
- 2) A **complete** Operational Response (including all Attachments) for funding as described in **Section V.D**, including:
 - a. Driver Diagram Template (**Attachment A, Exhibit 1**)
 - b. Performance Measures Template (**Attachment A, Exhibit 2**)
 - c. Budget Proposal Response (**Attachment A, Exhibit 3**)
- 3) Mandatory Contracting Forms. Each Application must include copies of the following documents signed by an authorized signatory of the Applicant:
 - a. Commonwealth Terms and Conditions (**Attachment B, Exhibit 1**)
 - b. Commonwealth Standard Contract Form and Instructions (**Attachment B, Exhibit 2**)
 - c. Contractor Authorized Signatory Form (**Attachment B, Exhibit 3**)
 - d. HPC Confidentiality and Non-Disclosure Agreement (**Attachment B, Exhibit 4**)

For each Proposal, the Applicant must submit **one (1)** electronic copy of all materials to the HPC to HPC-Innovation@state.ma.us. **Attachment A, Exhibits 1-3** must be submitted in their original file formats. Do not convert these documents into .PDF format. Scanned copies of signed forms are acceptable for the cover letter and **Attachment B, Exhibits 1-4**. To ensure file transmission, please limit the total file size to 5MB. Complete electronic Proposals must be submitted **no later than 3:00 PM (EDT) on May 13, 2016**.

C. Cover Letter Instructions

Applicants **must** submit a cover letter that includes all of the following information (failure to submit a cover letter including all components may result in disqualification from consideration for funding):

- 1) A statement that the Proposal is an application for Funding Opportunity HPC-Telemedicine-001, HPC Telemedicine Pilot Initiative;
- 2) The name and principal address of the Applicant organization;
- 3) A description of the Applicant's Legal Entity status (e.g., not-for-profit corporation, limited partnership, general partnership, etc.);
- 4) A statement that the Applicant's Proposal is effective through the date that the Applicant executes a Contract with HPC pursuant to this RFP;
- 5) The specific amount of funding requested;
- 6) Affirmation that if awarded funding, the Applicant will complete all activities described in its Proposal;
- 7) Affirmation that if awarded funding, the Applicant will submit an award Plan to be approved by the HPC and incorporated into the Contract;

- 8) Affirmation that if awarded funding the Applicant will begin Pilot activities on October 1, 2016 or on the date the Contract is executed, whichever is later;
- 9) A statement that all documents submitted by the Applicant are truthful and accurate;
- 10) A statement that the Applicant has read the RFP and all Attachments and understands the terms and conditions pursuant to which Telemedicine Pilot Initiative investments may be Awarded; and
- 11) An attestation from that Applicant that the following mandatory contract forms, available as Attachments to this RFP have been signed and are included with the Proposal:
 - a. Commonwealth Terms and Conditions
 - b. Commonwealth Standard Contract Form and Instructions
 - c. Contractor Authorized Signatory Form
 - d. HPC Confidentiality and Non-Disclosure Agreement

D. Operational Response Instructions

The Applicant must complete all elements of the Operational Response as described below to be considered. Additionally, for item 8 below, “Specify the budget,” the Applicant must use the template defined in **Attachment A, Exhibit 3**, to be considered. The Operational Response shall not exceed 15 pages, exclusive of Attachments A and B.

1) List the Applicant and Partner organizations

List the Applicant and any Partners, including contact information for each organization. Specify whether each Partner is an Eligible Entity or not. Briefly describe the role of each Partner. A Partner may be any organization that provides one or more services to the target population, or otherwise collaborates with the Applicant on payment, service delivery, or analysis for the proposed Pilot. Partnerships may be new, or a strengthening of an existing Partnership, and Partners may or may not require financial support through an Award.

Please briefly describe how the Applicant will work with a Teaching Hospital in support of at least one aspect of the Pilot, e.g., in a design, implementation, advising and oversight, or an evaluation capacity (*see Section V.A Minimum Requirements*).

2) Demonstrate the impact of the proposed Pilot

a. Define a target population

Define and describe a **quantifiable target population** in terms of size and factors such as geographic location, demographics, insurance coverage, service utilization statistics, health risk, or other relevant characteristics. This target population must be within one or more of the following groups: Children and Adolescents; Older Adults aging in place; and individuals with Substance Use Disorders.

b. Demonstrate need for Behavioral Health services in the target population

Describe in quantifiable terms the need(s) for increased access to Behavioral Health services of the target population that will be served through the Pilot.

c. Define a primary aim and, if applicable, secondary aims

Define the primary outcome of interest for the Pilot (the primary aim) in the form of an aim statement. The aim statement should be specific and measurable in the following format:

We will accomplish [percent/count change] in [specific impact measure], by [the end of the Implementation Period], for [the Target Population]

In addition, the Applicant may specify secondary aims of the Pilot. Ideally, these will address all endpoints of interest to the Applicant and may include one or more of the Pilot Initiative goals specified in **Section II.B**. For example, a school-based telepsychiatry program may set a primary aim to increase access to services for 75% of students who are currently not seen by a Provider for psychiatric conditions. Secondary aims may relate to reductions in absenteeism, improvements in academic performance, reductions in visits to urgent and emergent care for non-urgent Behavioral Health needs (and commensurate cost savings), and improved linkages to primary care Providers for this population.

For further guidance on how to write aim statements and examples, please refer to the Institute for Healthcare Improvement (IHI) resource page at <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementSettingAims.aspx>.

d. Estimate the impact of the proposed Pilot on the target population

Describe the expected impact of the Pilot within the Implementation Period on access to Behavioral Health care for the target population. At minimum, the Applicant should quantify the impact to the target population of realizing the primary aim. The Applicant should also describe the cost, quality, social and other impacts should secondary aims be realized. The Applicant may consider modeling estimates on results from past successful implementations of Behavioral Health access expansion within their organizations or as described in publicly available literature. The Applicant should provide a detailed description of their impact estimate, including components such as methods, source data, and citations to magnitude of impact in prior initiatives, as relevant.

The most competitive Applicants will model the access and cost implications of their Proposals, with an emphasis on the potential for disseminating successful models and incorporating learning into state- and commercially-administered payment reforms.

3) Describe the proposed Pilot and demonstrate your operational capacity

a. Describe the Telemedicine-based service model

Describe the proposed Pilot in detail, including but not limited to a method for finding individuals in the target population (case finding), the services to be provided, and post-encounter follow up. The description must include the type, duration, and scope of the services to be provided or activities conducted during the Pilot. The description must include the theory of action for the model and demonstrate specifically and concretely how the Pilot will achieve the primary aim. The description should also identify the primary challenges to implementation of the model and explain how these anticipated risks will be mitigated. The description must specify how much preparation (up to 6 months) the Pilot will require prior to implementation.

Cite evidence that the proposed service model has been successfully implemented to meet the needs of the target population. Where prior evidence of the model supports a different population, describe why application of this model to the identified target population will have a meaningful impact. Evidence cited may include access, quality and/or cost outcomes as well as process measures based on primary literature, grey literature, published case studies, and/or the Applicant's prior experience with Telemedicine. Describe how and why adaptations have been made from prior successful models. To the extent that the proposed Pilot builds upon a current care delivery or payment program funded by a grant, please describe how the Telemedicine Investment would complement or expand the current activities.

Complete a driver diagram using the template in **Attachment A, Exhibit 1** to illustrate the logical flow of your Pilot intervention. The driver diagram should include primary and secondary drivers that support the primary aim and if applicable, secondary aims. For further instructions for building a driver diagram, please refer to the CHART Phase 2 example document [here](#)⁶ and on IHI's website [here](#)⁷.

Provide a brief timeline or key dates for the preparation (6 month maximum) and 12-month implementation of your Pilot.

- b. Describe the measurement and continuous improvement plan for tracking, assessing, and improving performance*

Briefly describe your plan to use process and outcomes data to drive improvement on a routine basis. Specifically, describe how your Pilot will use performance measures to gauge progress, learn, and adapt your model, and assess overall impact. Describe how your team will share data and how frequently. Describe how you will adapt your Pilot through a rapid-cycle improvement model to maximize achievement of your Aim(s). Applicants must propose metrics relevant to all domains of their Pilot, such as cost and utilization, clinical outcomes, clinical processes, access to care, patient experience, and Provider experience.

Complete a table as described in **Attachment A, Exhibit 2**. The table should individually list the Pilot's primary aim, secondary aims, primary drivers and secondary drivers in an "Element" column. Include associated measures with a description of their purpose, numerators, denominators, and data sources. In the "Feasibility" column, please indicate if you are currently collecting this measure or you can begin collecting this measure by the end of the Preparation Period

Sample Performance Measures

<i>Element</i>	<i>Measure</i>	<i>Purpose of Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Sources</i>	<i>Feasibility</i>
Primary Aim	ED visits per patient per year	Rapidly available measure of costs that is sensitive to failures of the Pilot to appropriately coordinate care in lower-cost, less disruptive settings	Number of ED Visits by Denominator patients	Number of residents of Springfield under the age of 18 with Behavioral Health conditions who have visited the ED	Participating facility ADT systems	Currently collecting this measure
Secondary Aim #1	BH specialist visits per patient, per year	A balancing measure that indicates ability of Target Population to access appropriate BH support and referrals to resources	Number of BH specialist encounters by Denominator patients	Number of residents of Springfield under the age of 18 with Behavioral Health conditions who have visited the ED	Participating Provider administrative data	Can begin collecting this measure by the end of the Preparation Period

⁶ <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/chart/phase-2/chart-phase-2-rfp-attachment-a-exhibit-2-driver-diagram-instructions.pdf>

⁷ <http://www.ihl.org/education/ihopenschool/resources/Pages/Activities/GoldmannDriver.aspx>

4) Describe the full team that will staff and support the Pilot.

Describe the anticipated number and general titles of staff from the Applicant and each Partner, as applicable, that will be dedicated to the Pilot, whether HPC-funded or supported in-kind by the Applicant:

- For each individual supporting the Pilot, indicate his or her employer, relevant skills and qualifications, and roles/responsibilities.
- List the percentage of time each individual/position will be dedicated to the Pilot.

Further, the Applicant must specify an Investment Director to manage the Pilot operations and serve as the key point of contact to the HPC. The Investment Director must possess the relevant skills and expertise as well as the clinical and operational formal authority and informal influence to implement and sustain the Pilot. The Investment Director does not need to be employed by the Applicant.

- List the name, title and email address of, and provide a résumé for, the Investment Director.
- Describe the unique qualifications of this individual to lead the Pilot and their influence within the participating organization(s).

Separate from the Investment Director, the Applicant must specify a Financial Designee who will be responsible for tracking all funds identified in the Budget and reporting expenditures as required by the HPC. The Financial Designee must possess the relevant skills and understanding of the Applicant's accounting practices.

- List the name, title and email address of the Financial Designee.

5) Describe how using Telemedicine is consistent with and/or preferable to the current standard of care

Describe how the Pilot meets patients' needs for continuity of care, safety and quality that is preferable to the standard of care for screening, in-person visits or consultations. In other words, why is Telemedicine the optimal modality for care delivery?

Recognizing that not all will have existing Telemedicine capacity, Applicants may indicate plans to develop this capacity during the Preparation Period.

6) Describe the operational and technical viability of the Telemedicine-based service model

Describe current or anticipated capacity to deliver care consistent with evidence-based standard of care for Telemedicine. Be specific in describing **how** the Applicant will work to build capacity to do the following:

- Offer clinical services through Providers licensed and credentialed in Massachusetts, as applicable.
- Develop protocols to assess online visit appropriateness.
- Develop pathways to connect/refer those patients for follow-ups in person, if necessary
- Conduct follow-up calls or emails with patients after consultations.
- Require Providers to undergo periodic training to deliver care effectively in an online setting.
- Use privacy and security best practices and is compliant with all relevant state and federal requirements (e.g., HIPAA, 42 CFR Part 2, etc.).
- Develop data management/disaster recovery protocols for patient data.

7) Describe the organizational commitment to implementing a Pilot

Describe how the Aim, Initiative, and, if applicable, Partnerships fit into the Applicant's strategic, long-term success.

Describe specific and tangible benefits of any Partnership to the target population in support of the Primary Aim.

Describe how the Applicant and any Partner(s) will collaborate, including such factors as making decisions, defining work processes and sharing resources, in order to address the needs of the target population.

8) Specify the budget

Applicants must complete the Budget Proposal Response provided in **Attachment A, Exhibit 3** indicating the funding requested for the Proposal. The Budget Proposal Response must include each Partner for whom funding is requested in a Proposal. Applicants should complete a single Budget Proposal Response for all Eligible Entities and participating Partners.

Applicants must provide a brief description for each budget item in the Notes column of the Budget Template tab in **Attachment A, Exhibit 3**. The description should link to the Pilot as described in the Operational Response and driver diagram. A description should also be provided for any in-kind contributions or other funding sources (e.g., funds provided by participating organizations or from other grants/ investment initiatives, as applicable). Please see the "Instructions" tab of the Budget Proposal Response for further information.

9) Describe considerations for sustainability

Applicants should describe what specific government policy and market-based supports are needed to sustain the service model demonstrated in the Pilot. These may touch on payment, quality measurement, data sharing capacity, licensure and credentialing, and other regulatory or payment considerations.

10) Describe financial need (Optional)

As noted above, the HPC will consider the financial need of the Applicant and any Partners using publically available financial metrics, when evaluating Proposals. Applicants may provide additional information about the financial need of itself and/or its Partners.

Section VI. Proposal Review, Selection & Award Process

A. General Provisions

This Request for Proposals for the HPC's Telemedicine Pilot Initiative is issued pursuant to Section 161 of Chapter 46 of the Acts of 2015, M.G.L. c. 29, § 2G GGG, 958 CMR 5.00, 815 CMR 2.00 and the Massachusetts Management Accounting and Reporting System (MMARS) Policy on State Grants and Federal Sub-Grants (Issued 7-1-2004, revised 9-8-2014) (Grants Policy). Many terms included in 958 CMR 5.00, 958 CMR 2.00 and the Grants Policy, as well as the definitions section of the Operational Services Department (OSD) state procurement regulations (815 CMR 21.02), are incorporated by reference into this RFP. Words used but not specifically defined in this RFP shall have the meanings included in 958 CMR 5.00, 815 CMR 2.00, 801 CMR 21.02, or the Grants Policy. Unless otherwise specified, all communications, responses, and documentation must be in English, using English customary weights and measures (feet, pounds, quarts, etc.) and U.S. dollars. All responses must be submitted in accordance with the terms specified in **Section V**.

The HPC reserves the right to amend this RFP at any time prior to the date responses are due, or to suspend or terminate an Award in whole or in part at any time. This RFP and any amendments will be posted on the HPC's website, www.mass.gov/hpc. Applicants are advised to check this site regularly, as this will be the primary method used for notification of changes as well as posting of key information unless otherwise indicated on that website.

Awards made pursuant to this RFP shall be for a fixed amount, which amount shall be preliminarily determined and announced to the Awardee at the time of selection, and finalized upon Contract execution. HPC makes no guarantee that a Contract, or any obligation to provide funding to any Applicant, will result from this RFP. HPC also makes no guarantee that funds will be available to successful Applicants on this RFP.

B. Contact of Eligible Entities and any Partners with Health Policy Commission

Selection of Awardees pursuant to this RFP is being conducted consistent with state bidding practices. **Eligible Entities, any proposed Partners, or any agent(s) working on their behalf, are prohibited from communicating directly with any HPC Commissioners or Staff regarding this RFP except as specified in Section VI.C below.** No other individual HPC employee or representative is authorized to provide any information or respond to any question or inquiry concerning this RFP. Any unauthorized communication or contact may result in immediate ineligibility of an Applicant at the sole discretion of the HPC.

Applicants must disclose any interest that will conflict with the performance of services required under any Contract resulting from this RFP.

Applicants with disabilities or hardships that seek reasonable accommodation, which may include the receipt of RFP information in an alternative format, must submit a written statement to the RFP contact describing the Applicant's disability and the requested accommodation to the contact person for the RFP. HPC reserves the right to reject unreasonable requests. Applicants may also request a hardcopy of the RFP, pertinent Attachments, or any of its components, by contacting the HPC.

C. Information Sessions and Questions

The HPC anticipates hosting multiple RFP Information Sessions to provide details about this funding opportunity and to answer questions from Applicants. Information sessions are scheduled as follows – all dates/times are subject to change. Updates will be posted on the HPC website under “Innovation Investments.”

Information Sessions: *Information sessions will provide an overview of this RFP and will describe key topics of scope, deadlines, submission requirements, and details of the Proposal submission instructions.*

- March 16, 2016 (in person at the HPC)
- March 25, 2016 (webinar, to be recorded and posted on the HPC’s website)

Additional details about Information Sessions will be posted on the HPC website under “Innovation Investments.”

Applicants may make written inquiries concerning this RFP until no later than **May 6, 2016 at 3:00 PM (EDT)**, as specified in the Timetable in **Section III.B** of this RFP. Written inquiries must be sent to HPC-Innovation@state.ma.us. Acknowledgment of receipt may not be provided. HPC will review all questions and, at its discretion and on a rolling basis, prepare written responses to those it determines to be of general interest and relevant to the preparation of a response to the RFP. These responses will be posted on the HPC’s website (above). HPC may respond individually to an Applicant regarding *de minimis* questions on process that are applicable only to the Applicant, without posting responses on the HPC website. A full record of responses will be made available upon specific request.

D. Review and Selection Process

Responses to this RFP will be evaluated by a review committee composed of individuals designated by the HPC Executive Director and the HPC Board Chair, pursuant to 958 CMR 5.07. The review committee will review and evaluate each Proposal based on the **Selection Criteria (Section IV)**.

The HPC reserves the right to reject an Applicant’s response at any time during the evaluation process if the Applicant:

- a) Fails to demonstrate to HPC’s satisfaction that it meets all RFP requirements;
- b) Fails to submit all required information or otherwise satisfy all response requirements in **Section V**;
or
- c) Rejects or qualifies its agreement to any of the mandatory provisions of the RFP or the Commonwealth’s Standard Contract or Terms and Conditions.

The review committee may determine that non-compliance with an RFP requirement is insubstantial. The review committee may seek clarification, allow the Applicant to make minor corrections, take the non-compliance into account in evaluating the response, or apply a combination of all three remedies. However, the HPC emphasizes that an incomplete response or a response that does not comply with submission requirements will be disadvantaged and possibly disqualified.

1) Content Expert Review

The HPC may engage subject matter experts to assess the feasibility, impact, and adherence to best-known practices. The review and comment of subject matter experts will be non-determinative, and will

provide additional information for the consideration of the review committee in evaluation of each Proposal against the Selection Criteria.

2) Clarifications

The review committee may seek additional information from Applicants as necessary to complete review of the Proposal. The HPC must receive all requested additional materials within five (5) business days of a request or the HPC may determine the Proposal is incomplete.

3) Interviews

The HPC may interview some Applicants. Interviews will be conducted by the review committee (or a subset of the committee, the HPC Executive Director, and/or HPC staff) and will provide Applicants with an opportunity to present their Proposal and provide answers to questions regarding the Proposal. Specific instructions and an invitation will be provided no less than 10 business days prior to a scheduled interview.

4) References

The HPC may request references, verify references, or consider any written references submitted to the HPC, at any time during the Award process and at any time during the Period of Performance.

5) Selection and Notification of Awardees

The review committee will recommend Applicants to the Executive Director to receive Awards and the amounts to be awarded. The Executive Director will subsequently make recommendations to the Board. The amounts to be awarded may be an amount greater than or less than that requested by the Applicant. Recommendations for Awards will be made based on the availability of funds, the degree to which an Applicant meets criteria described in this RFP, and the degree to which the Proposal meets the Applicant's need for funding.

The Executive Director may recommend Awards based on the Proposals that demonstrate the best value overall, including proposed alternatives to Proposals as submitted, which will achieve the Commonwealth's and HPC's goals for the Telemedicine Pilot Initiative. During finalization of the Contract, the HPC and an Awardee may negotiate a change in any element of the Awardee's Proposal that results in lower costs or higher impact.

The Board will make the final Award decisions based on the recommendations of the Executive Director and criteria in this RFP and authorizing statutes and regulations. The Board's decisions are final and not subject to further review or appeal. The HPC will notify all Applicants of their selection or non-selection for an Award. All Awards are contingent upon finalization of Contract terms by the Applicant and the HPC.

Section VII. Additional Terms and Details

A. Responsibilities of Eligible Entities

Applicants are solely responsible for obtaining all information distributed for this solicitation on the HPC website, located under "Innovation Investments." Any documents amended through the course of this RFP will be retained on this website in original form in addition to updates.

It is each Applicant's responsibility to regularly check the HPC website for:

- 1) Any addenda or modifications to this RFP, including any questions and answers, by monitoring the Notifications field.
- 2) Any records or documents related to Information Sessions or Webinars hosted relative to this funding opportunity.
- 3) The Commonwealth accepts no responsibility and will provide no accommodation to Applicants who submit a Proposal based on an out-of-date document or on information received from a source other than <http://www.mass.gov/hpc/> or from a written communication from a permissible contact as specified in **Section VI.C**.

B. General Requirements

1) Electronic Communication/Update of Applicant's/Awardee's Contact Information

It is the responsibility of the Applicant/Awardee to keep current the email address of the contact person and prospective Investment Director, if awarded a Contract, and to monitor that email inbox for communications from the HPC, including requests for clarification. The HPC and the Commonwealth assume no responsibility if an Applicant's/Awardee's designated email address is not current, or if technical problems, including those with the Applicant's/Awardee's computer, network or internet service provider (ISP) cause email communications sent to/from the Applicant/Awardee and the HPC to be lost or rejected by any means, including electronic mail or spam filtering. Where no other email address is provided to the HPC, communications will be sent by default to the Chief Executive Officer of an Applicant/Awardee.

2) Electronic Funds Transfer (EFT)

All Applicants responding to this RFP must agree to participate in the Commonwealth Electronic Funds Transfer (EFT) program for receiving payments. EFT is a benefit to both Awardees and the Commonwealth because it ensures fast, safe and reliable payment directly to contractors and saves both parties the cost of processing checks. Awardees are able to track and verify payments made electronically through the Comptroller's Vendor Web system. Additional information about EFT is available on the [VendorWeb](http://www.mass.gov/osc) site (www.mass.gov/osc).

Successful Applicants, upon notification of Contract Award, will be required to enroll in EFT as a Contract requirement by completing and submitting the *Authorization for Electronic Funds Payment Form* to the HPC for review, approval and forwarding to the Office of the Comptroller. If the Applicant is already enrolled in the program, it may so indicate in its Proposal. Because the *Authorization for Electronic Funds Payment Form* contains banking information, this form, and all information contained on this form, shall not be considered a public record and shall not be subject to public disclosure through a public records request. An Applicant who is currently registered with the Commonwealth to receive payment by EFT is not required to submit forms described herein.

3) Identifiable Health Information

Any activities conducted by the Applicant or Awardee pursuant to this RFP that generate or use information or data involving the use or disclosure of protected health information are subject to the requirements of 45 CFR 160, 162, and 164 (the privacy provisions of the Health Insurance Portability and

Accountability Act of 1996 (HIPAA)) and also may be subject to the requirements of the federal Drug and Alcohol Confidentiality Law, 42 CFR part 2. The Applicant or Awardees is responsible for compliance with HIPAA, 42 CFR part 2 and all other applicable state or federal legal requirements.

4) Incorporation of RFP

This RFP and any documents an Applicant submits in response to it are incorporated by reference into any Contract awarded to that Applicant.

5) Public Records

All responses and related documents submitted in response to this RFP are public records and are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10 and M.G.L. c. 4, § 7(26). Any statements in submitted responses that are inconsistent with these statutes will be disregarded. HPC will not return to Applicants any Proposals or materials they submit in response to this RFP.

6) Press Conferences or News Release Restrictions

No Applicant or Awardee shall make any press conference, news releases, or announcements concerning its selection for an Award prior to the HPC's public release of such information or prior to the written approval of the HPC.

7) Contract Award Letter

The identification of an Awardee in a notice of Award creates no contractual or legal obligation for the HPC. An Awardee may not rely on an award letter or any other verbal or written assurances from any sources, to begin performance or otherwise incur obligations for which the Awardee anticipates funding through the Award. Performance for which an Awardee seeks compensation may not be delivered outside the scope of a properly executed Contract, and an Awardee assumes the risk that funding will not be available for any costs incurred.

8) Restriction on the Use of the Commonwealth Seal

Applicants and Awardees are not allowed to display the Commonwealth of Massachusetts Seal in their Proposal or subsequent marketing materials if they are awarded a Contract because use of the coat of arms and the Great Seal of the Commonwealth for advertising or commercial purposes is prohibited by law.

9) Restriction on the Use of the Health Policy Commission branding

Applicants are not allowed to display the Health Policy Commission branding in their Proposal. Awardees are allowed to display the Health Policy Commission branding only as specified in any Contract with the HPC.

10) Requests for Reasonable Accommodation

Applicants with disabilities or hardships that seek reasonable accommodation, which may include the receipt of RFP information in an alternative format, must submit a written statement to the RFP contact persons describing the Applicant's disability and the requested accommodation to the contact person for the RFP. HPC reserves the right to reject unreasonable requests. Applicants may also request a hardcopy of the RFP, pertinent Attachments, or any of its components, by contacting the permissible RFP Staff.

C. Key Contract Provisions

All Applicants selected to receive an Award must execute a Contract with the HPC, as required by 815 CMR 2.05 and, as applicable, consistent with 958 CMR 5.08, to implement the terms of the Award and in order to receive payment. The Contract shall consist of the following documents: the Commonwealth Terms and Conditions; the Commonwealth Standard Contract Form and Instructions, which shall include a description of the approved scope and Telemedicine Pilot-specific terms and conditions (HPC Terms and Conditions); the HPC Confidentiality and Non-Disclosure Agreement; this Request for Proposals; the Notice of Award; and, Contractor's response to the RFP, exclusive of any terms that are inconsistent with, or purport to modify or supersede the Commonwealth's Terms and Conditions or the Standard Contract Form. In addition to the Contracting Forms that an Applicant is required to submit with its Proposal as part of the contracting process, each Awardee also will be required to sign the HPC's Terms and Conditions for the HCII Program, a Request for Taxation Identification Number and Certification (W-9), an Authorization for Electronic Funds Transfer, and a Certification Regarding Disbarment and Suspension.

- 1) The Contract shall specify at a minimum the following terms and conditions:
 - a) The budgetary, financial, programmatic, technical, or other reporting that the HPC determines is necessary to monitor and evaluate the funded activities, including ongoing milestones and an evaluation process.
 - b) The conditions or restrictions on the funding, including any monitoring of the Awardee's operations, including where appropriate, an independent financial and operational audit to recommend steps to increase sustainability and efficiency of the Awardee.
 - c) The requirements for internal and accounting controls and recordkeeping.
 - d) Any additional means the HPC will use to hold the Awardee accountable for proper performance under the Contract.
 - e) The requirements and deadlines for completing components of the Proposal.
 - f) Provisions for repayment of all or a portion of funds to the HPC if the HPC determines that the funds were not used consistent with the approved Proposal and Contract.
- 2) HPC shall have the option at its sole discretion to modify or terminate a Contract whenever, in the judgment of HPC, pursuant to a recommendation by the Executive Director, the goals of the Pilot have been modified or altered in a way that necessitates changes or the Awardee is determined by the HPC to be no longer qualified, the Awardee does not expend funds within a reasonable period of time, or the Awardee fails to meet reporting requirements or milestones established pursuant to the enclosed RFP. The HPC will provide written notice of action to the Contractor, and the parties will negotiate the effect of changes in scope on the schedule and payment terms.
- 3) Awardees will be required to prepare and submit for HPC review an Award Plan that may specify all, some or additional Contract implementation requirements.
- 4) Awardees may be required to complete and submit a final report that summarizes how funding supplemented efforts toward meeting the objectives of the Pilot. Awardees may be required to respond to comments from HPC on the report, and submit a final version to HPC.
- 5) Prior approval of the HPC is required for any subcontracted service of the Contract. Contractors are responsible for the satisfactory performance and adequate oversight of its subcontractors.

Section VIII. Applicants Eligible for the CHART Investment Program

The following entities are eligible for the CHART Investment Program:

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Mary Lane Hospital
Baystate Noble Hospital
Baystate Wing Hospital
Berkshire Medical Center
Beth Israel Deaconess Hospital - Milton
Beth Israel Deaconess Hospital - Needham
Beth Israel Deaconess Hospital - Plymouth
Emerson Hospital
Hallmark Health - Lawrence Memorial Hospital
Hallmark Health - Melrose-Wakefield Hospital
Harrington Memorial Hospital
Heywood Hospital
Holyoke Medical Center
Lahey Health - Addison Gilbert Hospital
Lahey Health - Beverly Hospital
Lahey Health - Winchester Hospital
Lawrence General Hospital
Lowell General Hospital
Mercy Medical Center
Milford Regional Medical Center
New England Baptist Hospital
Signature Healthcare Brockton Hospital
Southcoast- Charlton Memorial Hospital
Southcoast- St. Luke's Hospital
Southcoast-Tobey Hospital
UMass - HealthAlliance Hospital
UMass - Marlborough Hospital

Section IX. Definitions

The following terms appearing capitalized throughout this RFP and its Attachments have the following meanings, unless the context clearly indicates otherwise.

Applicant: An Eligible Entity submitting a Proposal for funding in response to an HPC-issued RFP. This is the entity with whom the HPC will Contract for service if Awarded funding.

Attachment: Any document or exhibit referenced as Attached to this RFP.

Award: Any Funds, Grant or Investment Awarded pursuant to this RFP.

Award Plan: The plan for execution of a Pilot developed by the Awardee prior to the beginning of the Period of Performance. Subject to review by the HPC, the Award Plan is the primary basis for Award contracting, accountability and payment.

Awardee: Any Applicant that submits a response to this RFP, is Awarded Funds, and enters into a Contract with the HPC as a result of this RFP.

Behavioral Health: Health care services related to the diagnosis or treatment of mental illness, emotional disorders or Substance Use Disorders, and the application of Behavioral Health principles to address lifestyle and health risk issues.

Board: The governing Board of the Health Policy Commission, established in M.G.L. c. 6D, §2(b).

Carrier: An insurer licensed or otherwise authorized to transact accident or health insurance under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; a nonprofit medical service corporation organized under chapter 176B; a health maintenance organization organized under chapter 176G; and an organization entering into a preferred Provider arrangement under chapter 176I; provided, that this shall not include an employer purchasing coverage or acting on behalf of its employees or the employees of 1 or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term "Carrier" shall not include any entity to the extent it offers a policy, certificate or Contract that provides coverage solely for dental care services or visions care services.

CHART Investment Program or CHART: The program administered by the HPC pursuant to M.G.L. c. 29, §2GGGG and 958 CMR 5.00. Hospitals eligible for the CHART Investment Program include non-profit, non-Major Teaching Hospitals that have relative prices below the state median relative price as described in 958 CMR 5.02 ("qualified acute hospital").

Children or Adolescents: Individuals aged from 0-21 years old, in keeping with well-established sources on age ranges for the practice of pediatrics, including the 1988 definition from the Council on Child and Adolescent Health

Commission or HPC: The Health Policy Commission as established in M.G.L. c. 6D, §2(a).

Commissioner: A member of the governing Board of the Health Policy Commission pursuant to M.G.L. c. 6D, § 2(b).

Contract: The legally binding agreement, including any amendment(s), between HPC and an Awardee that results from this RFP.

Eligible Entity: Any Provider, Provider Organization, or Carrier.

Emergency Department or ED: An Acute Hospital emergency room or satellite emergency facility.

Executive Director: The Executive Director of the Health Policy Commission.

Financial Designee: Individual who will be responsible for tracking all funds identified in the Budget Proposal Response and reporting expenditures as required by the HPC. The Financial Designee must possess the relevant skills and understanding of the Applicant's accounting practices. Typically, this person should not be the project manager or investment director but instead within the finance or accounting department.

Health Care Provider: A Provider of medical or health services or any other person or organization that furnishes, bills or is paid for health care service delivery in the normal course of business.

Implementation Period: The 12 month period of time following the Preparation Period during which Awardees will implement their proposed Pilot.

Investment Director: The primary point of contact for the HPC, who will assume responsibility for oversight of the Pilot, and will lead its implementation.

Major Teaching Hospital or Teaching Hospital: An Acute Hospital that has at least 25 full-time equivalent interns or residents per 100 inpatient beds, as determined by the Center for Health Information and Analysis (CHIA). Major Teaching Hospital is inclusive of Academic Medical Centers.

Older Adults: Individuals aged 55 years and older, using an age band set by the Centers for Disease Control National Health Statistics Reports.

Partner: Any organization participating in a Proposal to the HPC pursuant to this RFP, whether an Eligible Entity or not.

Period of Performance: The period of time during which activities are conducted pursuant to an Award and Contract executed pursuant to this RFP. The Period of Performance is inclusive of the Preparation Period and the Implementation Period.

Pilot: The specific projects, activities, interventions, or approaches proposed or taken by an Awardee in its Proposal or Award to achieve a Primary Aim and optionally one or more Secondary Aims.

Preparation Period: The period of time (up to 6 months) during which Awardees will establish an Award Plan for deploying their Pilot over the Implementation Period.

Proposal: The document(s) submitted to the HPC by an Eligible Entity for an Award in response to HPC-Telemedicine-001.

Provider: Any person, corporation, Partnership, governmental unit, state institution or any other entity qualified under the laws of the commonwealth to perform or provide health care services.

Provider Organization: Any corporation, Partnership, business trust, association, or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents 1 or more health care Providers in contracting with Carriers for the payments of health care services; provided, that "Provider Organization" shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations and any other organization that contracts with Carriers for payment for health care services.

Request for Proposals or RFP: A Request for Proposals or RFP issued by the Commission.

Substance Use Disorder: A category of conditions that occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Telemedicine: A mode for delivery of health care services, that utilizes interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment.